

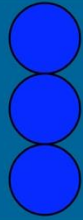
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## Volume 9 Issue 1 June 2018

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## Editorial

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I usually keep my Editorials fairly short because I prefer you to be reading what the authors have provided rather than my interpretations of their material. However, this Editorial will be somewhat longer because I want to give you some more general information about the status of the journal and the status of research.

First, you may have noticed that we did not publish our regular January issue. You are now reading a June issue, which is a combination of late January and early July issues. It also contains a mix of practice and research articles. We expect to publish another issue later in 2018, so that we will have maintained our minimum two issues per annum, albeit in different months to the previous pattern. We intend to return to the January and July pattern in 2019, hopefully with additional issues if more content is submitted now that we have formally announced the extension to our coverage.

As part of the change in date of publication, our sponsorship arrangement has changed for the same reason that led to the delay in publication of the January issue. You may well not have noticed the change of sponsorship because the information appears only on the website. The change has been made because the current EATA Council took a different view to the Council that existed during 2012 and expressed disquiet about the inclusion of Practice.

The Editorial Board and I therefore agreed that we would not use the EATA funding, at least until the current Council have met in July and clarified their intentions. If they decide to permanently discontinue support for the journal, we will investigate alternative sources of finance but be reassured that we will find a way of providing bursaries for individual authors who have no access to research funding that includes payment for publication.

Meanwhile, we have exciting news – IJTARP is now listed in the Directory of Open Access Journals (see [www.doaj.org](http://www.doaj.org)) which makes us accessible in more databases and to many more potential readers. We

have also alerted all previous authors to put their papers into Academia ([www.academia.edu](http://www.academia.edu)) where they are available to over 60 million academics. These developments have been possible because IJTARP is an open access journal. It is not restricted to readers who must pay subscriptions to be members of any specific professional association.

During a keynote address at the British Psychological Society's Annual conference recently, Professor Brian Nozek, who was named in *Nature's* 2015 list of the 10 most influential scientists, pointed out that the norms of science need to include communality, by which he meant a willingness for open sharing of work and data – with the benefit of increased credibility because such material can be properly validated and critiqued. (Rhodes, 2018). He also spoke of the OSF (2018) – the online Open Science Framework - where a search shows there are 259,441 searchable registrations as of June 11, 2018. I found nothing there when I searched for transactional analysis but then we have our own version of this on the same website we use to publish the translated abstracts of IJTARP - I invite readers to begin to show their forthcoming and ongoing research projects at [www.taresearch.org](http://www.taresearch.org).

Now that we are including Practice articles, authors have the opportunity to share their practice as well as their research through a journal that is accessible to anyone. By way of reassurance, both research and practice articles still go through the same thorough blind peer review processes so that we maintain the high quality of what we publish.

We have always had a policy that we will publish, in English, material that has previously been published in another language. We are now beginning a series of articles published originally in Portuguese by the Brazilian TA association. We are also beginning the translation of a series of research articles presented at French research conferences.

I invite you to contact us with suggestions of other articles that might usefully be published in English – reviewers who can work in various languages,

combined with online translation software coupled with access to volunteers, means that we do not require authors to pay translators themselves before we will consider their work.

So why not go ahead and submit your material to us, whether it is an original article or published elsewhere in a language other than English. If you are suggesting a translation, please first ask the original publisher as we will need their permission; we will of course include an acknowledgement to them when we publish so their journal gets extra exposure, and so readers can access the original in their own language if they wish.

If you are new to academic writing, our previous authors will vouch for how helpful we can be in the editing processes.

Finally – a nudge! EATA have been paying translators to convert the Abstracts into French, German, Italian and Spanish. We are now hoping to find volunteers to do this, just as we have done for the translations of abstracts into Russian, and for the translation of

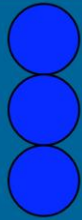
articles into English from French and Portuguese so far. This is a great way to get more involved with TA practice and research, and willing volunteers can be rewarded with free supervision sessions. We would also like to extend the range of languages. If you think you might be interested in volunteering – in any language – please email me at [editor@ijtar.org](mailto:editor@ijtar.org). If you would prefer to discuss your involvement with me first online, without any commitment, you can choose a slot in my calendar that is convenient for you if you go to <http://bit.ly/JHBOOKME>.

Let's engage to make IJTARP the high-profile face of the worldwide TA community.

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## States of Self as Agents of Self-Killing: An Egogram-based Suicide Note Analysis Study in Russia

© 2018 Dmitri I. Shustov, Olga D. Tuchina, Tatiana V. Agibalova, Nadezhda L. Zuykova

### Abstract

*The article presents findings of the egogram-based suicide note analysis, which was undertaken by three experts (MDs, PhDs, certified in TA) in a sample of 26 people (36 suicide notes) in Ryazan, Russia, in 2000 and 2017. The results of the study imply that the presuicidal intrapersonal activity is quite diverse and evolving, and may vary between those who complete suicide lethally and those who survive their suicide attempt. Lethal suicides were characterised by elevated levels of Adult and Adapted Child whereas non-lethal suicide attempts showed an apparent increase in Adapted Child and negative Controlling Parent levels. The authors inferred that suicidal individuals with serious lethal intent might maintain moderate levels of Adapted Child (suffering) so as to enable Adult to accumulate energy needed to perform a fatal suicide attempt. In attempted suicides, high levels of negative Controlling Parent targeting relevant others may diffuse the energy necessary for completion of suicide. Attempted suicide egograms were illustrative of the manipulative nature of the non-lethal suicide attempts, whereas completed suicides did not. Egograms of non-lethal suicide attempts and intoxicated completed suicides had similar distribution of ego state levels, which may reflect the effect of alcohol interfering with the activity of protective Parental substructures and strengthening the role of the negative Controlling Parent targeting either one's inner self or relevant others.*

### Key Words

transactional analysis, suicide, suicide note, presuicidal syndrome, suicidal state of mind, alcohol use disorders, egogram, ego states

### Introduction

Suicide note analysis is a most important research method to gain insight into the suicidal state of mind.

Transactional Analysis has unique methodological tools and language that may become the foundation of a clinically relevant type of suicide note analysis, the results of which may be useful for planning and carrying out treatment of suicidal individuals as well as assessing suicidal risk and preventing repeated suicide attempts.

Eric Berne (1964) proposed that the structure of personality encompasses three ego states - Parent (P); Adult (A), and Child (C) (definitions of the ego states (both structural and functional models) may be found elsewhere, see Tilney 1998; Stewart & Joines, 2012). These intrapersonal structures may exhibit themselves functionally (behaviourally as described by Berne) as Controlling Parent (CP, negative NCP and positive PCP); Nurturing Parent (NP, negative NNP and positive PNP), Adult (A), Adapted Child (AC), and Free Child (FC). The authors assumed that suicide notes would reflect functional manifestations of ego states, which could then be indicated as egograms (Dusay, 1977).

The study results confirmed this and allow us to make suggestions about how such information can be used to guide the process of psychotherapy with potential suicidees.

### Background

The incidence of leaving suicide notes varies from 3 to 42% (Paraschakis, Michopoulos, Douzenis, Christodoulou, Koutsafitis & Lykouras, 2012), grossly reflecting cross-cultural diversity of populations (O'Donnell, Farmer & Catalan, 1993; Shioiri, Nishimura, Akazawa, Abe, Nushida, Ueno, Kojika-Maruyama & Someya, 2005). Suicide notes fulfill various functions, serving as evidence of voluntary death to the authorities; communicating the individual's last will to the relatives (Sinyor, Schaffer, Hull, Peisah, Shulman, 2015), and being a source of

knowledge about the suicidal state of mind to researchers (Pestian, Pawel Matykiewicz & Linn-gust, 2012).

Summarising his brilliant insight into the suicidal state of mind, the father of modern suicidology, Edwin Schneidman (1985, 2005), described the ten commonalities of suicide. Among those, he singled out the common stimulus (intolerable psychological pain); common emotion (hopelessness-helplessness); common cognitive and perceptual states (ambivalence and constriction, correspondingly). Ringel's (1976) concept of 'the presuicidal syndrome' emphasised similar cognitive and emotional experience of a suicidal individual: increasing personal-situative and dynamic-affective constraint; rigidity of perception, association, behaviour patterns, affect and defense mechanisms; narrowing of interpersonal relationships and sense of values; inhibition of aggressive feelings and directing them to one's own self (auto-aggression); feelings of isolation; and suicidal fantasies that occur spontaneously, beyond the person's control. Similar to Shneidman (1985), Valach, Young & Michel (2011) believed that people on the edge of suicide experienced unbearable psychological pain (psychache) associated with altered consciousness, dissociation, automatism, and analgesia, which prompted suicide action as an attempt to sustain one's identity and positive self-image. Skogman Pavulans, Bolmsjo, Edberg Kidder & Öjehagen (2012) considered an "acute suicidal state of mind" as the experience of "being past the point of no return" (p. 8). Having analyzed suicide attempters' narratives regarding their road to suicide and actual suicide attempt, Skogman Pavulans et al. (2012) singled out two types of 'the acute suicidal state of mind' in suicide survivors: (1) chaos, and (2) tunnel vision and turned off emotions. The researchers believed these types of the suicidal states of mind to reflect either suicide attempters' efforts to regain control or their loss of control as consistent with Lakeman & Fitzgerald's (2008) view that suicide may be both a failure to cope and a means of coping. Indeed, the findings of the aforementioned study indicated that "warning signs could be when a person with suicide ideation expresses a view of endless suffering and shows signs of exhaustion and desperation, or if a person who has expressed severe suffering and the view of being stuck in his or her problems suddenly and inexplicably seem perfectly calm" (Skogman Pavulans et al. 2012, p. 9).

Shneidman believed suicidal notes to be the golden source to the suicidal mind because of "a vital reciprocity between suicide notes and the lives of which they are a part" (Leenaars, 2010, p.10). Being illustrative of interpersonal communication patterns, intrapersonal psychodynamics and specific features of the suicidal state of mind, suicide notes may as well be used to identify warning signs of suicide and to provide

relevant and timely help to those who are on the edge of it, given that they are in ongoing therapy (Leenaars, Lester, Lopatin, Shustov & Wenkstern, 2005).

Having analyzed a series of cross-cultural empirical studies, Leenaars (Leenaars, 1988, 1989; O'Connor & Leenaars, 2004) proposed a thematic model that could be used for theoretical analysis and understanding of suicide. Leenaars' theoretical-conceptual analysis includes 8 clusters (clusters 1 to 5 are intrapersonal and clusters 6 to 8 are interpersonal): (1) unbearable psychological pain; (2) cognitive constriction (rigidity of thinking; tunnel vision; focused attention); (3) indirect expressions (ambivalent feelings, ambiguous attitudes; acting-outs; unconscious processes); (4) inability to adjust (comorbid mental conditions; feeling weak and unable to cope), (5) ego (lack of ego strength); (6) disturbed interpersonal relations (frustrated attachment needs); (7) rejection-aggression (loss as the main theme of suicide; suicide as killing of individual's self); (8) identification-egression (escape as a result of a frustrated need of identification with an abandoning or rejecting object).

However, there is much controversy about whether or not findings that are obtained for suicide note leavers may be generalised beyond this study group, as there are some limitations to this, including the generally lower incidence of suicide note leavers as compared to non-leavers (Cerel, Moore, Brown, van de Venne & Brown, 2014; Haines, Williams & Lester, 2011). In a large US epidemiological study comparing 9,048 note leavers to 21,522 other suicides, note writers differed from other suicides in most demographic variables, stressful life events, psychiatric issues, and methods of suicide (Stack & Rockett, 2016). On the contrary, a comparable survey in Australia found out that the population of suicide note leavers were 'remarkably similar' to other suicides, even though the researchers reported some differences as to gender, race, method and comorbid mental illness (Carpenter, Bond, Tait, Wilson & White, 2016). Callanan & Davis (2009) also emphasised essential similarity between the two populations for research purposes.

For another thing, writing their presuicidal narratives, people may experience major cognitive distortions (Jekkel & Tringer, 2004; Jager-Hyman, Cunningham, Wenzel, Mattei, Brown & Beck, 2014) and may constrain themselves by self-deception, false memories, misunderstanding of one's motives, and wish to induce a certain response in readers (Leenaars et al, 2005).

Suicide is commonly viewed on a continuum from completed suicide through suicide attempts (genuine or suicidal gestures) to other deliberate self-harm (such as risky behaviours or substance abuse (see Shustov Tuchina, Novikov & Fedotov, 2016). They differ in terms of lethality, severity of injury, and pres-



ence or lack of conscious intent to die. Whereas genuine suicide attempts are operationalised as “potentially self-injurious behavior with a nonfatal outcome, for which there is evidence (either implicit or explicit) that the person intended at some (nonzero) level to kill himself/herself” (O’Carroll, Berman, Maris & Moscicki, 1996, p. 247 – cited from Nock & Kessler, 2006, p. 616), a suicide gesture is “self-injury in which there is no intent to die, but instead an intent to give the appearance of a suicide attempt in order to communicate with others” (Nock & Kessler, 2006, p. 616). These definitions emphasise the interpersonal nature of nonfatal suicide attempts. Indeed, Lester (2009) suggested that attempted suicides need to be conceptualised in terms of their own theory rather than in terms of complete suicide theories. He reviewed several possible sociological and psychological theories of attempted suicide, which viewed attempted suicide basically as some kind of communication: (1) desperate attempts to communicate distress to others and to manipulate their behaviour in Taylor’s (1982) appeal suicides; (2) use of attempted self-aggression as a means of reaching out to others in Platt’s (1985) subcultural theory; (3) a communication to significant others – a cry for help in a Durkheimian theory of attempted suicide proposed by Lester.

From this perspective, a suicide note may become a relevant source for understanding a message beyond a suicide attempt, be it genuine or instrumental (manipulative). For example, Handelman & Lester (2007) found out that notes from completed suicides had more signs demonstrating isolation, and a lack of belongingness, and fewer metaphysical references than did the notes from attempted suicides, whereas the suicide notes from the attempted suicides indicated greater distress. Interestingly, the survivors’ notes had fewer positive emotions, fewer social references, fewer future tense verbs, and more metaphysical references. Handelman & Lester (2007) inferred that the attempted suicides were experiencing greater mental pain and could be more concerned with their own present condition and less concerned with others. On the other hand, testing his interpersonal theory of suicide, Joiner and colleagues (Joiner, Pettit, Walker, Voelz, Cruz, Rudd & Lester, 2002) found out that perceived burdensomeness (i.e. a sense of being a burden on someone), as reflected in the suicide notes, correlated strongly with the completer rather than attempter status. The finding remained valid even after controlling for other variables such as gender, controlling feelings, controlling others, general emotional pain, and hopelessness. However, Lester & Gunn (2012), in a larger sample of suicide notes, failed to confirm the presence of perceived burdensomeness, and hence the validity of Joiner’s theory as applied to completed suicide.

Undoubtedly, understanding a suicide attempt as an act of interpersonal communication or as a transaction in TA terms may have important clinical implications. Quite a few TA authors theorised that it was the Don’t Be/Don’t Exist injunction that laid the basis for suicidality (Holloway 1973; Drye, Goulding & Goulding, 1973; Steiner, 1974; Shustov & Lester, 1999; White, 2017). According to White (2011), the Don’t Exist decision gives rise to a group of 7 suicidal decisions, 2 of which are manipulative (“If you don’t change, I will kill myself”; “I will almost die (over and over) to get you to love me”); and the remaining 4 contain some kind of a communicative message to others (“I will show you even if it kills me”; “I will get you to kill me”; “I will kill myself by accident”; “I will kill myself to hurt you”). “If things get too bad, I will kill myself” may be the only decision for which the interpersonal and communicative nature is less obvious, and it may as well reflect the state of unbearable mental pain that is believed to be the main precursor of suicide (see above).

Shustov (2000; 2005) carried out a series of studies to empirically test the assumption that the Don’t Exist injunction underlies auto-aggression (self-destructive behaviours) in people with alcohol dependence (AD) (see Shustov et al 2016 for a brief review of the research). He hypothesised that auto-aggression in people with AD might actualise both through suicidal (suicides and suicide attempts) and non-suicidal (family system collapses; persistent somatic illness; risky behaviours; antisocial behaviours; professional failures etc.) behaviours. Shustov (2000) analyzed 256 cases of completed suicide (48% of alcoholic suicides; 38.4% of cases with no diagnosed psychopathology; 4% of cases with schizophrenia; 10.6% of cases with other psychopathology). He found out that alcoholic suicides had a number of specific features as compared to non-alcoholic suicides: younger age of suicide (36-49 y.o.) and a decrease in suicides after the age of 50 y.o. versus the peak of suicides at the age of 55-59 y.o. and an increasing trend after the age of 59 y.o. in the general population; stronger correlation of suicide with divorces and unemployment; lack of a ‘serious’ reason for suicide (according to relatives). Nevertheless, the theoretical-conceptual analysis of suicide notes revealed striking similarities between alcoholic and non-alcoholic suicides as far as the presuicidal state of mind was concerned (Shustov 2005). These findings may imply that suicidal phenomena may indeed have common psychodynamic grounds. For example, guiding himself by Campbell’s (1999) and Gabbard’s (2003) works and his own clinical/supervisory experience, Little (2009) assumed that the main characteristic of the presuicidal state of mind was the suicidal fantasy which represented “a solution to a conflict that results from



the wish to merge with the mothering object, on the one hand, and the primitive anxieties about annihilation of the self, on the other" (p. 222-223). He also asked a crucial question, "Who wants to kill whom?" or "Which ego state wishes to kill which ego state?" (p. 219); by answering this we may be better able to understand the presuicidal and suicidal psychodynamics, both from the intrapersonal (in case of completed suicides and genuine suicide attempts) and interpersonal (in case of more manipulative attempted suicides) perspectives.

TA analysts have various tools that may allow them to answer these questions and for studying the evolving nature of self, its dynamics and change, both immediately before suicide and while preparing for self-killing, or maybe even during a suicide attempt (in non-lethal cases). However, to our knowledge, these tools have not been operationalised and used for research purposes. We believe that these tools may be successfully integrated with traditional suicidological instruments such as suicide note analysis. Practical implications of suicide note analysis for therapy with suicidal clients cannot be underestimated as it might lay the basis for developing specific tactics of therapy and suicide risk assessment that would match the person's presuicidal state of mind. For example, White (2011) saw suicide notes as important tools to understand the type of suicidal decision. He drew clinicians' attention to the importance of considering several factors while analyzing suicide notes, such as how the suicide note was obtained (e.g. after the death or just in time to preclude the attempt) and the period when it was written (e.g. immediately prior to suicide or in advance). Being indicative of the quality of the person's presuicidal state of mind, suicide notes may be quite useful for clinical assessment and prevention, as they may inform the therapist whether the client is re-experiencing the same psychodynamics at the moment.

## Objective

The overall goal of this study was to identify the psychodynamics of the presuicidal state of mind using a TA-based method of suicide note analysis that would take into account the dynamic nature of the changing self immediately prior to suicide.

**Hypothesis 1** to be checked by this study suggested that the contrastive analysis of the suicide notes in completed versus attempted suicide; alcoholic versus non-alcoholic suicide, and intoxicated versus sober suicide might reveal differences between the presuicidal states of mind in these samples.

**Hypothesis 2** was that these differences might contribute to identification of predictors of suicide attempt fatality.

According to our **null hypotheses**, (1) the suicidal state of mind would be static (represented by one ego state) rather than dynamic, and (2) the variance between completers and attempters as far as their psychodynamics is concerned would be statistically insignificant.

## Funding Sources

The study recruited no additional funding beyond the regular institutional budget (Ryazan State Medical University) allocated for research purposes to the Psychiatry Department.

## Ethical Considerations

The study was approved by the local ethical committee. We have changed all names and places in the texts of the suicide notes that are quoted here so as to protect confidentiality and the rights of the people mentioned. The suicide attempters who survived the suicide provided an informed consent for participating in the study and publishing its findings.

## Methodology

### Methods

The study was carried out by employees of the Psychiatry Department, I.P. Pavlov's State Medical University, (Ryazan, Russia); Moscow Research and Practical Centre for Narcology (Note: a Russian term for Addiction Medicine) of the Department of Public Health, (Moscow); and Peoples' Friendship University of Russia (Moscow) in 2000 and 2017. It is based on the findings and materials of a larger study of 256 lethal suicide attempts that took place in 1994 Shustov (2000). As of the outset of the study, the criminal investigation confirmed these deaths to be suicides, and researchers were granted access to the materials of the corresponding dismissed criminal cases.

We examined 28 suicide notes left by 22 people in the completed suicide sample. The comparison group of attempted suicides included 8 suicide notes by 4 people who were receiving treatment at the outpatient department of Ryazan psychiatric hospital because of a suicide attempt in 2000.

For the purposes of the study, we used a specific method of suicide note analysis that rested on the TA method of egograms (Dusay, 1977) and was proposed by Schustov (1997). It should be mentioned that suicidology offers a number of approaches to analyzing suicide notes, such as descriptive, classification, content and theoretical-conceptual analysis (TCA) which are sometimes embedded in advanced computational algorithms for research and, more rarely, clinical care purposes (Pestian, Nasrallah, Matykiewicz, Bennett & Leenaars, 2010). These methods are highly informative as far as epidemiological and theoretical research into the risk factors, reasons and motives for suicide is concerned

but would have had a limited instrumentality in terms of our study as they did not allow for assessing the dynamic changes in the presuicidal self.

The egogram-based suicide note analysis rested on the assumption that every statement in a suicide note reflected certain dynamic intrapersonal changes occurring at the moment of writing and being indicative of a certain state of self.

The concept of ego states (Berne 1964) fit well with the purposes of assessing presuicidal states of self and provided a fully-fledged conceptual framework for choosing egograms (Dusay 1977) as a TA-based method of suicide note analysis. Schustov (1997) modified Dusay's method for analyzing written accounts based on their objective characteristics. To improve reliability of the method, which originally employed a single-expert assessment, the authors of this study arranged participation of three raters of equal academic level (MD, PhD) and internationally certified in TA (Teaching & Supervising Transactional Analyst (Psychotherapy), Provisional Teaching & Supervising Transactional Analyst (Psychotherapy), and Certified Transactional Analyst (Psychotherapy). The experts carried out the egogram-based analysis observing the following protocol:

1. As some suicide attempters presumably wrote several suicide notes at one time (unless it was a single note), all suicide notes authored by one person accounted for one text.
2. The length of the whole text was measured in centimeters and equated to 100%.
3. The length of the statements made by different ego states (CP (positive (PCP) and negative (NCP)); NP (positive (PNP) and negative (NNP)); A; AC; FC) was measured separately.
4. The experts calculated the ratio (%) of separate ego state statements to the whole text (100%), and drew an egogram reflecting these ratios (e.g. Figures 1 and 2).

After the experts had completed their analysis, the levels of ego states were averaged for every comparison group, and corresponding egograms were drawn and compared.

### Statistical analysis

The authors calculated regular descriptive statistics for sociodemographic data such as age (mean scores (M); standard deviations (SD); minimum and maximum scores). The authors tested the type of distribution for the functional ego state levels (the Kolmogorov-Smirnov test), and as the data failed to have normal distribution, they employed nonparametric measures for further analysis. Due to the same reason, the authors used median scores (rather than mean scores), and the 25<sup>th</sup> and 75<sup>th</sup> percentiles (as a

measure of dispersion) to assess average levels of ego state functioning.

The Mann-Whitney U test was used to assess statistical significance of differences between the comparison groups. Agreement among raters was assessed using Kendall's coefficient of concordance (W). The Kruskal-Wallis test was used to confirm the existence of significant differences among ego state levels within samples.

The null hypotheses were rejected when the significance of differences between groups amounted to  $p < 0.05$ .

### Rater consistency

In order to check the agreement between experts, we used the Kendall's coefficient of concordance (Table 1), as the heterogeneity of findings resulting from large differences in expert assessments might have presented a threat to the internal validity of the study. The experts' ratings of almost all variables were homogenous, so their judgements regarding the levels of the ego states prior to the suicide may be considered reliable. Heterogeneity of PCP and PNP ratings may be explained by the fact that the experts identified these positive ego states in suicide notes rarely and these scores were distributed quite inconsistently.

Variable \ Test	Kendall's W	P
A	<b>.689</b>	<b>.001</b>
AC	<b>.581</b>	<b>.012</b>
FC	<b>.647</b>	<b>.003</b>
PCP	.422	.169
NCP	<b>.682</b>	<b>.002</b>
PNP	.415	.185
NNP	<b>.503</b>	<b>.049</b>

**Bold type:** raters' scores are concordant ( $p < 0,05$ )

Table 1. Agreement between raters

### Sample/Subjects/Participants

The sample totalled 36 suicide notes by 26 people, who represented 8.6% of all registered criminal cases (N=276) over the studied period (1994) (Shustov 2005). There was no significant statistical difference between the suicide note leavers and the general sample as to the main sociodemographic variables (age, sex, race etc.); mental illness; motives for suicide, etc., which was consistent with other findings (Carpenter, et al., 2016). There were statistically insignificant trends of higher incidence of suicide note leaving in people with alcohol use disorders (AUD) (10.6% versus 6%), and lower incidence of suicide note leaving in people exhibiting signs of social

isolation and loneliness (7% versus 12.5%). The latter result may be quite consistent with the idea that suicide notes aim at conveying a personally relevant message to important others.

The whole sample was divided into groups of completed and attempted suicides (Table 2, A). The completed suicide group included 28 suicide notes by 22 people (17 men and 5 women). 8 of them had no diagnosis of mental disorder, 13 people had alcohol use disorder (AUD) and 1 person suffered from schizophrenia.

Based on the objective information provided by authorities, medical documentation, and findings of the psychological autopsy, the completed suicide group (N=22) was eventually divided into the subgroups of alcoholic (N=13) versus non-alcoholic suicides (N=9) (Table 2, B), and intoxicated (N=4) versus sober (N=18) suicides (Table 2, C). Intoxicated subjects included three people with AUD, and 1 person without mental diagnosis. In order to include the case in the alcoholic suicide subgroup, we looked for signs of alcohol withdrawal syndrome, long periods of heavy drinking, binge drinking; social and family problems relating to the use of alcohol; and evidence for AUD treatment attempts.

The attempted suicide group (suicide survivors) included 8 suicide notes by 4 women (2 – mentally healthy; 1 – diagnosed with schizophrenia and 1 – diagnosed with bipolar affective disorder) who survived their suicide attempt. The average age of completed suicides was 45.4 y.o. (SD=3.4), and 54.5 y.o. (SD=8.3) in attempted suicides.

## Results

Table 2 and the corresponding egograms (Figures 1 to 6) illustrate distribution of the ego state activity in completed and attempted suicides according to the experts' assessment.

The completed suicide and the attempted suicide egograms that were drawn based on the raters' assessments looked dramatically different (Figures 1 and 2). Quite paradoxically, completed suicides had higher A levels (i.e. statements that the experts believed to reflect A's activity) and much lower AC and NCP levels as compared to attempted suicides. Nevertheless, the Mann-Whitney U test identified statistically significant differences only for the NCP (3.4 v 33.8;  $p=.048$ ) and PNP levels (4.4% v 0%;  $p=.048$ ). Lack of statistically significant differences between A and AC levels may relate to the small sample size.

Most notes comprised statements by several ego states. In completed suicides, practically all ego states (A, PCP, PNP, FC; NCP, NNP, AC) were constantly

present, whereas attempted suicide egograms lacked positive ego state activity (i.e. PNP and PCP). It should be noted that the levels of FC in attempted suicide may not be informative as it was detected only in one person by one expert (although the level identified was quite high). Single ego state suicide notes accounted for 13.8% (3 people) of all cases only, and reflected A's or AC's functioning.

**Adult.** Although we expected to see high levels of AC and NCP in completed suicides, the higher level of Adult ego state was quite surprising. Adult exhibited itself in instructions, last will, instrumental advice as to what to do with the body after one's death; how to behave, whom to inform or to contact (colleagues, neighbours, relatives); where to get a coffin, etc. It engaged in habitual activity of planning the future and communicating with others.

Examples:

*"Phone the station tomorrow in the morning to inform Kazankov and Ivannikov. They will help [you]";*

*"Val, don't send me away to the mortuary, rather phone Jake, and he will find a way for me to lie home"* (Please note that according to the Orthodox tradition, the deceased person's body is being kept either at the mortuary or at home during three days before the funeral).

The Adult levels in the completed suicide group were twice as high as in the attempted suicide group (34.8% v 14.8%).

### Negative ego states: NCP; NNP

NCP levels in the attempted suicide group exceeded the NCP levels in the completed suicides ( $p=0.048$ ). In most cases, the survivors' NCP statements comprised accusations and manipulative ulterior transactions. Examples of NCP in the survivors' notes:

*"Kate! Why did you tell my daughter that nonsense that I told you about her you asked why she didn't help me I told you I didn't know <...> and why did you tell her my neighbors are bad, dina from apartment 39.*

*Shame on you"*

*"You can't understand this <...> Have a better life than I did"*

On the contrary, in the completed suicide notes, NCP exhibited itself in persecutory and derogatory statements directed at the individual's own self. This may mean that the suicide completers did not attempt manipulating relevant others through their suicide attempts.

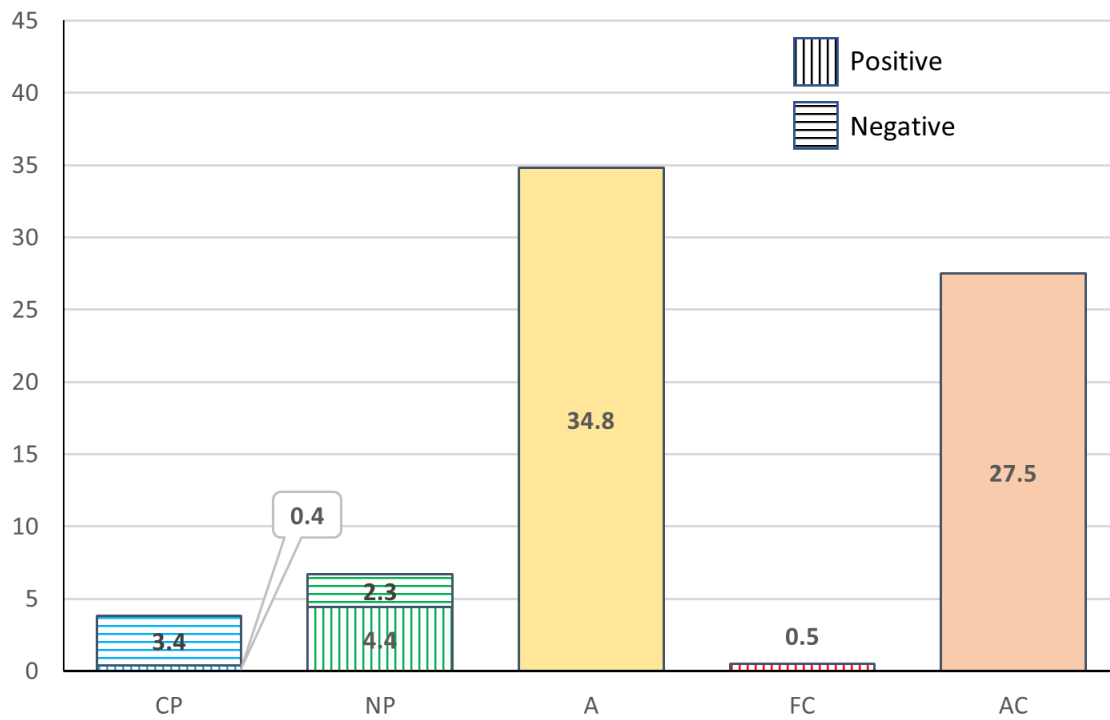
Examples of NCP in the completed suicide notes:

*"we are too simple and ingenuous we'd better be cleverer"*

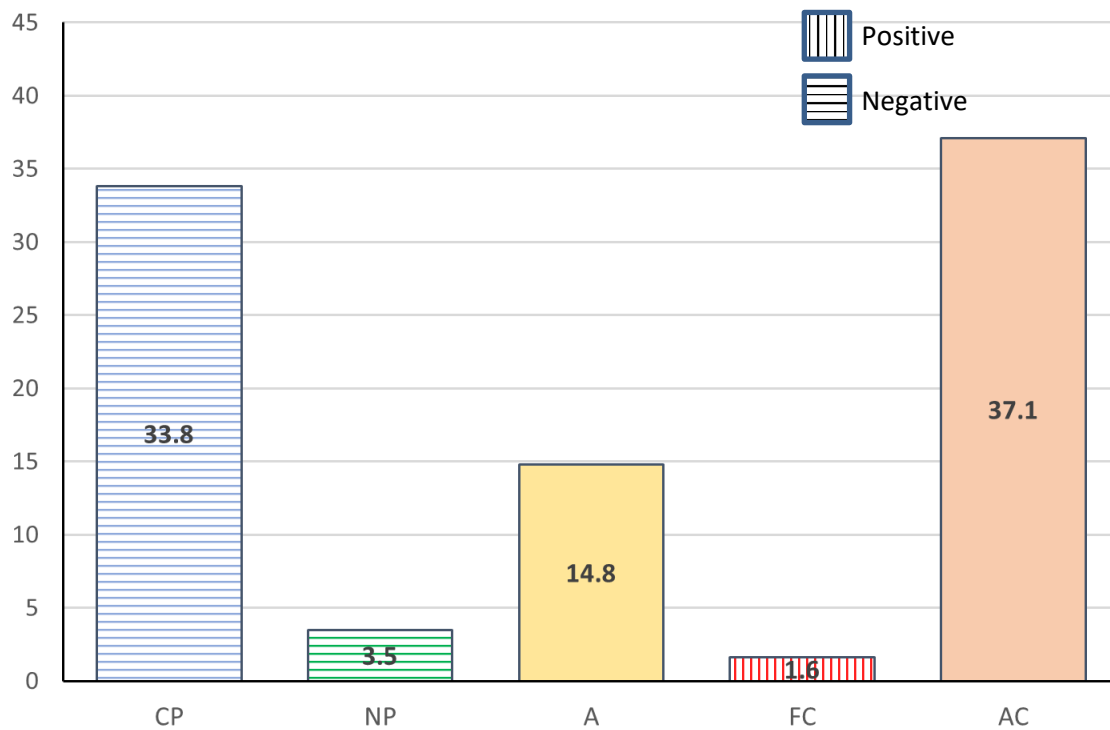
Suicide Type		Ego state		A	AC	FC	+CP	-CP	+NP	-NP
A	Completed suicides (N=22)	M		40.7	29.8	2.6	0.8	9.5	9	7.2
		SE		6.7	6	1.4	0.4	2.8	2.6	2.9
		SD		31.2	27.8	6.4	1.8	13.3	12.2	31.2
		Range		100	100	29.5	6	47.6	46.2	55.6
		Min		0	0	0	0	0	0	0
		Max		100	100	29.5	6	47.6	46.2	55.6
		Me		34.8	27.5	0.5	0.4	<b>3.4*</b>	<b>4.4*</b>	2.3
	Pr.	25.	15.4	6.6	0	0	0.3	0.2	0.2	
		75.	65.5	43.1	2.2	1.3	16.5	13.1	8.4	
	Attempted suicides (N=4)	M		13.4	36	1.6	0	37.1	0	10.5
		SE		5.2	7.3	1.6	0	15.9	0	8.3
		SD		10.3	14.6	3.2	0	31.8	0	16.5
		Range		22.3	28.7	6	0	64	0	35
		Min		.83	20.4	0	0	8	0	0
Max			23.1	49.1	6	0	73	0	35	
Me			14.8	37.1	1.6	0	<b>33.8*</b>	<b>0*</b>	3.5	
Pr.	25.	5	23.5	-	-	10.2	-	0.53		
	75.	21.7	48.4	4.8	-	63.9	-	20.5		
B	Alcoholic suicides (completed) (N=13)	M		41.8	21.9	1.9	0.79	12.3	11.2	9.3
		SE		9.2	6.3	0.8	0.451	4.3	4.1	4.63
		SD		33	22.8	2.8	1.6	15.7	14.6	16.7
		Range		100	71.3	7.7	4	47.6	46.2	55.6
		Min		0	0	0	0	0	0	0
		Max		100	71.3	7.7	4	47.6	46.2	55.6
		Me		40.1	18.4	0	0	8.2	4.5	2.3
	Pr.	25.	12	0	0	0	0	.3	0	
		75.	70	38.2	4.3	0.85	24.5	18.9	10.5	
	Non-alcoholic suicides (completed) (N=9)	M		39.2	41.2	3.6	0.7	5.5	5.7	4.1
		SE		10.1	10.5	3.2	0.7	2.6	2.3	2.1
		SD		30.4	31.5	9.7	2.1	7.9	7	6.4
		Range		100	100	29.5	6	21.5	16.7	19.4
		Min		0	0	0	0	0	0	0
Max			100	100	29.5	6	21.5	16.7	19.4	
Me			33.3	36.1	0	0	3.2	0	2.3	
Pr.	25.	17.8	15.9	0	0	0	0	0		
	75.	57.5	66.7	1.6	0	10.6	12.2	6		
C	Suicides under intoxication (completed) (N=4)	M		28.2	38.1	7.4	1.1	12.4	2.3	2.2
		SE		24	20.7	7.4	1.1	7.3	2.3	2.20
		SD		48	41.4	14.8	2.2	14.6	4.6	4.4
		Range		100	100	29.5	4	28.3	9.2	8.7
		Min		0	0	0	0	0	0	0
		Max		100	100	29.5	4	28.3	9.2	8.7
		Me		6.4	42.9	0	0	10.7	0	0
	Pr.	25.	1	9	0	0	0	0	0	
		75.	77.1	87.4	22.1	3.25	26.6	6.9	6.5	
	Sober suicides (completed) (N=18)	M		43.5	26.1	1.5	0.67	8.9	10.5	8.3
		SE		6.5	5.6	0.6	0.4	3.1	3.1	3.5
		SD		27.4	23.8	2.5	1.7	13.3	12.9	14.6
		Range		100	71.3	7.7	6	47.6	46.2	55.6
		Min		0	0	0	0	0	0	0
Max			100	71.3	7.7	6	47.6	46.2	55.6	
Me			37.8	24.1	0	0	3.3	5.5	2.8	
Pr.	25.	19.7	4.9	0	0	0	0	0		
	75.	65.8	40.2	2.4	0	13.4	14.4	9.5		

M – mean; SE – standard error; SD – standard deviation; Me – median; Pr. – percentile  
\*Bold type – differences between groups are significant (p=.048).  
Note: median scores used as more informative than means

**Table 2: Average Ego State Levels in Comparison Groups**



**Figure 1: Completed Suicide Egogram**



**Figure 2: Attempted Suicide Egogram**

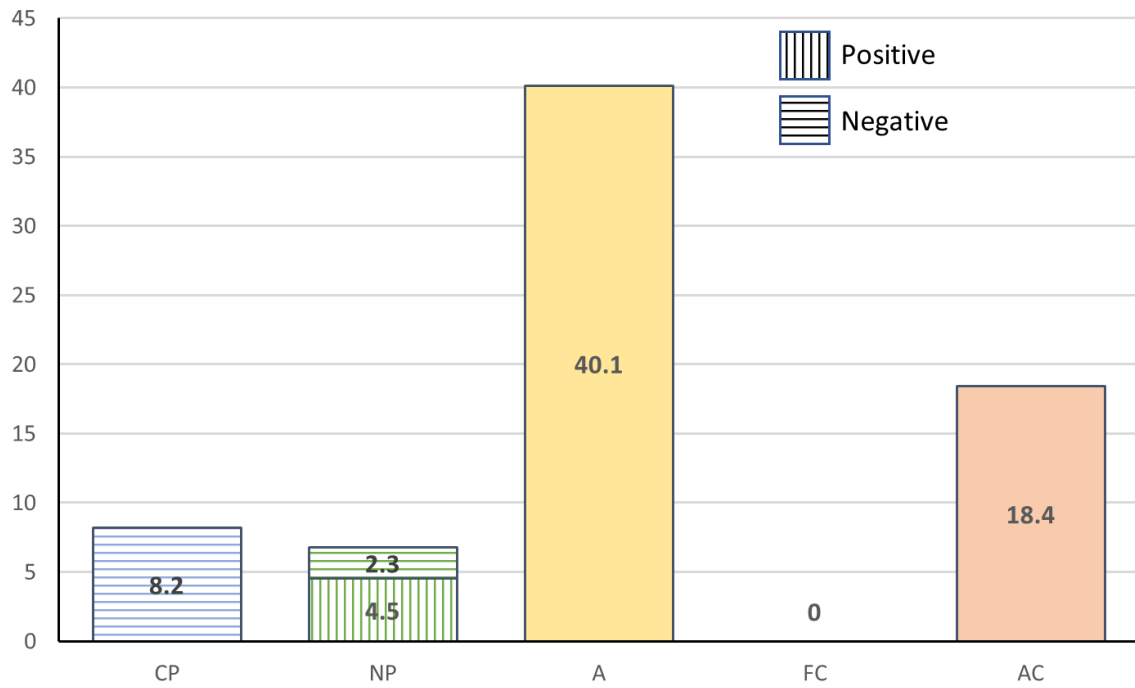


Figure 3: Alcoholic Suicide Egogram

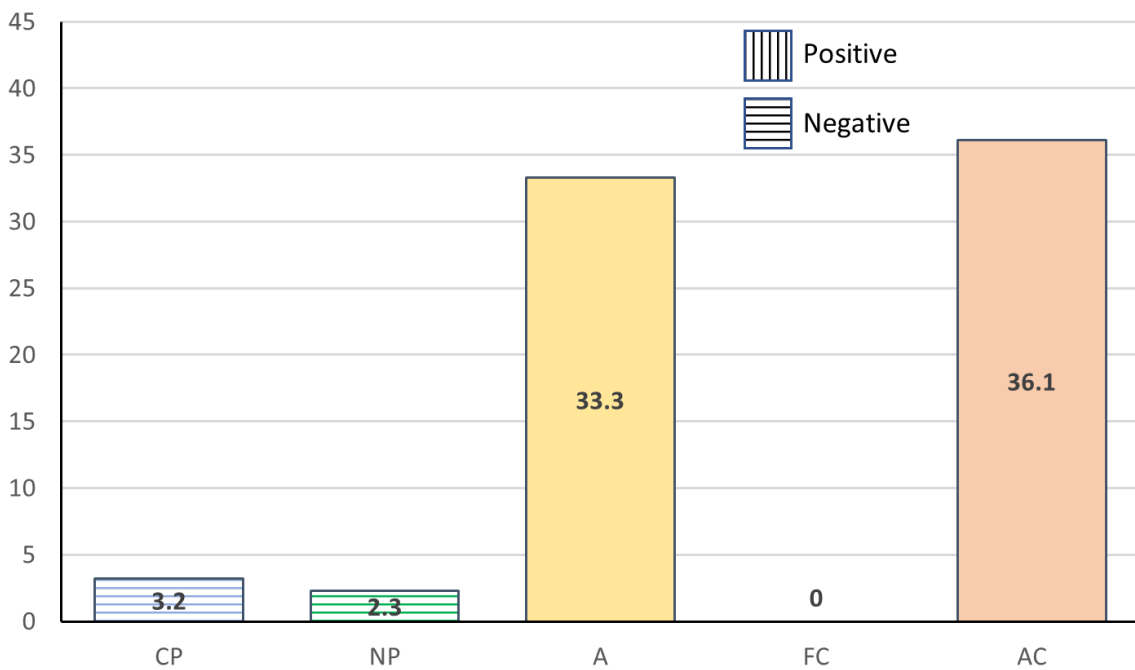
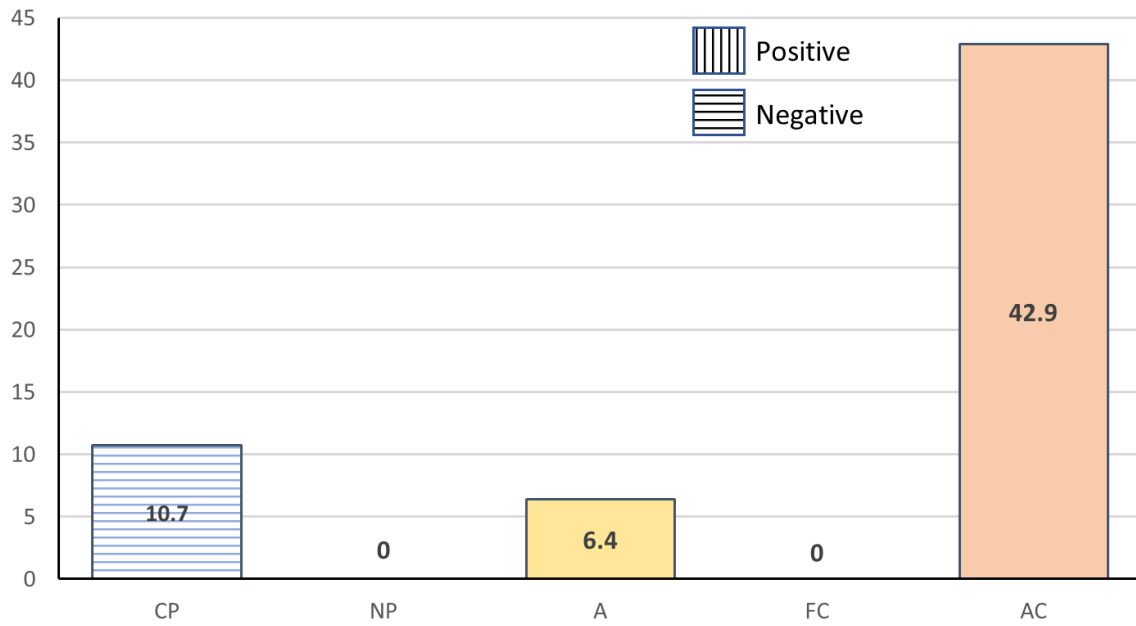
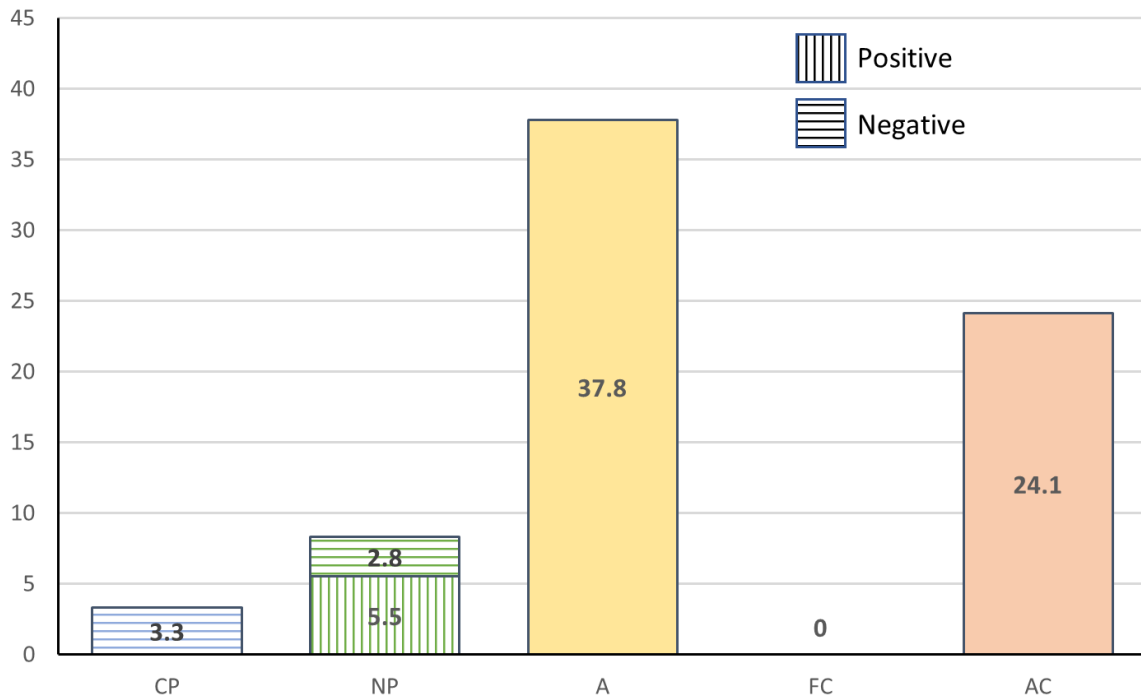


Figure 4: Non-Alcoholic Suicide Egogram





**Figure 5: Intoxicated Suicide Egogram**



**Figure 6: Sober Suicide Egogram**

### Positive ego states: PCP; PNP; FC.

In line with our expectations, positive ego state levels were almost absent in the attempted suicides and were quite low in the completed suicides.

PNP manifested itself in three ways. For one thing, suicides expressed care for their relatives through arrangements to make funerals and dead body management easier for them (*"I have taken a bath – I am clean"*). For another thing, PNP acted to exonerate relatives from responsibility for suicide (*"Don't blame anyone for my death"*). Thirdly, suicides expressed concern for their beloved, children and grandchildren (*"Don't forget about the kids, dear"; "Keep living, darling"; "Unless she gets married, treat her as family"*)

FC was present rarely and exclusively in men, especially when they addressed their beloved women in a note (*"And I did love you"; "You are my nearest and dearest"; "And I want to live so much!"*).

### Comparing alcohol-related egograms.

We found no statistically significant differences between alcoholic (N=13) and nonalcoholic suicide egograms (N=9), save for statistically insignificant trends towards higher NCP (8.2% v 3.2%), PNP (4.5% v 0%) and lower AC (18.4% v 36.1%) levels in alcoholic suicides (Figures 3 and 4).

The autopsy revealed alcohol in blood or urine in only 3 suicides with AUD. In some suicide notes, individuals emphasised that they were sober at the moment of suicide, *"Please blame no one for my death. I did that deliberately and was completely sober"*.

Comparing egograms of people who suicided under intoxication with alcohol (N=4), and sober suicides (N=18) yielded interesting results (Figures 5 and 6). Intoxicated suicides' Adult (6.4%) became less prominent as compared with sober suicides (37.8%); however it remained high enough to make sure that the suicide attempt ended lethally ( $p=.227$ ). A complementary finding that Adult levels in the completed suicides remained higher than in the attempted suicides may also bear evidence to the Adult's active contribution to lethality of a suicide attempt.

As compared to the sober suicides, the intoxicated suicides tended to have higher levels of NCP (10.7% v 3.8%) and AC (42.9% v 24.1%). This exhibited in frequent accusations directed both inwards and outwards. Quite surprisingly, the intoxicated suicide egogram (Figure 5) with missing positive ego states, decathected Adult, heightened NCP and extremely high AC, looked similar in these respects to the attempted suicide egogram (Figure 2).

## Discussion

As we had expected, egograms of all comparison groups had relatively high levels of Adapted Child

(Figures 1 to 6). However the expected increase in AC rarely exceeded the threshold of 50% (only in 23% (6 people) of the whole sample). One interpretation of this finding may be that by maintaining a moderately high AC level, a suicidal individual may sustain the relevant level of unbearable psychological pain and suffering, and, simultaneously, allow other ego states to accumulate energy needed to carry out a killing that Menninger (1938) and Little (2009) wrote about. Our findings indicate that the perpetrator of the crime in lethal suicide attempts is Adult, whereas in non-lethal self-killings the individual falls prey to the 'syndicate' of negative Controlling Parent and Adult. In this sense, untreated severely depressed clients may paradoxically have a lower risk of suicide than those who have started pharmacological and/or psychotherapeutic treatment for depression. The highly-cathected AC deprives a depressed individual of any resources that are prerequisite for planning and achieving the deadly goal and that recover as soon as the client starts getting treatment that helps. This is why the activation syndrome carries an elevated suicidal risk and needs to be watched carefully by practitioners (Culpepper, Davidson, Dietrich, Goodman, Kroenke & Schwenk, 2004). Interestingly, Hillman (1976) believed that psychotherapy should maintain the state of 'analytical despair', precluding any hope for relief that the client may have: "This is an emptiness of soul and will. It is the condition present from that hour when, for the first time, the patient feels there is no hope at all for getting better, or even changing, whatsoever. An analysis led up to this moment and by constellating this despair lets free the suicidal impulse." (Hillman, p. 88).

As far as the role of the Adult ego state in the presuicidal state of mind is concerned, it seems that in completed suicides the Adult is investing in rational efforts to arrange both an individual's suicide and relatives' postsuicidal action. Comparison of the Adult levels in the completed and attempted suicides (Figures 1 and 2) showed a clinically significant difference that may reflect the Adult's contribution to suicide lethality. In addition, A was cathected even in intoxicated lethal suicides, although somewhat weaker than in sober ones.

Studies using the Suicidal Intent Scale (SIS) (Beck, Morris, Beck, 1974) indirectly support our assumption that the Adult plays the role of an efficient organiser and a consistent performer of a lethal suicide (Polewka, Mikołaszek-Boba, Chrostek Maj & Groszek, 2005). Beck, Steer & Trexler (1989) found that it was the SIS precautions subscale alone that differentiated those who did and did not eventually kill themselves. Eighteen people (of 161 patients who had been hospitalised because of a suicide attempt) who killed themselves during a follow-up period had taken more careful precautions against discovery at the time of

their index attempts than nonsuiciders. Stefansson, Nordström & Jokinen (2012) found that higher scores in the Planning subscale on SIS were a significant predictor of future suicide. Again, the attempters who eventually died because of suicide (N=7), had reported more planning at the time of their index attempt than the nonsuiciders (N=74). In a study of suicide notes left by children and adolescents (15 y.o. and younger), Freuchen & Grøholt (2013) found that the note writers emphasised that they were aware of what they were about to do, and left “an impression of control and of having thought things through;... they had also given away assets, done active preparations and ... they had exhibited an altered behaviour prior to suicide” (p. 9). Interestingly, in some studies, the tendency of adolescents to give specific instructions increased with age (Posener, Lahaye & Cheifetz, 1989).

Based on his clinical observation, White (2011) argued that combination of high Adult and low Parent functioning in the presence of cathected Child was “the worst combination of all in terms of suicide risk” (p. 142). Nevertheless, higher levels of Adult in completers’ suicide notes may reflect usual levels of Adult functioning in suicide note writers as compared to non-note writers.

A reasonable question arises: why does Adult, which is being cathected throughout one’s last hours and minutes before a suicide attempt, fail to avert suicidal plans and action? Indeed, although the suicidal individual’s Adult seems to be reflecting a ‘here-and-now’ situation quite appropriately; and to be acting rationally and consistently to achieve the planned outcome, its activity appears to be rather irrational as it is their subjective reality that stipulates the appropriateness of suicide rather than objective circumstances. This ambiguity may explain the so-called cognitive constriction, which various authors believe to be a specific feature of the suicidal state of mind (Schneidman, 1998; Ringel, 1972; Pompili, Serafini, Innamorati, Dominici, Ferracuti, Kotzalidis, Serra, Girardi, Janiri, Tatarelli, Sher & Lester, 2010). Cognitive constriction is a failure to consider alternative views on the situation and look for a different solution. In Berne’s terms (Berne, 1964), the ‘here-and-now’ Adult ego state is not the same as the behavioural ego state that he also referred to as Adult but which he described as using behaviour like a computer (Hay, 2009). Hence, we need to shift to a different model of ego states in order to construe this phenomenon as reflecting contamination of (structural) Adult by (structural) Parental prejudice and (structural) Child illusions.

In order to prevent suicide, the therapist needs to avoid being conned by a calm and sensible appearance of clients who have just voiced a suicidal thought or plot. Although its levels are high, ‘here-and-now’ Adult is

unable to fulfill its crucial function to ensure safe functioning and life protection. Therefore, decontamination needs to take place in a protective environment when the therapist, and the client’s relatives or volunteers, can ‘lend’ their Adult to the client, e.g. by means of social control contracting (Loomis, 1982). From the TA perspective, during the decontamination work, the therapist stays in the Adult, investing efforts in avoiding any Parental attitudes which facilitate submissiveness and AC behaviours.

Comparison of the completed and attempted suicide egograms (Figures 1 and 2) revealed a statistically significant increase of NCP in the suicide survivors. It may relate to persecutory actions towards relevant others in ‘dialogic’ suicide attempts (Ambrumova, 1997). NCP’s statements in the completed suicides targeted the individual’s own self, and might have contributed to the feelings of psychache and hopelessness. 60% of suicide note-writers who killed themselves felt themselves a burden to relevant others (Fernández-Cabana, Ceballos-Espinoza, Mateos, Alves-Pérez & García-Caballero, 2015). The analysis of suicide-note themes revealed that the motive of self-blame was present in 65% of suicide notes from completed suicides as compared to 30% of attempted suicides (Brevard, Lester & Yang 1990).

One way or another, the ego states of NCP and AC were exhibited in most letters. From the functional perspective, there is a close connection between these ego states as NCP facilitates AC behaviours and feelings. Suicide completers with this combination appeared to have reconciled with their fate and seemed to feel unable to change anything: “*Forgive me for this. This is my fate*”; “*I have failed to become a good husband and father for you*”. This combination may as well have caused the depression that the suicidees were experiencing. Nevertheless, their depression had never reached the level of severity in which motor or cognitive inhibition could have precluded realisation of their intent to die.

Positive ego state levels in the presuicidal state of mind were very low. PCP was almost lacking in suicide completers, and was absent in attempted suicides, while it is PCP that contains structures that are relevant for survival such as positive parental guidance, social and religious attitudes, including a priori moral values. Therefore, Figures 1 and 2 illustrate lack of a moral conscience or the exclusion of the ego state that holds these attitudes.

At first glance, cathecting PCP and stimulating PCP activities might be quite appropriate in a therapeutic situation. However moral education – the essence of such work – is hardly appropriate during the crisis (all the more so as this kind of psychotherapy would be very time consuming and would mean creating a new CP with a new system of prohibitions in the suicidal

individual's head). The work on actualizing a priori (i.e. independent of upbringing) vital attitudes and related feelings would be useful. Grof & Halifax (1977) found that those who survived suicidal jumps from the Golden Gate Bridge, reported experiencing during their jump "spiritual rebirth and unity with other human beings, the entire universe, and God" (p. 152). Grof & Halifax further noted: "As a result of their intimate encounter with death, some of them had a profound religious conversion; others described a reconfirmation of their previous religious beliefs" (p. 152).

Consistently with the earlier data, Little (2009) reported that the survivors of the Golden Bridge jumps had entered the water in a specific way, probably because "the moment they jumped they knew they had made a mistake" (p. 225). He also described a case of Kevin who survived his suicide attempt, and showed the slight, but nonetheless amazing, changes in Kevin's states of self in the morning of the attempt, immediately prior to suicide, and during the jump: "... he had left home, acting as if he was going to school ... kissed his father good-bye, thinking to himself, "He'll never see me again." When he arrived on the bridge, having stopped off for something to eat, ... he stood there for 40 minutes crying ... He then looked around and said to himself, "Fuck it, nobody cares." At that point Kevin hurdled over the railing, falling head first ... he was determined to die. But the moment he let go of the safety rail, he thought, "I don't want to die. What am I going to do? ... Kevin decided to ... enter the water feet first ..." (p. 225).

Ambrumova & Postovalova (1983) quoted a suicidal woman's note, "Don't save me, I am of sound mind, I have done this deliberately..." At the end of the note, when the woman started to feel the drug effect, she scrawled, "Save me..." One may assume that PCP may actualise in the suicidal individual's head after the suicide note has been written, perhaps immediately during the suicide or at the time when there is little chance to change anything. Nevertheless, the suicide survivors' self-reports in our study allowed us to obtain no evidence to confirm that a suicide attempt (be it first or repeated one) might have a therapeutic effect. The well-known facts of a high probability of death as a result of a repeated suicide attempt (Beghi, Rosenbaum, Cerri & Cornaggia, 2013) may be quite consistent with our findings.

PNP's position was quite limited, as there was always a risk of switching to NNP which would force the relatives into getting a gift that they simply 'couldn't refuse' (Mario Puzo, 1969). For example, at the beginning of a suicide note, a suicidal man was reproaching and cursing his wife, and later, when addressing his mother and relatives, he was saying something different about her, "*Unless she gets*

*married, treat her as family*". Another note, "*Hang in there, son, don't worry about me. Mother*"

Cathexis of FC seems likely to preclude any serious thinking about self-killing and death in general. In our study, rare cases of FC manifestations in men, i.e. spurs of genuine lack of understanding and resistance ("*And I want to live so much!!? Very much*"), failed to obtain support of positive Parental states ("*I am striving for affection, warmth and love*"), in contrast to Kevin's case. Genuineness, intimacy and spontaneity were not characteristic of the presuicidal state of mind in this study.

Comparison between alcoholic and nonalcoholic egograms revealed no statistically significant differences. However, almost all alcoholic egograms of completed suicides were characterised by Karpman's (1968) triad of Victim-Persecutor-Rescuer, which may evidence a continuing psychological game (Berne, 1961) with a suicidal death as a payoff. Furthermore, the motive of about 33.3% of alcoholic suicides was self-punishment.

The fact that only 3 (23%) of 13 suicides with AUD were under intoxication during the suicide may relate to specific personality features of alcohol-dependent people. Berglund, Krantz & Lundqvist (1987) found out that the presence of alcohol in blood during the autopsy correlated with brittleness while individuals with dysphoria most often had negative results.

Although alcohol in blood is found in 20 to 50% of all suicide cases in various cultures (Hayward, Zubrick & Silburn 1992; Zerbini, de Carvalho Ponce, Mayumi Sinagawa, Barbosa Cintra, Romero Muñoz & Leyton, 2012), positive Blood Alcohol Concentration (BAC) levels at autopsy may reflect incidental intake rather than alcohol use disorder (Brady 2006). Our study produced similar findings regarding the ratio of sober (82%) to intoxicated suicides (18%). O'Connell & Lawlor (2005) summarised evidence that acute alcohol intake was a strong predictor of intentional injury (even stronger than alcohol dependence) and that it had been associated with use of more lethal suicide means and heightened suicide risk in the alcohol dependent. Pompilli et al. (2010) explored the complex relationship between alcohol use and suicidality and suggested that intoxication may trigger suicidality through disinhibition, impulsiveness and impaired judgment, as well as promoting depressive thoughts and feelings of hopelessness. It may contribute to the state of cognitive constriction, and relieve the distress associated with the act of self-killing. They also provided a summary of Hufford's (2001) four psychological pathways for the relationship between acute alcohol use and suicidal behaviour: "(1) increasing psychological distress, including hopelessness, loneliness and depression; (2) enhancing or

facilitating aggressive behaviour, including self-aggression; (3) changing an individual's expectations and helping to propel suicidal ideation into action; and (4) constricting attention and inhibiting effective coping strategies that would facilitate avoiding suicidal behaviour" (Pomplili et al. 2010, p. 1405).

These conceptualizations may in part be confirmed by our findings that the Adult levels in intoxicated suicides were lower than in abstinent individuals. This decline in Adult functioning might open the way to the impulsive action, but it was not enough to preclude the lethal outcome of an attempt. Interestingly, a current meta-analysis of alcohol-related risk of suicidal ideation, suicide attempt, and completed suicide (Darvishi, Farhadi, Haghtalab & Poorolajal, 2015) found a consistent association between alcohol dependence and impulsive suicide attempts. In a Polish study of suicide attempts during heavy drinking episodes among individuals entering alcohol treatment (Klimkiewicz, Ilgen, Bohnert, Jakubczyk, Wojnar & Brower, 2012), the most serious attempt was unplanned and committed mostly by men during a heavy drinking episode. Zerbini et al. (2012) speculated that the high mean BAC found in their study (1.80 g/L) might reflect self-destructive behaviour associated with impulsiveness, which could lead to suicide. Interestingly, our study demonstrated that intoxicated suicides had higher levels of NCP as compared to sober ones which may reflect the elevated level of aggression (and autoaggression) in intoxicated subjects. This combination of impulsivity (lowered A; increased AC) and aggression (increased NCP) has long been considered as representing a factor of heightened suicidal risk (Sher 2009).

It is worth mentioning that there are neurobiological theories that might explain the complicated relationship between suicide, alcohol, impulsivity and aggression. For example, based on Badawy's (1988) serotonin deficiency hypothesis of alcohol-induced aggressive behaviour, Brady (2006) argued that it was serotonergic dysfunction that was the common denominator in "this complex relationship" (p. 476).

From the therapeutic perspective, there may be an evident difference in the tactics of providing therapy to intoxicated and sober suicides, taking into account the Adult ego state levels in the two samples. Nevertheless, cognitive (decontamination) work with intoxicated individuals can hardly be underestimated as a 'here-and-now' Adult which remains contaminated may as well see the attempt through to a lethal final.

### Limitations.

The small sample size may affect the power of the study, hence limiting the ability to generalise the findings beyond the study group. Nevertheless, small sample sizes in suicide note studies are quite usual as

the incidence of note leaving rarely exceeds 20-38% in European cultures.

Some other design-related aspects of this study need certain improvement. Although its external validity is quite satisfactory as our findings have been consistent with the ideas and conceptualizations that have already been tested in quality scientific research, there may be some concerns regarding the internal validity of the study due to possible expert bias (one of the experts authored the concept of the script-based self-destructive behaviours in alcoholics). The authors invested efforts to compensate for this bias by engaging two independent experts (PTSTA-P and CTA-P) who carried out additional assessment of the suicide notes in line with the proposed protocol.

The differences in completed and attempted suicides that we found may provide evidence for the construct validity of the proposed method of suicide note analysis as it has proved to be sensitive to the functional differences in the state of mind of different samples of suicidal individuals.

It should also be emphasised that the capacity of suicide note analysis as a unique instrument that allows an invaluable insight into last hours and minutes of suicidal individuals' existence needs in-depth further investigation.

As far as Berne's (1972) discrimination between structural and functional ego states are concerned, when analyzing the suicide note contents we were accounting for the behavioural and relational aspects (the function) as the notes addressed someone in all cases and, most likely, reflected long-standing behavioural roles, e.g. the drama triangle roles (Karpman, 1968) or other roles that the addressee might have been well aware of. We were also using our own responses to the note contents as some kind of markers, as Berne's (1961) social diagnosis. In order to investigate the structural aspect of the suicide notes or to draw a 'structural' egogram, a researcher would need to engage in historical and phenomenological diagnosis of ego states (Berne, 1961); they would need to be able to recognise and differentiate, for example, between Adult in Parent (A3), Adult (A2), or Adult in Child (A1). This kind of work is impossible without face-to-face therapeutic communication with the note writers.

### Conclusion

The results of the suicide note analysis in this study may infer that the presuicidal functional activity is quite diverse, but by no means chaotic. When writing a note, reflecting on life and oneself, suicidal individuals cathect various, both positive and negative, structural and functional/behavioural personality units. Therefore, the individual's personality appears to be far from being constricted and inflexible. The notes written in



one ego state represented only 13.8% of all cases. These findings may indicate that the therapist has an option of addressing positive personality structures while working with suicidal individuals who have recently attempted suicide, or may be communicating their suicidal intent (either directly or indirectly).

Our analysis highlighted the role of the Adult ego state, which dominated in the completed suicide notes, reflecting the state of mind immediately preceding lethal suicide attempts. High apparent Adult levels may reflect one's commitment and quite explicit lethal intent as well as the existence of a well-thought-out suicidal action plan.

In other words, the person who makes suicidal statements, but who seems to be level-headed, sensible, calm and able to appreciate the therapist's efforts, who speaks and acts without excessive emotion, may need more therapist's attention and observation than it may seem. This mechanism of Adult activation may underlie suicides of depressed patients whose affective symptoms have been reduced by antidepressants (this phenomenon is sometimes discussed in terms of activation syndrome (Culpepper, Davidson, Dietrich, Goodman, Kroenke & Schwenk, 2004)).

As far as the evolution of the presuicidal state of mind is concerned, it appears that during the first stages, right after a triggering conflict or a suicidal insight, the individual cathects AC and NCP, which manifest themselves mostly through emotion. Further on, when making a decision, Adult starts playing a stronger role as it provides a mental rationale to suicide and ensures that the suicidal action has been planned well enough so that the intent can be accomplished. Perhaps, during the last stages that the person is still aware of, they – urgently but often inefficiently – may cathect Parental defensive mechanisms (moral or religious).

Lack of significant differences between alcoholic and non-alcoholic suicides as far as the ego state levels are concerned, may reflect the existence of shared intrapersonal processes and mechanisms that aim at committing a fatal suicide.

The findings of our study may be useful for developing therapeutic tactics when working with suicidal individuals. Despite some differences between alcoholic and nonalcoholic completed suicides, the ego states that were involved during the last presuicidal stage were essentially similar, which may imply that suicidal phenomena share common psychodynamics.

The findings regarding a crucial difference in the suicidal state of mind in suicide attempters who eventually killed themselves and those who stayed alive may indicate that suicide survivors had used no behaviours or actions that would have helped them to

develop and maintain a highly lethal intent or to arrange for a 'successful' implementation of a suicidal plot.

The study also revealed that suicide survivors presented a wide range of manipulative transactions that often had the nature of a psychological game, in which the main motive of alcoholic completed suicides appeared to be self-punishment.

The finding that alcoholic intoxication affects the suicidal state of mind is somewhat controversial. On the one hand, a decline in Adult functioning (which is responsible for successful implementation of the suicidal plan) may be regarded as having some positive, preventive implications. On the other hand, this idea is hardly consistent with the findings of other studies, especially that acute alcohol intake tends to elevate the suicide risk. Intoxication may introduce a specific psychological game motive into the suicidal state of mind of an intoxicated person, bringing their suicidal state of mind closer to the mental state of a suicide survivor.

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## Interpretative Phenomenological Analysis of Experiences of Four Individuals Reporting Exposure to Workplace Bullying in the UK

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### Abstract

*Suggesting that bullying is a toxic dynamic that is widespread in the modern workplace, the authors review general, research and transactional analysis literature on the topic and conclude that there is little documented about the adverse interaction on the individual. They go on to describe their conduct of an Interpretative Phenomenological Analysis (IPA) of the experiences of four individuals who self-identified and were also operationally identified using an amended version of the Negative Acts Questionnaire (NAQ-R) as being bullied by a manager within their organisation. A general questionnaire about experiences of bullying was also used, followed by interviews. Transcripts were analysed, and three themes and seven sub-themes were identified. Findings suggest that the participants experienced feelings of anger and worthlessness, but these feelings were muted and diminished as evidenced by participants' language and narrative styles. This is interpreted as them discounting their experience and the resulting impact on their health. Participants were found to be perceiving their manager as critical and blaming, and to have lost trust in them because of alleged breaches of boundaries. The participants also perceived the organisation negatively if they failed to support the participant; this was regarded as an endorsement of the negative behaviours. The resulting themes are analysed using several TA concepts, including discounting, life positions, psychological games, drivers, miniscript and script.*

### Key words

Workplace bullying, transactional analysis, interpretative phenomenological analysis, NAQ-R, miniscript, discounting, drivers, psychological games, managers, leadership, organisation

### Introduction

This is a qualitative research study using Interpretative Phenomenological Analysis (IPA) into the experiences of individuals involved in a hostile interaction with a manager in their place of employment (organisation). It is a preliminary study aimed at identifying what it is like to be bullied and interpreting those experiences using transactional analysis (TA) concepts and theories. There is little research data that specifically identifies the feelings and thoughts of the targets of bullying (Lutgen-Sandvik, 2013); what this study aims to document, through the words of the individuals, is the psychological damage that bullying can do. Our themes illustrate how bullying leaves people feeling angry and worthless, they berate themselves for not acting sooner and discount the impact on their health and continue to go to work. The bully is perceived as critical and blaming with scant regard for personal boundaries and the organisation that fails to intercede and resolve the issue is viewed in the same negative light as the manager.

The whole process seems to function with a high level of discounting (Schiff & Contributors, 1975), so the initial conclusion would be to assume that this would be a psychological game (Berne, 1964), although we did not observe such dynamics within the transcripts. It was of interest to us to stay with the focus on the impact on the participants, particularly the prevalence of discounting and the response by the participants to their situation from within script (Steiner, 1974) as observed through the miniscript sequence (Kahler & Capers, 1974).

The authors work in the fields of counselling and psychotherapy therefore the data presentation, the interpretations and conclusions reflect their backgrounds and experiences. Mary O'Neill is a TA



counsellor (MSc) in an occupational health setting and sees clients who experience a stressful work environment. Counselling is offered on a short-term basis (six sessions) and many of the clients reported experiencing unacceptable behaviour by a manager or a colleague. This led to an interest in the issue of workplace bullying with a view to developing a TA counselling approach that would help clients dealing with this issue.

Denise Borland is a TA psychotherapist (Certified Transactional Analyst (CTA), MSc) and her PhD is in Vocal Performance Psychology (of professional singers). As a psychotherapist and psychological education coach specialising in vocal performance within the music industry, she has extensive personal experience of the power dynamics, both in training and professional settings. Vocal performance can often falter when people have experienced bullying and their words and self are not valued or validated. As she has many coaching clients in this area this seemed a good match for a research study collaboration.

## Literature Review

The phenomenon of workplace bullying is a blight on the modern workplace, affecting one in three workers in the UK (Trades Union Congress - TUC website 2015). Bullying terrorises, belittles and dehumanises the individual and causes psychological damage (Tracy, Lutgen-Sandvik & Alberts, 2006). It is also unproductive, expensive and time consuming for the organisation (Glendinning, 2001). The Advisory, Conciliation and Arbitration Service (ACAS, 2015) define bullying as: "...offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient". (p.1)

There is a large volume of quantitative analysis on the process of bullying, focussing on the nature of personality, antecedents, and organisational responses (reviewed in Branch, Ramsay & Barker, 2012; Einarsen, Hoel, Zapf & Cooper, 2011). There are also smaller, qualitative studies of workplace bullying again focusing on behavioural interactions (Farrell, Keenan & Knibbs, 2014) and antecedents of bullying (Lutgen-Sandvik, 2013). There is very little information about what it feels like to be bullied and what individuals feel and think about themselves, the perpetrators and the organisation (Tracy et al., 2006). There are studies that have used metaphor analysis to define how targets experience being bullied (Tracy et al., 2006), interview analyses (Keashly, 2001) and Social Exchange Theory (SET) (Parzefall and Salin, 2010) to describe the experiences of targets.

A further study of the literature suggests four criteria that are required to define bullying:

1. The acts and behaviours are prolonged and sustained; specifically occurring at least weekly over a period of approximately 6 months (Einarsen, Hoel & Notelaars, 2009);
2. The target perceives the behaviour as having a negative impact on their performance or health. (Matthiesen & Einarsen, 2004);
3. There is a power differential between perpetrator and target where the target is put in an inferior position (Matthiesen & Einarsen, 2007);
4. A further condition to bullying includes escalation in severity over time, (Einarsen et al., 2009; Soares, 2012).

## Bullying Behaviours

The negative treatment referred to in the above definitions are again subject to interpretation. However, Einarsen & Raknes (1997) have distilled these negative behaviours into three distinct categories; those affecting the target's work, those directed at the person, and acts of intimidation.

Work may be affected by being given an excessive workload or given work beneath the target's capabilities, acts of misinformation or omission that prevent the target doing their job effectively, and excessive criticism of their work.

Bullying behaviours that impact the person will include being ignored, being spoken over and having opinions disregarded. There are also provocative behaviours which include being ridiculed, insulted and humiliated and being the target of jokes and criticism. Finally, there are those acts which are also directly threatening and intimidating, such as verbal and physical assaults to the person or their property (Einarsen et al., 2009).

Some bullying definitions mention the occurrence of many small incidents that might appear inconsequential, but over time the accumulative impact of these negative acts has a destructive impact on the target's health (Keashly 2001; Hutchison, Wilkes, Vickers & Jackson, 2010; Soares, 2012).

## Identifying Bullying for Research Purposes

When it comes to defining bullying for research purposes there are two possible methods; operationally defined bullying and self-defined bullying. The operational method identifies bullying behaviours using a questionnaire, the most widely used being the revised Negative Acts Questionnaire (NAQ-R) (Einarsen et al., 2009) which is described in detail in the methodology section (see Appendix 1). This method accounts for frequency of behaviours but excludes unique experiences and does not account for severity of impact, e.g. being insulted could cover a spectrum of cruel jibes from mild to vicious. It also fails

to account for the fact that some individuals may not experience certain behaviours as bullying, e.g. a police officer who is subjected to insults and assaults as 'part of the job' (Nielsen, Notelaars & Einarsen, 2011).

Self-defined bullying presents the individual with a discrete definition of bullying and asks them to agree or disagree with the definition. This method is useful in that it is simple to administer but risks subjective bias. Individuals are more likely to self-identify if they have negative affect and others may not wish to define themselves as being bullied as it would provoke feelings of victimisation (Hogh, Hoel & Carneiro, 2011).

The term 'target' of bullying is often applied via the operational method to indicate the individual is the systematic focus of negative acts, whereas the term 'victim' of bullying is sometimes associated with the self-defined method.

When identifying bullying for research purposes, the recommendation is to use both methods; self-definition allows the individual to identify as being bullied and the operational use of the NAQ-R allows identification of behaviours and frequency (Nielsen et al., 2011).

Workplace bullying has a serious impact on physical and mental health; it is not uncommon for those exposed to bullying to experience depression and anxiety including panic attacks (Keashly & Harvey, 2006). These individuals may mention a perceived loss of confidence in themselves and their ability to do their job (Vartia, 2001; Hogh et al., 2011).

There is also further evidence that prolonged exposure to bullying and intense bullying will result in symptoms that correspond to Post Traumatic Stress Disorder (PTSD), specifically hyperarousal and perception of the world as 'not safe' (Hoel, Faragher & Cooper, 2004; Tehrani, 2004; Vie, Glasø & Einarsen, 2011).

Personality has little to do with being a target of bullying; while some research suggests that introversion and high levels of neuroticism are more likely to be associated with the targets of bullying (Glasø, Matthiessen, Nielsen & Eiarsen, 2007), there is not sufficient evidence to confirm this and it has been argued since the early days of research that it cannot be proven that the bullying itself did not affect levels of neuroticism and introversion in the first place (Leymann, 1996). Nielsen, Matthiessen & Einarsen (2008) stated that even for the most optimistic and confident of individuals, the experience of being severely bullied was sufficient to traumatise as they were unused to such ill-treatment and it created a strong cognitive dissonance between their situation and their previously positive view of the employer.

### **Workplace Bullying and the Role of Organisations**

Where bullying exists in an organisation, the impact may include increased absenteeism, lost productivity and reduced creativity (Glendinning, 2001). When employees experience bullying, they might be forced to leave their job resulting in a loss of knowledge and expertise from the organisation. Furthermore, there may be a financial cost in retraining and possible industrial tribunals and litigation (Lutgen-Sandvik, 2013; Samnani & Singh, 2012; Wheeler, Halbesleben & Shanine, 2010).

Bullying within an organisation is often regarded as an organisational problem requiring an organisational response (ACAS, 2015) and must be tackled at the cultural level of the organisation and the management structures therein (Vartia & Tehrani, 2012). Organisations and their employees are bound by both an explicit (business) contract and an implicit psychological contract (Cornell, de Graaf, Newton & Thunnissen, 2016). With the latter, the employee trusts the employer to deliver favourable work conditions, and, in return they offer a good performance. Bullying can breach this contract where the employee sees the employer as renegeing on these implied contractual responsibilities, (Parzefall & Salin, 2010).

One of the major criteria for bullying is a power differential (Einarsen et al., 2009), where organisations create unhealthy power imbalances through poor leadership, deficiencies in work design and generating low morale (Harvey, Treadway, Heames & Duke, 2009). Krausz (1986) describes power as the "capacity of one person to influence or control the behaviour of others" (p.85). According to her, rewarding, coercion and position are classic types of power within an organisation, e.g. having the power to hire and fire, to dictate policy and to reward with promotion and remuneration. Managers who operate with a Criticising mode of leadership (Mountain & Davidson, 2011) i.e. I'm OK, You're not OK, might use coercion, reward and position in a way that invites an I'm not OK life position from the employee and leads to over-adaptation and game playing.

Bullying will occur in organisations when the culture of that organisation condones, models or rewards it (Lutgen-Sandvik, 2013) and if an organisation fails to take responsibility for its hostile culture, it leads to a loss of loyalty amongst employees and creates a mistrust in the organisation and its policies and procedures (Mountain & Davidson, 2011).

### **Transactional Analysis and Workplace Bullying**

Transactional Analysis (TA) has much to offer in the examination of human behaviour and organisational culture. The concepts of TA are useful for describing the individual's internal experience and their interact-



ions with others at a personal and an organisational level.

Bogren (2008) writes about school bullying and describes the process as a game where the children establish a power play between each other with the bully as Persecutor and the target as Victim. Mountain & Davidson (2011) describe bullying behaviours as having roots in childhood where a child learns to bully as a way of protecting against the Victim position; the individual is fearful but defends against the fear with a substitute feeling of anger and an aggressive style of behaviour.

Games are played out of awareness, to structure time and acquire strokes (normally negative) (Berne, 1964). It might be considered that workplace bullying has the hallmarks of a game and the degree of escalation suggests that this game is played at the 2<sup>nd</sup> and ultimately 3<sup>rd</sup> degree level, where ill health, litigation and even suicide have been the outcome (Keashly, 2001; Soares, 2012; Zapf & Einarsen, 2011). The bully would be perceived to be in the Persecutor role with the target in the Victim role and each role will involve discounts. These discounts may be a mechanism of defence in relationship with others which may reinforce the script beliefs of the players (Cornell et al., 2016; Mountain & Davidson, 2011).

## Study Objectives

The aim of this study was to document the experiences of people who are subjected to workplace bullying and to conceptualise their experiences using TA. It was proposed to do a small scale qualitative study using Interpretative Phenomenological Analysis (IPA) (McLeod, 2011; Smith, Flowers & Larkin, 2009). Participants would be able to describe their experiences focusing on their feelings and beliefs so that a better understanding of the impact of bullying on individuals would be achieved. By focusing on the emotional and cognitive processes of the participants, the emerging themes would be a reflective account of what it is like to be bullied and would be analysed and interpreted using the concepts of TA, which would hopefully give the TA therapist an understanding of this phenomenon that they could use when working with clients who describe being bullied.

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

## Methodology

IPA invites the individual to talk about and reflect on their experiences and how they have made meaning of their experience. This in turn is interpreted by the

researcher creating a double hermeneutic (Macleod 2011; Pietkiewicz & Smith, 2012; Smith et al., 2009).

Sample sizes are invariably small, allowing for an in-depth analysis of the experience. It is the in-depth analysis of each transcript rather than a broad summary across many individuals that is one of the main strengths of IPA (Hefferon & Gil-Rodriguez, 2017; Macleod, 2011).

The following questions were asked of the participants, aimed at prompting the feelings and beliefs that arose from their experience.

1. How did it all start? (Prompt: *Was there a triggering incident?*)
2. On a typical day describe the sort of incidents that would occur? (Prompt: *Describe a typical incident.*)
3. What was your experience when you interacted with the perpetrator e.g?
  - a. How did you feel when you interacted with them?
  - b. What did you believe about yourself at that time?
4. Describe the perpetrator(s).
5. How would you describe the role of your organisation in the situations described?
6. Was the situation resolved and if so, were you satisfied with the resolution?

The questions were intended to be as open as possible to invite the participants to discuss their experiences and to see what issues arose. Bullying often begins with a triggering incident such as a change or the arrival of a new manager (Vartia & Tehrani, 2012). By enquiring about a typical day it was intended to get the individual to discuss specific acts. Questions 3 and 4 were intended to elicit information about how they felt about themselves and the perpetrator and Questions 5 and 6 were intended to explore feelings towards the organisation and how the situation ended.

Interviews were semi structured in that all participants were asked the 6 questions and invited to speak at length. The researcher could ask for further information at relevant points and seek clarification as needed. The interview sessions were taken separately and before a regular session, giving space to further discuss anything that the interview may have brought up for them. There was discussion and planning ahead of the sessions to prepare with clients who were already very capable of working with their autonomic nervous systems (Rothschild, 2000) and returning to Adult (Berne, 1961) to avoid being overwhelmed.

Afterwards, verbatim transcripts were produced and read through multiple times. Each transcript was analysed individually; specific words and phrases were highlighted including the use of metaphor and euphemisms. Attention was also paid to the coherence of narrative, hesitation and pausing. They were analysed for common themes; each researcher did their own analyses and formulated possible themes, then met together to discuss and agree the overall themes.

### Study participants

Recruitment was done through a call for participants in the TA and Counselling communities of the authors. One participant was recruited by a call for participants on a professional Facebook page which had no personal links to the researchers and was used to post articles related to mental health, to promote TA counselling, and announce events such as seminars and workshops on mental wellbeing. The other three participants were recruited through one of the researchers' private practice. Names have been changed to protect anonymity. Participant demographics are shown in Table 1.

All the participants worked with a line manager in teams which were part of a larger organisation. Adam worked for a large private sector organisation (more than 1000 employees). Diana was based in a hospital in the public sector (more than 1000 employees). Chloe worked for a voluntary sector organisation (100-1000 employees). Becky worked for a small, private sector organisation of less than 100. Participants had to deal with either senior managers or with HR regarding their situations.

The participant (Adam) was not known to the researchers and received coaching from an unrelated professional and had worked through his experience.

The material, though provoking, was current for Becky only; it was already placed in the past for the others. Chloe and Diana reported in subsequent sessions that the reflective space was useful for furthering understanding and making meaning (Levine, 1997, 2005) of their experience.

### Instruments of Assessment

Before interview, it was necessary to identify participants who fitted the criteria for workplace bullying. This was operationally defined using an adapted NAQ-R that had been approved for use by Einarsen (2017), as shown as Appendix 1. Completed before interview, the questionnaire lists 22 negative acts relating to the workplace without using the term 'bullying'. It incorporates personal attacks, workplace incidents and physical intimidation; the intensity of the bullying is characterised by identifying frequency levels of workplace incidents which are also allocated a score (Never =1, Now and then =2, Monthly = 3,

Weekly = 4 and Daily =5). Notelaers & Einarsen (2013) published cut-off scores for the questionnaire to assist with identifying bullying. Scored by totalling the frequency of each event experienced, a score of 32 or below indicates no bullying; 33 to 44 indicates that some bullying is going on and that it may be in the early stages of bullying; 45 or more would indicate severe workplace bullying. To qualify for the study, participants had to score 45 or more in the NAQ-R and the results are shown in Table 2.

For self- definition, participants were asked to complete a second questionnaire (Appendix 2). This questionnaire included the following definition of workplace bullying taken verbatim from Hoel et al. (2004): "a situation where one or several individuals, persistently over a period, perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions" (p.368).

The participants were asked to state if they believed that definition applied to their situation, thereby confirming the self-identified requirement. There were further questions about organisation size, duration of bullying and whether they were still working for the organisation, as summarised in Table 2.

### Ethical Considerations

A detailed permission request was presented to the participants, outlining their role and explaining the nature of the study. Interviews were arranged with the participants and time was given for them to discuss and question the nature of the interviews. Confidentiality and anonymity were assured for both participants and their respective managers and organisations. The names of organisations were not requested, and any mention of managers' names has been changed (normally just first names were mentioned).

Participants were encouraged to gain support through friends and family or from a counsellor. Three out of four were already seeing one of the researchers as a coach/psychotherapist. Time was spent with the fourth individual to discuss the implications of the project before he agreed to be interviewed by one of the researchers. The interviews with the three remaining participants were carried out by the researcher before their counselling session and these three participants were able to reflect with the counsellor in this space on the impact of the interview.

It was emphasised that the participants could withdraw from the study at any stage in the proceedings; all were happy to proceed. Permission was gained for recording and the transcripts of the sessions were sent to the participants to check that they were satisfied with the accuracy. Participants were not asked to

review the themes as there was some concern that this may have led to rupture within the therapeutic relationship and may have further complicated the analyses. The interviews were followed up with further

coaching sessions and the subject was returned to in subsequent sessions to further reflect and offer containment for the participants.

Participant	Gender of Participant	Age	Job Description	Organisation
Adam	Male	51	IT professional	Large Private Sector Organisation (> 1000 employees)
Becky	Female	27	Childcare professional	Small Private Sector Organisation (>100 employees)
Chloe	Female	29	Personal Assistant	Medium sized Voluntary Sector Organisation (100-1000 employees)
Diana	Female	41	Healthcare professional	Large Public-Sector Organisation (> 1000 employees)

**Table 1: Participant Demographics**

Participant	Gender of Perpetrator (manager)	Duration of Bullying (months)	Still with the organisation at time of interview	NAQ Score
Adam	Male	9	No	49
Becky	Female	12	Yes	84
Chloe	Female	33	No	49
Diana	Female	96	No	54

**Table 2: Summary of participants' experiences of being bullied.**

Theme 1	The impact of bullying on the individual	Impact on mental health and physical health
		Individuals experience feelings of worthlessness
		Individuals experience anger
		'Nipping in the bud' – all wished they had acted sooner
Theme 2	The perceived role of the manager	Breached boundaries leading to loss of trust
		Blame and Criticism
		Withholding
Theme 3	The perceived role of the organisation	

**Table 3: Themes and Sub-Themes**

## Results

We identified within the narratives reference to material that would be explained by concepts such as drivers and miniscript (Kahler & Capers, 1974), and to a lesser extent stroke economy (McKenna, 1974), OK Corral (Ernst, 1971) and the drama triangle (Karpman, 1968). We also identified significant use of discounting and passive behaviours (Schiff & Schiff, 1971). The data will be discussed using these concepts, but the reader may find other TA concepts that would explain the interactions, reflecting the flexibility and power of TA to analyse this subject.

All the participants self-identified as being bullied and each person was bullied by a manager of the same gender. All scored above 45 in the NAQ-R. Becky scored the highest at 84 due to a higher number of negative acts experienced on a daily/ weekly basis (16/22). Adam, Chloe and Diana experienced fewer negative acts on a weekly/daily basis (5/22, 6/22 and 7/22 respectively). Bullying can also be defined as two or more negative acts on a daily or weekly basis over a minimum of six months (Einarsen et al., 2009) and all the participants were above the threshold by this criterion.

The triggers for the bullying varied across the participants:

- Adam suggested that it was the result of change in the organisation and the ensuing pressures put on staff caused the increase in bullying behaviours.
- Becky suggested that the bullying began when the new manager arrived in the team and twelve people had subsequently left the team in the past twelve months.
- Chloe said that the bullying began almost immediately, and she later discovered that the manager already had a reputation of being difficult to work with as previous people in her position seemed to last only six months.
- For Diana the behaviours began when she arrived in the organisation and seemed to be a common work practice within the team.

### Themes identified

Table 3 show the three main themes that were identified: the impact on the individual, with four sub-themes; the perceived role of the manager, with three sub-themes; and the perceived role of the organisation.

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

#### Theme 1: The impact on the individual

This theme addressed how the participants experienced themselves; specifically the impact on their

mental and physical health, their feelings of anger and sense of worthlessness. The assertion that they should have acted sooner in reporting to the organisation was the result of their responses to the final question regarding a resolution to their situation.

#### Theme 1: The impact on the individual: Sub-Theme 1: Impact on mental and physical health

All 4 participants stated that they felt vulnerable and insecure when dealing with their manager (and sometimes colleagues).

*"I think it affected my kind of getting up and going to work and em... I think it probably affected my... my general mood really... em... so... em I was probably in a way the least aware of the issue but my wife, she noticed a big difference in the way I was behaving"* [Adam]

*"I'm stressed on a daily basis; I'm nervous every single day I go into work I'm even nervous right now after doing a ten-hour shift and I'm still think about it. I'm thinking I've got to back tomorrow you know... I'm always nervous about it you know, so it... it never leaves my system"* [Becky]

*"... so, I stuck with it even though I was really miserable and having panic attacks every single day on the way to work so that's why I had to end up taking the anti-depressant or anti-anxiety medication"* [Chloe]

*"... yeah it was definitely rejection but couldn't understand the rejection then what I did was obviously start to turn it in on myself"*

*"... I lost an awful lot of weight in that time and em... it actually wasn't until I went down to 5 ½ stone that I think management got involved and everybody backed off"* [Diana]

#### Theme 1: The impact on the individual: Sub-Theme 2: Feelings of worthlessness

This theme was noted in that all participants made mention of feeling unimportant and irrelevant to their workplace situation either in the relationship with the manager and/or the organisation. The response came when asked what they believed about themselves when they interacted with the perpetrator (Q3 b).

Becky and Diana were the most explicit:

*"... I believe I'm worthless and that I can't do anything right even though I'm trying and I know logically I am trying and working very hard but she makes me feel like I might as well not be there"* [Becky]

*"I felt that I was... I wasn't worthy and that I wasn't good enough... that em... and I was always having to prove myself"*

*"... I'm thinking maybe that's what they wanted in a way. That I was always... that I was always under the foot - if that makes sense"*

*"I was used and I was never part of the team and em... I feel that I was basically like nobody." [Diana]*

*"... I didn't feel valued" [Chloe]*

*"... it kind of felt like she was the headmistress and she had prefects (laughs) I certainly wasn't one... either of those (laughs) I was definitely one of the... seen as probably the lowest or the lower end of the... I felt I was on the lowest end of the food chain" [Chloe]*

Adam didn't explicitly state he felt worthless but rather that the effort he put into the job was unappreciated,

*"I didn't get to... get to feel I had become an incompetent worker but I did feel under pressure and... and... Crushed was a better word really... I felt there was no end really... I couldn't see a way out with what was going on. It was like being in a tunnel you know, I couldn't see a way out." [Adam]*

*"I felt it couldn't continue as it was... Something had to give really, and when every effort you put in wasn't really appreciated... I felt I was being sucked dry." [Adam]*

#### **Theme 1: The impact on the individual: Sub-Theme 3: Individuals experience anger**

The participants described feeling angry with the manager and with the organisation.

*"... I still feel a fair bit of anger about it... I think he was and is somewhat out of his depth and... em... and he was just following orders from above really but I think the way he kind of treated people... is vile really um... Yes, a lot anger really... about him really." [Adam]*

*"... I'm just kind of wanting to tell her to stop speaking to me in... that way and... I that don't appreciate it... Em... I get... I get really annoyed at it yeah if I'm perfectly honest I think." [Becky]*

*"... I lost my temper I can't remember exactly what I said but I just said I wasn't going to have her standing over me and one of the others... said that the way I'd spoken to [B] was appalling but she hadn't seen the catalogue of... yeah... of items on the run up to it." [Chloe]*

*"I didn't feel happy... [I felt]... Frustrated... Em (pause) frustrated and angry because... I just felt they were... Prolonging (laugh)... prolonging kind of my training..." [Diana]*

#### **Theme 1: The impact on the individual: Sub-Theme 4: Nipping it in the Bud**

All four participants stated they had let things go on too long and in hindsight they should have acted sooner. This may have been in the form of making a formal complaint or leaving the job.

*"... maybe with hindsight... It was quite a big decision and to kind of put in a complaint about the manager and the longer it goes on the more difficult it becomes*

*in term of you own energy level... I think to do that probably I needed to do that quite early on" [Adam]*

*"... I think for anyone experiencing bullying you just need to go to your manager and get it kind of just... nip it in the bud as soon as possible and just don't suffer and just don't be afraid to stand up for yourself and just don't let it drag on and on and on too long" [Becky]*

*"I feel I should probably have spoken up sooner I think they [the organisation] were very supportive as soon as I raised it." [Chloe]*

*"... Didn't think about leaving although I probably should have but it just didn't enter my head at the time and..." [Diana]*

#### **Theme 2: The perceived role of the manager**

This theme addresses how each of the participants experienced the manager. What they say is based on their interpretation of comments made to them and their response to managers' behaviours.

#### **Theme 2: The perceived role of the manager: Sub-Theme 1: Breached boundaries leading to loss of trust**

When participants described a breach of a boundary (professional or personal) they invariably followed it up with a comment about loss of trust. There may have been a physical breach where the manager invaded the personal space of the individual or alternatively, the manager breached the boundary of the home and workplace by phoning on a day off.

Participants stated clearly in the transcripts that they did not trust their manager except for Chloe who implied that she did not trust her manager not to tell lies about her.

The manager contacted Adam on a day off when he was taking a relative to hospital and insisted that Adam take time to solve a problem.

*"... I did discuss this afterwards in a meeting with him and he was blaming me for him having to phone me which I found quite insulting really... The level of trust in him as a manager... I couldn't really work with... trust had broken down." [Adam]*

*"I think I felt quite angry about him particular after the incident with my [relative]... I felt quite aggressive and I felt quite violated." [Adam]*

*"... she's just generally snappy with everyone and just causes havoc when she comes in and works in your playroom when she should really be in the office..." [Becky]*

*"She doesn't give clear directions and it's just kind of... you feel like she's laughing at you a lot of the time and she's just not... to me, in my personal opinion, I don't think she's a very wholesome person I can't... I can't trust her at all. I just don't think she's very genuine." [Becky]*



“... suddenly it became top priority for [W] and she stood right behind my chair and was watching over me typing, she was really in... in far too close contact with me...” [Chloe]

“I can’t see myself being able to continue working with people who I didn’t know what they had been told about the situation and I didn’t know what had been said about me... You can’t really go about asking your colleagues ‘has [W] said anything... what has been said about me?’” [Chloe]

“I never liked them, I never trusted them... em... I thought they were stupid in their narrow minded, ignorant way of thinking and I thought if that’s the way that makes them feel better about themselves then rock on.” [Diana]

“It was really, extremely uncomfortable... Really uncomfortable and it was really pushing my boundaries... because I knew I didn’t have anybody to em... [pause]... back me up or step in.” [Diana]

## **Theme 2: The perceived role of the manager: Sub-Theme 2: Blame and criticism**

When the participants spoke about their interactions with the managers or how they perceived the manager they described how the manager often blamed them and criticised them.

“I only remember getting criticism... it was quite difficult to kind of get any conversation or any feedback from him, um... He was up to his neck in something he didn’t really want to talk about it... Yet he would blame you if there were any kind of issues...” [Adam]

“Generally, he was kind of quite critical of quite a few members of the team, although not to all and very critical of external teams... He was blaming everybody except himself really.” [Adam]

“... she was preparing lunches and she would ask you how to make sense of it and then she’ll get all stressed and start snapping at you and make out like it’s your fault that you’ve not organised them properly in the first place...” [Becky]

“She was hurrying me up ridiculously to go and move into another playroom and accusing me of being really late with all the children’s nappies... and saying it was all my fault that I was really late.” [Becky]

“I felt it was personal... Not quite attack but it was a comment that I wasn’t as good as M.” [Chloe]

“Em... it was different instances, there was one person who did verbally scream at me for ages and em... but it was more like catty comments like “do we like [Diana]?” and to be left... I was meant to hear that...” [Diana]

## **Theme 2: The perceived role of the manager: Sub-Theme 3: Withholding**

Withholding behaviours manifested as failing to provide information or withholding praise and reward. Chloe’s manager withheld rewards such as attending a fundraising dinner.

“... when we were trying to book holiday [time], all the team members were having problems getting a response. You put the request in and there was a whole procedure for doing that and we weren’t getting confirmation that we had the holiday booked...” [Adam]

“There was a fundraising dinner that was organised annually... I did a lot of groundwork and she just seemed to take the credit for all that and to not involve me in the event. I think was quite a deliberate act to try and... to kind of... to delineate the lines of hierarchy pretty much.” [Chloe]

“... em handovers wouldn’t have been... em... for somebody else it would have been quite thorough but for me it was ‘find your own way’.” [Diana]

## **Theme 3: The perceived role of the organisation**

The participants seemed to view the organisation or the employer almost as a negative reflection of their experience with the manager. They described their interactions with Human Resources (HR) and the senior managers of the organisation to be unhelpful and all spoke of how they had lost trust in the organisation because of the organisational response to the bullying.

Adam described the organisation as unethical; this was not the result of malpractice but due to their apparent lack of interest in the welfare of employees and the smooth functioning of the company. Becky was the only person who filed a formal complaint about the manager. Chloe was the only one who felt the organisation were helpful when she told them her story.

“I think the organisation were kind of... Fairly unethical... but I think corporate wise the organisation as a whole probably weren’t going to act on any of the things I mentioned and stuff like that so um... I think generally the organisation was quite unethical really in their dealings really.” [Adam]

“... I feel quite used by them because I feel like you’re just a body, just there to do the work and you don’t even really get that well paid and [there’s a] lot of responsibility, really high demanding, like really stressful. [It’s] a really demanding job, 10 hours a day and you know you still have to put up with all this other kind of other bullying and kind of they don’t really sort anything out, they just brush it under the carpet...” [Becky]



“The organisation itself? I em... the work they do is amazing and I really enjoyed the... I learnt a lot em... but I felt I was stuck, there was no room for me to develop...” [Chloe]

“... there just wasn't a good amount of diversity and a good balance in the workplace I think that when there's a good balance of em... gender in the workplace I think it can be a little bit more harmonious... so, I think that sometimes where you get women, em... that many women in a small office... em then there can be lots of cliques and... em... bitchiness.” [Chloe]

“I think they were very cruel and I think em... it was like a class system... I was always putting my point across and sticking up for myself and when you have someone agreeing with you and then the following week they are doing the exact same thing again I began to realise that this was never going to change.” [Diana]

## Discussion

This IPA captured the experiences of four individuals who self-identified and were operationally identified via the amended NAR-Q as being bullied by a manager within their respective organisations. These organisations ranged from small to large private, public and voluntary sector organisations. Within the organisations, the bullying was restricted to specific teams led by a manager. Three themes and seven sub-themes were identified that reflected the feelings and thoughts of the bullied individuals.

### Workplace Bullying and the need for Discount

Like school bullying, workplace bullying could be described as a game played at second and third-degree level (Berne, 1964; Bogren, 2008). According to Schiff, discounting is the mechanism by which games proceed (Schiff & Contribs, 1975) and is an internal mechanism manifested in specific behaviours such as passive behaviours or as players (Mellor and Schiff, 1975) on the drama triangle. People discount to

preserve a specific frame of reference (Schiff & Contribs, 1975) and discount the self, others or the situation at different levels of severity, as illustrated in the discount matrix.

The common thread running through the themes were the significant levels of discounting and it is from this perspective that we propose to discuss much of the nature of bullying. We hope to demonstrate that through discounting, the participants demonstrate or display script behaviours as typified by the miniscript, leading to a sense of futility typical of a game and also a characteristic symptom of bullied individuals (Keashly, 2001; Tracy et al., 2006).

We have summarised the miniscript levels and life positions in Table 4, with illustrative quotations from the participant transcripts.

### Sub -Theme 1: The impact on mental and physical health

Bullying has been documented previously as having a serious impact on the health of the individual in terms of heightened anxiety, PTSD symptoms and feelings of low self-esteem, (Matthiesen and Einarsen 2004; Nielsen et al., 2008).

The first sub-theme identified was that participants reported mental health issues because of the bullying. Adam felt depressed, Becky and Chloe both experienced anxiety (panic attacks and high levels of hyperarousal) and Diana became seriously underweight. This concurs with research data that demonstrates that exposure to workplace bullying provokes hyperarousal of the autonomic nervous system and causes feelings of anxiety (Hoel et al., 2004; Quine, 2001; Keashly and Harvey, 2006).

However, a further significant aspect of this theme is that the participants discounted the impact on their health. The participants demonstrated 'presenteeism' where they came to work in depressed and anxious states. Adam was unaware of his mood, discounted at

<b>Participant</b>	<b>I'm OK IF ....</b>	<b>Stopper I'm not OK, You're OK</b>	<b>Blamer I'm OK, You're not OK</b>	<b>Despairer I'm not OK, You're not OK</b>
Adam	Be Strong	I feel crushed	He [manager] was out his depth	No light at the end of the tunnel
Becky	Be Strong	I feel worthless	She [manager] doesn't give clear directions	You're just a body
Chloe	Be Strong	I was on the lowest level on the food chain	She just seemed to take the credit for all that	There was no room for me to develop
Diana	Be Strong	I was basically like a nobody	They are ignorant and narrow minded	Things are never going to change

**Table 4: Miniscript Positions**

T1, the level of existence, and stated that it was his wife who noticed that change in mood. The other participants were aware of their feelings of anxiety but discounted their impact. Chloe stated that she had panic attacks on the way to work but would continue through them and Becky stated she feels nervous all the time, but she would be in work the next day; both are discounting at T3 level as they are aware of the problem and its significance but not of there being options. Diana attributed her severe loss of weight to poor eating habits typical of medical staff, but it was her managers who noticed her weight before she did and 'backed off'. She might be discounting at T2 level as she did not account for the problem at all nor its significance.

The participants were identified as having a 'Be Strong' driver; defined by Kahler (1975) as a set of words, behaviours and gestures that reflect an internal message of I'm only OK if I am strong and don't show my feelings. This was identified in that they were not acknowledging their feelings and ignored the impact on health. Reading the transcripts, they often use the passive voice "you" rather than "I" to imply detachment (Stewart & Joines, 2012). They believe they are only OK if they can Be Strong, and this is the gateway to the miniscript.

### **Sub-theme 2: Targets experience feelings of worthlessness**

Feelings of low self-worth are a characteristic symptom of bullying (Vie et al., 2011; Hogh et al., 2011) and personality studies have inferred that individuals who display neuroticism (a tendency to worry and ruminate) and who already have low self-esteem are more likely to experience feelings of worthlessness when bullied by others (Matthiesen and Einarsen, 2007). Becky and Diana were most explicit in their feelings of worthlessness, Becky states clearly "*I believe I am worthless*" with no hesitation or equivocation. Similarly, Diana stated she felt "*basically like a nobody*." Chloe used the expression "*lowest in the food chain*" and Adam described his efforts as not appreciated and he felt "*crushed*".

What was interesting in this analysis was that none of the participants believed they were doing a bad job. They believed they were working hard despite difficult managers, who were either struggling to cope (Adam and Becky) or were acting out of malice (Diana) or ignorance (Chloe).

If they believe they are doing a good job, why do they feel worthless? It is possible that the sense of worthlessness expressed by the participants was the result of their perceiving a psychological transaction (Berne, 1964). The managers conveyed a psychological transaction that they were either incompetent in the case of Adam or useless in the

case of Becky. Adam states, "*I didn't get to... get to feel I had become an incompetent worker*". There is hesitation and he uses the expression "get to feel" implying that possibly the manager wanted or intended him to feel incompetent. Becky uses the expression "*she makes me feel... I might as well not be there*", that suggests her feeling of invisibility is the result of the manager's psychological transactions. Chloe describes a hierarchy where she is in the lowest place and her insignificance was implied by her expression "*lowest on the food chain*". Diana stated, "*I'm thinking maybe that's what they wanted in a way ... I was always 'under the foot'*". The implication is that they wanted her in a one down position.

The participants are experiencing a sense of I'm not OK/You're OK and move to the Stopper position of the miniscript.

### **Sub-theme 3: The participants experience anger**

The emotion most frequently expressed by the participants was anger but what was noticeable throughout the transcripts was the use of qualifying words such as "quite", "really" and "almost" which seemed to lessen the impact of the anger. This would be a further discount of their feelings.

Adam states that he felt "*quite violated*" when his manager phoned him at home and he also stated "*... I think the way he kind of treated people ... is vile really, um... Yes, a lot anger really ... about him really.*" There are gaps and hesitation in the speech and the word "vile" is minimised by the word "really".

Becky is angry but she doesn't fully express her anger "*... I get really annoyed at it, yeah, if I'm perfectly honest, I think*". The language used subdues the anger as she speaks. She does state that she was fearful of the manager.

Chloe did lose her temper with her manager but the manager's behaviour was considered "appalling" by a colleague. Diana uses the word "*frustrated*" and there is gallows laughter.

The reader may perceive unexpressed anger in other quotes as well. The participants were angry but they did not fully express the anger although the researcher was able to hear the anger and tension in the voice.

When we consider how the internal process of discounting is manifested externally as passive behaviours (Mellor & Schiff, 1975), such behaviours were observed with the participants. The lack of action on their parts may be seen as doing nothing and is discussed in sub-theme 4.

Becky and Chloe over-adapted to the manager by working faster and harder and Diana stated explicitly (not quoted) that she adapted to the organisation;

when they backed off after her weight loss she had some respite but she stated later that she survived by “*adapting*”.

The panic attacks may be construed as agitation. There was no evidence of Incapacitation such as being absent due to illness but there were some instances of violence in the form of Chloe’s aggression when she lost her temper.

#### **Sub-theme 4: “Nipping it in the bud”**

All the participants stated that in retrospect they wished they had acted sooner, Becky used the euphemism “*nipping it in the bud*”.

Adam left the organisation without making a complaint, saying he felt he did not have the mental energy at the time to pursue a formal complaint which suggests the passive response of doing nothing.

Becky was pursuing a complaint at the time of interview but it was a potentially flawed process (i.e. the manager was conducting the investigation) and at time of writing had failed to reach a resolution.

Chloe made a complaint coincident with the manager being made redundant because of organisational changes. She noted that she let the situation continue as she had other personal issues that preoccupied her thinking and although her situation was bad it was better than being unemployed.

Diana never considered leaving and stated that she adapted to the situation in the early years, then left 5 years later with no acknowledgement (gift or card) from colleagues.

When the targets are enmeshed in a bullying dynamic it is very difficult to take action because of the high level of discounting and the passivity it creates. This passivity is a common symptom experienced by many targets (Shickerwath and Zapf, 2011) where agency and autonomy are lost. The loss of confidence and self-esteem leaves the individual drained of resources; these are the very traits needed to cope with the stress of the constant negative interaction (Keashly, 2001).

Once individuals receive help, e.g. through coaching or counselling they feel better equipped to seek redress. They are also able to see their role in the process in a healthier and more responsive way (Shickerwath and Zapf, 2011; Tehrani, 2012).

#### **Theme 2: The perceived role of the manager**

The second superordinate theme was how the manager was perceived by the participants; and it was sub-divided into three themes. The managers were perceived as critical and blaming, as withholding, and as breaching the boundaries of their employees. We believe these negative perceptions are the result of the managers discounting the participants and them-

selves. Similar perceptions have been noted before specifically feelings of being discounted, withholding criticism and blaming (Keashly, 2001). We do not have the managers’ sides of the story and so this analysis focuses on the participants’ perceptions of discounts by the manager that reinforce the feelings and beliefs of the participants.

#### **Sub-theme 1: Breaching boundaries leading to loss of trust:**

The participants felt they could no longer trust their manager and said so; this loss of trust was also applied to the organisation if they failed to act in favour of the participants. From a TA perspective, the loss of trust would suggest that the manager is no longer perceived as OK. They are perceived as interfering (Adam), not wholesome, (Becky), untruthful (Chloe) and ignorant and narrow minded (Diana).

The managers breached the boundaries of their employees; sometimes the breach was in the personal space as described by Chloe where the manager stood over her chair and spoke aggressively. Often the breach was subtler e.g. phoning Adam on a day when he was taking a relative to hospital. This lack of respect for the boundary seems to contribute to the loss of trust mentioned earlier. Adam uses the word “*violated*” but qualifies it with “*quite*”. It resulted in a loss of trust for him.

Becky see her manager as untrustworthy and as causing havoc, Diana describes her managers and colleagues as narrow minded and she feels unsafe because she has “*nobody to back me up*”

According to Social Exchange Theory (SET) studies (Parzefall & Salin, 2010) loss of trust can be traced back to a perceived breach of the organisation’s psychological contract at an implicit level. In such instances, employees will re-evaluate their relationship with the organisation more negatively and adjust behaviour accordingly. . They reassess their view of the world as an unsafe place (Lutgen-Sandvik, 2013). From a TA perspective, when the boundary is breached the participants experience a threat to their sense of autonomy and as such are more likely to engage in games and to resort to script behaviour, thus reinforcing the miniscript process.

#### **Sub-theme 2: Blame and Criticism**

All the participants experienced criticism either of their work (Adam and Becky) or at a personal level (Chloe and Diana).

Adam states that his manager was “*very, very critical*” (emphasised by repeating the word ‘very’) which indicates that this was a chronic, relentless problem (Tracy et al., 2006). Becky stated her manager blamed her for not being quick enough. Chloe felt criticised for not being as good as a colleague. Diana was verbally

abused and was subject to “*catty [spiteful] comments*”. We do not know the exact words of the managers but what is crucial is the participants felt criticised and blamed and these negative perceptions are important in driving the dynamic (Crawshaw, 2007).

The act of blaming involves a discount; the individual doing the blaming is not accounting for their role in the interaction and it is typical of the Persecutor position on the drama triangle (Boyce, 2012). When the participants described their manager as blaming there is an implied transaction that the manager was discounting their own behaviour e.g. Becky states her manager gets muddled when preparing lunches and “... *makes out like it's your fault that you've not organised them properly in the first place*”. She is describing the switch in the game where the manager switches from Victim where she feels muddled to Persecutor where she blames Becky (Karpman, 1968).

Similarly, Adam described his manager as critical of others and trying to lay the blame on “*everyone but himself*”, the manager is in the position of Persecutor and Adam is in the Victim position.

Games involve a discount and are played to exchange specific types of strokes (Berne, 1964; Boyce, 2012; Steiner, 1974) and it appears that in these situations there were a lack of positive strokes and a lot of negative strokes that were either explicit, as when Adam and Diana state that the managers would make specific derogatory remarks), or implicit where Chloe felt it was implied that “*I wasn't as good as M*”.

The withholding of positive strokes and the giving of negative strokes by the manager may explain the feelings of worthlessness already discussed (McKenna, 1974). The manager is also perceived as being in the one up position (I'm OK, You're not OK) and this would invite a feeling of I'm not OK, You're OK being experienced by the participants (Ernst, 1971).

Interestingly, as mentioned earlier, there is no evidence of self-blame, a common strategy which can sometimes help maintain the dynamic as the targets of bullying will blame themselves as a way of maintaining a status quo (Hogh et al., 2011; Keashly and Harvey, 2006). None of the participants saw themselves as to blame for the situations they described but rather they believed the manager was avoiding responsibility and they would offer a rationalisation of the managers' behaviour to make sense of the experience; this would be the Blamer position of the miniscript.

### **Sub-theme 3: Withholding**

The perceived withholding behaviours of the managers, be it information regarding holidays (Adam) or praise (Becky) or reward (Chloe and Diana) are further examples of a perverse stroke economy, where positive strokes are withheld (McKenna, 1974). The

manager may refuse to give positive strokes, possibly as a power play. The manager has the power to endow praise and reward (Krausz, 1986) but withholds it as a way of maintaining the power differential. Rewards could be withdrawn capriciously as in the case of Chloe who was not allowed to attend a special event or Diana who received no acknowledgement when leaving the organisation.

### **Theme 3: The perceived role of the organisation**

When describing their respective organisations three of the participants described their organisation as a reflection of their experience with the manager. For Adam, the organisation was unethical in that they tacitly permitted the bullying by being intransigent and uncaring, he states that they “*weren't going to act on the things I said*”. Similarly, Becky saw her organisation as colluding with the bully; they too, were uncaring, “*you are just a body*” and she believed that when she filed her complaint they would “*brush it under the carpet*”.

Chloe viewed her organisation favourably, they made the manager redundant because of structural changes and the fact that they were a charity may have softened her attitude; “... *the work they do is amazing*” but she also said there was “... *no room for me to develop*”. She thought their lack of diversity (having too many middle-aged white women) facilitated the bullying dynamic.

Diana saw the hospital as colluding in the bullying as they allowed it to go unchallenged almost as rite of passage; things were “*never going to change*”. There is a wealth of evidence that nursing seems to have a high incidence of bullying (Francis, 2015) which may be attributed to the hierarchical nature of the medical profession where predatory alliances are maintained and bullies are rewarded by promotion (Hutchinson et al, 2010).

In this final theme, the Despairer position of the miniscript is manifest where the participants see the situation as futile and hopeless, there is a sense of I'm not OK and You're not OK. The process seems to provoke a move to script in the participants and perhaps the perceived lack of interest or the perceived collusion by the organisation is the final straw leading to the feelings of futility and despair.

Across all transcripts, with every theme, it is noticeable that the participants provided a narrative populated with words that diminished their experience and muted their emotions. There was hesitation, confused syntax and mixed up tenses (present and past). This is an indication of the confusion and the struggle that bullied individuals go through to make sense of their experience (Tracy et al., 2006).

Chloe and Diana stated that the bullying they experienced was subtle and hard to describe and so



articulating their experience was difficult, (not quoted), many bullied people describe subtle interactions that are difficult to verbalise (Keashly, 2001; Soares, 2012). However, this lack of coherent narrative illustrates the impact of workplace bullying on individuals. The transactions that comprise bullying are at the psychological level and therefore may be hard to identify or verbalise.

Does this mean that the bullying experience is a re-enactment from the participants' pasts? While some researchers argue that people who are bullied should be treated solely in relation to their current experience (Namie, 2017) others suggest that responses to bullying are a re-enactment of the past (Keashly, 2001; Tehrani, 2012) and so the participants may be reexperiencing these feelings of worthlessness as part of their script process. However, Nielsen et al. (2008) makes the point that even for individuals with a strong sense of coherence, where an individual has an internal sense of optimism, confidence and control over their situation, (Antonovsky, 1987 referenced in Nielsen et al 2008), bullying can leave the individual feeling traumatised and powerless. We propose that individuals who are bullied react to the aggressor using script behaviours rather than acting from an Adult, autonomous position.

It must be emphasised that these collections of data are based on the experiences and perceptions of four individuals and we do not have the other side of the story. One could argue that the managers were making legitimate requests and the participants were interpreting this in a negative way, perhaps hearing criticism where none was intended. This is the problem when trying to resolve a conflict at an organisational level, where parties get caught in a 'he said - she said' dyad (Crawshaw, 2017).

It is perhaps the prolonged and sustained nature of the interactions that would suggest that this was more than a misunderstanding (Leymann, 1996, Einarsen et al., 2009). Here, the participants were experiencing a minimum of five negative acts weekly/daily over a prolonged period; 9 months (Adam) to eight years (Diana). The participants may have been unable to assert themselves thereby prolonging the situation (Mountain & Davidson, 2011); there is evidence that they tried to speak to their managers and these challenges were not effective, as the issues went on for a substantial time until the participants either left (Adam and Diana) or made a complaint (Becky and Chloe).

There is little known about the motivation and experience of the perpetrators; they might be acting out of maliciousness (Keashly, 2001; Namie, 2017) or interpersonal ineptitude (Crawshaw, 2007). The research literature acknowledges this deficit with little

written about the motivations of the perpetrators (Samnani & Singh, 2012). It is mainly the research of Crawshaw (2007) who has evidenced that abrasive managers lack empathy and often see their behaviour as either acceptable or necessary. They respond to threat with aggression and they lack awareness of the impact of their behaviour. This correlates with the assertion of Mountain and Davidson (2011), where they describe a bully as someone who is scared and responds to threat with a substitute feeling of anger and adopts a critical management style and therefore responds from a script position.

The participants imply that their organisation condones bullying and is ambivalent in its desire to eliminate it. We do not know for a fact if that is true – what organisation will openly admit to an abusive culture? They may wish to be perceived as tough and therefore a harsh management style would be considered an effective way to improve performance (Wheeler et al., 2010; Samnani & Singh, 2012). Such an approach has been shown to be counter-productive as bullying breaches the implicit contract between employee and employer resulting in the loss of trust and causing the employee to withdraw goodwill from the employer (Parzefall & Salin, 2010). It is also possible that organisations feel unable to effectively confront an abrasive manager and therefore do nothing for fear of making it worse (Crawshaw, 2007).

## Limitations and future research

This was a small-scale study focusing on the experience of only 4 people; while this is an acceptable sample size for IPA (Hefferon & Gil-Rodriguez, 2017), other IPA studies on this topic have used larger sample sizes (Farrell et al., 2014). However, the experiences of our participants do concur with other qualitative studies (Keashly, 2001; Tracy et al., 2006) although there was some evidence of difference, e.g. the lack of self-blame was unusual and unexpected and with the small sample may not be representative.

We kept the questions as open as possible to let the experiences be heard so there is a risk that the data is not fully corroborated because we only have the participants' perspectives and we do not know for certain that there was not confused or misunderstood communication. It may have been pertinent to ask more probing questions about how the manager might have described the situation or how might the participant have contributed to the process.

Perhaps our approach as counsellors/ psychotherapists has an impact on the interview process, where we may have focused on minimising distress; this could be considered for further research work of this nature. We may also have tended to be biased in favour of participants who were also perceived as counselling clients, even if not our own.



We have not considered the role and possible impact of bystanders as to do so would have made this piece of research more complex and lengthy. The role of the bystander is extremely important in games (Clarkson, 1993) and in the bullying dynamic bystanders may facilitate the manager explicitly or by their silence or may be seen as colluding, (Niven, 2017). A further IPA is planned to look at the role of the bystander and how might their experience be utilised to help organisations prevent bullying from taking place.

We are also unable to state if there is any evidence of their bullying situation being a re-enactment from the past. The nature of the questions was such that they stimulated the participant to discuss their recent bullying situation rather than looking at past experiences; this might be followed up through more research.

To more fully understand script processes and the extent of discounting, it would be pertinent to examine the experience of the bullied individual through case study research. There are very few accounts of target experience as a case study, and this might be more effectively explored using Hermeneutic Single-Case Efficacy Design (HSCED) method (Elliot, Partyka, Alperin, Dobrenski, Wagner, Messer, Watson & Castonguay, 2009).

## Conclusion

We conclude that for the those impacted by bullying, their feelings of anger and worthlessness, their loss of trust, and the symptoms of depression and anxiety are the result of their feelings of being discounted by their managers and their organisations. The managers appear to discount the participants through a diet of negative strokes and the withholding of positive strokes. The breach of boundaries by the manager is a discount of the participants' autonomy and as the transactions accumulate over time, the victims begin to discount their fear and anger and their health starts to suffer. To maintain a sense of OKness they ignore their symptoms of low mood and anxiety and display passive behaviours such as doing nothing and over-adaptation, neither of which are effective (Lutgen-Sandvik, 2013).

The process is exacerbated by the organisations' apparent discounts of the experiences of its employees; failing to act effectively gives the appearance of condoning bullying. In the eyes of the participants the organisations show scant regard for their plight, to which they respond through script behaviours.

We only have the perspective of the participants but it might be assumed that their managers are also reacting from a position of threat (Crawshaw, 2007). Being in script prevents autonomy and agency and

thus prevents authentic interactions that would be creative and productive for all parties.

Bullying is an insidious problem that seriously impacts the mental and physical health of those affected; it has no place in the modern workplace, yet it persists. It is facile to view it simply as a conflict between a target and perpetrator but rather it reflects an organisation and its culture. To paraphrase Pamela Lutgen-Sandvik (2003), workplace abuse will continue until there is reform of the workplace, according to a new social contract which encourages cooperation, justice and community.

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## Appendix 1: Negative Acts Questionnaire (Adapted from Einarsen et al., 2009)

Question	In the past 6 Months have you experienced any of the following	Never		Now and Then		Monthly		Weekly		Daily
1	Someone withholding information which affects your performance									
2	Being ridiculed or humiliated in connection with your work									
3	Being ordered to do work below your level of competence									
4	Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks									
5	Spreading gossip or rumours about you									
6	Being ignored or excluded									
7	Having insulting or offensive remarks made about your person, attitudes or your private life									
8	Being shouted at or being the target of spontaneous anger									
9	Intimidating behaviours such as finger-pointing, invasion of personal space, shoving, or blocking your way									
10	Hints or signals from others that you should quit your job									
11	Repeated reminders of your errors or mistakes									
12	Being ignored or faced with a hostile reaction when you approach									
13	Persistent criticism of your errors or mistakes									
14	Having your opinions ignored									
15	Practical jokes carried out by persons you don't get along with									
16	Being given tasks with unreasonable deadlines									
17	Having allegations made against you									
18	Excessive monitoring of your work									
19	Pressure not to claim something to which you are by rights entitled (holiday entitlement, sick pay, travel expenses)									
20	Being the subject of excessive teasing or sarcasm									
21	Being exposed to an unmanageable workload									
22	Threats of violence, or physical abuse or actual abuse									

Note: This questionnaire is adapted from the Negative Acts Questionnaire (Einarsen, Hoel & Notelaers, 2009; Notelaers & Einarsen, 2013)

Permission was granted to use this adapted version by Einarsen (2017)

Anyone wishing to use the NAQ should first read the information and follow the conditions of use at <http://www.uib.no/en/rq/bbrg/44045/naq>

## Appendix 2: Questionnaire

This questionnaire is divided into two sections; Part 1 is general data relating to your personal details and your workplace role. Details from this section will be heavily censored to ensure anonymity. Part 2 is specific questions relating to your experience with the organisation where you experienced conflict. Please be assured that every effort will be made to preserve confidentiality.

### Part 1: Please complete and tick where appropriate.

First Name:

Age:

Occupation:

Type of Organisation:

Public sector		Private sector		Voluntary Sector	
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Size of organisation:

More than 1,000 employees		100-1,000 employees		Less than 100 Employees	
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Number of individuals in your team:

How long have you worked with this organisation?

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Do you have any management responsibility?

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Describe your current status with this organisation

I no longer work for this organisation	
I am currently off ill (relating to my situation)	
I am currently employed by the organisation in another position	
I am currently working in the team	



## Part 2 Definition of Bullying

Bullying in the workplace can be defined as “a situation where one or several individuals, persistently over a period of time, perceive themselves to be on the receiving end of negative actions from one or several persons, in a situation where the target of bullying has difficulty in defending him or herself against these actions”

Using this definition would you consider yourself to have been the subject of workplace bullying? **Yes or No** (please circle)

2	How long have you been facing a hostile situation (to the nearest month)? If you are no longer with the organisation, how many months did you face the hostile situation until you left?	
3	Are you still facing these situations?	
	Yes, it is still happening	
	Not now and I am still in the same job	
	Not now as the bully has been moved on	
	Not now as I am no longer with the organisation	
4	In the period mentioned who was against you	
	Co-worker	
	Manager or superior	
5	How many people were against you in this period	
6	Was the main perpetrator male or female	
7	Did you have someone to turn to about these problems (tick all that apply)	
	Yes	
	Colleague	
	HR	
	Counselling through EAP	
	Union representative	
	Other manager	
	GP	
	Psychologist	
	Lawyer	
	Friends outside the workplace	
	Family members	
	No	
	I have no-one to whom I could turn; and I wish I had	
	I have no-one to whom I could turn; and I did not need anyone	



## About Sensations, Emotions and Feelings: A Contribution to the Theoretical Basis of Transactional Analysis

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### Summary

This article is intended to present new thinking and expansion of the knowledge of emotions and feelings within transactional analysis, through a dialogue between Eric Berne, Antonio Damasio and Humberto Maturana. From Berne comes the guiding framework of transactional analysis and the core concept of ego states. From Damasio comes the distinction between feeling, emotion and mood as well as an understanding of the organisation of the brain. From Maturana comes an understanding of the importance of emotions, particularly the emotion of love, in the process of human evolution. From this dialogue can be seen the foundation for the five primary emotions referred to within transactional analysis: anger, fear, sadness, joy and love. Finally, there is a proposal to update the concept of ego states in line with that dialogue.

### Key Words

transactional analysis, emotion, feeling, ego states

### Introduction

Working with transactional analysis for understanding how humans evolve towards autonomy, together with the orienting philosophy, method and therapeutic attitudes proposed by Eric Berne (Tudor, 2002) has been a compelling path for me in facilitating development during the course of my professional practice as a doctor, psychotherapist, researcher and educator over the past 30 years.

In this article I aim to rethink and expand knowledge about emotions and feelings based on a dialogue between Eric Berne, Antonio Damasio and Humberto Maturana.

To that end, I consider the differentiation between emotion and feeling developed by Damasio (2004) in his research in the field of neuroscience, and relate it

to concepts of ego states and natural and learned emotions within transactional analysis. The transactional element of transactional analysis relating to philosophy is reviewed primarily through the relationship with the biology of knowledge, as presented by Maturana & Varela (2005).

Finally, there is a reflection on how Eric Berne's philosophy impacts on the scope of the work of transactional analysts as they interact with clients, and how that motivates, permeates and emerges from the interactions related to the expansion of consciousness and identification of action relating to the emotional world.

### Philosophical Principles of Transactional Analysis

The fundamental ethical principles proposed by Eric Berne (1977, 1985), which permeate the theory and the therapeutic method, are an understanding that it is possible to cure psychiatry patients through the recognition that such a problem has a solution, and that we are all born with the ability to develop our potential to be autonomous. In other words, we can become aware of what is going on inside when we meet the external environment, we can be spontaneous in our actions and decisions, and we can have close, transparent and loving relationships.

Transactional analysts have been busy in the last 30 years, reflecting on the philosophy and the method of transactional analysis (Steiner, 1974, 1975; Schlegel, 1998; Barnes, 2007; Allen, 2009). I also highlight the work of Keith Tudor (2002) for the systematising of philosophical principles, methodology and therapeutic approach of transactional analysis as follows:

- *Basic philosophy*: people are OK; everyone has the ability to think; people decide their own destiny and these decisions can be changed.
- *Therapeutic principles*: primum non nocere – above all do no harm (the principle of the philosophy and ethics of non-harmfulness): vis

medicatrix naturae - the healing force of nature; Je le pansay & Dieu le guarit - I treat and God cures (defined by Berne as preparing the patient for healing to happen today).

- *Therapeutic method*: contractual (mutually agreed statement of change); open communication.
- *Therapeutic approach*: a receptive state of mind; good physical and psychological health; well prepared, clear and open.

Claude Steiner (1998), in developing the methodology of emotional intelligence, proposed the expansion of emotional awareness through interactions within a paradigm of abundance of recognition, in which the pillars of support are love to self and each other and truth about what happens in the relationship. This opposes a paradigm of scarcity of recognition, promotes human evolution through recurrent interactions that recognise each other's coexistence, is in accordance with the biology of knowledge (Maturana & Varela) and immersed in the philosophy of transactional analysis.

## Emotions and Feelings

With regard to the theory of emotions, terminology within transactional analysis literature uses the term 'feeling' rather than 'emotion' (Nabady, 2005), differentiating between genuine feelings and substitute feelings. Sometimes there is reference to feelings and emotions as synonyms, and references to five basic feelings, sometimes referred to as natural, primary or authentic, of fear, anger, sadness, joy and affection with its variants from sympathy to passion (Roman, 1983; Solis, 1988).

In our lives, when we find ourselves in strongly emotional situations, we are in general invaded by the production of many substances and physical sensations and we run the risk of plunging into them without the awareness that we can experience them as our allies (Steiner, 1998), whether they are pleasant or not. Many times they seem strange, as if they are not us, or as if we have been suffering from a good or bad surprise that comes and goes independently.

Emotions and feelings pervade human history, and are central in human comedies and Greek tragedies, and in the work of philosophers such as Aristotle and the first written compilation – the Bible. (*Editor's Note – the first parts of the Bible are dated to c.1400 BCE whereas writing in Mesopotamia is dated back to c.2600 BCE*).

In the scientific world, the first major contribution to the study of emotions was Charles Darwin (2000) in 1872, through his book on the expressions of emotions in man and animals, in which he developed a series of analyses of the expressions in humans and animals,

from the observer's perspective, inaugurating the study of the biological aspects of behaviour.

In the field of psychology, in the second half of the 19<sup>th</sup> century William James caused controversy by inverting what was believed at the time about thinking and sensing. He stated that emotions would be produced from bodily states rather than being the result of a mental state. For him, the modification in the body would occur before consciousness of the emotion itself; this has been corroborated by current studies (Damasio, 2002).

Since that time, theories have emphasised the biological aspect, the social and evolutionary aspects and the cognitive aspects of emotion.

## The Tree of Damasio

Antonio Damasio (2004) stands out today through studies in the field of neuroscience, relating to the precedence of emotion over feeling. In biological evolution, emotions came first and then feelings. Damasio tells us of a complex chain that starts with emotions and ends in feelings. The conclusions of his research are that emotions are public (revealed on the face, or in specific behaviours) and feelings are private (invisible to others, as are also other mental images). According to Damasio, every living organism, from amoeba to human being, is born with enough resources to solve the basic problems of life, which are: finding sources of nutrition, incorporating and transforming this nutrition, maintaining a chemical equilibrium compatible with life, replacing components as they age and die, keeping the body's structure and defending it from physical injury. This happens automatically, without prior reasoning and this constitutes homeostasis.

Over the course of biological evolution, this equipment has become sophisticated but at the base of it are simple responses such as approach or withdrawal of the body in respect of an object. In the more complex levels, there are competitive responses or cooperation.

Damasio proposes that we imagine the homeostasis machine as a large and tall tree, in which the branches provide the automatic regulation of life phenomena. Lower branches are the processes of metabolism that keeps the chemical equilibrium inside, organising the heart rate, blood pressure, storage and distribution of proteins, lipids and carbohydrates which supply the organism with energy that is required to maintain and renew the structure. Within these branches are also the basic reflexes such as the profound alarm studied by Hans Selye (1956), which he called general adaptation syndrome, and the tropisms that lead organisms to choose light and avoid extreme heat and cold. There is also the immune system that defends the body from threats from inside or outside itself.

The branches are behaviours associated with senses of pleasure and pain, including approach and withdrawal reactions, such as the withdrawal that happens when the body, or part of it, reacts to a burn. A series of actions occur and are aimed at restoring the balance of the body. This set of actions and related chemical signals result in the experience of pain. When the body works well and the transformation of energy is easy, there is a relaxing and opening of the body, and expressions of confidence and well-being are accompanied by the release of endorphins, which result for example in the experience of pleasure. Damasio explains these functions as automatic and present even in very low complexity organisms such as paramecia.

A little higher up the tree are drives and motivations such as hunger, thirst, curiosity, exploration, playful and sexual behaviours. Damasio referred to these behavioural states as appetites of an organism affected by drive and desire, with the organism being conscious of the appetite and the satisfaction or frustration of it.

Near the top of the tree, Damasio positions the emotions themselves, consisting of the jewels of the automatic regulation of life. The emotions themselves influence the appetites and vice versa. Fear, sadness and disgust act to suppress hunger and sexual activity. Joy promotes hunger and sexual activity. The satisfaction of impulses can lead to joy and blocked satisfaction can result in anger, despair and sorrow. To Damasio, all of these reactions are automatic, and the direct or indirect purpose of them is to regulate life and promote survival. According to him, this arrangement operates even at the level of the emotions themselves, with differences in the complexity of the assessment and response, which are larger than the simple reactions upon which these emotions have developed through biological evolution. It is the relentless effort of self-preservation present in any living being, the struggle against threats, and the need to maintain the consistency of structures and functions in order to keep being the same individual. Maturana & Varela refer to this as autopoiesis.

Hence, for the various levels suggested by Damasio, emotions are built based on the same principle. At this level of the tree, Damasio relates the origin of authentic or natural emotions, or primary emotions as referred to by transactional analysts. In this respect we can consider the primary emotions as biocybernetic mechanisms of regulation of instincts whose purpose is survival and well-being (Solis, 1988). The lack of consideration within transactional analysis of the evolutionary aspects suggested by Damasio in the understanding of primary emotions is discussed below in terms of the relationship of the biology of knowing developed by Maturana & Varela (2005).

According to Damasio's research, the genome ensures that these devices are active at the time of birth or shortly after, without relying on learning, although learning plays an important role in determining the occasions when these devices are employed. Fundamental to this reflection is the classification that Damasio makes to the emotions themselves: basic emotions, primary emotions and social emotions.

*Basic emotions* – the diagnosis of emotions depends on subtle manifestations such as the frequency, precision and range of motion of individuals, the body and facial expressions, and of the cadence of speech and music. A distinction is made according to Damasio of moods, as emotions kept for long periods, such as hours or days. A mood can also be a repeated activation of the same emotion. For Damasio, emotions are the result of simultaneous triggering of unpredictable regulatory processes which include metabolic adjustments and reactions that occur continuously in response to external situations. These depend on our well-being or malaise.

*Primary emotions* include fear, anger, disgust, surprise, sadness and happiness. In other words, those which come to mind when we think of 'emotion'. These are immediately identified in human beings of different cultures as well as in non-humans. Damasio proposes that most of what we know about the neurobiology of emotions is based on primary emotions.

*Social emotions* include sympathy, compassion, embarrassment, shame, guilt, pride, jealousy, envy, gratitude, admiration, amazement, indignation, and contempt. Regulatory reactions and components of primary emotions are an integral part of social emotions. Ingredients of pain and pleasure are also evident in the depth of emotions. Social emotions are not unique to humans; they are present in chimpanzees, dolphins, wolves, dogs and cats, to name just a few. The cerebral arrangements that allow such sophisticated behaviours, in the absence of language or cultural instruments, are according to Damasio a gift of the genome of certain species, and part of the innate devices of automatic regulation of life. Their addition to the unique social emotions is another class of reactions whose origin is not conscious and is formed by learning during individual development: what we learned to like or hate. Innate reactions and learned reactions seem to be intimately interrelated in the bottomless pit of our unconscious.

The level of social emotions referred to by Damasio, especially with regard to learned emotions, can correspond to the theory of rackets within transactional analysis literature (Berne, 1988; English, 2010; Erskine, 2010; White, 1996). The understanding that Fanita English brings to this correspondence is particularly

useful: "Rackets are stereotypical repetitions of allowed feelings that were recognised in the past and are expressed whenever a real feeling is about to emerge." (English, 2010, p.90). (Translated from original).

Damasio's (2004) hypotheses about emotions can be summarised as:

1. "An emotion itself is a collection of chemical and neural responses that form a distinct pattern.
2. The reactions are produced when the normal brain initiates an Emotionally Competent Stimulus (ECS) to an object or event whose real or remembered presence triggers excitation. The reactions are automatic.
3. The brain is prepared by evolution to respond to certain ECS with specific action repertoires. However the list of ECS is not limited to those that have been prescribed by evolution. It includes many others acquired by individual experience.
4. The immediate result of these reactions is a temporary change of the condition of the body and the state of the brain structures that map the body and the mind.
5. The final result of these reactions is the placement of the body, directly or indirectly, in circumstances that lead to survival and welfare." (p.61).

Most of what surrounds us has the capacity to trigger emotions, whether strong or weak, good or bad, consciously or unconsciously, in the form of a Competent Emotional Stimulus. Some of these exist for evolutionary reasons while others may have been created from individual experiences through the processes of socialisation.

In Damasio's tree, the profusion of branches form lattices at various levels which maintain a connection with the main trunk and the roots. At the tip of the various branches at the top of the tree are located the feelings.

Currently several brain regions are identified as involved with emotion, such as the amygdala and the ventromedial prefrontal cortices. These regions come into action as a result of natural or artificial stimuli in the form of electrical current supplied to cellular tissue.

The study of the amygdala in animals has generated data on emotions thanks to the work of Joseph Ledoux (2001). The study of the human amygdala through functional imaging suggests that it is an important interface between visual and auditory ECS and the triggering of emotions like anger and fear. People with lesions of the amygdala fail to trigger fear or anger and consequently do not have the feelings to which they correspond. On the other hand, a normal amygdala kicks in even when we have no consciousness of having seen a menacing image.

In any emotion, multiple types of chemical and neural responses change the state of the viscera and the condition of the muscles with a certain profile over a period of time. Emotion is a disturbance of the body that spreads and amplifies. According to the research, this extension and amplification happens because the presence of an ECS is frequently accompanied by a recording of related stimuli which become in themselves another ECS. Over time, these lead to additional triggering of other emotions such that these induce emotions that collide with the original emotion. This seems to be the mechanism for the formation of racket feelings. In relation to the initial stimulus, the continuation and intensity of the emotional state are at the mercy of the cognitive process. The flow of mental content triggers emotional responses, which occur in the area of the body or its brain maps, and that ultimately leads to feelings.

Of interest is the account of a 65 year old patient who had electrical stimulation directed to a specific part of the brainstem, the midbrain, for Parkinson's treatment. He suddenly suspended the conversation he was having, leaned to the right, and his facial expression turned into a mask of sorrow. A few seconds later he started crying and his behaviour revealed deep regret. A little while later he started talking, confessing to great sadness, exhaustion and hopelessness. Suspecting that it was caused by the electrical stimulation, the doctor suspended the treatment. About 90 seconds after the stimulation was interrupted, the patient's behaviour returned to normal. The physical manifestations stopped, the sorrow was gone, and the reports of sadness ended. The patient asked in jest what was happening, because he felt bad but did not know why. A similar experience with electrical stimulation of the motor area of the left frontal lobe provoked laughter, which was described by the researchers as contagious. The laughter was a sense of fun and joy, with no explanation for such feelings. The patient attributed the cause of the laughter to any object that could be seen. When considering the two cases together, it is possible to see the various layers of the neural structure responsible for emotions.

Certain thoughts evoke certain emotions and certain emotions evoke certain thoughts. The cognitive and emotional planes are constantly connected by these interactions. Even when the emotional expressions have no psychological motivation and are 'generated', they are able to cause feelings and the kinds of thoughts that were learned in conjunction with these emotions, as shown in the research of Paul Ekman (1973).

For Damasio, feelings open the door for a new opportunity; the voluntary control of what until then has been automatic. This is the space in which the relational enables transformation.



“Evolution seems to have built the framework of emotion and feelings as benefits. Built first as mechanisms to produce reactions to objects and circumstances – the structure of emotion. Built afterwards as mechanisms for the production of cerebral maps that represent these reactions and the results – the structure of feeling. In the beginning was the emotion, of course, and at the beginning of the emotion was the action.” (Damasio, 2004, p.88).

To Damasio, feelings emerge from various homeostatic reaction functions, not only those we call emotions in the strict sense of the word. A feeling is a sense of a certain state of the body, accompanied by the perception of thoughts with certain themes, and the perception of a certain way of thinking. The senses of emotions are functionally distinct because the essence of these consist of thoughts about the body being surprised in the way it responds to certain objects and situations. When you remove this essence, the notion of feelings disappear. So, it is no longer possible to say “I feel happy” or “I think happy”.

The product that we call mental feeling is the result of close cooperation of the various maps of the body state which are contained in several brain regions, from the brainstem to the cerebrum cortex. Feelings are interactive perceptions within the body. They are not necessarily in the real state of the body but are maps being built moment by moment within regions of the brain.

If we consider, as James Allen (1999, 2009) suggests, that an ego state is a private network of activated neurons, where a profile of activation of certain neural networks includes specific modes of information processing being enabled and utilising specific neurons, it becomes clear that each activation has specific rules and particular problems that are being addressed, including a specific profile of sensations, emotions and feelings for each network.

Allen proposes that the construction of ego states depends on the environment and the ego states are co-constructed interpersonally. According to him, the interpersonal experience alters brain structure and connections between neurons, modelling in this way the mental processes. The plastic richness of the nervous system is due to the continuous transformation, which remains congruent with the transformations of the environment as a result of each interaction that affects us.

## **Maturana and Emotions**

Humberto Maturana has worked since 1970 with the development of what he called ‘biology of cognition [renamed as biology of knowing by Varela in an Afterword added in 1992 to Maturana & Varela, 2005]], as well as the implications of the theory of autopoiesis in different areas of biological phenomenology,

particularly in social anthropology, human origins and biological evolution. Central to the development of his thinking has been the assertion that living beings exist in two areas: autopoiesis as the operation of internal structural dynamics, and relational dynamics in terms of how we exist as living beings with the recognition that we exist alongside different classes of living beings. Later conceptual development relates to a ‘biology of love’ concerning the expression of a biological interpersonal congruence as we accept the existence of others, without whom there would be no relational space or classes of relational behaviours.

Maturana & Varela proposed that living beings are characterised by literally producing themselves continuously. Different living beings are distinguished by having distinct structures but with the same organisation. Living beings are autonomous units. A system is autonomous if it is capable of specifying its own legality, that which is proper to it. The organization of living beings is such that their only product is themselves. There is, then, no separation between producer and product. The being and the doing of an autopoietic unit are inseparable, and this is their particular mode of organization.

It is possible to relate what the authors refer to as an organisation to what Damasio calls the maintenance of the structure of the organism, albeit by assuming less interactive evolutionary movement than is understood in the autopoietic organisation. The molecular components of a cellular autopoietic unit are dynamically related in a continuous network of interactions. The concrete chemical transformations of this network constitute the cellular metabolism. This metabolism produces components that integrate the network of transformations that produce them. Some form a boundary, a boundary for this network of transformations. In morphological terms, this border is like a membrane. This membrane not only limits the extent of the network of transformations that produce its components, but also participates in it. They are two aspects of a unitary phenomenon.

Ontogeny, according to the authors, is the history of structural changes of a unit, without losing its organisation. Maturana and Varela argue that as long as a unit does not enter into a destructive interaction with its environment, we observers will see that between the structure of the environment and that of unity there is a compatibility or commensurability. While this exists, structural components and unity act as sources of mutual disruption and mutually trigger changes of state. They refer to this continued process as structural coupling.

An interesting aspect of evolution is how the inner coherence of a group of living things offsets a particular disturbance. For these authors, conservation of identity and the capacity for reproduction are

all that is needed. With or without the nervous system, the living being always works in its structural present. The past is a reference of interactions that have already occurred, and the future a reference of interactions yet to occur. However, they are not part of the functioning of the structural determinism of the organism at every moment. Endowed or not with a nervous system, all organisms, including ourselves, function as they function and are where they are at every instant as a result of their structural coupling.

They report as illustration of their understanding the case of the two Indian girls who were found with wolves that had apparently brought them up isolated from human contact in 1922. They were eight and five years old and were healthy when they were rescued. As much as their genetic makeup, anatomy, and physiology were human (autopoietic organisation), they did not fit into the human context. One of them did not survive, and the other, who survived for ten years, never spoke, and although she had learned to stand on both feet in urgent situations, she ran on all fours. So, there being no structural coupling, the organisation collapsed. [Editor's Note: since Maturana & Varela referred to this example, it is has come to be recognised as a hoax]

According to the authors, the nervous system functions as a closed network of changes in activity relations between its components (operational closure). We can relate this operational closure as well as the history of interactions that constitute disruptions to Eric Berne's description of human destiny when he says: "The destiny of every human being is decided by what goes on inside his skull when he is confronted with what goes on outside his skull. Each person designs his own life. Freedom gives him the power to carry out his own designs, and power gives him the freedom to interfere with the designs of others." (Berne, 1988, p.41; English text from Berne, 1972, p.31).

For there to be a history of recurrent interactions, there is an emotion that constitutes the behaviours that result in such recurrent interactions. If this emotion does not occur, there is no history of recurring interactions, but only casual encounters and separations. There are two pre-verbal emotions that make this possible. They are rejection and love. Rejection constitutes the space of conduct that denies the other as a legitimate other in coexistence. Love constitutes a space of conduct that accepts the other as a legitimate other in the coexistence. Rejection and love, however, are not opposites because the absence of one does not lead to the other, and both have as their opposite indifference. Rejection and love, however, are opposites in their consequences in the scope of coexistence: rejection denies and love constitutes it. Rejection is a space of recurring

interactions that culminates with separation. Love constitutes a space of recurring interactions that widens and can stabilize itself as such. Without the acceptance of the other in the coexistence, there is no structural coupling, there is no social phenomenon.

This is why love is the fundamental emotion in the history of the human lineage to which we belong. Here, as in transactional analysis, love assumes its space as the basic emotion, the biocybernetic mechanism of regulation of our instincts for the purposes of survival, well-being and evolution. For the authors, we are as we are in congruence with our environment and our environment is as it is in congruence with us, and when this congruence is lost, we are no longer.

"Love is the central emotion in human evolutionary history from the beginning and all of it occurs as a history in which the preservation of a way of life in which love, acceptance of the other as a legitimate other in coexistence is a necessary condition for the physical, behavioral, psychic, social and spiritual development of the child, as well as for the preservation of the physical, behavioral, psychic, social and spiritual health of the adult. In a strict sense, we human beings originate in love and are dependent on it. In human life most of the suffering comes from the denial of love: human beings are children of love." (Maturana, 2005, p.25).

These emotions seem to be related to the mechanisms of approach and withdrawal mentioned by Damasio in the middle branches of the tree.

It is also possible to relate to the form of healing interaction that stimulates awareness, spontaneity and intimacy - autonomy in transactional analysis.

So for Maturana, love belongs to us as a biological characteristic that constitutes the human. Most human infirmities arise from the denial of love. We get sick if they do not want us, if they reject us, deny us or criticise us in a way that seems unfair to us. We can even get cancer, because physiological dynamics have to do with emotional dynamics. (Maturana, 2005). Our immune system is already contained in our first cell.

Robert Ader (2007), an experimental psychologist who has dedicated himself to the psychosomatic nature of diseases, states that disease is not due to a single physiological or psychological factor, but it is psychosomatic and arises from a variety of circumstances. He concluded that the immune system was not an inviolable, self-regulating and autonomous unit within the body, but a system that welcomed messages from the mind. In 1981, he published the book titled *Psychoneuroimmunology* which contains research that reveals the ability of the central nervous system to affect the body's immune system and health.

Pert (1997), was an early contributor to the presentation of works on neuropeptides, which are tiny chains of amino acids that are decisive for our emotional experiences. These were first identified in the brain and, as this author's work demonstrates, are also 'brain particles' that float throughout the body, carrying the message of the central nervous system. This system is constantly conveying thoughts that condition the functioning of the brain, which in turn sends messages through the neuropeptides to various systems, including the immune system.

Paul Pearsall (1999), a psychologist specializing in psychoneuroimmunology, also studied the relationship between the brain, the immune system and experiences of the outside world, as described in his book entitled *Memory of the Cells*. Working with transplant patients and their families, he has shown in his research a type of cellular memory and the important role that the heart plays in the recovery of this memory. He states that our ability to love and willingness to give love is at least as important as, if not more than, how much we are loved.

### Eric Berne and Ego States

Eric Berne (1988) defined ego states as coherent systems of thought and feeling manifested by corresponding patterns of behaviour. For him (Berne, 1977) structural analysis, as the first step in a therapeutic process, is to clarify and strengthen the boundaries between states of the neopsyche (Adult), exteropsyche (Parent) and archeopsyche (Child) with the consequent reintegration of these influences into the patient's mind under command of a decontaminated Adult ego state which then becomes the executive of a healthy way of life and an ally in the subsequent therapeutic process. The understanding of the intrapsychic dynamics in Berne can be exemplified in the following paragraph:

"Each ego state is a type of entity that is differentiated in some way from the rest of the psychic contents, including from other ego states that have existed for many years or a few moments or that are simultaneously active. The most convenient and probably most correct way of saying this is to speak of each ego state as possessing a boundary separating it from other ego states." (Berne, 1961, p.37).

It is possible to relate this understanding to the complex chain described by Damasio (2004) and the neural networks referred to by James Allen (2000), proposing to understand ego states as specific neural networks in which sensations, emotions, feelings, experiences and related behaviours are co-interpersonally constructed in human evolution.

Berne (1988) wrote: "Because each person is the product of a million different moments, a thousand states of mind, a hundred adventures and, generally,

two different parents, a thorough investigation of his position will reveal much complexity and apparent contradictions." (p.83).

It is also possible to relate this understanding to the ontogeny of Maturana & Varela (2005), the "history of transformations of a unit, as a result of a history of interactions, from its initial structure" (p.277)

For Berne, societies are organized in such a way that they encourage lack of autonomy through the transactional social contract, which says: "You accept my persona or self-representation and I will accept yours. The result is a lack of confrontation: confrontation with others and with oneself. To say hello correctly is to see the other person, to be aware of it as a phenomenon, to happen to the other and to be ready for the other to happen to you" (Berne, 1988, 19).

### Final Considerations

Eric Berne's transactional analysis, immersed in its philosophical orientation, allows us to know and value the importance of transparent, cooperative and trustful relationship and respect for human nature to overcome intra and interpersonal conflicts. In defining transactional analysis as a theory of personality and social action and a clinical method of psychotherapy, under the assumptions cited in this article and having as central concepts those of ego states, transactions and lifescrypt, Berne contemplates the possibility to move from the physiological to the relational, from the individual to the social, in a way similar to that understood in Maturana's biology of knowing and biology of love, for the understanding of the human in its multiplicity.

Although it does not encompass the evolutionary dimension, Damasio, in bringing into the public domain the understanding of sensations and emotions, of what appears even when we do not know what appears, and the feelings in the private domain, made in the multiplicity of neural networks that constitute us throughout our process of interactions, provides us with important information when we draw a parallel with the possibility of interactions in the field of the emotion of love as fundamental in human evolution. It also offers us biological bases for the understanding of ego state networks and the primary emotions mentioned in the transactional analysis language. Adding the level of sensations to the definition of ego states as neural networks broadens our systemic relational understanding.

As we alienate ourselves emotionally, we are diminishing our possibilities of immune defence, healing and elevation of our quality of life, as well as our evolution in the network of human interactions.

To relate Damasio's tree of emotions to the characteristics of primary emotions and rackets, considering the adequacy in intensity, quality and

duration of the stimulus that provokes them (ECS) seems to be an interesting focus for later studies.

The purpose of this article was to contribute, through a dialogue between Eric Berne, Antonio Damasio and Humberto Maturana, to the understanding of the universe of human feelings and its importance in the evolution of the individual and the species.

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## Psychological Boundaries and Psychological Bridges: A Categorisation and the Application of Transactional Analysis Concepts

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### Abstract

*Prompted by preparation of a presentation at a TA learning event, Part 1 of this paper provides a largely TA-based literature review of references to psychological boundaries, related to a proposed new framework for categorising such boundaries at the levels of person (intrapersonal, personal), people (interpersonal, family, neighbourhood), place (region, country, area, continent) and planet (environment, Earth, Universe). TA concepts seen as relevant for each boundary are described. Comments on practitioner boundaries lead into Part 2, which addresses psychological bridges across boundaries such as created through supervision and frameworks for increasing awareness of unconscious processes. A critique of the current TA field of application boundaries is included and Part 2 concludes with a model that represents a general bridge to contact.*

### Key words

transactional analysis, psychological boundaries, psychological bridges, script, childhood development, family dynamics, group imagoes, sailship success, power, transference, dual relationships, supervision, power, fields of application, TA competencies

### Introduction

This paper began during preparation for a presentation at a multi-level learning event run by the South Asian TA Association in Bangalore in January 2018, where the assigned topic was Boundaries and Bridges. I conducted an initial literature review and developed a categorisation of boundaries into the levels of person, people, place and planet. Dialogue with the audience during the presentation, and a request by participants to provide a summary, prompted a more thorough literature review and the development of further ideas, particularly about psychological bridges. Part 1 of this paper focuses on boundaries and I indicate various TA concepts that seem to me to be relevant to a nested set of boundaries that apply to us all. Early in Part 1 I

refer briefly to power, because of its significance in terms of maintaining or breaching boundaries. I conclude Part 1 with some comments on professional boundaries as a lead in to Part 2, where I consider various ways in which we can create bridges across boundaries. A significant element of this is through professional supervision, so I have continued the literature review to include material about stages and domains of supervision, the unconscious processes to which we need attend, and the implications of dual relationships. I continue with a critique of the way in which TA fields of application create additional boundaries and give ideas for how this might be overcome. I conclude Part 2 with an overview of a model for contact across boundaries generally.

As with the presentation in India, my intentions are:

1. to provide a contemporary model from which to consider how psychological boundaries relating to individuals, groups, and communities at various levels, and the internationally-determined professional boundaries that apply to TA fields of application, impact on our work as professionals;
2. to suggest how various TA concepts can be thought of as psychological bridges to contact, whether our clients are within the organisational, educational, counselling/coaching or psychotherapy fields of application;
3. to prompt thinking within the TA community about whether our competencies might be more usefully focused on being transactional analysts.

## Part 1: Boundaries

### Some Initial Thoughts

Edward Gurowitz (1975) proposed that we think of *fences* as what keep us in, and *walls* as what keep others out.

Kaplan, Capace & Clyde (1984) proposed that *boundaries* relate to self and *walls* relate to others.



Gurowitz also pointed out that boundaries can be physical or psychological. Most of what follows refers to psychological boundaries, fences and walls. We need to recognise, therefore, that we are constructing (Allen & Allen, 1991) and co-creating them (Summers & Tudor, 2000). Just as I will use a metaphor later to represent an organisation or any surrounding boundary, we are imagining that we have boundaries beyond the physical.

## Diagrams

On the principle that TA makes maximum use of diagrams (one of Berne's legacies), here are some of the various ways in which boundaries are diagrammed within the TA literature. I identified three main formats, plus another from outside the TA literature:

- ..... A series of dots, variously referred to as lax, diffuse, weak or porous;
- \_\_\_\_\_ A solid line, called rigid, fixed, inflexible or firm - and where the last term sounds more healthy than the others;
- A series of dashes, referred to as permeable, flexible or open – and which we are presumably meant to regard as 'healthy.'
- .-.-.-. A series of dot-dash as a semi-permeable boundary, named 'perforating' by non-TA author Lifshitz-Assaf (2017), which allows only inward movement.

To these we can add two more ideas from Muriel James (1986), that she related only to ego state boundaries but which we might apply more generally:

-  Two intersecting curves with a shaded overlap is the way in which we often show contaminations between ego states;
-  Lesions, or sore spots, which she showed by using dotted lines for part only of the boundary of an ego state.

Although James was referring to ego states, we could use the same formats to show the boundaries of groups, or they could be drawn vertically as the boundaries between ego states of different people, rather like Tony White (1997) suggested in an alternative diagram for symbiosis with Person A and Person B drawn with a dashed circle each that then

join together to 'create' a Person C with two overlapping circles as shown in Figure 1.

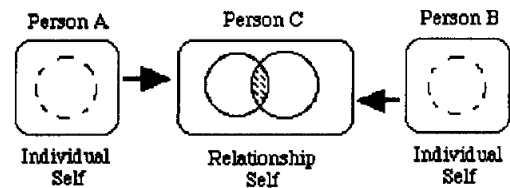


Figure 1: Attachment (White, 1997, p.301)

## Asymmetrical Boundaries

Denton Roberts (1975) suggested that we have a nested set of boundaries, ranging from the personal to the cultural boundary. His original proposal was for personal, sexual, family, ethnic, provincial, social class, and cultural boundaries. Using a set of nested circles as boundaries, he described how a distortion in one boundary will trigger similar distortions in all further boundaries. He pointed out that injunctions would likely cause distortion in the personal level and hence impact on all levels; however, if the distortion is, for example, at the ethnic level then it needs to be treated at that level and not at the personal level where the problem may not apply.

Roberts included a sexual boundary about male/female (1975) whereas current thinking allows for many more options than this binary split that has so little biological basis. For many, even the extended range of options for those who are not cisgender (LGBT currently extended to lesbian, gay, bisexual, transgender, questioning, queer, intersex or any other term that may be used to indicate a gender identity that does not match the sex assigned at birth) will still result in a boundary distortion although, like religion or ethnicity, this distortion may occur within the family, village or wider social grouping.

## Boundary Categorisations

A variation of Roberts' selection of boundaries is shown in Figure 2, albeit without any distortions. I have also grouped them into 4 'types' which I have labelled *person*, *people*, *place* and *planet*. In the rest of Part 1 of this paper, I give ideas and examples of TA concepts that may help us analyse what exists within or between the boundaries.

### Person

- intrapersonal – ego states;
- personal - identity, growing up;

### People

- interpersonal - interactions, behaviour;
- family – will determine ethnicity; may determine class, religion – later becomes our team/group at

work or elsewhere, classroom, therapy group, etc;

- neighbourhood, street, village - may reinforce class, religion – later becomes our organisation, association, etc;

### Place

- region (within a country) – may also determine religion;
- country – may equate to race;
- area within continent, may incorporate or override country (e.g. South Asia, West & East Europe, Midwest USA);
- continent – although this may not be as significant as the area within the continent;

### Planet

- environment (e.g. city, rural, mountains, desert, etc);
- Earth/the World;
- Universe - because President Trump has recently announced plans to go to the moon again ☺ and astronomers are talking of planets which might support life.

## Power Potentials

At the suggestion of a reviewer, I have added here some comments on power as this is a significant

contributor to the appropriate and inappropriate maintenance of boundaries, whilst also being how boundaries may be breached when that option is chosen instead of building bridges. Power may reinforce or challenge boundaries within any of the categories I describe below.

Otto Altorfer (1977) contrasted formal courtesy with authentic courtesy, and formal power with personal power. He made the case [without references] for awareness and appropriate use of strokes and stroking patterns, and avoidance of discounting. He explained that authentic courtesy is needed to respond to the true feelings that may be hidden in the non-verbal messages, and that personal power “relies on mutuality and the principle of seeking agreement and consensus...[and needs that we] recognize needs for belonging, self-development, and self-actualization...” (p.341).

Krausz (1986) defined power as “the ability to influence the actions of others, individuals or groups.” (p. 85). She then defined leadership as the way that power is used in that process of influencing. She went on to consider two sources of power: organisational power related to status within the structure, function in the system, and the extent of influence on others that the status assigns; and personal power as the specific characteristics, experiences, knowledge, expertise and ways of relating to others. She pointed out that

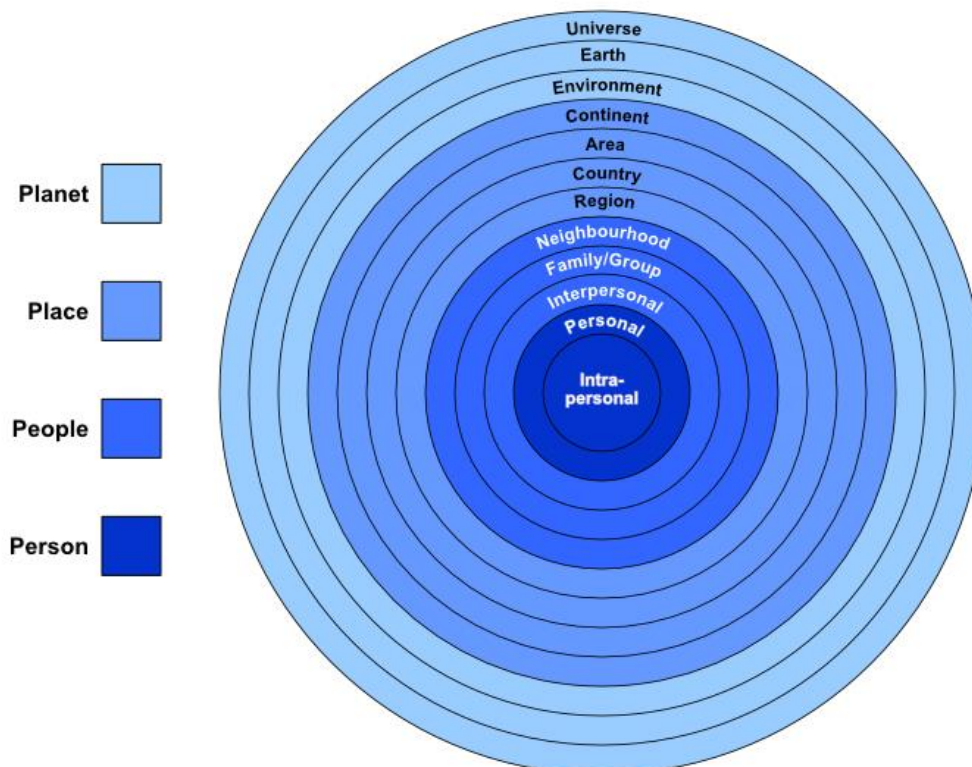


Figure 2: Boundaries

organisational power is formally distributed between the members of an organisation whereas personal power is not distributable and depends on each individual. She also claimed that organisational power is activity oriented while personal power is results oriented, although she did not give any explanation for that.

Steiner (1987) commented in his Abstract that “Power is almost universally and mistakenly seen as the capacity to control other people”. (p. 102). He proposed a more positive paradigm of power as the capacity to effect change and identified seven sources of power based on the ancient theory of the chakras of

Kundalini yoga. He referred to these as a rainbow of options rather than the unidimensional power based solely on control, commenting that each may be underdeveloped to the point of nonexistence or overdeveloped so that it crowds out other sources of power.

I (Hay, 2011a) have pulled together the various typologies of power to produce what I refer to as power potentials, meaning the sources of power. Table 1 shows also how I classify power sources mentioned by Krausz and Steiner. I regard coercion as a behaviour rather than a source of power.

Hay 2015	Krausz 1986	Steiner 1987
<b>Physical</b> - as in being stronger, bigger, etc than others or using supporters who have physical power, such as gangsters, mercenaries, etc	<i>Coercion/pressure</i> – based on fear of punitive acts and employed to ensure that individuals or groups will comply. Leads to an organisational climate of alienation	<i>Grounding</i> - the capacity to stand one’s ground
<b>Pecuniary</b> (i.e. Financial) - having control over tangible rewards and penalties	<i>Reward</i> – the capacity to assign direct or indirect, material or psychological compensations such as money, position, strokes, etc. Leads to an organisational climate of insecurity	
<b>Performance</b> – being an expert, having knowledge that others lack	<i>Knowledge</i> – related to skills, knowledge, and experience relevant to the job and the organisation. Leads to an organisational climate of acceptance, security but also possibly dependence	<i>Knowledge</i> - science, wisdom, vision and intuition
<b>Personal</b> – interpersonal and communication skills, emotional intelligence	<i>Interpersonal Competence</i> – based on communication skills, empathy, authenticity, respect, trust and capacity for intimacy. Leads to an organisational climate of trust and openness	<i>Control</i> - ability to aggressively manipulate others and the environment; <i>Communication</i> - create in others feelings and ideas that reflect our own
<b>Psychological</b> – positively as charisma or negatively through ulterior transactions	<i>Support</i> – based on the ability to stimulate the involvement of peers, superiors, subordinates and others. Leads to an organisational climate of anxiety	<i>Passion</i> -power to create, recreate, transform; <i>Love</i> - to nurture, heal and instil hope; <i>Transcendence</i> - appreciation of unity with the Universe
<b>Positional</b> – the power that comes with the role, the level within the hierarchy, the legal context	<i>Position</i> – related to the status a person has in the organisational structure and/or their job, this is also known as institutional, legal, traditional or legitimate power and theoretically those with equal status have equal power. Leads to an organisational climate of depression and confusion.	
<b>Political</b> – based on ideologies, beliefs, values that others (can be persuaded to) adopt		

Table 1: Power Potentials (Hay, 2015)



## Intrapersonal Boundaries

*Suggested TA concepts: script, transgenerational script, hot potato, cycles of development, spirals within spirals*

### Script

It is now generally accepted that we arrive in the world with a set of genes which may or may not be turned on by factors within our environment. We need to be cautious, therefore, in claiming that everything can be explained by transactional analysis concepts. However, with that caveat, there are still plenty of TA concepts that add considerably to our understanding of how nurture has impacted upon nature.

In terms of our intrapersonal boundaries, this can be thought of as how we create our own identity and therefore script is an obvious TA concept to consider. Figure 3 shows my (Hay, 2012) script matrix that incorporates Holloway's (1977) idea of showing the arrows stopping short, to emphasise the fact that the child makes an interpretation of the interactions from the parents, and hence makes a decision, albeit without the benefit of enough knowledge of the world. I (Hay, 1995, 2012) have extended this by using a dotted line for the arrows, as Berne (1966, p.172) did once for counterscript only. This is a reminder that the child makes decisions based on their *perception* of what is going on. Figure 4 shows Hay's (2012) Autonomy Matrix that demonstrates how most parents genuinely want to support their children.

### Transgenerational Script

John James (1984) quoted Berne (1972) for the comment that "The most intricate part of script analysis in clinical practice is tracing back the influence of the grandparents." (p.288). He then added the story from James & Jongeward (1971, p.97) about the bride cutting off the ends of the baked ham and then learning that grandmother had only done that because her pans had been too small. James goes on to refer to the 'family parade of scripts', adding that Berne had written that parents were not at fault because they were merely passing on what they had received from their parents and grandparents.

When considering the way in which transgenerational scripts (Noriega Gayol, 2002, 2004) may be passed on, Gloria Noriega (2009) presents an adaptation from Berne (1972) of a 'family parade', as shown in Figure 5, commenting that "Script messages are transmitted by unconscious communication between the ego states of family members from one generation to the next. This process occurs from the P1 of mother or father to the P1 of the child. In this way, the transmission of script messages may run through several generations – going back to grandparents, great-grandparents, great-great-grandparents, and forwards to children, grandchildren, great-grandchildren, and beyond." (p. 9).

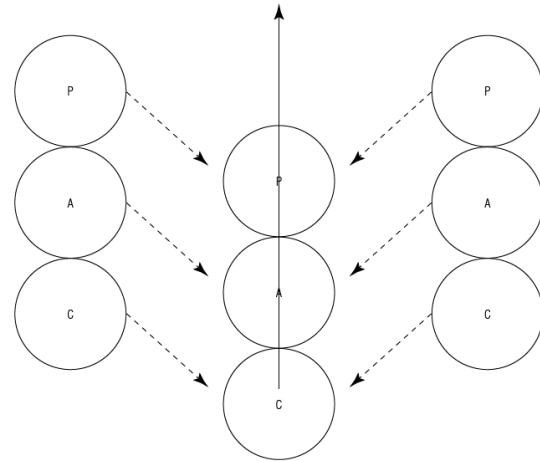


Figure 3: Script Matrix (Hay, 2012, p.18)

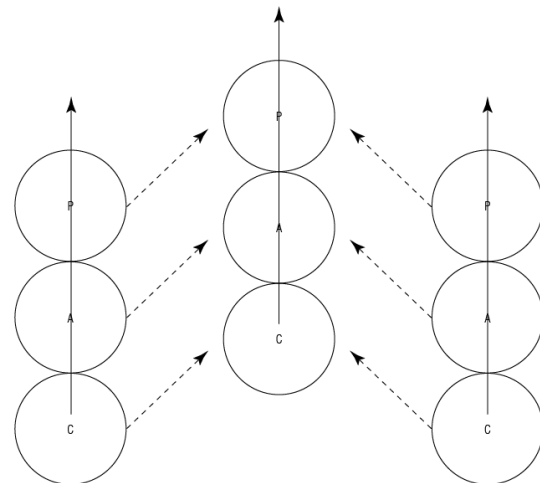


Figure 4: Autonomy Matrix (Hay, 2012, p.19)

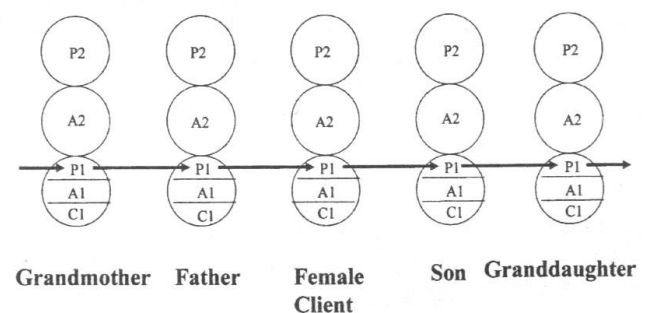
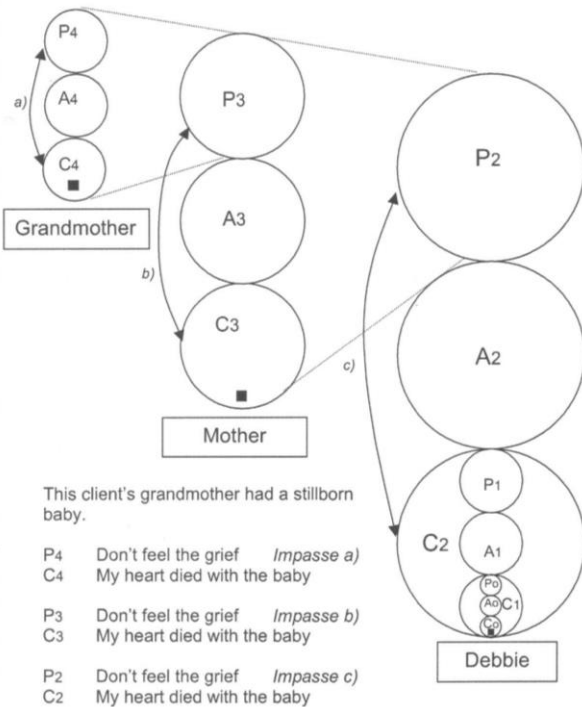


Figure 5: A Family Parade (adapted from Berne, 1972 p. 284) (Noriega, 2009 p. 9)

Writing about family constellation theory, McQuillin & Welford (2013) link this approach to the hot potato (English 1969) and provide an example of a client who resolved her own issue of apparently wishing to go to a beach and die, and only later found out that her great-grandmother had in fact done this through getting hypothermia. They provide the diagram in Figure 6 to show how intergenerational impasses may be caused by the transition of a hot potato.



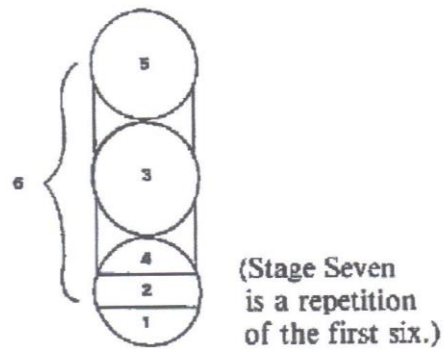


**Figure 6: Intergenerational Impasses Caused by Transmission of a hot potato (McQuillin & Welford, 2013 p. 360)**

### Cycles of Development

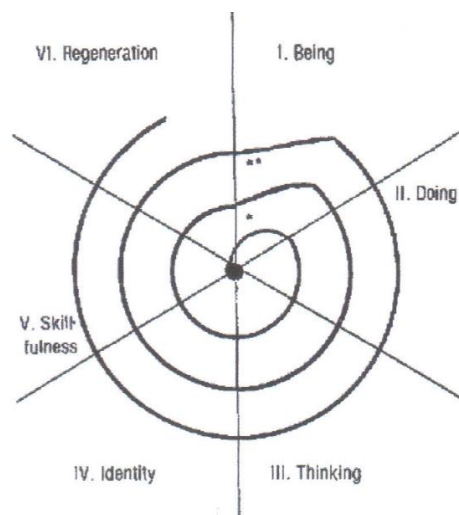
Levin (1982) identified seven stages in the human developmental process and, significantly, showed that these occur in cycles throughout our lives. In each stage of the initial cycle described by Levin, we have certain developmental tasks to complete and few of us are in circumstances where we can succeed totally. As we recycle through the equivalent period in later life, we have another opportunity for growth but we are also at risk of experiencing the same problems as occurred for us before. Unfortunately, we may well then repeat the same strategies that were unsuccessful for us previously.

She provided two diagrams to illustrate her conclusions. Figure 7 shows her diagram of the familiar three stacked circles to illustrate ego states, with the addition of a skin around them, and with the Child divided horizontally into three sections. She numbered these and explained that she chose to label them as: 1 – Natural Child, 2 – Little Professor, 3 – Adult, 4 – Supernatural Child, 5 – Parent, 6 – the outer skin unifying the ego states, and 7 – a repetition of the first six. She also explained that she had chosen the term Supernatural Child to avoid the pathological connotations of labels such as Witch Parent, and also to reflect the interest in magic that is characteristic of 4-6-year olds.



**Figure 7: Ego State Development (Levin 1982 p. 130)**

Figure 8 shows Levin's diagram of the spiral showing major cycles and her labels for the different stages. In this, she marked an asterisk to show the end of adolescence, and a double asterisk to mark the end of the second major cycle, commenting that this is often known as a midlife crisis. Levin commented that "The significance of this developmental cycle is in its application, for we can use it to develop our power in all the phases of our lives. Individuals can understand the issues of personal growth and thus translate script limitations into options for effective action [Examples of use by couples, parents, teachers, patients, organisations, and therapists]... Such a wide range of application is possible because the tides of every life in every time and place are connected to the cycle of development as essentially as the ocean tides are connected to the pull of the moon." (p. 138).



**Figure 8: Major Phases (Levin 1982 p. 136)**

In Table 2, I reproduce a summary of the stages, indicating the name of the stage (with Exploring as my preferred alternative for Doing), the ages of the young person, the way that Levin names the ego states, and what the individual needs in order to complete their developmental tasks appropriately.

It may seem as if we have problems as grown-ups but are in fact replaying a childhood stage and unconsciously experiencing an opportunity to deal with unmet development needs.

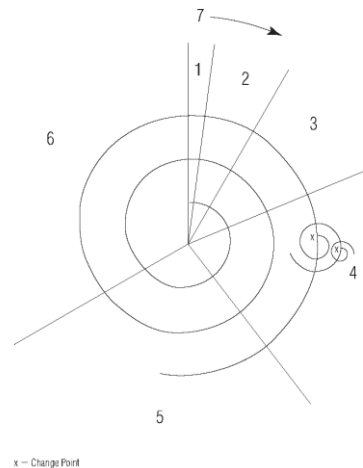
### Spirals within Spirals

In Hay (2009) I also noted that Levin had mentioned that, in addition to cycles timed according to our age, we also experience shorter periods triggered by specific events. I therefore introduced the notion of 'spirals within spirals' – Figure 9. These may span months and years but they might equally last for minutes and hours only. At any time in life, we will be experiencing a spiral that relates to the latest change that has occurred in our life, however small or large that may be, plus we will still be experiencing also the impact of the major lifetime spiral, and of any other spirals that may be in effect at the same time. Any problems will be multiplied when stages overlap in which we have 'unfinished business'. Fortunately, the same multiplier effect will occur for any stages in which we are particularly strong.

We can illustrate the spirals within spirals process by considering change that will happen to many of us at

some time – starting a new job. This will generate its own spiral that will last for several weeks, or depending on the complexity of our work, months or even years:

1. We need time for a short interval for us to simply get used to *being* at our new place or work, during which we need to feel welcome.
2. We want time for *exploring*. We want to do this at our own pace. An important part of this exploration will be the opportunity to meet people and find out what they do.



**Figure 9: Spirals within Spirals (Hay, 2012, p.206)**  
(Note that I draw the stages proportionally to represent the time spent in them rather than dividing them equally as Levin had done)

Stage 1	Being	0-6 months	Natural Child	nurturing
Stage 2	Doing (Exploring)	6-18 months	Little Professor	stimulation
Stage 3	Thinking	1½-3 years	Adult	test limits
Stage 4	Identity	3-6 years	Supernatural Child	test power
Stage 5	Skilful	6-12 years	Parent	own way
Stage 6	Regeneration	12-18 years	unifying	integration
Stage 7	Recycling	rest of life	repeat & grow	relationships

**Table 2: Stages of Development (Hay, 2011b, p.37)**

3. We now want to do our own *thinking* about the job. We need a manager who encourages us to do this, and then is willing to discuss our views.
4. We move into creating our own *identity* in the job. We need to believe that we have an element of choice over this.
5. We are now ready to learn the *skills* required to do the job. We need to have a good idea of the job itself, and our personal identity within it, if we are to make maximum use of training.
6. We want to *integrate* the previous stages. As we undertake the tasks of the job, we are pulling together our prior efforts of exploration, decision making and learning.
7. We begin the *recycling* stage. We have completed our transition into the new job. We will now move through each stage again but with far less impact. The effect of this particular spiral will fade. Soon, we will forget that we changed our job. We will function at our peak level until some other change comes along.

## Personal Boundaries

*Suggested TA concepts: ego state development, symbiosis - and see at the end of Part 1 for comments on professional boundaries, which will inevitably be impacted upon by, and impact upon, our personal boundaries.*

Like Levin, Vincent Lenhardt (1991) also presented a model of childhood stages but with a focus on dependence, counterdependence, independence and interdependence. This is particularly useful when considering the development of personal boundaries, especially as he provided some diagrams to illustrate how an individual develops their 'full set of ego states'.

Originally presented at a conference, Lenhardt (2004) subsequently referenced his ideas to Symor (1983). The material below is an adaptation based on notes taken and diagrams noted by me in 1991.

**Stage 1 – Dependence** – in which two people appear to share one set of ego states. Drawn by Lenhardt as Parent and Adult in one person with the Child in the other, that was similar to the way in which Schiff & Contris (1975) diagrammed symbiosis; however, elsewhere in the same book Schiff et al made it clear that they were using an ego state model in which Adult was an adaptation in the service of the Natural Child (for which they drew a fourth circle alongside Adapted Child) and not Adult in the sense of being in the here-and-now. Hence Figure 10 contains my variations of the Lenhardt diagrams excluding Adult from the symbiosis.

**Stage 2 – Counterdependence** – in which the Parent and Adult ego states which were diagrammed as non-

existent in Stage 1 are now shown with dotted lines to indicate that they are being developed. A characteristic of this stage is that the 'little' person wants to break away but also wants to be able to come back, just as a small child will move away from their caregiver but will be checking that they could run back again if they become scared.

**Stage 3 – Independence** – now both parties are shown as having a full set of ego states but it is as if the 'little' person is operating behind a boundary, whilst still appearing to be in a symbiosis with the other person. The message here is that the 'little' person wants to be left alone; they no longer exhibit the need to come back to the caregiver.

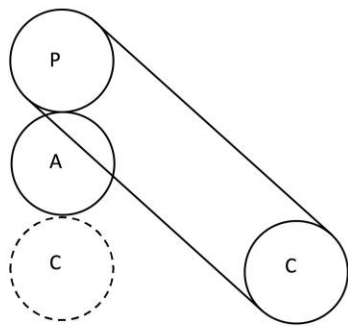
**Stage 4 – Interdependence** – now both parties are shown as having their full set of ego states, with the 'little' person now fully developed and able to operate in all ego states when they are no longer with the caregiver. Lenhardt (1991) showed a line between as for Stage 3 but I dispense with this and instead show a range of possible transactions.

Gloria Noriega Gayol (1997) pointed out that Berne (1961) recognised four major types of ego state boundary problems, as later summarised by James & Jongeward (1971), and revised by James (1986) as contamination, laxness, illusion, and rigidity. Noriega went on to describe "the first research study carried out on ego state boundary problems" (p.240), that used a 'Diagnosis Inventory of Ego State Boundary Problems' (DIEP) developed in Mexico City with 20 subjects. However, there appear to be no further references for DIEP (in Google or in the *Transactional Analysis Journal*).

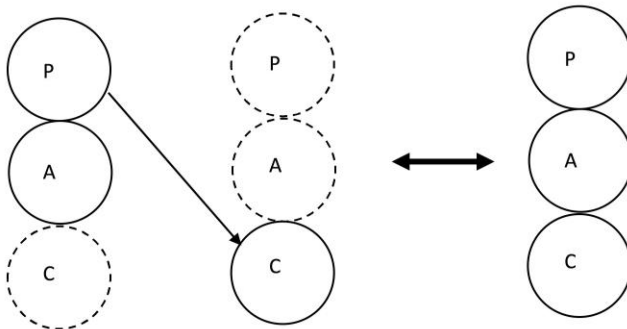
## Interpersonal Boundaries

*Suggested TA concepts: interpersonal distancing, walls and boundaries - and see the end of Part 1 for comments on professional boundaries, which will inevitably be impacted upon by, and impact upon, our interpersonal as well as our personal boundaries.*

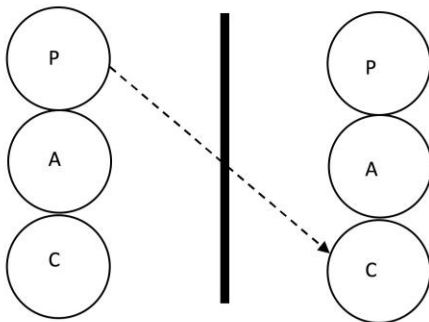
Kalman Kaplan (1984) defined interpersonal distancing behaviour as "the ways in which individuals approach or withdraw from one another and how they negotiate these tendencies." (p.220). He commented on territoriality as a relatively fixed self-other distance and personal space as an invisible boundary surrounding the person's body. He went on to refer to Hall (1966) and the science of proxemics (use of space as a communication vehicle), with the four spatial zones of: "*intimate distance* (0 to 18 inches), *personal distance* (1½ to 4 ft), *social distance* (4 to 12 ft), and *public distance* (12 to 25 ft.)" (p.220-221) (italics in original). Kaplan went on to write of a bidimensional view of distancing, with opposing patterns of compensation where an increase of behaviour by one person leads to a decrease in behaviour of the other



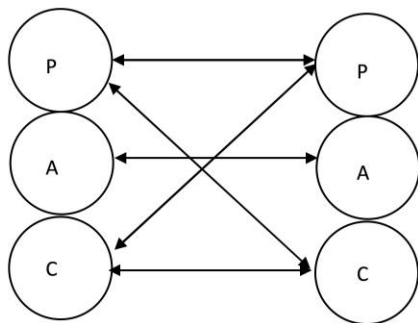
Stage 1 – Dependence



Stage 2 – Counterdependence



Stage 3 – Independence



Stage 4 - Interdependence

**Figure 10: Hay's 1991 Adaptation of Lenhardt's diagram of stages**

*(This diagram amended 1 July 2018 after first publication)*

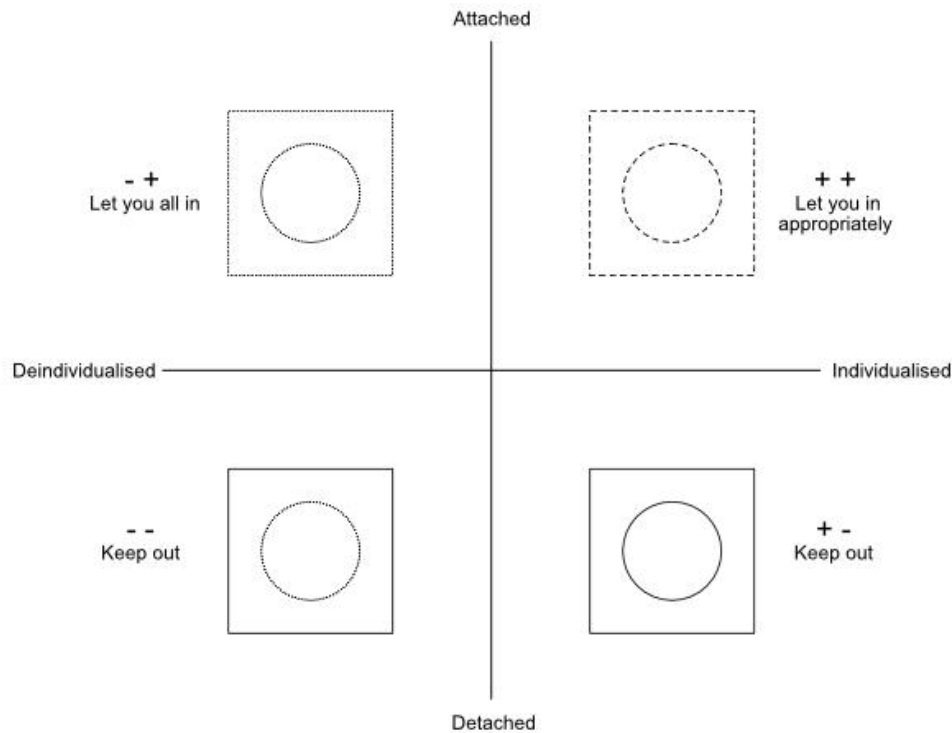


Figure 11: Interpersonal distancing patterns (amended from Kaplan, 1988, p.223)

person, and reciprocity where an increase by one puts pressure on the other for a similar increase. From this can be developed two dimensions: attachment-detachment and individuation-deindividuation. He suggests that these can be mapped easily onto the OK Corral (Ernst, 1971 – although Kaplan also references this to Berne, 1961, 1964; and Harris, 1969). 'I' refers to individuation/deindividuation and 'You' relates to attachment/detachment. Kaplan also suggests that this can be illustrated in terms of the interpersonal walls and self boundaries. Figure 11 is an amended version of Kaplan's material.

Magee (1980) had linked interpersonal boundaries to family dynamics when he wrote of how boundaries "determine who participates, and how, in family transactions." (p.328), such that maintenance of boundaries is a latent function of family folklore.

Magee described how emotionally-fixed positions emerge under stress, with:

- *pursuers* invading other's boundaries by advising, demanding or engulfing;
- *distancers* erecting rigid boundaries and withdrawing;
- *over-functioners* doing for others unnecessarily;
- *under-functioners* seeking support from others unnecessarily.

As another link between interpersonal and family, Stoltz (1985) suggested that eating disorders are commonly caused by lax boundaries due to growing up in enmeshed families with diffuse interpersonal boundaries. Hence, 'foodaholics' lack ownership of their feelings, needs, opinions or ideas and, instead, base their identities on what they incorporate, undigested, from others.

Clark (1999) wrote of internal boundaries set by clients, as a point of contact with the environment and "that space between my known experiences and those experiences that are too powerful to know." (p.292). Clark also refers to Polster & Polster (1974) for a contact-boundary as a sense of where each person ends, and I-boundaries as an essential element of one's sense of self. These boundaries fluctuate as clients disengage to manage their internal process; as practitioners we need to honour these so the client's relational needs can emerge.

### Family/Group/Team Boundaries

*Suggested TA concepts: group imagoes, bystanders, group process*

A useful model for considering how family boundaries form is group imagoes, especially as we go into groups later in life with the unconscious expectations of recreating our family of origin, albeit that it may have been influenced also by experiences within groups over the years since childhood.



Berne (1963) identified four stages of imago development: provisional, adapted, operative and secondarily adjusted. His diagrams looked rather like submarines, with a raised central part like a conning tower that was the slot for the leader. I have renamed the stages to better reflect the processes that occur within them, and suggested the shape be less distinctive so that individuals introduced to the concept are encouraged to use whatever shapes feel appropriate for them.

My diagrams are shown as Figures 12-15 and relate to Berne's labels as follows:

- *anticipatory/provisional* – we know we will be in the group and assume there will be a leader, but all others may be in one undifferentiated slot – although we may be unwittingly expecting the others to 'fill slots' as our siblings and other family members – and we may expect more than one leader.
- *adjusted/adapted* – we adjust and augment our imago as we get to know others in the group, whilst deciding whether to be in the group, physically and/or psychologically.
- *adapted/operative* – we sort out our relationship with the leader(s), deciding whether and how to adapt to them and to others in the group. We may be the leader, in which case we may model ourselves on a leader from our past, often one of our caregivers/parents in childhood, although we may have amalgamated that with other leaders experienced since.

*attached or alienated or aggression/secondarily adjusted* – apart from what was presumably a typo as there is no primarily adjusted, Berne also wrote as if there would in time be a final stage. I make the point that the outcome may be positive – attachment – or negative – alienation or aggression.

Relating the stages to childhood, and the creation of family boundaries, we can imagine how the child begins somewhat egocentrically, and gradually recognises that their primary caregiver is a separate object' and hence a separate slot in the imago. Then other family members, neighbours, family friends, etc are added to form the adjusted imago. By the time we enter Lenhardt's 'independence' or Levin's 'identity' stage, we realise that we have to adapt, rebel or avoid control by those we regard as leaders and sub-leaders in our 'home' group. Hopefully we move on to feeling that we are attached to the others in the 'home' group, although many will arrive instead at a state of alienation or will experience their own or others' aggression, which will have been a survival strategy.

The nature of the final stage will have a significant impact on how we perceive our group boundary, and how we as transactional analysts might illustrate it in

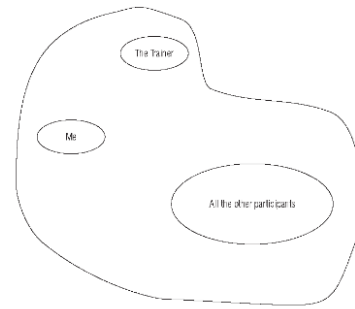


Figure 12: Anticipatory Group Imago (Hay, 2009 p.171)

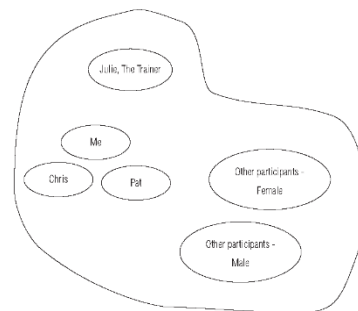


Figure 13: Adjusted Group Imago (Hay, 2009 p.172) (2009)

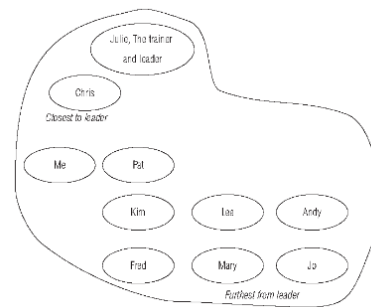


Figure 14: Adapted Group Imago (Hay, 2009 p.173)

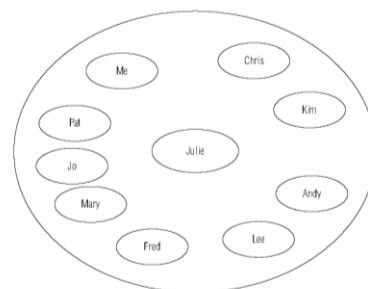


Figure 15: Attached Group Imago (Hay, 2009 p.175)

terms of the lines used. As shown in Figure 16, a family that arrives at healthy attachment will mean that its members have healthy group boundaries, shown by a line of dashes. Those growing up in alienated circumstances may have the dotted line that represents lack of a boundary, having not experienced what it feels like to be contained within a family group.



**Figure 16: Attached, Alienated and Aggression Group Boundaries**

Those for whom aggression was the norm may well have the solid line boundary of a rigid, impenetrable boundary because attention had to be focused on protecting self from aggression within the family so there was no energy available to look outside the group.

I have indicated above that family boundaries become the boundaries for the groups and teams we join – and they will of course also be reproduced if/when we become parents and create new families. In addition to the nature of the boundaries, we may need to consider also the impact on our psychological commitment to boundaries of:

- *absent group imagoes* (prompted by Clarkson, 1988, 1991 and Tudor, 2013) – where we may still carry a fantasy image even though the group, or family, no longer exists;
- *shared group imagoes* (Clarke, 1996) – where we are so familiar with each other that our imagoes become shared, making it unlikely any of us will recognise any problems, and hard for any outsider to join the group;
- *phantoms* (Mazzetti, 2012) – where one or more group members retain a slot for someone who has left the group;
- *enemies* – Bion (1968) defined having a common enemy as a contributor to ‘good group spirit’, and said the group looks for a leader to recognise an enemy and lead the fight or flight;
- *bystanders* – although Clarkson (1987, 1993) related these to games, they are just as significant to groups because they reinforce the boundary between members and audience, just as in a theatre. Van Poelje (1995) points out that the nature of the group boundary determines whether, as Jacobs (1987) proposes, bystanders can become followers within a group.

Helena Hargaden (2013) uses Jung’s (1978) metaphor of the ‘alchemical container’ to argue that the therapist and group need to create this because safety exists in the boundary rather than in the contact. She emphasises that firm boundaries allow the enactments of experiences that are impossible to speak of, albeit that co-creation of interruptions to the dyadic relationship (‘thirds’) may be necessary to avoid any shaming after an enactment.

Adrienne Lee (2014) refers to diffuse, rigid and permeable boundaries in terms of five key aspects of group process:

- containment – as the leader’s first concern and including membership, venue and time boundaries;
- leadership – establishing the role of the leader and the major internal boundary;
- responsiveness – how the leader responds to each group member;
- interaction – within the group;
- expansion – as group members “... dissolve the psychological outer boundary of the group and expand its relevance to other relationships and parts of their lives.” (p.48).

Welford (2014) proposed that all healthy systems have boundaries that are faint yet permeable enough to permit interchange whilst sustaining homeostasis. “A family with a lax boundary has a compromised sense of identity and a tendency to involve nonfamily members in its affairs. A family with a rigid boundary has an overly strong sense of identity and privacy and a loss of contact with other people. (p.321).

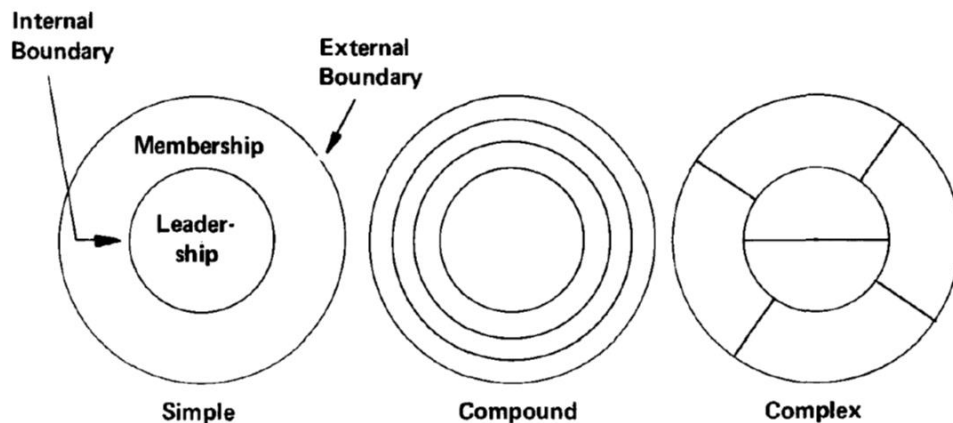
### Neighbourhood Boundaries (and schools, organisations, corporations, associations, institutions, etc)

*Suggested TA concepts: structural diagrams (of groups and organisations), the organisational cone*

We can combine neighbourhood with schools and organisations of various kinds because these are where we learn to manage boundaries that go beyond family, team or group. We can use Berne’s (1963) simple (core), compound and complex organisational diagrams, as summarised by Fox (1975) in Figure 17.

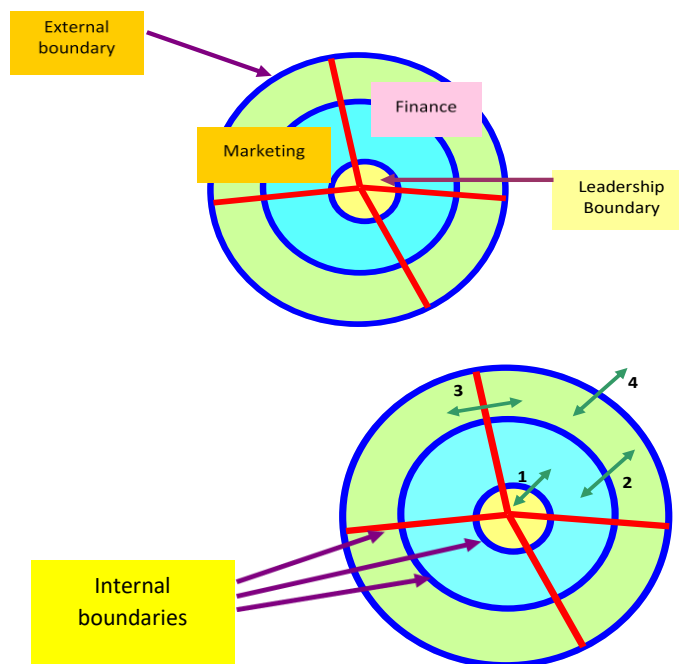
Blakeney & Quick (1976) extended Berne’s original diagram to apply to a case study description of a consortium of 20 community service agencies, although they treated it as if it were one large group with only a single major internal boundary for a Board of Trustees as leadership and a flexible external boundary because of planned allowance for expansion and contraction of the consortium. They identified four levels of leadership, regarding the President as primary leader, the Executive Director as secondary leader, a third level of technical leaders, and a fourth level concerned with policy.

Berne wrote of the dynamics across organisational boundaries, categorising these into external and internal. The major external boundary is with the environment; the major internal boundary separates leadership and membership. Figure 18 illustrates these, using what Berne referred to as the complicated



**Figure 17: Structural diagrams. (Fox, 1975 p.349)**

[Note: Berne (1963) diagrammed Simple as Amoeboid (p. 54) and Compound and Complex as above (p.58)]



**Figure 18: Dynamics across Boundaries**

[Note: neither Berne nor Fox drew this 'complicated' diagram that combines levels and functions]

diagram, which he never drew but which he explained as a combination of compound and complex, and which is of course the way in which most large organisations are structured with both levels and functions. There will be psychological forces acting across:

1. the internal boundary between the leadership and the rest of the organisation - where there may be implicit rules about who can become a leader as well as any explicit rules such as expertise or

experience. Both implicit and explicit rules may change when a new top leader arrives. Part of the boundary process is the way in which people are appointed to the 'inner circle'.

2. the internal boundaries between different hierarchical levels – in addition to explicit rules about how promotion takes place, implicit boundaries at the psychological level include aspects such as organisational myths, and unwitting and deliberate bias and prejudice.

3. the internal boundaries between different departments or functions – which are often fraught with tension, either because different departments have been given conflicting objectives, or because there is rivalry between managers.
4. the external boundary between the organisation and the external environment – in a large organisation, there may be complete departments that manage the external boundary, such as Security and Recruitment. How visitors are treated may also be an indicator of how this boundary is construed; it can also be useful to consider what happens when people leave the organisation – are they regarded as traitors and the boundary closes up behind them or are they seen as helpful ambassadors of the organisation in the future.

how the external contacts vary so that senior management manage boundaries with the government, regulators, shareholders and so on, frontline workers manage boundaries with customers/service users, and middle managers deal with suppliers, distributors and other organisations that are linked to the activities of the organisation.

We can relate the organisational cone model to a neighbourhood and school, especially as those will be the places where we first learned to expect to have the various internal and external boundaries and the dynamics across them. We can imagine, for instance, that there will be some people within a neighbourhood who become the politicians, dealing with outside authorities on behalf of their neighbours. Others may be the equivalent of middle managers, running the various service organisations and shops and dealing with bringing in goods and services and sending out whatever is being produced within the neighbourhood. When it comes to the frontline workers and the customers/service users, these may be the same people, albeit occupying different categories at different moments in time. An individual may, for instance, be a shop assistant or a parking warden at one time, and be the customer in the shop or the car driver being given a parking ticket at a different time. The politicians and those running businesses (the equivalent of top and middle managers) may of course also be customers/service users at some moments in time, although they may of course go out of the neighbourhood for what they need.

### Hay's Organisational Cone

One problem with Berne's diagrams, because they are two-dimensional, is that visually it gives the impression that leaders can only be appointed from within the membership – there is no link between the major external boundary and the leadership. This is resolved within the diagram of the Organisational Cone (Hay, 2016). This is a three-dimensional model, based on the complicated version from Berne but drawn to resemble an ice cream cone. In this way, there is an external boundary at all hierarchical levels of the organisation and for every function. People can come into the organisation and leave it at any level and related to any department; I indicate on the diagram

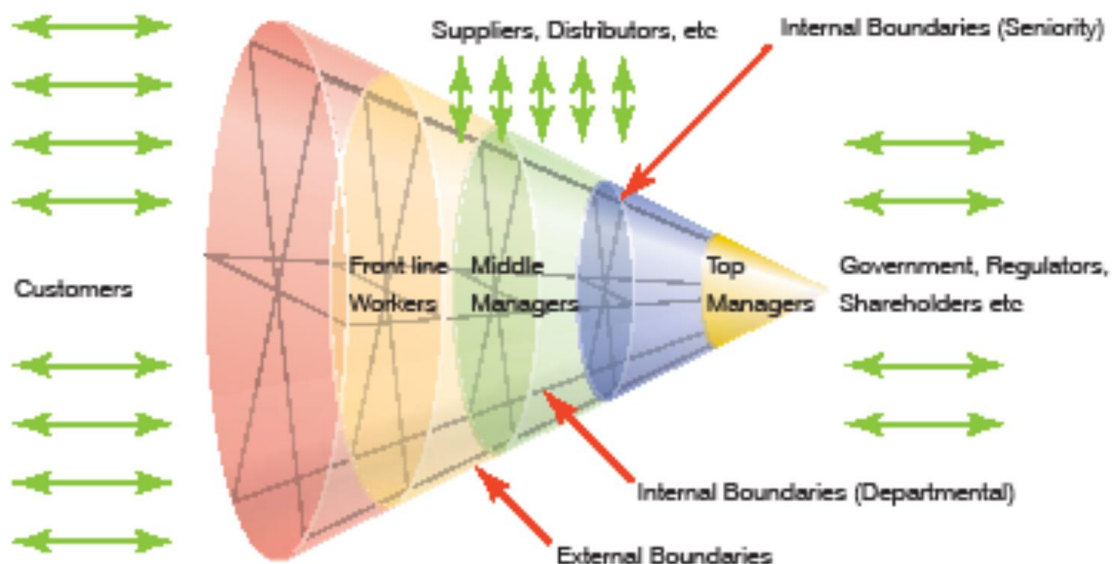


Figure 19: Hay's Organisational Cone (Hay, 2016, p.20)

We can even relate the model to the way in which gangs operate. The gang leaders are likely to be the ones threatening or bribing the authorities; the frontline workers are the gang members who carry out the day-to-day illegal activities; the middle managers are just that – the conduit between the top management and the frontline. Everyone involved is very well aware of the external boundaries – you cannot just choose to join a gang – and the internal boundaries between the hierarchical levels and the functions and roles.

## Place and Planet: Boundaries beyond Neighbourhoods/ Organisations

### Sailship Success Metaphor

Over the years, I (Hay, 1995, 2004a, 2017) have developed a model of an organisation based on the metaphor of a ship, which allows us to consider such an organisation facing the elements of the sea and the weather. As can be seen in Figure 20, the ship has two sets of sails - the 'hardware' strategies, structures and systems, and the 'software' of (psychological) safety, strokes and stimulation. There is also a pennant flying with a symbol and slogan, and there are staff and a skipper on the ship.

This model allows us to think of the organisation as part of a fleet, so we can consider the boundaries of the particular ship and the boundaries of the fleet they

are sailing within. We could even think about the boundaries of the particular ocean if we chose to. We can also consider the condition of the sea and the weather. These are happening outside the boundary of the ship and cannot be controlled from within that boundary – we can only make sure that we have as good a lookout as possible. Metaphorically, the sun may be shining or there may be storms; there may be snags that would ground the ship, or competitors sneaking up on us like submarines, or sharks waiting to devour anyone who leaves the ship – or maybe anyone who tries to approach the ship.

The boundary of the ship is therefore the physical limits of it where it comes into contact with the environment, and that boundary may need constant attention to protect it at times when the environment becomes negative.

If the organisation is part of a fleet, there will be a fleet boundary and the position of each ship within the fleet will be significant. If we are the big ship in the middle, we may be being protected, especially from pirates, by smaller ships around us. However, if we are a smaller ship sailing on the edge of the fleet, then in addition to being more at the mercy of the weather, we may also be a convenient sacrifice if pirate ships come along in the form of competitor organisations or those seeking acquisitions or mergers.

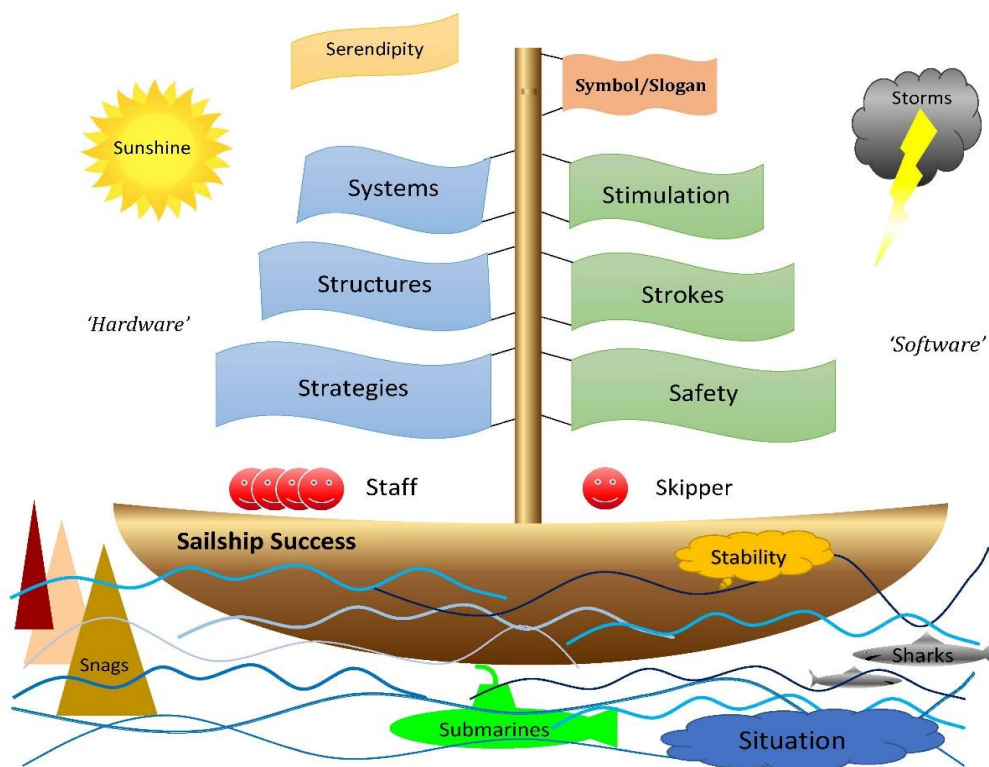


Figure 20: Sailship Success (Hay, 2017, p.6)



If we are practitioners who work with organisations, such as consultants or coaches, we may need to think about the size of our own ship and how easy it will be for us to cross the boundary of the client organisation. If we are part of a big enough ship, such as a household name consultancy company, it may be easier to 'get permission' to send our own sailors on board. However, if we are small, perhaps little more than a skiff, then the large organisational sailship may choose to ignore us, or fail to even notice us, or be too large for us to get alongside

### Planetary Changes

The publication of a special issue on 'Identity – Integration – Boundaries' of the *Transactional Analysis Journal* in 2018 as this paper was being completed seemed fortuitous but in the event there were few mentions of boundaries. One by a non-TA author, Françoise Sironi (2018) did, however, mention geopolitical psychology, planetary changes and emerging identities. Writing of her work with clients who have been subjected to identity metamorphosis through processes such as torture, exile, collective violence, cults and abusive psychotherapists, she suggested that there is a geopolitical unconscious alongside the increasing rate of global geopolitical changes.

She explained that geopolitics studies the history of borders, emergence of new states or territorial entities, claims for independence, the reasons for disappearance of certain peoples, groups, or nations, territorial conflicts, new political, economic and religious ideologies, and rearrangements of global alliances, and on a planetary scale. Clinical geopolitical psychology studies the impacts on humans – when we listen to clients we need to hear how geopolitics affects their subjectivity.

It appears, therefore, that we will increasingly need to account in work with clients for the boundaries of countries, continents, and different environments. This is something that may be taken for granted when working with multinational organisations and governments – Sironi reminds us how these wider boundaries impact on everyone.

### Power and Boundaries

Fanita English (1979) quoted 18<sup>th</sup> century philosopher Jean-Jacques Rousseau for the notion that everyone emerges from childhood with a slave or tyrant mentality, labelling them respectively as Type I, helpless victims or rebels who seek strokes from powerful Parent figures, and as Type II, helpful yet bossy Powerful Parents who start out as rescuers but shift to persecutor and eventually to victim (no initial capitals in original). Hence, Jones in Guyana, and Hitler before him, became the Great Leader or the Grand Inquisitor, who could offer the slaves

(Dostoevsky, 1957) someone to worship and hence an escape from autonomous functioning. English points out how people appear to function more effectively in such circumstances, as they no longer have to deal with contradictory or unpleasant emotions and have now got a stable conception of the object of life (Dostoevsky).

Alan Jacobs (1987) continued with English's questions on which his article was based: "Why do people join political, religious, professional, or social movements, of whatever size, and surrender so completely, giving up everything including their lives, their fortunes, their families? What needs do people have to find and love a marvellous parent who has all the answers, and in his or her name, to even commit murder and suicide?" (p.59). He goes on to refer to various political, religious and social movements that seek to impose their own view of reality and hence to control large numbers of followers – such as Nazis in Germany, Bolsheviks in Russia, Khomeini in Iran, Pol Pot in Kampuchea, as well as fundamentalist religious groups including those of Jews, Christians and Muslims. The atmosphere that allows such autocratic structures to emerge is one of "economic turmoil, war, and social, religious, or political oppression [which] exacerbate personal existential fears..." (p.60). He goes on to suggest that there will be masters, followers, bystanders, sources of evil, slaves, and resisters.

Several years later van Poelje (1995) suggested that in the current climate of rapid changes and globalisation of local problems these ideas become more relevant. It is almost as if the complexities and the uncertainties of modern life lead people to look to their leaders for certainty. This is a recipe for autocratic systems to begin to take hold. She develops Berne's (1964)/Jacobs (1987) by using thicker lines to show that the external boundary is permeable allowing bystanders to be recruited during the early stages. Then the external boundary is closed, and lieutenants are appointed to manage internal agitation. Only Lieutenants can cross the external boundary to convert followers. To further strengthen the external boundary an enemy or Object of Evil is identified (Jacobs 1991). For example, Enemies for Hitler were Jews and Gypsies and for US President Bush they were Terrorists and the 'Axis of Evil'.

The Lieutenants deal with any agitation and now may be divided in their tasks, some managing the internal group process (Police) and others managing the external group process (Army). Those managing the external process will be responsible for acquiring resources, including labour. Where this labour is forced they are known as Slaves. Finally, Resisters emerge. They refuse to accept the symbioses and fight to overthrow the Master.

## Practitioner Boundaries

As professional practitioners, we operate within our own nested circles of boundaries. An obvious focus of attention is needed on our professional identity and how this impacts on our work with clients. Non-TA author Peterson (1992) wrote of how violations often occur because the practitioner fails to recognise that the professional relationship is not one of equality. The practitioner has personal significance, power or authority within the relationship with the client. Peterson emphasised the need to find a middle ground between misuse of power from infantilising clients versus denying there is any power differential. Power violations may be due to:

- role reversal, when the client becomes the caretaker;
- a secret, such as keeping information about their behaviour from the client;
- a double bind, when the client has to choose between doing what the professional wants and refusing to do so;
- professional privilege, where the practitioner's agenda takes precedence.

More recently, another non-TA author, Lifshitz-Assaf (2017) reported on a longitudinal field study of R&D (Research & Development) professionals at NASA which demonstrated that identity refocusing was needed for these professionals to be able to adopt open innovation – meaning that they had to transcend their professional knowledge boundaries if they were to be able to recognise the quality of innovative solutions proposed by non-professionals. The identity change needed was from being the one who generated solutions into being a solution-seeker. Although TA professionals are, hopefully, well aware that they are aiming to facilitate their clients into generating their own solutions, Lifshitz-Assaf's findings are relevant when we consider that her observations were related to the impact of having professional knowledge and believing that such professional knowledge was restricted to our own profession. She identified four different types of boundaries, as shown in Table 3.

As well as considering how the TA community incorporates or rejects theories and approaches from outside TA, we might also consider how having different competencies for the different fields of TA application makes the boundaries between the fields more significant. As an individual, we need also to consider how our own professional boundaries may be operating outside our awareness, and how we might address this within supervision. The encouragement to have supervision from a professional within the same field of TA application may, ironically, be reinforcing boundary fencing.





Type of boundary	Knowledge flows	Illustration
Boundaries dismantled	From “The <i>lab</i> is my world’ to ‘The <i>world</i> is my lab” (p.16) (italics in original)	
Semi-permeable, perforating	Innovation may occur inside and outside the organisation	
Feigned semi-permeable, feigned perforating	Stated publicly as open but ideas from outside are segregated	
Boundary fencing	Inside stays inside, outside stays outside	

Table 3: Knowledge Boundaries- adapted from Lifshitz-Assaf (2017, p.15)

## Part 2: Bridges

A key way to develop bridges across our own boundaries will be supervision. I begin Part 2 by reviewing two models of the stages/domains of supervision. We can also gain insight by considering unconscious processes within the supervision process (e.g. parallel process, transference, projection). The comparative script system provides a bridge from client to practitioner, and material on dual relationships reminds us of our ethical responsibilities.

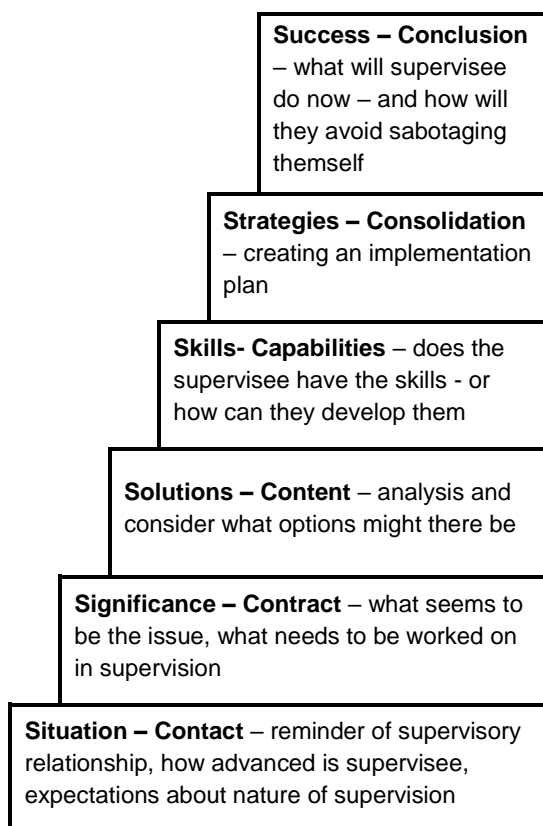
I go on to consider how we may have created problematic boundaries between the TA fields of application, and what we might do about that. I conclude with a framework that brings us back to how we bridge boundaries in our interactions with individuals.

## Supervision

Hewitt (1995) presented a model that he named ‘cycles of psychotherapy’, which he said could be applied to psychotherapy, counselling and supervision (although he did not give much information about its use in supervision within the article). He also commented that he would concentrate on the first and

final phases of therapy because he believed that previous TA literature had emphasised the middle phases. He proposed that the cycle be based on a metastudy conducted by Steenbarger (1992) where it was suggested that successful treatment could be divided into three phases: engagement, discrepancy and consolidation. Hewitt proposed that these be named contact, content and consolidation, and then he added a fourth which he called conclusion. He pointed out that he presented these as a cycle rather than a sequence, so there would be less temptation to treat therapy as linear when clients often need to move backwards and forwards through the stages.

I propose that additional stages might be added to Hewitt's model, so that it becomes: contact, contract, content, capacity, consolidation and conclusion. Hewitt mentions discounting only briefly in his paper, whereas we can relate these stages to the treatment levels in the discount matrix (Schiff & Contributors, 1975), converted into the steps to success (Hay, 1996) model as Figure 21, to demonstrate ways in which supervisors can help supervisees become aware of their own discounting and differentiate it from genuinely not knowing something.



**Figure 21: Stages of Supervision and Steps to Success**

Evans (1998) proposed a developmental-relational approach to supervision, on the basis of research

(Bernard & Goodyear 1992, Stoltenberg & Delworth 1987) showing that supervision that matches the supervisee's structure and style was more likely to generate successful outcomes. Evans commented that "The supervisory relationship differs from the therapeutic relationship in that it is more task oriented, with time spent considering information, opinions, and suggestions. The supervisor assumes the role of supporter, teacher, monitor, advisor, evaluator, instructor, and consultant, imparting expert knowledge, making judgements on supervisee performance, and acting as gatekeeper to the profession. The supervisor has the dual responsibility of holding in balance the needs of the supervisee and the best interests of his or her clients." (p. 288). Evans went on to link to supervision the four stages, or domains, of self experience and social relatedness which Stern (1985) had described. She also included a series of figures that used dotted lines for permeable boundaries and solid lines for boundaries to keep self in or others out: each contains a circle for the individual and a square for the environment and examples are shown in Figures 22-28.

- **emergent self-experience and relatedness** - Evans writes of how some new supervisees are like infants with innate organising potential but lacking the clearly identified self-boundaries that would have developed within a good-enough facilitating environment; such supervisees may indicate an arrested developmental position by being uncertain or unclear and hence inviting countertransference of persecutory or rescuing superiority; some may have learned to adapt and are keeping hidden their sense of self. Hence, supervisors need to bracket their own ideas and support supervisees in evaluating and integrating their learning rather than accepting the learning from others.
- **core self-experience and relatedness** - supervisees are now less dependent and begin to express what they want from supervision; adversarial transference needs may become significant as they test their personal boundaries against the boundaries of others. Some may become extremely self-reliant or act as caregivers in order to hold onto their fragile sense of self by avoiding closeness. Supervisors need to act as self-regulating others who encourage growth in ways that balance challenge with sufficient support. Exploration of transference and countertransference becomes particularly useful in helping supervisees identify their own issues.
- **subjective self-experience and relatedness** - supervisees (infants) move from the need to regulate their self-experiences to the need to

share them, which Evans likens to emotional attunement (Erskine 1993), empathy, positive regard and congruence (Rogers 1990) and I-Thou (Buber 1923/1970). Evans suggests that supervision for the supervisor may be helpful for this stage, when a new collegial quality may enter the supervisory relationship.

- **verbal self-experience and relatedness** - supervisees (infants) can now share their ideas of self-experience and have a capacity for abstract observation; they are now competent practitioners, self-supporting and self-reliant, and may have become supervisors themselves.

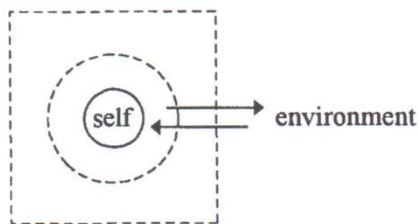


Figure 22: Emergent Stage (Evans 1998 p. 290)

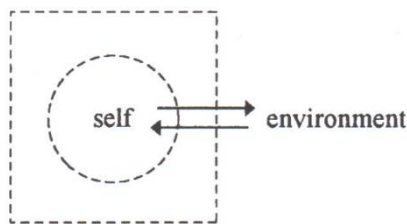


Figure 23: Adaptive Emergent Stage (Evans 1998 p. 291)

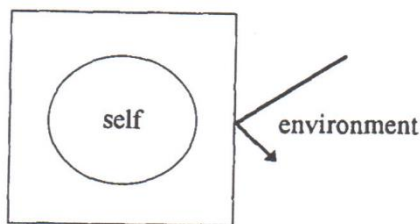


Figure 24: Compulsive Self-Reliant (Evans 1998 p. 292)

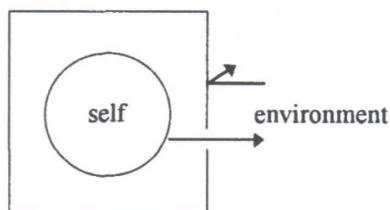


Figure 25: Compulsive Caregiver (Evans 1998 p. 293)

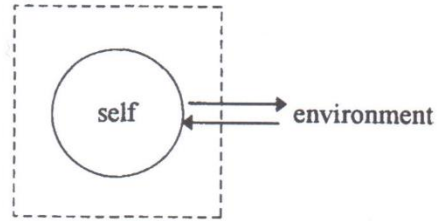


Figure 26: Healthy Core-Self Relational Position (Evans 1998 p. 293)

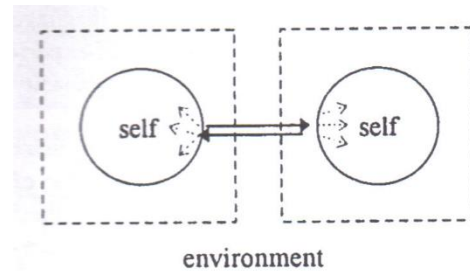


Figure 27: Intersubjective Stage (Evans 1998 p. 295)

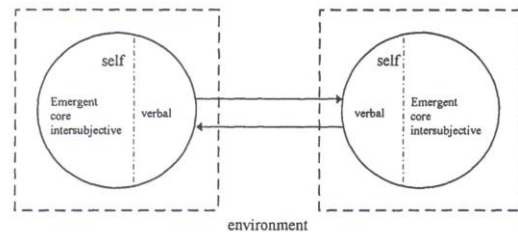


Figure 28: Verbal Stage (Evans 1998 p. 296)

## Unconscious Processes

### Parallel Process

Parallel process was first described by Searles (1955), who referred to it as *the reflection process*. Although not a TA concept, it is invaluable for drawing our attention to underlying dynamics within a process, and it is mentioned here because it can provide so much insight into other aspects of the supervisory relationship. It refers to the phenomenon whereby dynamics between people are repeated between others. It often happens that practitioners react to clients in just the way that the client is reacting to their own contact. For example, "my colleague is so obstinate" may have the practitioner thinking "this client is so obstinate", and then the supervisor thinks "this supervisee is so obstinate". Clarkson (1991) suggested that it consists of projective identification resulting from "mutually interacting hypnotic inductions which occur out of awareness in the form of ulterior transactions." (p.174).

Usually diagrammed with an infinity symbol, in Figure 29 we show this rotated into a vertical position to make the point that a parallel process may 'go in either



direction' - practitioner and supervisor may repeat the dynamics of the client with others, or the dynamics of the supervisor may be transferred via the practitioner to the client, hopefully because the supervisor is modelling a more appropriate way to behave. It is always possible, of course, that the dynamics of the practitioner may become paralleled by the supervisor and by the client.

Parallel process shows up within organisations, where the dynamics between managers may be repeated between their teams – when the managers of finance and marketing are in conflict – in private – their teams somehow sense this and also get into conflict. When teachers in schools are feeling ignored by the head teacher, the pupils will feel ignored by their teacher.

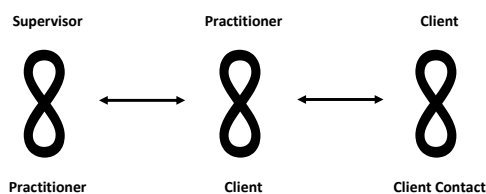


Figure 29: Parallel Process

### Transference and Countertransference

I (Hay, 2009) have simplified material on transference by authors such as Novellino & Moiso (1990), Clarkson (1991) and White (1998) into the formats shown in Figure 30. The following examples may be as a result of a parallel process that emerges from the client or the supervisor but may instead be the result of the practitioner's script issues. Either way, it makes sense for the practitioner to consider the possibility of transference and countertransference before engaging in a supervision session – there is a shared responsibility for the supervisory process.

**Concordant transference** – there is a risk that those of us engaged within the TA community may assume that we are all very similar because we have a shared set of TA principles. We may even choose our supervisor because of perceived similarities, and hence lose the opportunity of the learning that might come from interacting with someone different.

**Competitive transference** – if you believe that you are already a very experienced practitioner, you may be unconsciously competing with the supervisor, particularly if you feel that they are telling you what to do with your client rather than helping you to reflect and analyse. Alternatively, you may feel competitive about proving that the kind of clients you are working with are much more challenging than the clients your supervisor may be used to.

**Conflictual transference** – within a professional context, the supervisor is in a position of authority because they have a responsibility to ensure that you

are complying with professional norms. This may lead to an attempt at rebellion (your Child against the supervisor's Parent) if you feel that they are somehow telling you what to do. If you are an experienced practitioner from a different approach (e.g. a management consultant with a psychotherapist supervisor) you may instead attempt to occupy the Parent position yourself, especially if you think that they have had less experience, or less relevant experience, than you as a practitioner.

**Co-dependent transference** – this is probably the most common transference to occur within supervision. The supervisor may well be more experienced than you (and not just as a supervisor), they will have already passed some of the professional exams, they may also be older than you, and they probably know more people within the TA community than you do. It is very easy to project onto them the face of a teacher when you were a child at school, or indeed any other authority figure, and then expect that they will take care of you and your needs. The opposite may also occur if you are a very experienced practitioner and they are a beginning supervisor, or a supervisor who is learning how to give supervision in a field of practice in which they have not worked themselves.

### Projection and Projective Identification

Projection and projective identification are similar to transference except that instead of relating to each other, the client projects their own experiences or feelings at an unconscious level into rather than onto the practitioner, who may then identify with those experiences or feelings.

Stark (2000) writes that "Projection is an intrapsychic mechanism and, as such, requires the presence of only the projector; the therapist is not a participant in the patient's internal drama. Projective identification, on the other hand, cannot exist in a vacuum and requires the presence of both the projector and the recipient; the therapist is now very much involved as an actual participant." (p.265). For example, a client may project their own feelings of incompetence by claiming that the practitioner is incompetent, although the practitioner knows they are being competent. With projective identification, the practitioner will actually feel incompetent (even though they are not).

Hargaden & Sills (2002) write ". . . projective identification . . . is a more intense type of transference particularly needed by patients where there has been significant fragmentation in the early development of the Child ego (C<sub>0</sub>)" (p. 50).

### Comparative Script System

One of the risks for a practitioner is that client material will trigger our own issues, and we may unwittingly respond in a way that has more to do with our own



	<b>Project self</b>		
<b>Have problem in relating</b>	<b>Competitive</b>	<b>Concordant</b>	<b>Appear to get on well together</b>
	<b>Conflictual</b>	<b>Co-dependent</b>	
	<b>Project someone else</b>		

**Figure 30: Transference Formats (Hay, 2007 p. 16)**

needs than the clients. Sills & Mazzetti (2009) presented the comparative script system as a tool for supervisors, commenting in their abstract that it could be useful as "... a framework for focusing on the key issues in supervision; a practical instrument for understanding and visually representing transference-countertransference dynamics; and a clarification of the boundary between supervision and therapy." (p.305). Based on a previous article published within the UK by Sills & Salters (1991), the version by Sills & Mazzetti shows the diagram for the comparative script system as a circle divided into quarters containing a sequence of: A – repetitions of the dynamics of original experiences and events; leading to B – meaning making, assumptions about self, others, and the world; leading to C – patterns of thinking and feeling, expectations and imaginations; leading to D – observable behaviour and communication style, which in turn leads back to A. They indicate that D is how we interact with others, and that a stimulus enters C to start off the sequence. They also label A and B as the Past – There and Then, whereas D and C are labelled as Here and Now.

Sills & Mazzetti suggest that the diagram can be used in supervision, giving an example based on a client's script system with A as a bleak, friendless childhood; leading to B where the belief is that others have fun and I am alone; leading to C where the pattern is to

feel envious and alienated; leading to D where the observable behaviour is passive and the client does nothing and withdraws. They also suggest that two mirror-image circles might be drawn, with details entered for the client and the practitioner, as a way of exploring similarities and differences, and considering how that might impact on the way the practitioner is working with that client. If drawn for several clients, it might also indicate particular areas for development of the practitioner. They comment that the supervisor should not address any of the details about the past but I have proposed (Hay, 2014) that this restriction is unnecessarily cautious provided the supervisee is able to discuss their own script issues without regression.

Figures 31 and 32 show the original Sills & Mazzetti diagrams. Tables 4 and 5 comprise an example showing the before and after supervision versions of the comparative script system applied to a client receiving relationship counselling.

### Dual Relationships in Supervision

Cornell (1994) reviewed previous literature on dual relationships, pointing out the increasing struggles at that time with issues related to professional ethics and liability, and a growing tendency towards conservatism and rules whereas the ITAA had sought to avoid rules while still providing guidelines and principles.

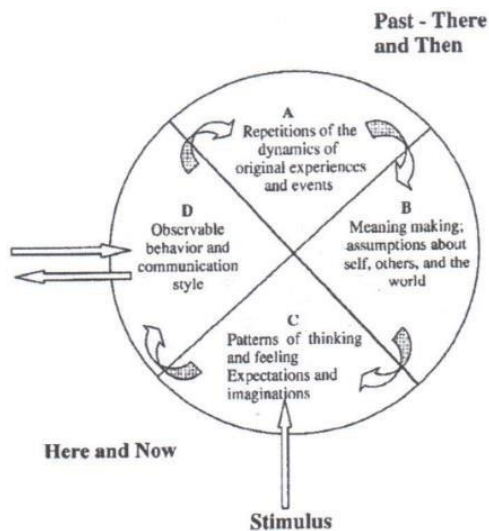


Figure 31: Comparative Script System (Sills & Mazzetti, 2009 p. 306)

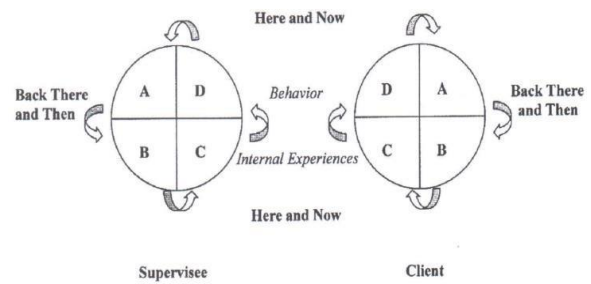


Figure 32: Mapping the Field (Sills & Mazzetti 2009 p. 309)

<p>A: repetitions of dynamics of original experiences and events</p> <p>B: meaning making: assumptions about self., others and the world</p> <p>C: patterns of thinking and feeling: expectations and imaginations</p> <p>D: observable behaviour and communication style</p>	<p>(psychologically) violent father, 'unaware' mother – I felt rebellious and hated him</p> <p>He's bad; I'm OK, They're not OK, Get rid of (Ernst 1971)</p> <p>with this client: can't decide what to think or feel, invited to nurture and also to persecute; wondered if client really unlucky with so many problems or is she fantasising</p> <p>2<sup>nd</sup> husband alcoholic (like hers), made him leave when he became violent, did not take him back</p>	<p>violent father , submissive mother – client felt rebellious and scared</p> <p>I'm bad; I'm not OK, They're not OK, Hopeless (Ernst 1971)</p> <p>overwhelmed, expect others to be violent, feel Victim, Hindu belief of being punished for previous life</p> <p>rebellious by marrying out of caste, husband violent, made him leave but took him back</p>
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Table 4: Example of comparative script system before supervision

<p>B: meaning making: assumptions about self., others and the world</p> <p>C: patterns of thinking and feeling: expectations and imaginations</p> <p>D: observable behaviour and communication style</p>	<p>My father had PTSD from WWII; my mother was dealing with many pressures without support</p> <p>still not sure how much client says is true versus fantasy; this could be because we shut down in the face of extreme stress</p> <p>checked that her process of coming to terms is not a familiar pattern for her; emphasised that she can return to counselling in the future</p>	<p>My father thought I was capable so expected me to manage, I can recall happy memories of him</p> <p>I have come to terms with the problem, have stopped expecting others to change, have supportive family including aunts and daughter and nieces</p> <p>asking for support, stopped obsessing about the state of the house</p>
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Table 5: Example of comparative script system after supervision

Cornell also pointed out that the ITAA code of ethics was written in terms of relationships with clients whereas we need to consider also relationships with trainees.

Cornell described how in the early years of TA training, there were typically multiple relationships. That was my experience also - it was difficult to ensure clear separation of roles when there were so few people practising TA within a country – and similar limitations still exist in various parts of the world.

Cornell refers to six approaches to professional development defined by Hess (1980), to which he adds ongoing clinical supervision. The six include lectures and teaching, where there are unlikely to be issues if supervisees attend. Case reviews within an agency situation may be problematic because supervisees may risk exposure and judgement by peers and senior staff. Peer supervision works best when the participants are equal in role and status but can be limited by informality. Monitoring, such as on behalf of an agency or a professional association, involves a particular style of supervision which Cornell suggests is incompatible with a friendship or a therapeutic relationship, although he does not mention that TA supervisors all have a monitoring role that potentially clashes with the more developmental functions of the supervisory role.

The most relevant when we consider dual relationships within supervision are Cornell's addition of ongoing clinical supervision, and therapy. On supervision, Cornell writes "There is a strong quality of mentoring in these relationships, and a deep trust and mutual regard evolves between the supervisor and supervisee. In-depth personal supervision always evokes the atmosphere of a therapeutic relationship. However, the primary focus of attention for the supervisor is on the diagnosis, clinical understanding, adequate treatment, and protection of the supervisee's clients. The supervisee will likely experience feeling anxious, inadequate, confused, embarrassed, dependent, angry, or other unpleasant reactions.... The implications of dual relationships resulting from social or therapeutic activities need to be carefully considered and openly discussed. It is my view that any business or sexual relationship is completely incompatible with a supervisory relationship." (p. 28).

When commenting on therapy, Cornell writes that "It is not uncommon for supervisees to want to use the supervision as a vehicle for their personal therapy, centring it more on themselves and their own feelings and difficulties than on the problems and needs of their clients. The danger arises when the therapist's needs are not clearly identified as the overt focus of supervision and if a more client-centred supervisory structure is not also provided." (p. 29).

Bader (1994), writing in the same issue of the TAJ, pointed out that codes of ethics of non-TA associations (in the USA) were likely to prohibit some of the dual relationships that were typical within TA. She pointed out that many TA training programmes integrate therapy and supervision by the same trainer, and that she had herself had excellent training experiences in this format. For her, the "central questions should be: Is this relationship exploitative? Does it impair judgement? Focus is most meaningfully put on the *question of exploitation*, (italics in original) not on the question of duality." (p. 66). She went on to point out that most participants in TA training programs for advanced certification are informed consumers, who are usually held to the same standards as the trainers, and are therefore likely to be competent and knowledgeable enough to consider the risks involved and to make an informed choice.

McGrath (1994) suggested the application of moral principles for making decisions about boundaries. She quoted Thompson (1990) and Kitchener (1984) for the principles of "... nonmaleficence (do no harm), beneficence (promote good), fidelity (keep promises), justice (be fair), and autonomy (promote self-determination), together with the principle of universality (avoid special or self-serving situations)... (Haas & Malouf 1989)". (p.8). She went on to add that Kitchener's (1988) role theory can be helpful through the consideration of areas: where discrepancy between roles increases, such as the incompatibility of the expectations between roles; where there is discrepancy between obligations associated with different roles; and where there is some differential in power and prestige between the parties involved.

Clarkson (1994) referred to increasing preoccupations with issues related to dual relationships, boundaries, and real or possible transgressions of these boundaries. She expressed concern that avoiding dual relationships had perhaps already gone too far, pointing out that psychotherapy involves multiple relationships relating to past, present, potential, historical and actual, and is therefore a much more complex field than ethical codes could ever hope to encompass. She also pointed out that many of the originators of psychoanalysis, analytic psychology and psychotherapy in general were involved in dual relationships with their patients that would nowadays be considered unwise if not unethical. She proposed that it is impossible for most psychotherapists to avoid all situations in which multiple roles might exist, that it is unfair to require trainees to achieve what most experienced psychotherapists know is impossible, and pointed out how at an annual professional gathering of those meant to be avoiding dual relationships, she could identify her current analyst, current supervisor, a current supervisee, the wife of a current client, the ex-

wife of a colleague, several clients, a colleague on whose ethics board she had sat, etc. She added that if professional organisations were to truly prohibit dual relationships, then anyone still in therapy and/or supervision should not be organising conferences, publishing newsletters, or engaging in elections (or at least being voted for by some people).

Clarkson concluded by recommending that we develop “countertransference awareness, methodological tools, and conceptual and moral facility in what I call “role fluency” as an alternative to rigidity. Role fluency refers to the competent ability to exercise appropriate, different roles in different situations with the same people. We should train and supervise with the realistic vicissitudes of the single-role therapeutic relationship in mind and not hold out an ideal state as normal or achievable. We need to equip ourselves and those we train to deal with rather than avoid real life and its impingement on the therapeutic frame. This is, of course, not to say we should not do everything in our power to avoid the misuse of dual-or multiple-role relationships.” (p. 37)

Sills & Mazzetti (2009) adopted a different view to Cornell and Clarkson. “We think that an important issue in training supervisors is to define a clear boundary between supervision and therapy. We are aware that supervision can have (and often does have) a therapeutic effect for the supervisee, but this is not the goal of supervision and should not be pursued by the supervisor ... In our practices, we support clearly differentiating between the supervision setting and the therapeutic one, including avoiding the dual relationship of acting as both supervisor and therapist – even in different settings – with the same person. This boundary clarity promotes professionalism and protects supervisees from the potential harm arising from a relationship that attempts to be therapeutic and yet also normative, educative, and evaluative.” (p.305).

## The Fields of TA Application

ITAA and EATA currently operate on the basis of the same Handbook, which contains descriptions of the four fields – psychotherapy, organisational, educational, counselling - in a way that clearly indicates that the requirements, in terms of standards and hours of professional application, training and supervision, are the same and only the practice is different.

It is interesting to note that Cornell, De Graaf, Newton & Thunnissen (2016), in the book they have edited, include a Section 2 entitled Practice within which they refer to psychotherapy, counselling and coaching, management and organisational development, and learning and personal development – presumably these are meant to be how they view the

psychotherapy, counselling, organisational and educational fields respectively.

Grégoire (1998) suggested we regard the boundaries between the fields as ‘envelopes of coherence’ so that we can avoid defining fields by contrasting them with each other. He uses another metaphor to explain this metaphor – the boundary of a tennis court is defined by the rules of tennis and not just by the physical existence; tennis and volleyball courts share a large common surface but are different in other respects; and the rules of tennis and volleyball are different so that you cannot play both of them at the same time.

Grégoire goes on to propose criteria for the envelope boundaries:

1. The goals – which must reflect the goal of the specific field, and exclude goals that belong under the other fields. He goes on to state that personal change can only be the primary goal of a therapy contract, and can only be a means or a consequence of the primary goals in terms of educational, organisational, counselling or training objectives. This seems an interesting and somewhat limiting view of how TA can be applied in different contexts.
2. The interventions – where the important characteristic is the protection provided; short-term relationships give less protection than long-term; fostering a climate of self-revelation must be limited when co-workers are present.
3. Avoiding unnecessary dual relationships – especially when a role involves a significant transference component, such as “... therapist, social worker, caretaker, superior, teacher, and so on.” (p.318).

Grégoire concludes that there are techniques that should be used only in therapy, if they “would not fit with any nontherapeutic contract or relationship (first criterion) or where the kind of protection that one finds only in the therapeutic setting is required (second criterion), such as during interventions that reveal the Child ego state (age regression or the evocation of parental figures of a younger age; e.g., “Be 7 years (sic) and speak to your father”) or cause abreaction...” (p.319).

He accepts that “profound personal change, including script change, takes place in supervision, education, counselling, and organisational development as well as in daily life. The supervisor, the teacher, or the change agent can validate and welcome what he or she sees as the beneficial result of his or her own behaviour, congratulate the client for the results achieved, and congratulate himself or herself on it.” (p.320). It is worth noting at this point that Grégoire’s TSTA accreditation is in psychotherapy.



## Common Competencies

Some years ago I (Hay, 2004b) proposed that the current division into four different fields of TA is unhelpful, based as it is on different groups having proposed specific sets of competencies. This is even more incongruous when we consider the research findings about common factors (Lambert & Bergin 1994) and the dodo bird concept (Rosenweig 1936), which all point to the fact that the practitioner and the relationship with the client are highly significant and the particular theoretical backgrounds and specific approaches are of less importance.

Whilst preparing to obtain university accreditation for a TA programme, I combined the four sets of competencies into one set that would apply to any transactional analyst. For me, what is different is the type of evidence that can be seen – for example, ‘available for intimate contact’ might be evidenced by sharing in any field but may require that the way the practitioner ensures suitable opportunities occur will vary depending on the context – the appropriate sharing may be readily available during one-to-one contexts such as psychotherapy, counselling or coaching, but one-to-one encounters may need to be ‘invited’ within other contexts, such as during coffee breaks when running organisational interventions, during recess in classroom situations, through individual sessions with clients in family therapy, and sometimes even through individual sessions for clients in therapy groups.

I propose that CTA exams might be amended to run in a similar way to the exams for TSTA, in that everyone would take a basic examination that confirmed that they exhibit the necessary theoretical, professional, and ethical (TPE) characteristics to be regarded as a transactional analyst. This would be followed by shorter examinations where the candidate could present their evidence of working competently in a particular context, or in a series of such contexts. Having passed the original TPE exam, they could return as often as they wished to undertake further examinations to demonstrate additional contexts in which they can work competently.

I have also suggested that a start might be made by dividing the existing fields into some obviously different approaches. Hence, Counselling might be considered as separate applications of counselling versus coaching/mentoring. The Organisational field might be subdivided into providing training versus consulting – my own lengthy organisational experience had involved consulting to an organisation, then providing supporting training events, followed by one-to-one coaching of participants to help them apply what they had learned during the training, in order for the organisation to get the benefit of the change that had been defined during the consultancy. The educational

field already covers some clearly separate contexts, such as teaching children in schools, adult education in terms of life skills, parenting skills including with foster and adoptive parents, and work with migrants/refugees. When it came to psychotherapy, I hesitated at that time to suggest any divisions for a field in which I was not qualified; now that I am, much of my psychotherapy experience was with inmates in prisons, which also meant working with trauma and violence, whereas other psychotherapists have specialised in working with children where additional qualifications are required in the UK, with addicts, with families, with refugees, or with the victims of violence rather than with the perpetrators (although many perpetrators turned out to have been victims in their childhoods).

## Channels of communication

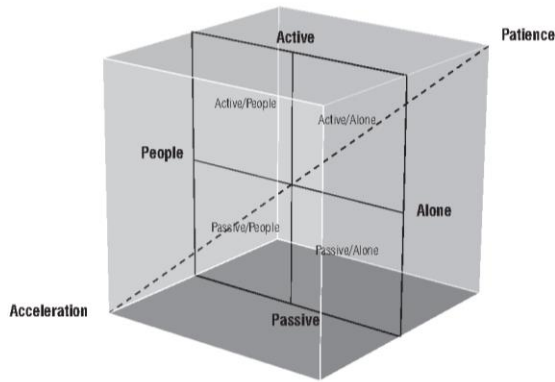
To conclude, I present one final model that represents a bridge to contact: Hay’s (1995, 2001, 2009) AP<sup>3</sup> (named because the three axes are each labelled with A and P). I routinely emphasise that my material is a simplification of Kahler’s (1979a, 1979b) work and hence the framework should be used tentatively, although when people are very stressed their characteristics tend to become more pronounced and this means that our categorisation of someone is more likely to be correct. Hence this makes a useful framework, especially for the layperson, to enhance their chance of choosing the most appropriate channel when they initiate contact with someone new – and hence creating a bridge across boundaries.

As shown in Figure 33, I illustrate with a three-dimensional shape of a cube, with three axes of which one is measured from top back corner to bottom front corner as this better represents the empirical evidence than it would if that dimension was simply drawn from front to back through the centre. I have amended and added to Kahler’s original dimensions so that each began with the same letters to form a memory aid (in English):

- **active – passive** – do we initiate contact and move towards people and goals – or do we respond to contacts initiated by others and goals that ‘emerge’?
- **alone – people** – do we prefer to be, or work, alone – or would we rather be functioning within a group of people, perhaps as the central figure?
- **acceleration – patience** – do we prefer to do things quickly, perhaps even with ever-increasing speed – or do we like to take our time, doing things slowly and carefully?

I go on to summarise what I refer to as the ABC – Appearance, Behaviour and Channel (of communication) and the Preferences – which type of strokes best motivate,





**Figure 33: Perspective of the Assessing Cube – AP3 (Hay, 2009 p. 191)**

the likeliest working style/driver, and the preferred leadership style. Caution is needed about putting people into boxes; nevertheless I suggest that we can

think in terms of 4.5 styles, as shown in Table 6 where the Acceleration dimension represents Hurry Up working style.

The more ‘clues’ we notice, the more confident we can be about our categorisation of someone; this will allow us to communicate in terms of the sequence of doors to therapy suggested by Ware (1983). These have been added to Table 6. Talking about someone’s behaviour will be a trap if we do this with someone who is Active/People or Active/Alone – these are likely to have Please People or Be Perfect drivers respectively and will therefore be at risk of hearing comments about their behaviour as indicating that they have failed to please or failed to be perfect. The trap for Passive/People, who are likely to have Try Hard driver, is that they will engage in tricky thinking and seek to use logic to maintain their defences. The Passive/Alone style, with Be Strong driver, are likely to struggle to be able to talk about their feelings.

<p><b>Active/People</b>  <i>Appearance:</i> colourful, jewellery  <i>Behaviour:</i> initiate contact with group, talk about person  <i>Channel:</i> A nurturing Parent-Natural Child  <i>Strokes to motivate:</i> about the person  <i>Working style:</i> Please People  <i>Leadership style:</i> Caring  <i>Doors to contact:</i> feeling, thinking, behaviour</p>	<p><b>Active/Alone</b>  <i>Appearance:</i> business stress, smart, classical  <i>Behaviour:</i> initiate contact with 1 or 2 people, talk about work  <i>Channel:</i> Functional Adult – Functional Adult  <i>Strokes to motivate:</i> about performance  <i>Working style:</i> Be Perfect  <i>Leadership style:</i> Consulting  <i>Doors to contact:</i> thinking, feeling, behaviour</p>
<p><b>Passive/People</b>  <i>Appearance:</i> unusual, idiosyncratic  <i>Behaviour:</i> wait to be drawn into group, talk about hobbies (including work)  <i>Channel:</i> Natural Child-Natural Child  <i>Strokes to motivate:</i> about play (such as hobbies or exciting work projects)  <i>Working style:</i> Try Hard  <i>Leadership style:</i> Connecting  <i>Doors to contact:</i> behaviour, feeling, thinking</p>	<p><b>Passive/Alone</b>  <i>Appearance:</i> do not care about appearance  <i>Behaviour:</i> wait to be spoken to, prefer to have a task to do  <i>Channel:</i> Controlling Parent – Adapted Child  <i>Strokes to motivate:</i> minimal politeness  <i>Working style:</i> Be Strong  <i>Leadership style:</i> Controlling  <i>Doors to contact:</i> behaviour, thinking, feeling</p>
<p><b>Acceleration</b>  <i>Appearance:</i> may be like any of the other styles  <i>Behaviour:</i> moves and talks quickly  <i>Channel:</i> may be any as long as fast  <i>Strokes to motivate:</i> for productivity  <i>Working style:</i> Hurry Up  <i>Leadership style:</i> Concise  <i>Doors to contact:</i> will depend on any similarities to the other styles</p>	

**Table 6: AP3 Summary - amended from Hay (2012 p. 192 and 193)**

On the other hand, asking a Please People about how they feel will seem natural to them, talking to a Be Perfect about their thinking will seem appropriate to them, interacting about their behaviour in terms of playfulness of hobbies or work will match the inclinations of a Try Hard, and telling them what behaviour you expect of them will be regarded as a reasonable interaction by someone with Be Strong. What I refer to as the half style, of acceleration, is someone with a Hurry Up style, who may well respond to any contact door, or channel of communication, provided that the speech is fast enough.

## Concluding Comments

This paper began life as some notes in preparation for making a presentation at a conference, based on a topic that had been requested by the participants. At the same time, I noticed that boundaries and bridges were featured as topics for several conferences: boundaries was the topic for the 2017 TA World Conference organised by ITAA, EATA, FTAA and DGTA and this stimulated a special issue of the *Transactional Analysis Journal*; it was clinical boundaries for a recent Cumbrian TA Association event; as I was presenting my material, the *South Asian Journal of Transactional Analysis* published an issue on relationship boundaries; and a search via Google for bridges and boundaries generates many options.

As I pulled together the material, it became apparent to me that just about any TA concept can be applied to the notion of boundaries and bridges. What I have included here are the ones I am most familiar with – I have been teaching many of them to a variety of individual, group and organisational clients since the 1970s and to students of TA since the 1980s.

You will have seen that I went back and added material about power after this was prompted by a helpful reviewer – however, I have stopped after that because otherwise I suspect that I could go on adding more concepts ad infinitum. I welcome feedback from readers about any omissions or potential additions, and apologise to any authors whose material I have missed or misinterpreted.

Much of what I have written has already been included in handout workbooks I produce to accompany my international workshops and webinars; because IJTARP is open access, I encourage you to do likewise and share the information with others, whether you do that as the complete article or by extracting whichever parts you think will be most relevant for particular clients.

Rainer Maria Rilke (1875-1926) wrote:

*I live my life in widening circles  
that reach out across the world.*

Through physis (Berne, 1968) hopefully we can all widen our own and others' circles.

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## Book Review: *This is me! Becoming who you are using Transactional Analysis* by Lieuwe Koopmans

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Lieuwe Koopmans (2017) *This is me! Becoming who you are using Transactional Analysis* Hertford: Sherwood Publishing - 118 pages pbk/ebook

Reviewed by Cathy McQuaid

One of the first things that struck me about this book was the bright red cover, very eye catching, and second was the size of the book, almost a pocket book in terms of being 120 pages in length. I had a sense of it being easily accessible and from the engaging stories knew I was in for a treat.

I also noted that the book comes with endorsements from within the TA community: a Foreword by Julie Hay TSTA (Organisational, Psychotherapy, Educational) and back cover endorsements by Trudi Newton TSTA (Educational), Sandra Wilson TSTA (Organisational) and Graeme Summers CTA (Psychotherapy).

This book is for anyone who wants to know more about themselves and why they may be stopping themselves from reaching their own potential. It is excellent for clients, in any field of application. Koopmans uses himself throughout the book, via his own personal stories or through his work with his clients. The book is well written, easy to read and the numerous examples throughout bring the theory alive. Throughout the reader is presented with a variety of questions to help them identify their own processes and what may be hindering them reaching their potential.

The book is structured like a play, with acts, chapters and numerous players, including the reader, and with a Prologue, First Act, Second Act, etc. Each Act has chapters and some information for the reader to consider and questions are posed to the reader inviting them to discover more about their history, reasons for creating their own mask, for their life choices, discovering relationship patterns and what the reader can do to turn their life around. There are 'Sources of Inspiration' for those who want to learn more, a brief

introduction to the history of TA with information on training in TA, a useful glossary of TA concepts, and 'proper' references back to originators for the TA and non-TA concepts mentioned in the book.

The Prologue begins with three brief cameos, Carl, Caroline and Christine, illustrating how each tell something of their life story, something that has previously been hidden from others, and the response that they get from the 'other'.

Koopmans continues that we all have masks to cover up who we truly are perhaps because we have a notion that somehow, we are not good enough or acceptable. Numerous TV programmes let us know that with a makeover or 'quick fix' we can live happily ever after and so this adds pressure on some people to let others know how well they are doing, but it also means that others may gloat over someone else's misfortune, hence the popularity of certain clips on YouTube or TV programmes like 'Jeremy Kyle' that expose and open to ridicule people who are vulnerable and yet who also want their 10 minutes of fame. There is permission to be voyeurs of the self-destruction of others, after all "they volunteered to be on the programme," whilst at the same time those watching can feel smug that although their life isn't perfect at least it's not as bad as those on the TV.

We are introduced to Jung's differentiation between a 'perfect life' and a 'full life'. In the perfect life some parts of us must be denied, anything other than perfection must be covered up whereas a full life allows for everything to have meaning. We are invited by Koopmans to use the book to help us get a full life, discovering previously hidden aspects of our personal history and consider how this may impact on our current behaviour.

'The First Act: The unspoilt life' - firstly invites the reader to consider what motivates them and asks 'What do you want to achieve: professionally? In your private life: with your family or friends? In your leisure time, hobbies or sports? A further question 'Have you

set any goals for yourself or do you harbour any secret desires?' is also posed. There is then an introduction to 'physis' and the six drives that encourage us to grow. A case example is given of 'Annette' who is invited to draw an outline of an aquarium and to draw rocks in it that illustrate the main values in her life, she then adds in other values (rocks) of different sizes that denote their importance to her and her life. The reader is then invited to create their own aquarium and to consider whether it is a true reflection on their current life.

The next chapter looks initially at bonding and then child development, each stage is illustrated with examples from early childhood and from later stages in life. The questions for the reader invite them to consider what stage of development they may be at in work, in their private life and whether they may be stuck in more or more stages.

'Second Act: Masks and Make-up: the camouflage of life' introduces the reader in Chapter 3 to the structural model of ego states. Each ego state is explained and illustrated with examples which are easy to read and thought provoking. Again, questions are posed throughout inviting the reader to consider their own ego states.

Chapter 4 continues with an introduction to the functional model of ego states and how we may communicate with others from the different ego states. This leads into an introduction to transactions and transaction patterns. Numerous questions are posed inviting the reader to really 'play with' the theory and observe how they may look and behave differently depending upon what and how they may say something.

Chapter 5 takes a good look at the Adult ego state, offers the reader a magnifying glass look at the Adult which reveals five behaviours: Structuring, Nurturing, Accounting, Cooperative and Spontaneous. The reader is invited to reflect on a previous example and decide which of these behaviours they were applying. There is a short interlude with an introduction to the Unconscious Incompetence model of learning; this is a great addition and gentle reminder that when learning something new there is a potential for awkwardness and possible shame. The example offered is, when learning to drive a car, how we may go from not knowing anything about driving a car, to the first driving lessons and sense of being clumsy, to being able to drive competently but it still needing 100% effort, to finally driving automatically.

'Third Act: Life Script' introduces the reader in Chapter 6 to the concept of Life Script and to the Script circle, something I had not heard of before. The circle consists of a number of recurrent steps: Experience, Interpretation, Conclusion, Conviction, Behaviour,

Reaction, Decision, Behavioural Pattern, Reaction, Pay-off and back to Interpretation. The reader is invited to create their own script circle based on an experience they have had or an important decision they have made regarding who they want to be in life. The reader is then asked to review their experiences and whether alternative decisions were available, with the aim of helping the reader to gain a different perspective. Loyalty is discussed and examples are given to illustrate how loyalty is the bedrock of script.

Chapter 7 brings in the various components of Script. Koopmans describes the messages children receive as akin to road signs that we see daily. Permissions are introduced as are Injunctions. The injunctions are each illustrated with an example and the reader is encouraged to consider that injunctions they may have. This is followed by Drivers, again each is explained in layman's terms and an example given to bring the theory alive and the reader asked to identify their own driver behaviour. There is then a link back to one of the cameos mentioned in the prologue where Carl is able to identify his injunctions, drivers and permissions.

'Fourth Act: How the Script is developed' leads in Chapter 8 with the significance of strokes, the types of strokes and how we may deal with strokes in life, the stroke economy and then moves into time structuring. Each stage of time structuring is explained and an example given to bring the theory to life. The chapter ends with questions for the reader to consider in terms of their own time structuring and level and types of strokes.

Chapter 9 focusses on the significance of emotions, the link between emotions and script and rackets. What is often regarded as the core emotions e.g. fear, anger, sadness and happiness are explained and the reader invited to consider when they last experienced that particular emotion, to identify the cause, their need at that time, what they did and what happened. Racket feelings are then explored, the reasons for their origins and how to work with rackets. This chapter ends with a brief update on Caroline, introduced in the prologue, and her time structuring, strokes and emotional patterns.

Chapter 10 is about the possibility of change or 'how to remove the make-up'. Autonomy is explored along with awareness, intimacy, spontaneity and integrity and the reader is invited to recall a time when they have been autonomous. The chapter moves on to discuss redecisions and how a redecision is possible, the case example of Gus brings the theory and process of redecisions to life. As usual the reader is invited to create an action plan for their own redecision process. The chapter finishes with an exploration of working with drivers and injunctions and contains

some recommendations for dealing with each of the drivers.

'Fifth Act: Getting the show on the road' starts with Chapter 11 Windows on the world (the OK Corral), and moves to Chapter 12 Transference, Chapter 13 Games, the drama triangle and the winner's triangle and Chapter 14 Symbiosis. Each concept is explained and illustrated with examples. Although the concepts increase in complexity they are explained in layperson's terms and again the examples are easy to follow and understand. Throughout the reader is encouraged to identify their own patterns, transferences, games and drama triangle positions. Interestingly Koopmans also introduces the role of the Bystander, a role that I think is often missed when

considering what role(s) we may play in a game process. The chapter concludes with an update in Christine, introduced in the prologue.

'Epilogue: About the free choice for development' begins with Chapter 15 connecting to vital energy (physis) and the courage to live (thymos) and the reader is asked whether there is anything that is preventing them from doing what they really would like to do. They are then encouraged to 'un-cover' their own answers. The chapter ends with the words 'tick, tick tick, tick' meaning the clock of life is ticking away, don't wait until it's too late! Koopmans also suggests '... take off our masks, take off our make-up and get up on the stage, stand in the spotlights and say:

**'THIS IS ME!'**