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Contents

Editorial

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I am delighted that, as we publish our first issue during our 11th year of publication, we are including material from authors in Brazil, Guatemala, India, Italy, and Syria. This adds two more countries -Guatemala (via a Polish author who did some of his work in the UK) and Syria to Belgium, Brazil, China, Germany, India, Italy, Romania, Russia, Serbia, Sweden, Switzerland, UK and USA – a great international coverage. And I stopped counting when I identified 40 different countries (# see below if you are curious) with registered readers – and now we are totally open access there are no doubt readers in many more countries who are accessing the journal without registering.

In terms of Research articles, we begin with one from Syria by Alaa Morad. Although Morad had not had the opportunity to undergo advanced training in TA, she has clearly read extremely widely, has passed on what she has learned to many others including children, and has introduced us to many articles about TA that have appeared in languages other than English. She has also given permission for her entire PhD thesis to be published on our associated website – go to https://taresearch.org/publications/ - and Google translate does reasonably well with it if you do not read Arabic.

The **Research** articles in this issue continue with two from Italy, both with Enrico Benelli as a co-author - Benelli has provided many previous articles and is doing a great job of producing the necessary evidence for us to be able to claim the effectiveness of TA treatment.

Benedetti, Benelli and Zanchetta report on a project to develop a manual for TA treatment of burnout, including a three-dimensional heptagon that draws together seven symptom dimensions, a way of integrating this with the script system, and concluding with the production of Burnout Assessment Chart and a Burnout Assessment Interview Guide.

Guglielmetti continues the process of producing resources for others to use, in her case the development of a proxy-generated outcome measure for use with clients diagnosed with Illusory Mental Health because they are unable to specify the suffering

For **Practice** articles, we include another is our series of translations of material that has been published in Portuguese by UNAT – the TA Association in Brazil – this time by Adriana Montheiro about her thoughts linking TA to neuroscience and emphasising the importance of the body and emotions.

That is followed by two papers by Piotr Jusik, a Polish author currently in Guatemala, who is incidentally in contact with me in my role as Project Manager of the TA Proficiency Awards (see http://www.instdta.org/ta-proficiency-awards.html) because he is teaching TA to teachers in Guatemala – and succeeding online in spite of Covid-19. Like the paper by Montheiro, his articles have already been published – and the publisher has given permission for them to be re-published to bring them to the attention of a much wider audience. The first applies role concept to the differences between a counsellor and an educator within an educational context, and the second addresses the impact of strokes and games in learning groups.

We conclude this issue with a thought-provoking article by Mitra Indranil in India, where he invites us to consider TA and Spirituality, and suggests how we Indian philosophical system Vedanta might give us an alternative explanation of physis, autonomy and the Adult ego state.

Finally, I am pleased to announce that one of our articles has now been republished in Italian. Günther Mohr's article entitled Systemic Transactional Analysis Coaching: A Study of Effective Conditions, Consequences and Effects on Organisational Culture,

which appeared in English in 2014 (5 (2), 3-16 https://doi.org/10.29044/v5i2p3) has now appeared in Italian within a book edited by Ugo de Ambrogio and Gianluca Santarelli (2020) *Organizzazioni Agili e Analisi Transazionale.* Milan: Eureka!Servizi. You can see the Italian version at

https://taresearch.org/publications/

For the curious – country codes in email addresses of registered readers include: at, au ,be, bg, ca, cc, ch, cn, cz, de, es, fi, fr ,hr, hu, id, ie, in, ir, it ,jp, me, mk, mx, na, nl, no, nu, nz, pl, ro, rs, ru, se, sg, si, tr, uk, za plus edu and ac to indicate universities and of course .com for many inside and outside the USA. My apologies if I missed you – let me know . . . .

A Research Study into the impact on Emotional Stability of a Transactional Analysis Training Programme intended to develop increased levels of Adult Ego State in Adolescents in Syria

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Abstract

A research study is described into the impact on Adult ego state and emotional stability of 36 adolescent students (with 36 in a control group) of a training programme based on transactional analysis concepts run in a school in Damascus. An experimental battery of instruments comprised existing and new instruments including an Ego-State Wheel, an Ego State Problem-Solving Scale, an Ego State Measure, the Emotional Stability Brief Measure, and the Geneva Emotion Wheel. Results showed differences in Adult and Free Child ego states and emotional stability, and some differences between boys and girls on Nurturing Parent and Adapted Child ego states.

Key Words

Transactional analysis education, adolescence, Geneva Emotion Wheel, Ego-State Wheel, Ego State Problem-Solving Scale, Ego State Measure, Emotional Stability Brief Measure, Adult ego state

Introduction

Transactional Analysis (TA) has extended from its origins as a psychotherapeutic approach and now has wide application in organisational, educational and coaching/counselling contexts. Originally referring to the interactions, or transactions, between people, the term TA now encompasses a wide range of other interlocking concepts. Its use in terms of teaching it to young people is now well established and there have been various research studies published about its impact although none in Syria (Alsalhe, 2005- Iraq; Mahmoud, 2010 – Iraq; Seghati, Shafiabady, Sodani and Akbari, 2014 - India; Kulaskekara, 2015 - India; Keshavarzi, Azar, Mirnasab and Gargari, 2016 - Iran; Netrawati, Furqon, Syamsu Yusuf, and Nandang Rusmana, 2016 – Indonesia).

There is also an international scheme established referred to as the TA Proficiency Awards is TAPA), and

this operates for children and young people (TAPACY), for parents and caregivers (TAPACP), and for other groups associated with the development of children (Hay & Widen, 2015). Those responsible for the TAPA schemes also issue a Handbook of Teaching Suggestions (Hay, 2017) which formed the basis for designing a training programme for adolescents at a school in Damascus.

The decision to teach TA was also influenced by the need to develop the emotional stability of the young people. Whitley-Hunter (2016) sampled four studies that linked transactional analysis to what he referred to as emotional intelligence, using Mayer and Salovey's (1997) four-branch ability model of perceive, use, understand, and manage emotions. Steiner (Steiner, 1984; Steiner with Perry, 1997) has written of emotional literacy as the ability to understand one's own feelings and to empathise with others, and provides a self-help training programme. For this study we chose to use the term emotional equilibrium, as defined below as one of our research terms.

Rudolph (2002) has pointed out that the transition through adolescence is accompanied by biological, psychological and social challenges. Graham (2003) comments on the turbulent physical changes, energy levels, higher needs for sleep, activity, sexual relations, music, philosophical questions, attitudes and sexual identity, displays of rebellion, breaking of rules, and balancing of values or separating them from needs.

It was considered that emotional stability might be developed in young people through teaching them about transactional analysis, and particularly about ego states. The research study was set up so that there would be a control group; in this way it would be possible to use various measures (as detailed below under Methodology) and establish whether the

teaching of TA did indeed influence both emotional stability and the ego state patterns of the young people.

Literature Review

An extensive review of TA literature was conducted, as will be seen in the Bibliography. Guidance in terms of design of the training programme was also obtained from the Handbook of Teaching Suggestions for the international scheme of TA Proficiency Awards for Children (Hay, 2017).

It was concluded that the ego states are a conscious part of the personality, manifested through the behaviour of the individual, and affecting their feelings and thoughts. The ego states can be observed and measured, are adjustable and linked to mental health and personal maturity regardless of the age of the individual.

Material related to emotional stability is described below in the section about research instruments used. It was concluded that emotional stability, like ego states, is an essential component of personality, related to emotional, cognitive and behavioural structures. It requires constant movement to stay in balance, is formed as part of character traits in childhood, becomes semi-static in late adolescence but remains adjustable.

In terms of adolescence, it was concluded that it consists of three regenerative episodes that allow more extensive growth than the earlier childhood development of the Child, Adult and Parent ego states. Previously existing needs are increased and new needs emerge, the personality expands and becomes more coherent, clearer, changed and developed.

A previous study in Iran by Keshavarzi et al (2016) was of particular relevance, although in that case the measure used was the Regulation of Emotions Questionnaire, a self-report developed by Philips and Power (2007), although the same questionnaire was not used in this study.

Research Methodology

Research Terms

Transactional Analysis: " … is a social psychology developed by Eric Berne, MD (d.1970). Berne's theory consists of certain key concepts that practitioners use to help clients, students, and systems analyze and change patterns of interaction that interfere with achieving life aspirations" (ITAA, 2019). It is used in this paper to refer to the collection of concepts that were incorporated into the training programme provided for the young people.

Transactional Analysis Proper: this term is nowadays used to refer to analysis of interactions; the original use of the term by Berne was when he was identifying the 'transactions' in terms of which ego

states in one person are communicating with which ego states in another person.

Adult: Tudor (2003) describes what he refers to as "an expansive Adult ego state which characterises the pulsating personality, processing and integrating feelings, attitudes, thoughts and behaviours appropriate to the here-and-now – at all ages from conception to death. (p.201). This lines up with the definition from Kuijt (1978) who questionnaire was used: "The Adult ego state is characterized by an autonomous set of feelings, attitudes and behavior patterns which are adapted to the current reality .(p.5).

Emotional Equilibrium: Scherer (2005) defined emotion as "an episode of interrelated, synchronized changes in the states of all or most of the five organismic subsystems in response to the evaluation of an external or internal stimulus event as relevant to major concerns of the organism." (p. 679). For emotional equilibrium, or stability, we combined this with Halaweh, Willén, & Svantesson's (2016) reference to "the balance and control of emotions and deal flexibly with the situations and events of the current and new, which increases the ability to lead positions and others." (p. 7).

Adolescence: Makhoul (2003) defined adolsescence as "a period of comprehensive growth during which a person moves from childhood to adulthood. Adolescence is the stage of preparation for adulthood that extends from the second decade in the life of the individual, from the age of 13 to the age of 21 or a year or two later. (p. 266)

Research Questions

1. Does the training programme have a developmental impact on personality? Does it reflect on any of the ego states?

2. More specifically, does the TA element of the training programme lead to the development of Adult ego state and increased emotional stability of adolescents?

Research Hypotheses

That there will be statistically significant differences between the average scores of the experimental group students, in the pre-and post-tests, on the ego state and emotional equilibrium scales.

That there will be statistically significant differences between the average scores of the experimental and the control groups in the post tests of the ego state and emotional equilibrium scales.

That there will be statistically significant differences between the average scores for boys and girls on the pre-and post-tests of the ego state and emotional equilibrium scales, and that these will occur for the experimental and the control groups.

That there will be statistically significant differences between the average scores for students in the 8th (13 years) and 10th (15 years) grade on the pre-and post-tests of the ego state and emotional equilibrium scales, and that these will occur for the experimental and the control groups.

The null hypotheses are that any of the statistically significant differences described above will not occur.

Research Subjects

A random sample of 250 adolescents (150 boys and 100 girls) from two schools were invited to complete the Geneva Emotion Wheel and the Ego State Wheel (as described below). At the end of this process, 90 subjects (36 boys and 46 girls) were selected based on them having high and mid scores on the Geneva Emotion Wheel and high scores for Parent and Child and low scores for Adult on the Ego State Wheel (see below for descriptions of these instruments). These students were given an invitation to attend a training programme that would provide them with information about the questionnaire content. The intention was to have voluntary and enthusiastic participation in the pilot study. Students who had expressed an interest were given a brief idea of the purpose, duration and content of the training and were asked to discuss the decision with their parents.

Details of academic achievement for these 90 students were also checked to ensure that we had a mix of low, middle and high achievers. Later, some students were eliminated from the research results due to lack of pre- and post-tests.

As shown in Table 1, a sample of 72 students, aged 13-16 years, were included, and randomly assigned into matched experimental and control groups of 36 subjects each. The experimental group was further divided into three groups: 11 boys in early adolescence (11-14 years), 12 boys in middle adolescence (15-18 years), and 13 girls in early and late adolescence (11-14 years, 18-21 years).

The mixed ages for the group of girls arose because there were not enough in the same age group to form a group suitable for the lessons; it was also noted that the female group was quieter and more attentive than the boys during the sessions.

Research Tools

An experimental battery of instruments were used:

1. Geneva Emotion Wheel (GEW)

The Geneva Emotion Wheel (GEW) (see Scherer, 2005; Scherer, Shuman, Fontaine & Soriano, 2013) is a theoretically derived and empirically tested instrument to measure emotional reactions to objects, events, and situations. Designed by a well-equipped research group comprising experts from the Swiss National Research Center, the Swiss National Center for Emotional Sciences, and the German Karl-Benz Foundation, it is based on broad emotional terms expressed by individuals of different ages in German, French and English languages. GEW 3rd edition (Swiss Center for Affective Sciences, 2018), consisting of four axes with five phrases each), was used; agreement was given by the Swiss Center for Emotional Sciences to translate the Wheel into Arabic.

Respondents are asked to indicate the emotion they experience by choosing intensities for a single emotion or a blend of several emotions out of 20 distinct emotion families. The emotion families are arranged in a wheel shape with the axes being defined by two major dimensions of emotional experience: five degrees of intensity are possible, represented by circles of different sizes, with additional options of None - no emotion felt, and Other - different emotion felt.

GEW was used because the items cover the cross-cultural psychological variables identified by Tameh and Aghaei (2014), and are consistent with the distribution of emotions according to Chander & Chaturvedi's (2010) global emotional balance of measure in the United States on five axes: pessimism versus optimism, apathy versus empathy, dependence versus autonomy, anxiety versus calm, aggression versus tolerance).

The GEW was given to the 250 students before the project began, and again at the end to the students in the experimental and control groups.

Total	Control 36			Experimental 36		
	f	m	early adolescence born 2003-2004	f	m	early adolescence born 2003-2004
36	6	11		6	11	
36	7	12	middle adolescence born 2001-2002	7	12	middle adolescence born 2001-2002
72	13	23		13	23	

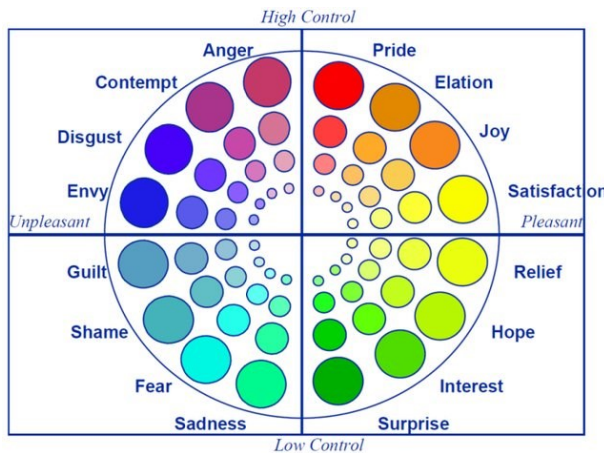*Table 1: Experimental and Control Group Details*

Figure 1: Example Geneva Emotion Wheel Protoype (Sacharin, Schlegel & Scherer ,2012)

2. Ego state wheel (ESW)

Designed by the author, the Ego State Wheel (ESW) was based on the GEW approach and the contents of the monitoring lists of Kuijt (1978), which include a set of simple and clear characteristics that require the researcher to estimate the intensity of each attribute on a five-dimensional scale. Although there are newer tests, this list is clear, concise and easy to apply, especially for adolescents. It is very similar to modern standards, but covers more profound themes in theory in a clear and simple way. The translation of these items was audited.

The ESW therefore covered 60 attributes, across ego states as shown in Table 2. It had a high Alpha Cronbach of 0.86.

The ESW was given to the 250 students before the project began, and again at the end to the students in the experimental and control groups.

3. Ego State Problem-Solving Scale

Prepared by the researcher, the Ego State Problem-Solving Scale (ESPSS) presented 24 example problems with the choice of three solutions, reflecting ways of interacting that are perceived to be associated with the Parent, Adult and Child ego states of the young person. Alpha Cronbach was 0.69. This test was designed to study the potential increase of Adult ego state problem-solving and was applied to the experimental and control groups before and at the end of the training.

4. Ego State Measure (ESM)

Because the ESW is a new and abbreviated instrument using single words (dominant, obsessed, etc), a second test of ego states using 30 of the most prominent phrases from previous global tests was adopted, on the basis that the phrases may be more explanatory than the word. This was used in pre- and post-measurement with the experimental group only.

5. Emotional Stability Brief Measure (ESBM)

The ESBM (Halawah, 2016) scale contained 19 items and had been recently used with a sample of adolescent secondary school students in Syria. It presents as a brief form for measuring emotional equilibrium through two main axes (emotional control and self-esteem). The ESBM was used for the experimental group as a tool for pre and post test.

Training Design

The training programme was designed by the author, taking into account the proposed TAPACY syllabus and the SEAL (DFeS, 2007) programme, a curriculum resource introduced in the UK to help primary schools develop children's social, emotional and behavioural skills. The concepts covered in the programme are

OK Nurturing Parent(ONP) 5 item	5 item OK Controlling Parent CP
0 item (NP) Nurturing Parent(OCP+ONP=NP)	
Not-OK Nurturing Parent 5 item	Not-OK Controlling Parent 5 item
10 item Controlling Parent(NONP+NOCP=CP)	
Experiencing Adult 10 item	Computing Adult 10 item
20 item Adult (A)	
Natural Child (NC)5 item	Little Professor (LP) 5 item
10 item Free Child (LP + NC =FC)	
Compliant Child (CC) 5item	5item Rebellious Child (RC)
10 item Adapted Child (CC + RC = AC)	

Table 2: The Ego State Wheel Attributes

shown in Table 3. The 20 training sessions lasted 40-45 minutes and were run over a three-month period and the programme was refereed by Professors of the Faculty of Education, University of Damascus.

Transactional Analysis Concepts	
Session 1	Ego states/Modes
Session 6	Transactions
Session 7	Life positions
Session 10	Drama triangle
Session 14	Strokes
Session 15	Script
Session 16	Time structuring
Social and emotional aspects of learning (SEAL)	
Session 8	Social skills
Session 9	Assertiveness
Session 13	Managing feelings
Session 17-18	Motivation
Sessions 19-20	Social skills

Table 3: Session Concepts

Editor's Note: There are no internationally qualified transactional analysts in Syria so it was not possible to confirm the accuracy of the teaching; however it seems unlikely that any theoretical misunderstandings would have been significant enough to cause a problem with the young people.

Student Evaluation
In addition to the research instruments that required the researcher to observe and assess the students, careful notes were kept about the behaviours of individual students and their reactions with others during the sessions. For example*: Ahmed today a lot of laughter and movement is unusual... Nour reacted in most of the exercises or was very critical in her observations ....*

Implementation
The stages of implementation are illustrated in Figure 2:

Stage 1:250 (150 boys, 100 girls) adolescent students completed the GEW and ESW and a selection made of 90 who were offered the option of a training programme.

Stage 2: the 72 finally selected were assigned to experimental and control groups of 36. The experimental group then completed the ESM and ESBM.

Stage 3: the experimental group of 36 were divided into classes and taught the concepts indicated in Table 3; no further action was taken with the control group until the final post-testing.

Stage 4: post-tests were administered: the GEW and ESW to all students; the ESM and EBSM were used with the experimental group only.

Stage 5: results were analysed (and follow-up sessions were conducted for the Control group)**.**

Ethical Considerations
When distributing the initial forms, the author introduced herself as a research student who wanted to know the student's opinions of their own personal qualities, in order to study psychological variables among students. They were reassured that their answers would be confidential and would be converted into digital data. They were free to decide whether they wished to participate or not; there was also an option box at the end of the questionnaire for them to indicate whether they might be interested in participating in a series of subsequent sessions. The author explained that a random selection would be made of those who wished to attend the subsequent sessions; this would not be affected by their answers to the questionnaires, for which they were advised there were no right or wrong answers.

When the final selection of the experimental group had been made, those students were provided with a brief idea about the structure of the training (number of sessions, duration, purpose, conditions), and advised that the intention was to provide some scientific proof of the usefulness of developmental training for adolescents using an approach that has been applied in schools and universities in many countries in the world.

They were asked to check that attending the sessions would not conflict with their homework requirements, and to discuss their attendance with their family before they made a decision. One student who had indicated his interest in attending the sessions withdrew his request after this.

This process was kept completely confidential so that the individual results, and the individual actions, would have no impact on the students in relation to their attendance at the school.

Results
More detailed information about the results, including tables, can be accessed within the author's thesis (in Arabic) (Morad, 2018), which can be accessed at https://taresearch.org/publications/. There is also a summary of the thesis in English at the same place.
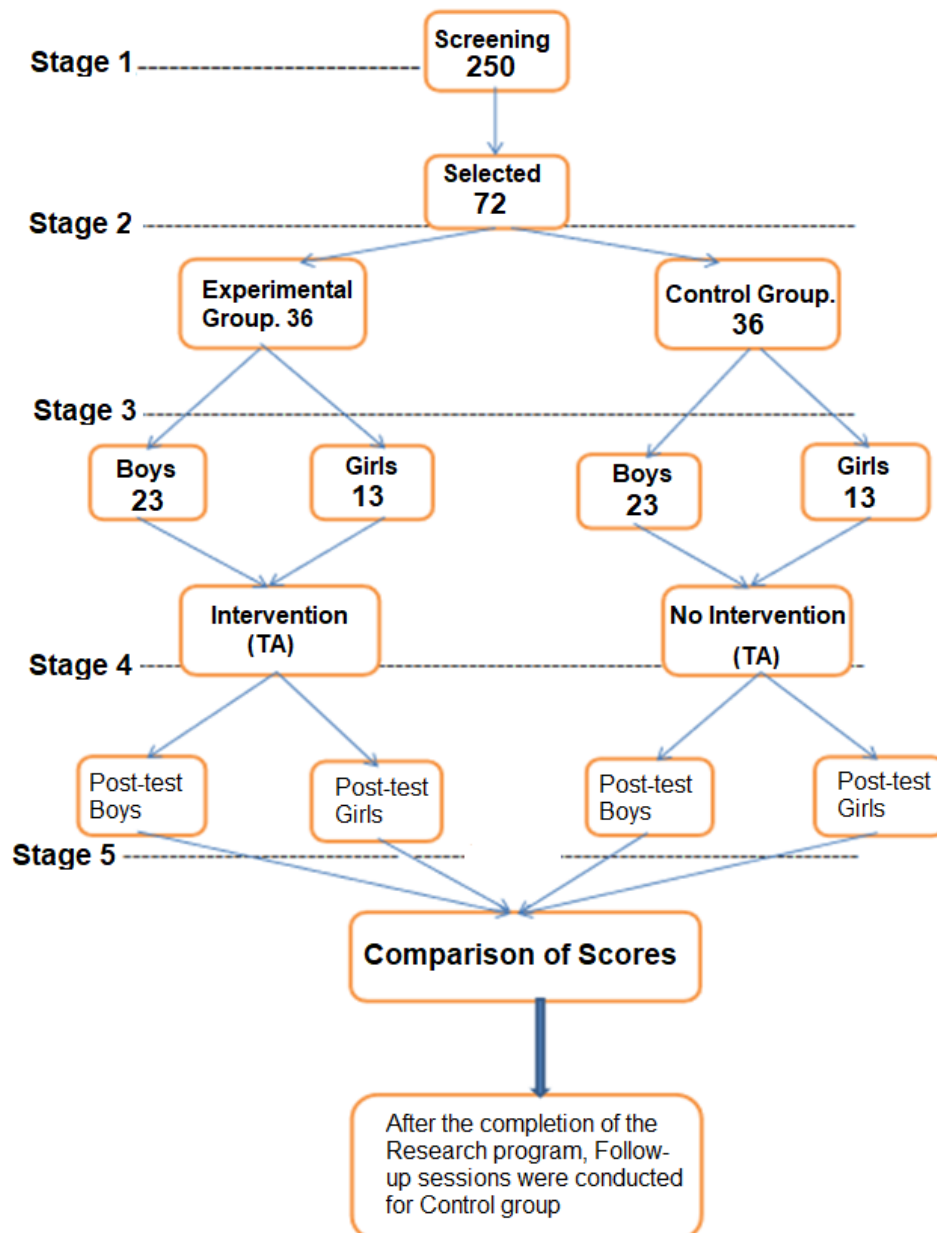
Figure 2: Schematic Representation of the Research Design

Summary results of the study were:

1. There are simple developmental differences on most variables of the research, especially the Free Child, Adult Ego State and positive feelings.

2. Training has had a slight developmental effect on most ego states, especially Adult and Free Child. This development continued after training in the delayed test. Development indicators maintained their values with a slight decrease of only 4%. This means that the training achieved a developmental effect ranging from 2-10%.

After 45 days, this effect remained more than 95% above its level.

3. There are statistically significant differences between the average scores of the experimental and control groups in the post-test on the scale of the Adult and Free Child.

4. There are statistically significant differences between the average scores of the experimental and control groups in the post-test on the positive feelings dimension, and an absence of differences on the negative feelings, on the Geneva Emotion Wheel.

5. There are statistically significant differences between the average pre- and post-test scores of the experimental group students on Adult and Free Child, which can be attributed to the programme.

6. There are statistically significant differences between the average pre- and post-test scores of the experimental group students on positive and negative feelings on the Geneva Emotion Wheel and the Emotional Stability Brief Measure, which can be attributed to the programme .

7. There are statistically significant differences between the average post-test scores of the experimental and control group individuals in the Ego State Problem Solving Scale in favour of the experimental sample, which can be attributed to the programme.

8. There was an absence of any significant differences between the eighth and tenth grade students in the post test of the ego states and emotional stability variables.

9. There are differences attributable to gender on the variables of Nurturing Parent Ego State for girls in the pre-test, and no significant differences attributable to gender on the Emotional Stability Brief Measure.

10. There are no statistically significant differences between the average pre- and post-test scores of the control group students on the variables of the ego states and the emotional stability.

Limitations

An obvious limitation is that this research was conducted in Syria, with adolescents, so may not be transferable to other countries or with other age groups.

The teacher/researcher had no formal qualifications in transactional analysis and no access to TA training run by internationally accredited trainers. It was not feasible to check the standard of the teaching to the experimental group, although TA concepts are robust enough that they are usually of value even when presented by an unqualified person.

Apart from the GEW, the instruments used have not been validated.

Conclusion

The results of the study indicate that it is likely to be beneficial to provide training based on TA concepts within primary and secondary schools, and specifically for the various age groups of adolescents.

This would require training teachers and school superintendents in schools in TA concepts including the use of educational activities.

Further research is suggested to:

- Construct standardized tests of ego states in Syria.

- Conduct similar studies with different samples of children and their parents.

- Correlative studies to discover the internal relationships between ego states and non-TA personality variables.

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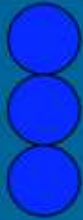
Development of a Transactional Analysis Diagnostic Tool for Burnout with a Case Study Application in Switzerland

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Abstract

Referring to the addition of burnout into the ICD-11, the authors review the literature and propose a combination of transactional analysis concepts with systemic-psychodynamic, cognitive-behavioural and logotherapy perspectives to generate a three-dimensional heptagon in which each summit represents a dimension of the burnout condition: cognitive, behavioural, motivational, emotional, somatic, relational and existential. They indicate how here-and-now symptoms are representations of there-and-then experiences and demonstrate how these elements may be represented within the script system developed by O'Reilly-Knapp and Erskine (2010). They go on to combine this with Freudenberger and North's (1992) 12 steps model into a simplified five phase model of Honeymoon, Suppression, Denial, Dehumanisation and Burnout. Based on this material, they have developed a proxy-rated Burnout Assessment Chart (BAC) and a semi-structured Burnout Assessment Interview (BAI). A case study is then included of this material being applied with a 56-year-old male client in Switzerland. Whilst the limitations of this single case are recognised, the authors propose that the material can be used in developing a manual for working with burnout, with the different phases making it applicable to the various fields of TA application.

Key words

transactional analysis; burnout; systemic-psychodynamic therapy; cognitive-behavioural therapy; logotherapy; Burnout Assessment Chart (BAC); Burnout Assessment Interview (BAI)

Introduction

Burnout has been recognised as a psychiatry pathology in the *International Classification of Diseases (ICD-11)* (World Health Organisation, 2019), where it is presented as a syndrome resulting from chronic workplace stress that has not been successfully managed, and defined by (1) feelings of energy depletion or exhaustion, (2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job, and (3) reduced professional efficacy.

Different psychotherapeutic models have been used to treat burnout, including systematic-psychodynamic (Freud, 1921; Cilliers, 2003), cognitive-behavioural (Maslach, Jackson, Leiter, Schaufeli & Schwab, 1986) and logotherapy (Frankl, 1976; Längle, 2003). Between them, these cover cognitive, behavioural, motivational, relational, existential, emotional and somatic areas. However, two symptoms emerge as the principal focus of major burnout treatment: cognitive and behavioural symptoms. In our opinion, this neglects the existential aspects which are fundamental to better understanding the cause of burnout and developing treatment plans. We have therefore added transactional analysis to develop a three-dimensional vision that includes the history of past events in the there-and-then to the current context of the person in the here-and-now,

We also noted that most commonly used questionnaires for burnout evaluation are self-rated, which impacts on the therapeutic relationship, so we have developed a proxy-rated Burnout Assessment Chart (BAC) to be integrated with a semi-structured Burnout Assessment Interview (BAI) for an evaluation that identifies severity of symptoms such as cognitive (suicidal ideas), behavioural (acts of violence), emotional (depression), somatic (fatigue), relational (withdrawal) and existential (alienation).

We have also incorporated five prototypic levels of burnout severity which we have labelled Honeymoon, Suppression, Denial, Dehumanisation and Burnout, is a simplification of models such as Freudenberger and North's (1992) 12 step model and Ulrichová's (2012) 10 phases.

We provide a case study of our use of the BAC and BAI, integrated with an analysis using O'Reilly-Knapp & Erskine's (2010) script system with a client whom we believed to be between the Dehumanisation (Phase 4) and the Burnout (Phase 5) level of burnout severity.

We also report on how the practitioner used the Copenhagen Psychosocial Questionnaire (COPSOQ); Kristensen, Hannerz, Hogh & Borg, 2005) to better understand the client's working environment; this instrument has been developed for occupational risk assessment in order to improve the psychosocial work environment. It has been translated in 18 different languages and it is used in 40 countries worldwide (Pejtersen, Kristensen, Borg & Bjorner, 2010). The psychosocial dimension that the COPSOQ explores and measures are the following: demands at work, work organization and job contents, interpersonal relations and leadership, work-individual interface, social capital, offensive behaviours, health and well-being.

The practitioner also used the Change Interview Protocol (CSEP 9/99) (Elliott, Slatick & Urman, 2001) to evaluate result.

Literature Review

Job burnout concept emerged in the 1970s in America as a social issue and it is now considered as a global phenomenon. Initially, Freudenberger (1974) utilised the term to explain the gradual emotional draining, loss of motivation, and reduced engagement among volunteers in health service such as psychotherapist, health care and social workers. Maslach (1976) found that service workers, as a consequence of the emotional turmoil, often felt emotionally exhausted developing negative feelings and perception about their clients and experiencing a crisis in term of professional competences.

The term burnout alludes to the smothering of a fire or the extinguish of a candle as a metaphor for describing the exhaustion of an individual's ability to sustain an intense commitment that has a relevant impact at work (Schaufeli, 2006). Maslach, Jackson & Leiter (1996) assert that: "Burnout is a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that can occur among individuals who work with people in some capacity" (p.4). Moreover, it is "… a state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's capacity to perform" (Maslach et al., 1996, p. 20). Furthermore, burnout is seen caused by a persistent imbalance of demands over resources (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke et al., 2001) and by the fact that employees have values, vision and mission that differ from the organisational ones (Hemingway & Mclagan, 2004). The consequence of this led to

conflicts and alienation, promoting vulnerability to exhaustion, cynicism and inefficacy that define burnout (Schaufeli, 2006). An interesting correlation analysis considers the development of some countries with the burnout increase – it seems that globalisation, privatisation and liberalisation, cause high-speed changes in life style such as increasing demands of learning new skills, the need to adopt new type of work, pressure of higher productivity and quality of work, time pressure, which in turn, may produce burnout (Schaufeli, 2006).

Maslach, Schaufeli and Leiter (2001) identified six critical areas of work life that can be risk factors for the burnout syndrome: a mismatch in workload, in control, in lack of appropriate rewards, the loss of a sense of positive connection with others in the workplace, between the person and the job when there is not perceived fairness in the workplace, and when there is a conflict between values. Burnout arises from chronic mismatches between people and their work setting in terms of some or all of these six areas. Maslach and Leiter (1997) explained that greater the gap between the person and the job, the greater the likelihood of burnout will be. Fixing these mismatches demands an intervention from both the worker and the organizational context. A clearer vision about workload means adequate resources able to satisfy the balance between job and private life, in order to encourage workers to revitalise their energy. A clearer vision about values means setting clear organizational values that workers can apply to with enthusiasm. A better connection with the community means creating a supportive leadership and a supportive relationship among colleagues.

Freudenberger and North (1992) proposed a 12 steps model of burnout development, from initial compulsion to prove oneself to the final Burnout syndrome, which we report below: (1) compulsion to prove oneself (excessive ambition, trying to demonstrate own worth obsessively), (2) working harder (incapacity to switch off from work), (3) neglecting own needs (sleeping, eating, interacting), (4) displacement of conflicts and needs (problems are dismissed with psychosomatic disturbs, more mistakes are made), (5) no longer any time for non-work-related needs (values are revisited giving no space for family, friends and hobbies), (6) increasing denial of the problem, decreasing flexibility of thought/behaviour (intolerance of others), (7) withdrawal, lack of direction, cynicism (very little or no social life, person can star abusing alcohol or drugs), (8) behavioural changes/psychological reactions (family and friends are concerned for behavioural changes), (9) depersonalization (loss of contact with self and own needs), (10) inner emptiness, anxiety, addictive behaviour (activities are often exaggerated to overcome negative

feelings), (11) depression (increasing feeling of meaninglessness, of exhaustion and lack of interest) and (12) burnout syndrome (psychophysical exhaustion that can be life-threatening with suicidal ideas).

Despite Transactional Analysis (TA) covering all four fields and being a privileged point of convergence for both observation and intervention on the burnout problem, only five articles within the TA literature cover this, two of which are not published in TA journals.

In the first TA article, Clarkson (1992) focuses on burnout syndrome in a caring work environment. She distinguishes three different rackets systems as burnout predispositions for professional helpers, creating a connection between script, life positions and Freudenberger's (1975) typologies. In the second, Karpman (1984) explains how unnoticed games can generate a continuous frustration which can lead to burnout, providing several examples using the drama triangle. In the third, Johnson (2015) explains the implementation of a psycho-educational model to support educators to better deal with burnout risk in traumatic environment. The model integrates trauma release exercises, transpersonal psychology and TA and the author discusses the benefit of TA interventions that allow relationship improvement between educators, colleagues, families and students.

Systemic-Psychodynamic perspective

When considering approaches to addressing burnout, it is pertinent to consider systemic psychodynamic therapy (SPDT) first, since this is the closest to Berne's own theoretical background. The SPDT derives from the psychoanalytic frame of reference (Freud, 1921) merged with the systemic approach (Cilliers, 2003). The approach focuses on individual experience and mental processes such as dreams, fantasies, object relations, transference and resistances, as well as the experience of social groups and process which can be unconscious and at the origin of unresolved organisational tribulations and stress. On the other hand, the systemic approach includes the structural aspect of an organisation such as "its design, division of labour, level of authority and reporting relationships, the nature of work tasks, process and activities, its mission and primary tasks and in particular the nature and pattering of the organisation's tasks" (Cilliers, 2003, p.26).

The research carried out by Cilliers (2003) argues that "burnout involves the individual as micro, as well as the group as meso, and the organisation as macro systems; thus, coping with burnout becomes a "total endeavour" (p.26). From Cilliers (2003) system-dynamics perspective burnout is a persistent, negative, work-related state of mind and a behaviour which develops gradually and remains unnoticed for a long time. Moreover, it is defined as an exhaustion, a distress situation which impacts work effectiveness and motivation developing dysfunctional personal and societal attitudes (helplessness, hopelessness, disillusionment, a negative self-concept) and behaviours (negative attitudes towards work, people and life itself) which self-perpetuates because of inadequate coping strategies. Based on the above explanations, the hypothesis of burnout generation is based on the fact that the system develops work performances and relational conflicts which are not consciously addressed in an adequate way, creating discomfort such as pain and anxiety that are suppressed into the collective unconscious. When these conflicts are not opened up, anxiety becomes unbearable and as a consequence of this, the system finds relief by projecting the conflicts onto an external object (an individual) in order to function normally again.

The individual is generally seen as a hard worker who wants to progress and achieve great goals, but satisfaction of their neurotic needs for acceptance means they are not ready for this challenge. The issue is that the individual could identify with the projection and start experiencing the system's conflicts as his/her own, so that over time this leads to emotional exhaustion, depersonalisation, (loss of distinctiveness), low personal accomplishment (feeling of being unable), physical, cognitive and affective symptoms and lack of motivation. The signs of burnout from this perspective are characterised by emotional exhaustion, reduction in emotional responses, feeling drained, depersonalisation (the individual experience a loss of individual distinctiveness, as well as low personal accomplishment) and a feeling of being unable to meet other's needs. Physical, cognitive and affective symptoms such as headaches, dizziness, nausea, sleep disturbances, coronary diseases, poor confrontation, forgetfulness, helplessness, hopelessness and powerlessness are other characteristics that help the practitioner to assess if the person is experiencing burnout. Moreover, lack of motivation (stagnation and inability to move dynamically) or hyperactivity (not knowing what to do), isolation, negativism, hostility, suspicion and aggression because of poor impulse control, can be considered motivational and behavioural symptoms of a potential burnout.

Cognitive-Behavioural Perspective

Cognitive-Behavioural Therapy (CBT) grew from the scientific branch of psychology, which was focused

on reducing problematic behaviour with methods based on clearly defined and rigorously validated scientific principles. To a large extent, CBT theory is founded on the idea that reorganisation of individuals' self-statements will lead to a corresponding reorganisation of their behaviour. The primary focus is on the cognitive and behavioural characteristics of the presented issue. It targets directly symptoms, with the aim to re-evaluate thinking which should lead to a new useful behavioural response (Leichsenring, Hiller, Weissberg & Leibing, 2006). The CBT practitioner structures the interaction and introduces topics, giving the client explicit directions and suggestions, and describing the rationale behind the CBT technique approach and treatment (Beck, 2005). Emotions are seen as a phenomenon to control rather than experiences to deepen (Boswell, Castonguay & Pincus, 2009). Trust is seen as a vital component for the therapeutic relationship, but is not considered the primordial vehicle of change – the relationship between client and practitioner is generally less close and less emotionally intense than in SPDT.

Burnout is considered a psychological syndrome and is based on three component constructs: depersonalisation, reduced personal accomplishment and emotional exhaustion (Maslach et al, 1986). Job stress influences depersonalisation (which is seen a dysfunctional method of coping) that over time decreases a sense of personal achievement; the increase of depersonalisation and the decline of personal achievement eventually lead the individual to become emotionally exhausted (Golembiewski, Boudreau, Munzenrider & Lupo, 1966). Individuals can also show impaired cognitive functioning such as attentional and memory issues (Oosterholt, Maes, Van del Linder, Verbraak & Kompier, 2014) There is abundant evidence that prolonged stress can have destructive effects on neuronal structure concerned with cognitive functioning, such as the reduction in total brain weight, atrophy of both hippocampus and prefrontal cortex (Oosterholt et al., 2014).

Logotherapy perspective

Logotherapy is a humanistic and existential psychology (Ponsaran, 2007) which sees neurosis grounded on an existential vacuum giving rise to a deep feeling of meaninglessness. In life, the decision is not between right or wrong but between authentic and inauthentic – one can discover despair despite success, and fulfilment despite failure (Frankl, 1976). Burnout for logotherapy entails a sense of unfulfillment and a lack of meaning.

Burnout is seen as an "enduring state of exhaustion due to work" (Längle, 2003, p. 131), which entails the

somatic, psychological and noetic dimension (Marseille, 1997). According to Längle (2003), noetic dimension concerns the retreat from relationships with denigrating attitudes towards self, others and the world. He claims that "the symptoms of burnout do not happen accidentally but flow from a personal and subjective understanding of one's existence and what guides one's actions" (Längle, 2003, p. 136). The existential frame of mind taken in case of burnout, "misinterprets" the requirement and elements for successful human existence. The aetiology of burnout has its origin in a non-existential attitude – the idea of life "foreign to existence" and thus leads to exhaustion (Längle, 2003, p. 136). Burnout starts when the person experiences a sense of alienation, separation from the aim or inner motivation in relation to the task in itself. The work loses its meaning and "the person is orientated toward an aim or goal but not towards the unique value and meaning of the work" (Längle, 2003, p. 136). These aims remain lifeless, reducing contact with the person's true values, and producing stress which results in a disregard for the intrinsic worth for others, objects, tasks and for the value of own's own life.

Ulrichová (2012) added that personalities who suffer from burnout are influenced by the experience "I must" (p. 502) and as a consequence the individual loses their relationship with the job, experiencing emptiness and hopelessness since they does not perform values they believe in – a lack of self-appreciation. Such people do not appreciate themselves unless they are efficient. This attitude leads to an emotional disengagement and work becomes a mere substitute for a lack of closeness and affect which culminates in a form of depression. Burnout from logotherapy perspective is viewed as a deficiency in the personal-existential primordial motivation. Furthermore, Ulrichová (2012) defined 10 phases of burnout which are based on Freudenberger and North's (1992) 12 step model.

For logotherapy, the primary symptoms of burnout are feelings of emptiness and meaningless, an existential vacuum which is a loss of interest, which leads to a boredom, lack of initiative with a consequence of experiencing a sense of apathy (Längle, 2003). Burnout "can be seen as a form of the existential vacuum" (Längle, 2003, p.132), a confusion between existential meaning or semblance of meaning. As a consequence, the individual who feels alienated and emotionally disengaged from their job, and is not motivated by the substance of the job but stimulated by some external consideration or appreciations, is more inclined to be at burnout risk (Längle, 2003).

Transactional Analysis perspective

TA is a very versatile therapeutic approach that integrates psychodynamic, cognitive-behavioural and existential-humanistic perspectives (Widdowson, 2009). The basic assumption is based on the ego states (Berne 1966) and script concepts (O'Reilly-Knapp & Erskine, 2010), allowing flexible interventions focused on: (a) beliefs and behavioural changes (Widdowson, 2009), (b) unconscious childhood experiences that lead to repetitive and predictable interpersonal behavioural patterns (Novellino, 2003) and (c) meaning and purpose in life (Berne, 1966; Clarkson, 1992).

Karpman (1984) defined burnout as "an exhaustion and mental collapse at work, prompting a person to change profession" (p. 10). According to Karpman, the origin of burnout is in the script that induces the client to repeat the game *I am Only Trying to Help You*, doing unsolicited work for ungrateful people. This approach to work from a Rescuer position often leads to a Victim position in the drama triangle (Karpman, 1968), causing frustration. Thus, Karpman links frustration and burnout, proposing the drama triangle for the analysis of frustrating daily events that accumulate over weeks and months, inevitably lead to burnout. He proposed a set of questions to identify and clearly define frustrating episodes that occurred in the past week, and a further set of questions to conduct game and script analyses.

Clarkson (1992) defined burnout referring to the definitions of Freudenberger (1975), of the Webster's dictionary (Gove, 1986), and of Maslach (1976), focusing on the loss of concerns, positive feelings, sympathy or respect for clients that might consequently occur along with physical and emotional exhaustion in professional helpers. Clarkson proposed three prototypical racket systems with an associated fairy story, and linked them to both Ernst (1971) life positions and Freudenberger's (1975) three personality types vulnerable to burnout (the dedicated and committed type, the overcommitted with unsatisfactory private life type, and the authoritarian and patronizing type). She then proposed analysis of the script system (O'Reilly-Knapp & Erskine, 2010) and the existential life position (Berne, 1962) as a way to diagnose and treat burnout.

An Integrated TA Diagnostic Tool for Burnout

The Heptagon

From our literature review it emerged that these four models share some common aspects so we integrated them, combining:

- systematic-psychodynamic - emotional, interpersonal, somatic and motivational aspects;
- cognitive-behavioural - cognitive and behavioural aspects;
- logotherapy - existential and emotional aspects;
- transactional analysis - interpersonal, cognitive, behavioural, emotional, somatic, existential and script aspects.

We created the heptagon in Figure 1 that describes what we need to focus on for assessing the burnout syndrome, with seven areas and each summit corresponding to a specific symptom: Cognitive, Behavioural, Emotional, Motivational, Relational, Existential and Somatic (Table 1).

However, every human being has a different background (historical, cultural, emotional, behavioural…), so script aspects should be considered as part of the individual and included in the personal frame. The script system "is a self-reinforcing, distorted system of feeling, thoughts and actions" (Erskine & Zalcman 1979, p. 53), organised around interlocking beliefs about the self, others, and the world. It includes three elements: script beliefs and associated feelings; expression of script with observable behaviour; and supporting memories (Cornell, 2018). We believe that an integration of the script system with the seven symptom dimensions is possible and useful for burnout diagnosis and treatment plan, as shown in Table 2.

During sessions, the seven areas and the Script System may be investigated within relational episodes (in which the client refers relationships external to the therapy), scenic episodes (that the client actualises in the therapy room with the practitioner) and archaic episodes (in which the client recalls life episodes of their past). Relational and scenic episodes refer to the here-and-now in the heptagon, whereas archaic episodes refer to the there-and-then, creating a three-dimensional heptagon, meaning that today's symptoms recall past ones

Burnout phases

Since the burnout syndrome generally develops over a long span of time, it is useful to differentiate its phases. As previously mentioned, Freudenberger and North (1992) underlined 12 steps that lead to burnout, which we summarised into five subsequent phases to simplify the original model. Phase 1: Honeymoon is the lowest level of burnout, characterised by a feeling of wellbeing, slightly hypomanic, hyperactive, and with omnipotent thought. Phase 2: Suppression is characterised by the emergence of slight depressive symptoms,
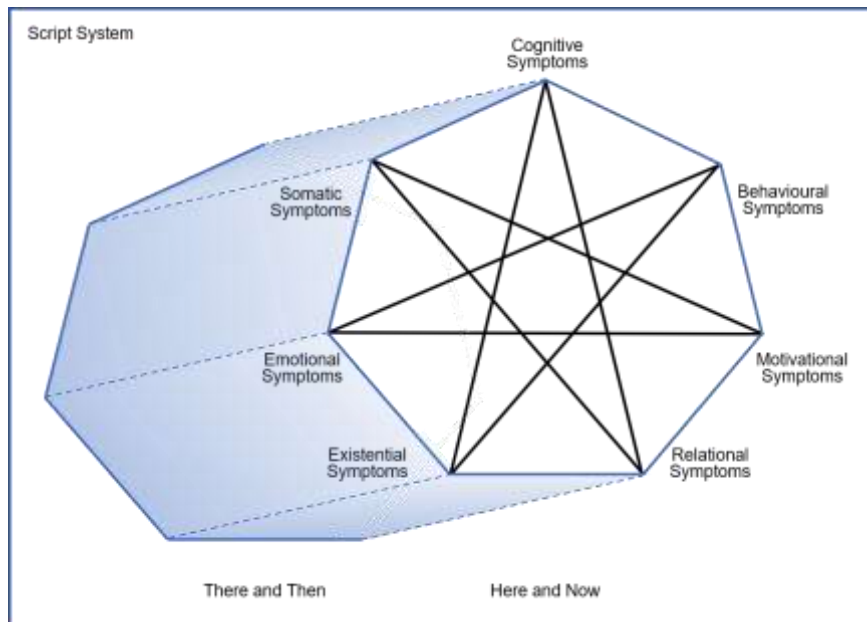
Figure 1. The three-dimensional Heptagon.

Diagnostic areas	Signs
Cognitive	*Suicidal ideas, lack of concentration, lapses of memory, difficulty with complicated assignments.*
Behavioural	*Being extremely active, impulsivity, elevated utilisation of illicit drugs and increased consumption of caffeine, tobacco, alcohol, renunciation of recreational activities, uncontrollable need to criticise, accuse or disapprove.*
Motivational	*Loss of enthusiasm, giving up, discouragement or apathy.*
Emotional	*Desolation, mood swings, weepiness, emotional exhaustion, accumulation of stress or apprehension or concerns.*
Somatic	*Chronic fatigue, nausea, headache, faintness, vertigo, muscle pain, sleep and gastrointestinal disorders.*
Relational	*Cynical toward others, withdrawing from society.*
Existential	*Deficiency in the personal-existential primordial motivation, alienation.*

Table 1: The seven dimensions described in detail

Table 2: The Script System (O'Reilly-Knapp & Erskine, 2010) integrated with the seven symptom dimensions.

compensatory behaviour such as abuse of caffeine or even more active psychotropic substances, and change in relational environment. Phase 3: Denial is characterised by an increase in depressive symptoms and defensive compensation, and a deterioration of relationship. Phase 4: Dehumanisation is characterised by overt depressive and somatic symptomatology, strong decline in self-esteem, change in personality traits, and social withdrawal. The final Phase 5: Burnout is characterised by suicidal risk, violence, and alienation.

Combining the seven symptom dimensions and the five phases, we can differentiate which symptoms are more prominent within each phase to create the five prototypic models of burnout gravity level shown in Table 3.The Burnout Assessment Chart (BAC) and the Burnout Assessment Interview (BAI)

The BAC, included as Appendix A, is a proxy-rated test that analyses the seven symptoms previously cited (Cognitive, Behavioural, Motivation, Emotional, Somatic, Relational and Existential) on a five-point scale, (5=severe, 1=healthy). The symptom patterns contemplated in the tool have been extrapolated from analysis of different psychotherapy approaches and from literature. The BAC guides the practitioner through the subjective experience of the evaluation of client burnout symptoms. Measuring burnout gravity level is useful in identifying which symptoms are more at risk and outlining clear and immediate therapy plan and goals. It is user-friendly and it can be integrated with other TA diagnoses. However, is not a test and does not generate data separate to the practitioner's insight. Rather, it is intended as guidance to for systematising, to support diagnostic formulation and treatment planning.

The BAI is a semi-structured interview with closed and open-ended questions, shown in Appendix B. It is used as a compass for diagnosis and for completion of the BAC. We provide below a clinical illustration with a detailed description of the application of BAI combined with BAC. It was administered at the beginning of therapy, taking 90 minutes. The interview was also recorded for a later transcription analysis. The level of intensity was considered by taking into account the description of the events from the client's point of view and also by asking the client to give an evaluation of the intensity level for each symptom. The aim was to more fully understand which factors were driving the client symptoms and evaluate their level of severity.

The final evaluation considers material emerged both from the BAI and from the BAC. Longer term intention will be to provide reliable and comparable qualitative data.

Comparing the BAC with other commonly used tools

In literature there are several instruments to measure burnout, so we selected three tools currently used in this field and compared them to BAC, as shown in Table 4: the Maslach Burnout Inventory (MBI; Maslach et al., 1986), the Multidimensional Organizational Health Questionnaire (MOHQ; Avallone & Paplomatas, 2005) and The Acceptance and Action Questionnaire-II (AAQ-II; Bond, Hayes, Baer, Carpenter, Guenole, Orcutt et al., 2011). The MBI is a self-report questionnaire with 22 items distributed in three subscales which evaluate: emotional exhaustion, depersonalization and reduced personal accomplishment. The client rates his distress on a 7-point scale (0=never, 6=every day).

The MOHQ is a 109 item self-report questionnaire with eight subscales: scale 1 (comfort at work), scale 2 (clarity of organizational goals, appreciation of competences, active listening, availability and circulation of information, conflict management, collaborative interpersonal relationships, operative fluidity, organizational equity, sense of social utility) scale 3 (stress factors), scale 4 (injury security and prevention), scale 5 (tolerance of work duties), scale 6 (inclination and openness to innovation), scale 7 (negative indicators, positive indicators) and scale 8 (psychophysical malaise indicators). These items are rated on a 4-point scale (1=never, 4=often).

The AAQ-II (Bond et al., 2011) is a self-report with 7 items, one per scale, and are rated on a 7-point scale (1=never true, 7 = always true).

Finally, the BAC is a proxy-rated questionnaire with 7 items, one per scale, which evaluate different aspects of life: cognitive, behavioural, motivational, emotional, somatic, relational and existential). The practitioner rates each item on a 5-point scale (1=healthy, 5=severe). BAC is combined with BAI semi-structured interview.

For all these instruments, higher score indicates higher level of burnout. The most evident difference between these three commonly used instruments and BAC is self-rating (filled in by the client) versus BAC as proxy-rated (filled in by the practitioner) and combined with a semi-structured interview (BAI).

MBI, AAQ-II and BAC are shorter questionnaires and require less time to be filled in by the client or practitioner, whereas MOHQ is more time consuming

BAC is the only instrument that considers different aspects of life (cognitive, behavioural, motivational, emotional, somatic, relational and existential), is focused on clinically significant factors, and monitors

Phase/Symptoms	1. Honeymoon	2. Suppression	3. Denial	4. Dehumanisation	5. Burnout
Cognitive	Thoughts of omnipotence.	Lack of concentration; Doubts about one's capacity to perform; Difficulty with complicated assignments.	Attention and memory issues; Irrational beliefs; Distorted thoughts.	Thoughts that life is hopeless; Negative self-concept.	Suicidal ideas; Persistent negative state of mind.
Behavioural	Hyperactivity.	Increased consumption of caffeine, tobacco, alcohol, illicit drugs.	Tearfulness.	Avoid society, social contacts; Poor impulse control.	Acts of violence toward family or co-workers; Inability to sustain intense commitment.
Motivational	Enthusiasm, desire to give more and more.	Abandonment of recreational activities; Loss of enthusiasm.	Discouragement; Reduced engagement.	Apathy; Giving up.	Loss of motivation and just need to sleep.
Emotional	Sense of joy.	Mood change.	Mood swings; Emotional exhaustion; Tension/anxiety.	Anger toward others and themselves; Emotional draining and disengagement.	Strong depression; Negative feelings.
Somatic	Euphoria.	Headache; Nausea.	Anxiety; Breathing issues.	Vertigo, dizziness; Coronary disease.	Chronic fatigue; Feeling drained.
Relational	Great involvement in group activities.	Group activities start to lose importance.	Nervousness and anxiety when working with others.	Cynical toward others.	Withdrawing from society.
Existential	Enthusiasm and feeling of completeness.	Values differ from the organisational ones.	Misinterpretation for successful human existence.	Deficiency in the personal-existential primordial motivation.	Alienation.

Table 3: The five phases to burnout across the seven symptom dimensions.

Tools	MBI	MOHQ	AAQ-II	BAC
Type of questionnaire	Self-report	Self-report	Self-report	Proxy-rated, combined with the semi-structured interview (BAI)
Number of items	22 items	109 items	7 items	7 items (one per scale)
Subscales	1) Emotional exhaustion 2) Depersonalisation 3) Reduced personal accomplishment	1) Comfort at work 2) Subscales: Clarity of organizational goals; Appreciation of competences; Active listening; Availability and circulation of information; Conflict management; Collaborative interpersonal relationships; Operative fluidity; Organizational equity; Sense of social utility; Stress factors 3) Injury security and prevention 4) Tolerance of work duties 5) Inclination and openness to innovation - Subscales: Negative indicators; Positive indicators 6) Psychophysical malaise indicators		1) Cognitive 2) Behavioural 3) Motivational 4) Emotional 5) Somatic 6) Relational 7) Existential
Scoring	7-point scale (0 never – 6 every day) Scale 1 and 2: higher score, higher burnout; scale 3: lower score higher burnout	4-point scale (1 never – 4 often) Higher score, higher burnout	7-point scale (1 never true – 7 always true) Higher score, higher burnout	5-point scale (1 healthy – 5 severe) Higher score, higher burnout
Final score	Score: three, one per scale	Score: one	Score: one	Score: seven, one per scale

Note. MBI = Maslach Burnout Inventory (Maslach et al., 1986). MOHQ = Multidimensional Organizational Health Questionnaire (Avallone & Paplomatas, 2005). AAQ-II = Acceptance and Action Questionnaire-II (Bond et al., 2011). BAC = Burnout Assessment Chart. BAI = Burnout Assessment Interview.

Table 4: Comparison of three different instruments that measure burnout (MBI, MOHQ and AAQ-II) with the BAC.

risk areas (i.e., the cognitive scale looks out for suicidal ideas; the behavioural scale for violence toward others; the emotional scale for strong depression; and the somatic for severe cardiological pathologies). MBI and AAQ-II are focused on the impact of burnout on emotional, cognitive and self-awareness, and only MOHQ includes somatic aspects.

Clinical Illustration: Jorge

Introduction

The client agreed to 20 one-hour therapy sessions, including one pre-treatment/assessment session, which was focused on explaining the research project and on obtaining consensus, and two assessment sessions focused on the diagnosis (submission of the COPSOQ and administration of the BAI).

The integration of COPSOQ and BAI helped complete the BAC, which was useful to filter essential information from sessions, especially because it was a short-term therapy. The BAC prompted attention to behavioural aspects and interventions on both the diagnosed driver and the underlying injunction of Don't feel fatigue. It also helped consider meanings and existential aspects of the client's life.

Since a 20-sessions therapy is considered a short-term therapy, the BAC has been used as a filter and symptoms considered moderately severe and severe were considered of greater relevance and priority for the treatment. Having selected the major issues to focus on, at the end of the third session the practitioner and client created the Personal Questionnaire (PQ) items (Elliott, Wagner, Sales, Rodgers, Alves & Café, 2016). This tool measures and assesses changes during psychotherapy, with the purpose of identifying goals and strengthening the therapeutic alliance. The PQ was administered at the beginning of treatment (Session 3), in the middle (Session 10), and at the end of treatment (Session 20).

Ethical Considerations

The research protocol follows the requirements of the ethical code for Research in Psychotherapy of the Italian Association of Psychology, and the American Psychological Association guidelines on the rights and confidentiality of research participants. The research protocol has been approved by the Ethical Committee of the University of Padua. Before entering the treatment, the client received an information pack, including a detailed description of the research protocol, and gave a signed informed consent and written permission to include segments of disguised transcripts of sessions or interviews within scientific articles or conference presentations. The client was informed that he would have received

therapy even if he decided not to participate in the research and that he was able to withdraw from the study at any point, without any negative impact on his therapy. All aspects of the case material were disguised, so that neither the client nor third parties are identifiable. All changes are made in such a way that does not lead the reader to draw false conclusions related to the described clinical phenomena. Finally, as a member checking procedure, the final article was presented to the client, who read the manuscript and confirmed that it was a true and accurate record of the therapy and gave his final written consent for its publication.

Inclusion and exclusion criteria

The psychotherapist participating in this case study included the first new client with a burnout condition, as diagnosed by the clinician, who agreed to participate in the research. Jorge was assessed as meeting ICD-11 criteria for burnout: he experienced feelings of energy depletion or exhaustion (criterion 1) and increased mental distance from his job, feelings of negativism and cynicism related to his job (2). As for ICD-11 criterion 3 Jorge did not experience a reduction in professional efficacy because he started therapy to prevent a total burnout condition (or Phase 5). Moreover, psychosis, domestic abuse, bipolar disorder, active current use of antidepressant medication, alcohol or drug abuse were all considered as exclusion criteria.

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After having worked for almost five years in that position, one day before going to bed he experienced a feeling of heaviness. The day after he could not stand up from his bed. He called his wife saying that he could not move and that his hands were paralysed. His level of anxiety rose and for the first time in his life he experienced a slight panic attack. He decided to consult his general practitioner who noticed a marked fatigue and hypothesised a beginning of burnout, suggesting a period of vacation. Jorge took a month off, conscious that his job was absorbing him too much. After his sabbatical month he went back to his job but the situation did not improve. On the contrary, his anxiety rose, he started having difficulties in meeting his employees, becoming too pretentious with his colleagues and feeling tired of being overwhelmed by employees' complaints. On the advice of his general practitioner, he sought therapy to prevent severe burnout.

The Practitioner

The psychotherapy was conducted by a 50-year-old, white, male Italian clinical psychologist with a diploma in TA counselling. He worked for more than 20 years as psychologist in the organisational field and since 2018 he is working in a psychiatric clinic in Switzerland. For this case, he received weekly supervision (20 sessions) by a Provisional Teaching and Supervising Transactional Analyst (Psychotherapy) (PTSTA-P) with 5 years of experience.

Diagnosis

Case formulation was conducted conforming to TA diagnostic categories. Jorge assumed a life position (Ernst, 1971; Berne 1972) I'm Not OK, You're Not OK, that interacted with his stroke economy (Steiner, 1974). His family context was characterised by a lack of positive strokes and a lot of negative ones. His father was very demanding and emphasised achievements by associating value with doing. His absent, passive and needy mother contributed to a lack of self-esteem and sense of guilt for not being able enough to help her with her depression. The observable drivers (Kahler, 1975) identified in order of importance were: Be Perfect, Try Hard and Please Others. Additionally, the Injunctions (Goulding & Goulding, 1976; McNeel, 2010): Don't Be a child ("*I have to take care of my mother and my sister and show I am independent*"), Don't be important *("I have to be humble and I cannot show off my abilities*"), Don't' enjoy ("*First the tears, after the cake*"), Don't feel ("*My emotions are barriers for goals achievement*"), were also identified. The client internalised an under-functioning Nurturing Parent and a strong Critical Parent which activated intense self-reproachful and self-doubting internal dialogues. In the drama triangle he assumed the role of Rescuer when taking care of everything and everyone in his

company, and Victim when his manager did not show enough interest in his health and for his extra working hours. The typical games the client played were: Kick me and See How Hard I'm Trying (Berne, 1964).

The practitioner used the BAI, BAC and script system. The level of burnout intensity, and corresponding phase, was considered by taking into account event descriptions from the client's point of view and also by asking him to give an evaluation the level of the intensity for each symptom (Appendix A). The practitioner also assessed Jorge using the COPSOQ; to better understand Jorge's working environment.

During the first session the practitioner had an impression of Jorge as a scared and lost child. Jorge had difficulties in expressing what was going on in his life, and felt to be like a "*broken mirror*". He described himself as a perfectionist, scared to make mistakes, very demanding with himself, and naturally prone to helping others – he considered this aspect fundamental for his self-realisation (Beliefs about Self, Figure 3). In addition, he declared his need to be in control of others, especially his direct reports, because he believed they were unable to carry out their duties (Beliefs about Others, Figure 3). His cultural and family environment had a strong/heavy impact on his vision of life. He grew up in a very harsh and austere climate, where values were deeply directed at sense of devotion to work and sacrifice. Being strong, independent and supporting others have been the pillars of his life: he could not conceive his existence without these values (Quality of Life, Figure 3). He remembered a very demanding and authoritarian father-figure - who on some occasions he saw incarnated in his manager – with the tendency to give Jorge harsh punishments if he did not follow his/the rules (Reinforcing Memories, Figure 3).

Jorge described a sense of emptiness pervading his life: *"What is the meaning of life?… I feel confused and very sad",* (Intrapsychic process, Figure 3 and Existential symptoms, BAC, Appendix A). He also referred to being conscious that his job was starting to take over his private life and that his work has always been a priority for him (Observable behaviours, Figure 3). He mentioned feeling exhausted from overwork, due to the lack of sleep (Somatic symptoms, BAC, Appendix A), and having an irregular diet. He reported that all of these factors were having an impact on his job performance and leading to loss of enthusiasm (Motivational symptoms, BAC, Appendix A), which consequently was undermining his self-esteem, generating a sense of guilt and rapid mood swings (Reported internal experience, Figure 3). The idea of being the

model employee was gradually dissipating (Fantasies, Figure 3) which was leading him toward a sense of frustration.

Despite this high sense of despair, alienation, mood swings, and high accumulation of stress and preoccupations (Emotional and Existential symptoms, BAC – Appendix A), which sometimes he tried to mitigate by smoking cigarettes or cigars (Behavioural symptoms, BAC, Appendix A), Jorge showed a moderate level of suicidal ideas (Cognitive symptoms, BAC, Appendix A). In addition, Jorge evoked his concern regarding his struggle to engage with others. He described himself as very social but having at the moment the proneness to withhold affection, to be overly stubborn and to be overbearing with his wife and children, and to avoid contacts with close friends even if opportunities to meet arose (Relational symptoms, BAC, appendix A).

Results from the COPSOQ highlighted that Jorge's organisational setting was quite stressful but not enough to have led to burnout because his tasks were balanced and the climate was characterised by a positive and democratic participative leadership style. When the questionnaire results were discussed with Jorge, he realised he was putting stress on his self and it was not due to the organisational environment. This point was crucial for setting a therapy contract which allowed the client to understand that his fatigue was generated by internal conflicts rather than due to external issues.

The BAC and BAI also contributed to the analysis of Jorge's script system, as show in Table 5.

Treatment goals

The therapeutic process followed Widdowson (2009) guidelines. First, the practitioner focused on reflecting what the client needed to do in order to change, so practitioner and client generated a series of goals (reported in the PQ) considered the priority and central therapeutic task in line with the length of therapy. Second, the practitioner connected Jorge's goals with TA concepts on which they could work in therapy for reaching such changes. These are reported in Table 6 Jorge's first therapy goal was to work on his excessive tendency to do others' work, and the practitioner focused on the redecision of his Please Others driver ("I understand that this is not a part of my job and that I cannot do it for others"), along with the analysis of his drama triangle transactions, in which Jorge entered as a Rescuer ("I told myself that my colleague was very tired and also had a lot of health issues, and so for this reason I had to help her"), but inevitably ended up as a Victim ("I always support and help others solving their job's problems and nobody sees my engagement. I really

think I'm too gentle with people and they take advantage of me").

Jorge's second goal was to change his tendency to do everything alone without considering the possibility to ask for help and the practitioner focused on redeciding his Try Hard driver ("The company is not giving me enough financial and human resources to complete projects, but I tell myself that despite this difficulty I have to go on and show myself and others that I can do it").

His third therapy goal was to be more assertive with his boss, so the practitioner worked on Jorge's internal dialogue between his Critical Parent ("This company is like an old traditional family, you have to respect your father and your mother and to have to be engaged with your spouse and your children") and his Adapted Child ("Yes, I agree, I must be engaged 100%, and if I do not respect this I would understand if I received a punishment").

His last goal was to be able to relax and dedicate time to his leisure activities with his family and friends, so the practitioner worked on Jorge's Adult awareness of when he has to stop working ("Working time has ended, I'm tired, I'll finish it tomorrow. Now I have to go home, take care of my family and do my hobbies: biking and drawing") and when he needs time for himself.

Therapy Process

To help Jorge reach his therapy goals and find relief from his burnout condition, the practitioner focused on the client's drivers, especially Jorge's tendency to Please Others and Try Hard, which made him spend more time at work doing the job of others and trying at his best to be the best performer he could be in a Rescuer-Victim position in the drama triangle. These two drivers learnt during his childhood led Jorge to a predisposition especially to cognitive ("*I am OK only if I help others and I do things perfectly*", "*Others are not OK and need support*"), behavioural ("*If I show that I work extra hours and I do not depend on others, people will have a positive image of me*"), motivational ("*It is not possible to make mistakes, errors are a sign that you do not have control on what you are responsible for*") and relational ("*I have to adapt to others' needs, in this way I will be accepted and considered as a part of the community*") symptoms of burnout in a Script System three-dimensional optic ("*I have to be performing*" and "*Others needs come before mine*"). Working on Jorge's internal dialogue between his Critical Parent that said "*I'm not feeling good and I do not have time for taking care of you (mother)*" and his Adapted Child that answered "*Since nobody can help me and asking for help is shameful, I have to take everything on my shoulders*" helped scale down existential ("*Life*

Jorge's Script System

Script Beliefs and feelings	Expression of scripts	Supporting memories
Beliefs about: 1) Oneself (**Cognitive symptoms**) • I am OK (I feel I can exist) only if I can help • I am OK if I do things perfectly (I make no mistakes) 2) The other (**Cognitive symptoms**) • Others do not understand me • Others are not OK; they need support 3) Life and the world (**Existential symptoms**) • Life has no sense • Life is sacrifice and struggle • Life has to be devoted to others • I do not have to depend on others because I have to be strong Intrapsychic processes (**Emotional symptoms**) • Sadness	1) Observable behaviour (**Behavioural** and **Relational symptoms**) • Working extra hours (more than 12 hours a day – sometimes during the weekend too) • Very adapted to organisation's needs • Justify with others when taking holidays • Hands are as paralysed • No time for leisure activities and family 2) Internal consequences (**Motivational** and **Somatic symptoms**) • Tiredness, heaviness, emptiness, anxiety • Feelings of guilt if he does not do things perfectly • Mood swings and cries 3) Fantasies (**Existential symptoms**) • I will be remembered as the most engaged employee, the one who brought a sense of humanity in the organisation	Emotional memories of script-forming moments (**three-dimensional Script System**) • My father blamed me for not being enough performant at school and in sports • My father gave me heavy punishment when I did not follow family rules • My mother was passive and submitted to my father. • My mother took care of her needs before mine • Game with manager (Kick-me)

Table 5: Jorge's Script System.

Jorge's therapeutic goals in order of priority	TA Concepts
"I want to work on my excessive tendency to do the job for others".	Redecide "Please Others" driver and transactions with the drama triangle (Rescuer-Victim).
"I want to change my way of thinking: 'I have to do everything by myself' and 'I can't ask for help'".	Redecide Try Hard driver.
"I want to be more assertive with my manager".	Analyse the internal dialogue between Critical Parent and Adapted Child, and interrupt it.
"I want to take time to relax and for leisure activities with family and friends".	Reinforce Adult resources to be more aware when it's time to stop working and take time for self.

Table 6 Jorge's therapeutic goals and correlated TA concepts.

is devoted to helping others and I cannot ask for help") symptoms of burnout in his three-dimensional script system ("*I have to be performing*" and "*Others needs come before mine*"), allowing Jorge to ask for help if necessary without feeling shameful. Finally, working on his difficulty to give himself some relaxation and dedicate time to leisure activities, family and friends, has been useful for his emotional (sadness) and somatic (tiredness, emptiness) symptoms of burnout.

The evaluation data indicated that the focus needed to be orientated mainly toward motivational, emotional and existential symptoms and it emerged that, without an immediate therapeutic action, Jorge would have fallen into burnout with serious consequences on his physical and psychological health. The loss of meaning about the job, the sense of apathy and disconnection with the company, but paradoxically the incapability to take a break, the uncontrolled mood swings with his colleagues and relatives, and the feeling of emptiness have been evaluated between moderately severe and severe and were considered as the main areas for treatment implications.

Three months after the conclusion of the therapy, Jorge attended a follow-up session, which was based on the CSEP 9/99. The client reported feeling better with a sensation of relief. He asserted to be more conscious about himself and about the injunctions and drivers explored during therapy.

He added that the technique of the internal dialogue based on the ego state model helped him to better manage the unconscious requests from his Critical Parent who pushed him to sacrifice himself in order to feel worthy of his existence and be accepted by others. He also stated that he is better equipped at measuring the burden of tasks at work and the impulse of bringing the job at home is under control. He started delegating, he is less impulsive and more able to control his anxiety. Consequently, also the level of physical fatigue diminished as well as his headache problems and sleep disorder. He referred to feeling more motivated to go to work, and his relationship with peers and direct reports had improved. Delegating impacted positively on his private life – he has more time to spend with friends and family. One aspect that remained was that Jorge reported sometimes feeling disconnection between himself and his job. He experiences this gap between identity and job as a source of frustration, anxiety and feeling of emptiness. In order to better address this topic, the practitioner left the client to decide whether to undertake longer-term treatment.

Jorge's Burnout phases

Jorge came to therapy to prevent a potential burnout syndrome, so we analysed the evolution into phases.

When he started therapy, he was in a condition between the Dehumanisation phase (Phase 4) and the Burnout syndrome (Phase 5). In Table 7 we report his words for each stage, from Honeymoon (Phase 1) to Burnout phase. It is evident that in Phase 1, at the beginning of his career, Jorge was feeling: extremely competent with thought of omnipotence (Cognitive), hyperactive (Behavioural), longing to give more (Motivational), full of energy (Emotional), euphoric with butterflies in his stomach (Somatic) and had loads of group activities (Relational). After two years his condition started degenerating from the Honeymoon to the Suppression phase (Phase 2): he began to doubt his capacities (Cognitive), abandon his hobbies (Motivational), have mood changes (Emotional), gastric problems (Somatic), and group activities were considered less important (Relational). In approximately 15 months these symptoms led Jorge to the Denial phase (Phase 3): he started feeling discouraged (Motivational), anxious (Emotional) which led him to sleep problems (Somatic) and nervous when with others (Relational). After 10-12 months, before beginning therapy, Jorge reduced social contacts (Dehumanisation phase, Phase 4; Behavioural) and lost motivation for his job (Burnout phase, Phase 5; Motivational)

Discussion

The aim of this article is to demonstrate how we have combined systems-psychodynamic, cognitive-behavioural, logotherapy and transactional analysis to create a model for understanding and diagnosing burnout. We have described our processes of development to produce a heptagon with seven dimensions and linked that to the use of the script system. We have developed a Burnout Assessment Chart alongside a semi-structured Burnout Assessment Interview tool.

We have then illustrated the use of these with a case study, which has allowed us to demonstrate how using the proxy measurement tool we have developed provides a basis for identifying the phase and the level of severity of burnout being experienced by a client, so that a practitioner can develop a treatment plan that will facilitate a focus on the key priorities for an individual client.

Limitations

We are conscious that we have developed these ideas between us and have not yet engaged with the wider professional community. We found little on the topic of burnout within the TA literature so the TA concepts we have considered have in our own choices rather than being influenced by many other practitioners. It is likely that others might well be using different TA concepts in their work with clients with burnout indications.

Phase/Symptoms	1. Honeymoon	2. Suppression	3. Denial	4. Dehumanisation	5. Burnout
Cognitive	"At the beginning I thought that I was the only one who could give the company a truly added value, maybe because of my previous experience in a more structured company".	"At a certain point I started doubting about my capabilities. I could not concentrate at work and the complexity of this project started to become heavy".	"I started having troubles remembering things like important meetings with the board or answering to some important emails. And on the top of it, I was denying the severity of the situation".		
Behavioural	"I wanted to show that there was cohesion between my company and me, in particular with my manager. I wanted to show that I was able to do and manage lot of things at the same moment and in short times. Efficiency was my key word".			"I almost isolated from the others. The only contact I had was with my colleges at work and with my wife at home".	
Motivational	"I used to work a lot and bring home my job. I also worked during the weekend searching for new projects. I was really satisfied about my involvement and commitment".	"I started giving up my hobbies: I've always been interested in drawing and biking, but there was no time for these things anymore".	"I talked to my wife saying that I did not want to go to work. My motivation was decreasing as well as my commitment. I started losing interest in my role, in the project, in the company".		"One morning I could not get out of my bed. I called my wife and told her to call the doctor because I could not move".
Emotional	"It's like I was moved by an internal boost. I was full of energy and motivation".	"My mood changed. I started being irritable with my wife at home".	"The level of anxiety started raising. I was anxious about getting to work late, anxious when reading the emails and when facing with daily problems".		
Somatic	"I had a sense of excitement, like butterflies in my stomach. Which made me think I was in love with my job and the organisation".	"Sometimes I have gastric issues and I cannot sleep very well".	"I wake up at night thinking about my job and in the weekend too. Instead of taking my time for breakfast I start the day checking my emails".		
Relational	"I was involved in a lot of group activities and I really enjoyed it. Teamwork was an asset for me."	"The meetings with my direct reports and my colleagues started losing importance. Even if I participated to all the reports, I found them quite boring and time waste".	"I became nervous with my direct reports and intolerant towards their mistakes that I had to fix. This took time and extra effort".		
Existential	"This job was the one I was looking for since ages. Being at others service in an NGO was my dream".	"I started realising that my values were quite different from the organisation's. I accepted this role of supporting and counselling others, but the board wanted me to have a more strategic position which did not allow me to have a strong contact with the employees of the company".	"I started questioning why I decided to accept that role. What was the sense of all of this? Was it really the job I was looking for"?		

Table 7: Jorge's phases to Burnout in the seven symptom dimensions.

We recognise also the obvious limitations of illustrating the tools we have developed with only one client. We have described a case where burnout had not reached the most severe phase, so that the treatment plan we show did not take into account. We have not developed treatment plans for less severe cases either so that still needs to be done.

Presenting a single case might well give the impression that we expect the use of the tools we have developed to be straightforward and consistent. However, every client is unique and the chart and interview may need considerable amendment to reach a stage where they can be used with a wide variety of presenting cases and at different levels of severity.

Conclusion

Burnout is a syndrome which has recently been recognised within psychiatric pathology, but often dealt with by counsellors and psychotherapists,

educators and work psychologists. It is dominated by serious depressive and somatic symptomatology that can lead to suicide, but it can also be identified in much earlier phases when it is less severe.

We are developing a manual for burnout treatment, where we have brought together systemic-psychodynamic, cognitive-behavioural, logotherapy and transactional analysis perspectives. Through this we have developed a concise version of burnout phases generated a three-dimensional heptagon in which every summit represents a dimension of burnout condition, and linked the dimensions to the script system. We have also created a proxy-rated questionnaire and a semi-structured interview that provides information for tailored treatment planning to suit specific clients.

Although we are presenting here only one case study, we hope that our colleagues within the TA community will use our ideas and tools with their own clients, in different contexts, so that we can develop a broader range of treatment plan options – whilst testing and potentially improving the content of the heptagon.

The authors welcome requests for the blank BAC form.

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Appendix A – Burnout Assessment Chart (BAC)

———————— Burnout Assessment Chart (BAC) ————————

Patient's code: 003   Age: 56   Gender: Male   Ethnicity: White

Date of the assessment: 9th May 2018   Pratictioner: GPB

Burnout Symptoms Patterns

With the support of the semi-structured interview and the signs related to symptoms, evaluate if the level of each symptom is severe, moderate or healthy.

Symptom	Signs	Severe	Moderate Severe	Moderate	Mild	Healthy
Cognitive	Suicidal ideas, lack of concentration, laps of memory, difficulty with complicated assignment.	5	4	[3]	2	1
Behavioural	Being extremely active, impulsivity, elevated utilisation of illicit drugs and increased consumption of caffeine, tobacco, alcohol, renunciation of recreational activities, uncontrollable need to criticise, accuse or disapprove.	5	4	[3]	2	1
Motivational	Loss of enthusiasm, giving up, discouragement or apathy.	5	[4]	3	2	1
Emotional	Desolation, mood swings, weepiness, emotional exhaustion, accumulation of stress or apprehension or concerns.	[5]	4	3	2	1
Somatic	Chronic fatigue, nausea, headache, faintness, vertigo, muscle pain, sleep and gastrointestinal disorders.	5	4	[3]	2	1
Relational	Cynics toward others. Withdrawing from society.	5	[4]	3	2	1
Existential	Deficiency in the personal-existential primordial motivation. Alienation.	[5]	4	3	2	1

Treatment Implications:

Working on his capacity to regulate emotions.

Working on his feeling of emptiness, incompleteness.

Working on his excessive self-involvement in the job.

APPENDIX B – Burnout Assessment Interview (BAI)

Semi-structured Interview guide (duration 90 minutes): Basic questions for burnout assessment. For each question **ask also for examples** and if necessary, the level of intensity from the client's point of view explaining the scale from 1 to 5.

I am interested to know a little more about you and about the symptoms that you are experiencing in these last two weeks compared to the last year. The purpose is to better focus and understand which are the most significant signs are you experiencing. This interview and all the therapeutic processes will remain confidential and be used for academic research reasons. If you have any questions feel free to ask during the interview. Also, ask for clarification if you do not understand what I am asking. Probably some events happened a long time ago, so you can take your time to recall them. It is OK if you do not remember or if you do not know an answer and if there are aspects that you do not want to talk about.

Introductory questions

- In order to understand the context, I'll start asking with why you became a Senior HR director.

- Can you describe your development in this position?

Diagnose Cognitive Symptoms

- Do you constantly forget important or little things? Can you give me some examples?

- Do you have difficulties concentrating on one or more task? Can you give me some examples?

- Have you ever had suicidal ideas when you felt drained by your job? Can you give me some examples?

Diagnose Behavioural Symptoms

- How many hours do you generally work per day?

- Have you started using toxic substances or increasing their consumption? Which type of substance have you used and with what frequency?

- Tell me about withdrawing from your hobbies and leisure activities.

Diagnose Motivational Symptoms

- How did you lose enthusiasm about your job? Tell me more about this.

- In which way do you feel discouraged? Can you give me some examples?

- Tell me more about your sense of apathy.

Diagnose Emotional Symptoms

- Are you experiencing a sense of desolation? Tell me more about it.

- How does your mood change? Can you give me some examples?

- How are you accumulating stress and apprehension?

Diagnose Somatic Symptoms

- Are you experiencing a sense of chronic fatigue?

- Are you experiencing somatic distress? For instance, nausea, headache, muscle pain, gastrointestinal disorders, etc.?

Diagnose Relational Symptoms

- Are you withdrawing from others?

- Are you showing a level of cynicism towards others?

Diagnose Existential Symptoms

- How is your job meaningful to you?

- Are you feeling a sense of alienation from your job?

Conclusion of the interview: Thank you for your time for this interview.

Development and Case Study Application of a Proxy-Generated Outcome Measure of Suffering for use with Clients with Illusory Mental Health

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Abstract

The concept of illusory mental health is described as the rationale for needing an approach for working with individuals who are unaware of their suffering and are therefore unable to describe their problems through self-report instruments. The use of a nomothetic approach using self-report or clinician-generated standardised instruments is compared with an idiographic approach for working with such individuals. A case study is used to illustrate the development and first application of a Proxy-Generated Outcome Measure (PGOM) that allows clinicians, observers and researchers to trace an individualised understanding of a client's core sufferings and changes occurring during the process of psychotherapy. A comparison with a nomothetic outcome measure is also presented.

Keywords

Illusory Mental Health (IMH), Proxy-Generated Outcome Measure, idiographic, Psychodiagnostic Chart-2, nomothetic, client's implicit suffering, clinician's subjective experience, guided clinical judgment, systematic observation, psychotherapy outcome assessment, Psychodynamic Diagnostic Manual-2, psychodynamic psychotherapy.

Introduction

Illusory mental health (IMH) is the phenomenon in which individuals do not recognize their own suffering as a defensive denial against awareness of threatening memories and emotions. It tends to be characterized by a need to see themselves as well adjusted despite underlying vulnerability (Shedler, Mayman & Manis, 1993). In this sense, Shedler and colleagues suggest a distinction between clients who present mental health on self-reports but are judged distressed by clinicians (apparently healthy) and clients who present themselves as mentally healthy in correspondence with the clinicians' judgements (genuinely healthy). This phenomenon has an impact on a considerable part of the population, approximately 10% - 20% (Ward & McLeod, 2018), and is characterized by low scores on symptom measures, by indications of high levels of mental health problems in projective and narrative techniques, and clinical judgement, with an observable discrepancy between different sources of data about existence of mental health difficulties (Shedler et al., 1993). Shedler, Kaninger & Katz, (2003) provide a list of characteristics that are often observable in persons who exhibit IMH, that includes: a predominantly negative affect tone, with manifestations of insecurity; the experience of the Other as malevolent (e.g. as sources of pain, punishment, frustration) and as acting in cruel and destructive ways; the presence of negative early memories concerning abandoning, unprotective, or abusive caregivers .Shedler (Shedler et al., 1993; Cousineau & Shedler, 2006) notes that this phenomenon shows an important implication for practice, as it seems to coincide with a higher risk of developing physical health problems. Those individuals identified as having IMH are physiologically over-reactive and tend to express distress somatically with real physiological costs. Accordingly, a study conducted in Massachusetts by Bram, Gottschalk & Leeds (2018) adds the possibility that IMH could reflect a deficit or defensive structural weakness in the ability to access and process painful feelings. If so, unrecognized and unprocessed emotional distress would, therefore, be experienced and expressed primarily on a somatic level. This perspective would also explain the chronic fatigue syndrome, which is characterized by medically unexplained fatigue: somatic symptoms are somatized manifestations of a defensive disavowal or deficit in emotional processing. Shedler and colleagues emphasize another important implication of IMH phenomenon for the psychotherapy outcome research, since it suggests that some

feedback and monitoring tools may not provide accurate information about the client's situation. In particular, Cousineau & Shedler (2006) highlight the limitations of self-report questionnaires and suggest that implicit measures have an important role to play in mental health research. Consistently, a Dutch study (Wineke, Eurelings-Bontekoe, Dijke, Moene & Gool, 2015) conducted on clients with somatoform disorders - who report somatic complaints attributed to an unexplained medical condition – underlines how these clients tend to deny the influence of psychological factors on self-report measures, showing a favourable self-presentation which may be related to defensive denial that characterizes the phenomenon of IMH. The results of this study are in line with the increasing awareness that many psychological processes are implicit rather than explicit, and not accessible via self-reports (Shedler et al., 1993; Cousineau & Shedler, 2006; Westen & Shedler, 2007; Wineke et al., 2015).

Bringing further support to the usefulness of implicit procedures, the German study of Subic-Wrana and colleagues (as cited in Wineke et al., 2015) shows that among clients with somatoform disorders, low levels of emotional awareness - assessed with an implicit projective measure (LEAS) - are associated with a low level of impairments in self-reports. In this regard, Wineke and colleagues suggest that the utility of self-report measures may be limited in clients who tend to describe themselves as overly positive among these instruments, such as those clients with somatoform disorders, and that future research should include observer ratings, complementary to self-reports.

The term nomothetic derives from the Greek word nomos meaning law, and is used in psychology to establish generalization, such as diagnosis, referring to objective classification under similar condition. The term idiographic comes from the Greek word idios meaning own, private, and refers to aspects of subjective experience that make each person unique (Pagnini, Gibbons & Castelnuovo, 2012; McLeod, 2007). In 1937, Gordon Allport first introduced to American psychology the distinction between the idiographic and nomothetic approach, starting the ongoing philosophical debate in the field of psychological sciences regarding the theoretical and methodological assumptions that should guide personality research (Grice, 2004). Precisely, in clinical psychology, the debate addresses the classification of personality and other taxonomies, as well as the use of diagnosis (Pagnini, et al., 2012). On the one hand, nomotheists have argued that personality psychologists should focus on generalities and discover and quantify phenomena observed in groups of individuals. On the other hand, idiographists have argued that the field of personality should be primarily concerned with understanding the

developmental history of individuals as well as their subjective interpretation and responsiveness to reality (Grice, 2004). Over the years, both approaches have claimed to be theoretically founded and scientifically valuable.

Nomothetic Approach

In recent decades, psychological problems have been defined primarily on the basis of observable symptoms and behaviors. According to a nomothetic approach, which establishes laws and generalizations based on the study of large groups of people, these observable aspects of psychotherapy process and outcome are assessed through appropriate instruments (e.g. questionnaire and structured interviews), by clients themselves (self-rated) or by an external observer (proxy-rated). This approach generates a hypothetical-deductive thinking that identifies explanatory and generalizable aspects regarding how much an aspect is common and recurrent within an extended sample, to the detriment of subjective connotations. Indeed, the traditional use of nomothetic, standardized and self-rated measures, such as the Patient Health Questionnaire 9-item (PHQ-9; Spitzer, Kroenke & Williams, 1999) that scores each of the nine DSM-5 criteria for symptoms of depression, locates individuals within a larger population on general factors and norms. Having said that, self-report measures have emerged that would seem not to be sensitive to factors or situations that could influence the quantitative change in scores, such as social desirability (Paulhaus, 1986; McLeod, 2001, Caputo, 2017).

In addition, a poor correspondence between quantitative and qualitative data has been observed in clients who tend to deny their own observable suffering (Shedler, et al., 1993). Such evidences call into question the reliability of the nomothetic self-report tools, as they seem to be affected by socially-desirable responding or self-deception (Shedler et al., 1993; Cousineau & Shedler, 2006). Moreover, self-report measures of mental health, perceived stress, life events stress and mood states, do not predict health outcomes and do not detect those psychological processes that are implicit rather than explicit, and that are therefore not accessible via self-report tools (Cousineau & Shedler, 2006). Indeed, these measures do not capture the implicit dimensions (unconscious) of the client's suffering. Since these implicit dimensions, for example the intensity of the sufferings, are excluded from the client's awareness, they cannot be evaluated with nomothetic self-report instruments from the client's explicit point of view. For these reasons, some practitioners resort to the use of nomothetic, proxy-rated measures, such as the Hamilton Depression Rating Scale (HDRS; Hamilton, 1960), the most widely-used clinician-administered

scale to assess client's severity and change in depressive symptoms.

According to Millon (1991), to preserve the clinical utility, systems and tools for personality assessment should include both explicit/conscious and implicit/unconscious structures and processes. In the light of this, explicit and implicit measure should both be integrated in randomized controlled trails and in meta-analyse. Some currently available studies of alcohol expectancies include both explicit and implicit measures, supporting a model in which prediction of drinking might be optimized by combining the best assortment of both implicit and explicit tasks: specifically, the Reich, Below & Goldman, 2010 study supports the added value offered by the use of implicit measurement. A recurring question in the field of psychotherapy outcome assessment is how to measure these unique aspects, caught by the idiographic approach, but tending to be overwhelmed by the nomothetic approach.

Idiographic Approach

Idiographic knowledge focuses on the peculiarities of a single individual and exalts subjectivity and personal connotations, generating an interpretative thinking aimed at a fuller understanding of a specific case, often through the use of case studies, unstructured interviews, direct observation and other qualitative impressions derived from diaries or archival records. From an historical point of view, the idiographic strategies in psychology were first espoused by Gordon Allport, who wrote that "as long as psychology deals with universals and not with particulars, it won't deal with much" (Allport, 1960, p. 146). Supporting an idiographic approach, Elliot and colleagues (2016) highlighted that clients have a unique clinical condition, with problems and manifestations that are specific to their own circumstances. They also affirmed that during the last two decades, existing idiographic approaches use client generated outcome measures (CGOMs) to assess the client's self-rated explicit distress. Nowadays, the three most used CGOMs are: Goal Attainment Scaling (GAS; Kiresuk & Sherman, 1968 [as cited in Elliot et al., 2016]), Psychological Outcome Profiles (PSYCHLOPS; Ashworth et al., 2004 [as cited in Elliot et al., 2016]), and the simplified version of the Personal Questionnaire (PQ; Elliott, Mack, & Shapiro, 1999; Elliot, et al., 2016). The simplified PQ is the most recognized and individualized idiographic CGOM to assess client's self-rated core problems; it helps clinicians from a wide range of theoretical orientations (psychodynamic, humanistic–experiential cognitive–behavioral) to individualize a range of client's specific psychological difficulties or central problems. The client is guided by the clinician (intake worker, therapist or researcher) during a process of developing a list of problem statements, describing in client's words what they want

to work on in treatment; the client then rates these explicit problems on a seven-point scale. Once PQ is constructed, clients typically complete the PQ at the beginning of each therapy session (Elliot et al., 2016). The simplified version of PQ is the most widely used idiographic CGOM as it has demonstrated sound psychometric properties and various clinical utilities, including: usefulness for session-to-session outcome monitoring; enhancement of knowledge of client-specific explicit complaints; and clinical decision making (Elliot et al., 2016).

Despite their growing popularity, idiographic self-report CGOMs have been viewed with some skepticism and criticized as both cumbersome and lacking sufficient psychometric evidence. Indeed, Mintz and Kiesler (1982 [as cited in Elliot et al., 2016]) noted that many studies using these techniques have not specified the manner of eliciting items or calculating scores from one study to the next. A second problem is the limited psychometric data for these measures, including empirical evidence for their validity, although Elliot and colleagues (2016) reported psychometric analyses of PQ. Another limitation of CGOMs is that clients can report only explicit problems and suffering that they perceive at a conscious or pre-conscious level. Indeed, in the simplified PQ, when the therapist helps the client to refine the items, the client describes own problems through a self-report client-generated outcome measure; it follows that these aspects of suffering are perceived by the client only at an explicit (conscious or preconscious) level. In addition, Elliot and colleagues (1999, 2016) noted that asking the client to complete the PQ requires extra time and human resources (e.g., two or three additional sessions for the construction of the items). Moreover, this measure could lead to the risk of an excessive focus on the client's explicit point of view. For example, we know that clients may not be aware of some implicit dimensions (such as feelings, wishes, desires) and that it may be difficult for clients to attribute the same meaning to the items they had constructed at the beginning of the therapy, as the very meaning of the problems change, as well as their own global network of meanings. Furthermore, the use of the simplified PQ may be strenuous and overcoming with some clients, with the risk of excessive structuring of the setting with clients whose need is to express their lack or overabundance of personality structure.

Aims of the Study

The first aim of our study is to report the analysis of a psychotherapy single case that is representative of those clinical cases in which clients fall in the healthy population (Shedler, et al., 1993; Shedler, et al., 2003) although direct observation or detailed examination of the session video recordings and transcripts shows a clinical suffering that would need to be adequately treated. Indeed, the subject studied in our clinical case

obtained some values that placed them below the clinical threshold in the self-report nomothetic measures (BDI-II, Beck, Steer, & Brown, 1996; STAI-Y2, Spielberger, Gorsuch, Lushene, Vagg & Jacobs, 1983; CORE-OM, Evans, et al., 2002) whilst proxy compilation of a nomothetic measure (PDC-2, III Section; Gordon & Bornstein, 2015) by a judge-observer revealed moderate suffering.

The second aim of this study is to present an idiographic, proxy-rated and implicit version of the simplified PQ, that we have called Proxy Personal Questionnaire (PPQ), proxy-generated since it is a practitioner-generated. When the idiographic, explicit, self-rated simplified PQ is not available, or when it is necessary to use more agile and accessible instruments than those generated by the client, distress themes or problems can be identified by a single judging practitioner (clinician or researcher) with the PPQ, through a systematic and detailed observation of video or audio recordings of therapy sessions. Specifically, the therapist conceptualizes the problems referring to the client's explicit words, conflicts, decisions and feelings, and analyzes implicit dimensions of distress such as pervasiveness and severity of suffering.

Nowadays there is evidence that to understand symptoms, we must know something about the person who hosts them (Lingiardi & McWilliams, 2017; Westen, Gabbard, & Blagov, 2006), and that both mental health and psychopathology involve many subtle features of human functioning (e.g., affect tolerance, regulation and expression; coping strategies and defenses; capacities for understanding self and others; quality of relationships) that are usually implicit and cannot be evaluated with self-report measures because of exclusion from the client's awareness.

We followed also the criticisms that Elliot himself highlighted about the use of the PQ in the simplified version: PPQ allows the clinician to use subjective experience about the relationship with the client as a valuable resource, rather than focusing only on the individual patient's point of view (Dazzi, Lingiardi & Gazzillo, 2009). Furthermore, this allows the clinician to understand in a more detailed and individualized manner the client's specific core problems and sufferings without over-structuring.

The third aim of the present study is to compare the PPQ with PDC-2, the 12 nomothetic implicit categories of the proxy, recognized Psychodiagnostic Chart (PDC-2; Gordon & Bornstein, 2015). Gordon & Bornstein (2012) stated that the Psychodynamic Diagnostic Manual (PDM Task Force, 2006) needed a short, practical tool to guide practitioners through the sections of its taxonomy and Lingiardi & McWilliams (2017) developed PDM-2 based on PDC-2 validated

by Gordon & Bornstein (2015, 2018). We observed that PPQ and PDM-2 share the same topical areas of psychological distress, as explained below.

Methodology

Client

The client, a man aged 23, was recruited via an announcement by the Department of Philosophy in a large city in southern Italy. He received 16 weekly private sessions over 5 months, in a professional office. No fees were payable as he was taking part in the research.

Having attended two years of university studies in a subject chosen to meet his father's expectations of him joining the family business, the client had felt the need to differentiate himself and had left home to live in a large city and study a different subject at university.

In video recordings, the client can be seen reporting on uncontrollable rage in situations in which he feels unrecognised or overwhelmed by strangers, leading to impulsive and aggressive acts towards others, to the point of putting his own safety at risk. The patient also refers to feeling sometimes as if he is divided into two, observing opposing and conflictual parts of himself, without being able to understand the phenomenon itself. He also reports that he has several friends and has had some stable emotional relationship, including a satisfying and positive relationship for a few months with a girl of the same age. However, a prototypical relational pattern emerges that if the client does not feel recognised, he has difficulties in expressing his needs and protecting his own interests, and tends to close down and withdraw from the relationship.

As indicated below, the quantitative self-report nomothetic measures gave subclinical (healthy) scores. However, the first qualitative screening of the client by an independent researcher during the assessment phase, as well as the client's anamnesis, highlighted the presence of suffering (e.g. the impulsiveness that drove the client into a sports accident).

Ethical Protocol

The research protocol followed the requirements of the Ethical Code for Research in Psychotherapy of the Italian Association of Psychology, and the American Psychological Association guidelines on the rights and confidentiality of research participants, and was approved by the Ethical Committee of the University of Padua. Before entering treatment, the client received an information pack, including a detailed description of the research protocol, and gave a signed informed consent and written permission to include segments of disguised transcripts of sessions or interviews within scientific articles or conference presentations. The client was informed that he would have received the therapy even if he decided not to participate in the

research and that he was able to withdraw from the study at any point, without any negative impact on the therapy. All aspects of the case material have been disguised, so neither the client nor third parties are identifiable. All changes are made in such a way that does not lead the reader to draw false conclusions related to the described clinical phenomena.

Self-rated quantitative measure

Before, during and after the end of therapy, client data were gathered by an independent researcher, and blinded concerning diagnosis, treatment plan, therapeutic process, and outcome.

Before the start of the therapy (assessment session) the client completed measures for depression – BDI-II - Beck Depression Inventory, 2nd ed. (Beck, Steer, & Brown, 1996), trait anxiety – STAI-Y2 - State Trait Anxiety Inventory (Spielberger, Gorsuch, Lushene, Vagg & Jacobs, 1983) and overall distress – CORE-OM - Clinical Outcomes in Routine Evaluation (Evans, et al., 2002), using versions in Italian and corresponding norms.

The Italian clinical cut-off score of the **BDI-II** is considered equal to 12; moreover, according to a scalar criterion it is possible to define the explicit severity level: raw scores between 0 and 10 place the patient within a non-clinical threshold; scores between 11 and 14 indicate a 'form of vulnerability' to depression and place the subject in a clinical threshold; scores between 15 and 17 indicate a 'moderate' form of depression, while scores above 17 a form of 'severe' depression (Ghisi, Flebus, Montano, Sanavio & Sica, 2006).

The **STAI-Y2** is composed of 20 items, in which the patient evaluates, on a scale from 1 to 4 (1 = *nothing*, 4 = *very much*), how much the item statements are appropriate to his own behavior. The range of the total score is between 20 and 80 with a predictive threshold value of anxious symptoms placed at 40. Moreover, according to an Italian normative value: scores between 40 and 50 indicate a 'mild' form of anxiety and place the patient within the clinical threshold; scores between 50 and 60 indicate 'moderate' anxiety, and scores above 60 indicate 'serious' anxiety (Barisone, Lerda, Ansaldi, De Vincenzo & Angelini, 2004).

The **CORE-OM** is a self-report questionnaire composed of 34 items with a 5-point Likert rating. The Italian clinical cut-off score is equal to 10. Moreover, it is possible to define the explicit severity level: raw scores between 6 and 9 indicate symptoms of 'low' suffering and place the patient within the subclinical threshold; scores between 10 and 14 indicate 'mild' suffering and place the subject in the clinical threshold; between 15 and 19 'moderate' suffering, between 20 and 24 'moderate / severe' suffering, and above 25 'serious' suffering (Palmieri, 2011).

These quantitative measures were administered to confirm that client scores fell below the cut-off for clinical significance (Jacobson & Truax, 1991) and are shown in Table 1.

	Clinical Cut-Off	Assessment Session
BDI-II (depression)	≥ 12	6 subclinical
STAI-Y2 (trait anxiety)	≥ 40	39 subclinical
CORE-OM (overall distress)	≥ 10	5 subclinical

Note: BDI-II = Beck Depression Inventory-II (Beck, Steer & Brown, 1996). STAI-Y2 = State-Trait Anxiety Inventory (Spielberger, et al., 1983). COREOM = Clinical Outcomes in Routine Evaluation-Outcome Measure (Evans et al., 2002).

Table 1: Quantitative assessment outcome for symptoms of depression, trait anxiety and overall distress

Over the course of the therapy the client completed a measure of the perceived empathy in psychotherapy: the Empathic Understanding Subscale of the Relationship Inventory (EU, Barrett-Lennard, 1986), administered by an independent interviewer who was a clinical psychologist during internship. This subscale is validated in the clinical context and is composed of 16 items presented with a scale ranging from "–3" (= *strongly disagree*) to "+3" (= *strongly agree*), without a neutral option. Total scores range between –48 and +48, with higher scores indicating higher perceived empathy.

Client scores are shown in Figure 1. They increased by 13 points to finish at 31, a good empathic understanding.

Three months after the end of therapy, to avoid a complacency effect in the client, a different independent interviewer who was a clinical psychologist with a training in CI conducted the semi-structured Change Interview (CI; Elliot, Slatick & Urman, 2001) The content of this interview is reported below under Results, in terms of how it related to the PPQ findings.

All data were kept blind from the therapist until the qualitative analysis of the case was completed.
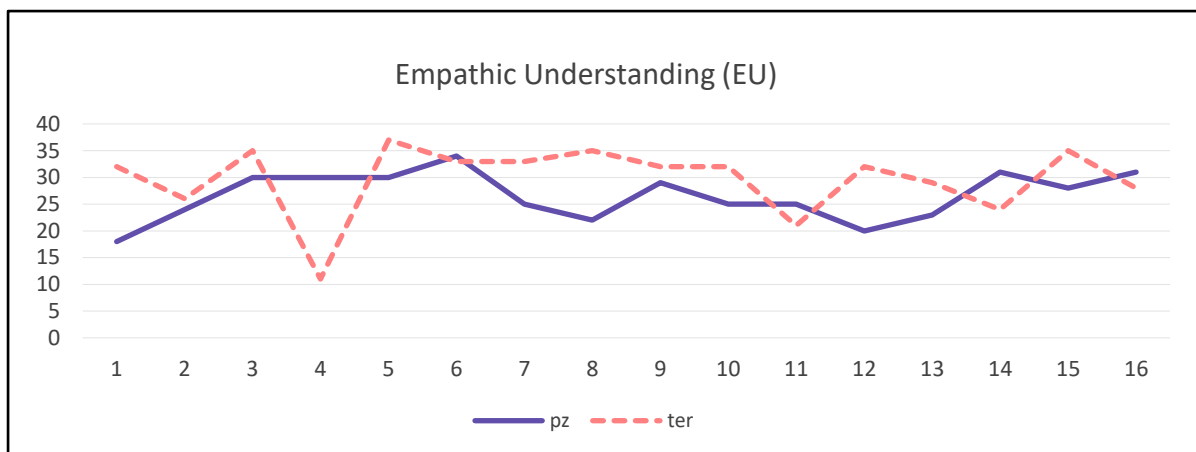
Figure 1: Trend of Empathic Understanding (EU) Subscale (Barrett-Lennard, 1986)

Instruments used for the Study

Psychodiagnostic Chart -2

The M-Axis of PDM-2 (Lingiardi & McWilliams, 2017) considers 12 dimensions of healthy and pathological mental functioning about which clients are generally not aware, and would therefore be unable to describe themselves. These implicit dimensions were operationalized with the 12 categories of the Section III of PDC-2, which, according to Gordon and Bornstein (2015, 2018), is an application of a short, user-friendly and validated tool that can guide the practitioner (researcher or therapist) through all sections of the PDM taxonomy and integrates the use of PDM with the symptom classifications of the DSM-5 (American Psychiatric Association, 2013) or the ICD-10 (World Health Organization, 1992). In this study, we consider Section III that requires the practitioner to determine the client's implicit overall mental functioning using a series of 5-point ratings for the 12 nomothetic dimensions of the M-axis, which include aspects of cognitive and affective processes, identity, relationships, defence, coping and self-awareness. These are summed to derive an implicit and proxy-rated overall severity score, with seven levels (1= *healthy*; 7= *severe defects*). This process helps place PDM-2 diagnoses in the context of a client's overall psychological functioning.

The PPQ

The idiographic simplified PQ (Elliott et al, 1999, 2016) is an individualized client-generated outcome measure designed to measure changes in explicit psychological difficulties in a consistent manner. Items are first elicited from clients using a simple, open-ended Problem Description Form, which asks them to describe the problems that led them to seek therapy. A trained interviewer (e.g. an intake worker or researcher) then reviews this list and transfers the explicit problems onto individual note cards. During

this process, the interviewer asks whether the client wants to include any problems for each of the following five topic areas: symptoms, mood, specific performance, relationships, and self-esteem. The interviewer then helps the client separate complex statements, clarifies ambiguous statements, and encourages the client to discard redundant statements to arrive at a list of approximately 10 simple, non-redundant problem statements. After the list of problems is finalized, the interviewer asks the client to order them in terms of importance, then to rate in terms of how much each has bothered them, and finally to rate problem duration (ranging from less than a month up to more than 10 years) On subsequent administrations, clients rate only severity for the past week.

While in the original idiographic, explicit, self-report and simplified version of PQ the client is helped by the therapist to individualize the core problems, and therefore will report explicit (conscious and preconscious) problems, in our study we developed an idiographic, proxy-rated and implicit version of PQ - PPQ - to identify implicit dimensions of client's suffering that the client is not able to assess about themselves at the beginning of the psychotherapy. This proxy-generated version becomes an instrument that can monitor the client's implicit movements.

PPQ Procedure

In the spirit of triangulation, five judges (specifically four post-graduate psychology students from University of Padua and an expert clinician experienced in transactional analysis), conducted the study of a single psychotherapy case, consisting of sixteen sessions. They reviewed all the videotaped sessions and wrote up their versions of the case independently. Then, they met and systematically cross-analyzed their multiple case views; in particular, they conducted a hermeneutic analysis according to the HSCED protocol (Hermeneutic Single Case

Design Efficacy; Elliot, 2002, 2009; Benelli, De Carlo, Biffi & McLeod, 2015), qualitatively enriched by using the list of 56 criteria provided by Bohart and colleagues (Bohart, Berry & Wicks, 2011; Bohart, Tallman, Byock & Mackrill, 2011). Subsequently, upon mutual agreement, they traced six core problems or sufferings of the client, as they verbally emerged from the client's words in the video recordings of the initial sessions of the therapy. Then, one of the post-graduate students, supervised by the clinicians, used those six points to construct the PPQ as a summary of the most salient points within the session transcripts and the follow-up interview, assessing and adding (as in the examples below) the duration of the problems, and the implicit pervasiveness and severity of them, to formulate a detailed and individualized final guided clinical judgment regarding the client's sufferings and changes during the therapy.

- *Duration of problems - Client*

Sentences such as *"I can't regulate my anger, since the age of kindergarten I had this problem and I was considered impetuous by my teachers"* is indicative of a problem that lasts *over ten years* (score = 10),whereas "*I do not understand what happened to me, I recently lost control of my anger, I've never been like this before*" is considered a problem that lasts *a few months or one year* (score = 1).

- *Pervasiveness*

The judge recognizes each relative duration and expresses the implicit pervasiveness of each suffering by summing the invested time (in terms of minutes) by both client and therapist to explore each problem, within each of the 16 sessions of the therapy, according to subjective perception and expressing these as percentages of time spent during each phase of the therapy.

- *Severity*

The judge attributes to each suffering a score based on subjective perception about the implicit severity of the client's suffering and adds them to obtain a global score. To facilitate comparisons and the formulation of the final clinical judgment of implicit sufferings and changes, the judge constructs three chronological versions of PPQ for each phase:

- PPQ Phase 1: Sessions 1 – 8. See Table A in Appendix.
- PPQ Phase 2: Sessions 9 – 16. See Table B in Appendix.
- PPQ Phase 3: 3-month follow-up. See Table C in Appendix.

In order to compare the final clinical judgement based on PPQ with the diagnostic inference gained through the PDC-2, the judge needs familiarity with the PDM-2 and access to diagnostic interview data and psychological assessment data to derive optimal PDC-2 ratings, so that PDC-2 versions can be compiled for the same three phases.

Results
PDC-2 outcome

The judge obtained for phase 1 of the therapy an overall score of 36, indicative of the level of "moderate" implicit impairments in mental functioning (Table 2). Then she obtained for phase 2 of the therapy an overall score of 44, indicative of the level of "mild" implicit impairments in mental functioning. Finally, the judge obtained for follow-up an overall score of 48, indicative of the level of an "appropriate mental functioning with some implicit areas of difficulty.

Finally the judge inferred that the client had improved in each area of mental functioning, including the implicit area of defenses and coping, which at the beginning of the therapy had demonstrated to be the most compromised area of the client's mental functioning. For more details concerning PDC-2 outcome across all phases of the therapy see Table 2 and Figure 2.

The judge compared the final clinical judgment about the client's main sufferings and changes, guided by the idiographic PPQ versions (Tables A, B, C in Appendix), with the diagnostic inference about client's implicit impairments in terms of mental functioning, based on scores that emerged from the nomothetic PDC-2 versions (Table 2). She found a good correspondence between the subjectively perceived severities of client's suffering (PPQ), and the client's mental functioning profiles (PDC-2). The correspondence between the two instruments has been found along each chronological phase of the therapy, as represented in Table 3.

According to the first phase of the therapy (session 1-8), both measures highlighted implicit moderate client's distress; in particular, PPQ for phase 1 reported an implicit "moderate" suffering, while PDC-2 for phase 1 indicated an implicit "moderate" impairment in mental functioning. According to the second phase of the therapy (session 9-16), both measures highlighted implicit mild client's distress; in particular PPQ for phase 2 reported an implicit "mild" suffering, while PDC-2 for phase 2 indicated an implicit "mild" impairment in mental functioning. Furthermore, according to the third phase of the therapy, PPQ for the follow up reported "less than mild" implicit suffering (severity average score= 8.5, which is half-way between mild and very mild), while PDC-2 for the follow-up indicated an implicit "appropriate mental functioning with some areas of difficulty". Therefore, across all phases of the therapy, the scores of both instruments seem to overlap, suggesting to correspond, at the end of the therapy, both to a proxy-rated and implicit low-level of global severity concerning the client's suffering (see Table 3).
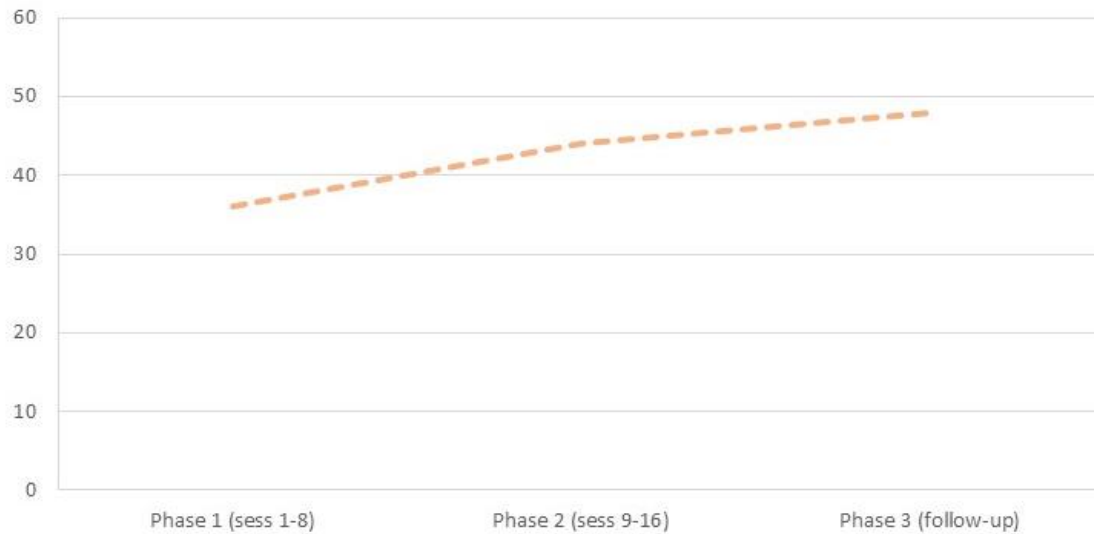
Figure 2: Level of mental functioning across the three phases of the therapy

M-Axis CAPACITIES	Phase 1 (session 1-8)	Phase 2 (session 9-16)	Phase 3 (3-month follow-up)
Cognitive and affective processes			
1) Capacity for regulation, attention, and learning	4	5	5
2) Capacity for affective range, communication, and	3	4	4
3) Capacity for mentalization and reflective functioning	3	4	4
Identity and relationships			
4) Capacity for differentiation and integration (identity)	3	4	4
5) Capacity for relationships and intimacy	3	4	4
6) Self-esteem regulation and quality of internal experience	3	4	4
Defence and coping			
7) Impulse control and regulation	2	2	3
8) Defensive functioning	3	3	4
9) Adaptation, resiliency and strength	3	3	4
Self-awareness and self-direction			
10) Self-observing capacities (psychological mindedness)	3	4	4
11) Capacity to construct and use internal standards and	3	3	4
12) Meaning and purpose	3	4	4
Level of Impairment in Mental Functioning	*36* *Moderate*	*44* *Mild*	*48* *Appropriate with Some Areas of Difficulty*

Note: M-Axis = the axis of the 2nd edition of Psychodynamic Diagnostic Manual (PDM-2; Lingiardi & McWilliams, 2017) that considers 12 dimensions which describe the healthy and pathological mental functioning. These implicit dimensions of PDM-2 were operationalized in the III Section of the Psychodiagnostic Chart-2 (PDC-2; Gordon & Bornstein, 2015, 2018) to derive the level of mental functioning

Table 2: Profile of mental functioning

Therapy Phases	Severity Of Suffering perceived by researcher (PPQ)	Profile Of Mental Functioning perceived by clinician (PDC-2)
1st phase (Sessions 1-8)	Moderate	Moderate Impairment
2nd phase (Sessions 9- 16)	Mild	Mild
3rd phase (Follow-up)	Mild	Appropriate with some areas of difficulty

Table 3: Convergent comparison of PPQ with PDC-2

PPQ outcome

The five judges identified the following six problems or sufferings: 1= "I cannot get angry with my father"; 2= "I would like to better manage my anger"; 3= "I feel invaded when I get provoked"; 4= "I need to feel recognized, or I close relationships"; 5= "I protect myself in the wrong way"; 6= "I do not understand how two different parts of myself can coexist" (Table 4).

These main problems, as well as their duration (Table 5), remained the same in all versions of the PPQ (see Tables A, B, C in Appendix) as they were taken into consideration by the client throughout the entire therapy.

The judge, from the analysis of videotaped sessions of phase 1, subjectively perceived a "moderate" implicit suffering (severity average score= 6;) in the client (PPQ for phase 1; see Table A in Appendix), observing that the most pervasive suffering in the first eight sessions of the therapy were related to the fourth and fifth problems: 4 = "I need to feel recognized, otherwise 'I close'"; 5= "I protect myself in the wrong way" (see Table 6).

The judge, from the analysis of videotaped sessions of phase 2, subjectively perceived a "mild" implicit suffering (severity average score= 8) in the client (PPQ for phase 2; see Table B in Appendix), observing that the most pervasive sufferings in the last eight sessions of the therapy were related to the first problem: 1= "I cannot get angry with my father"(see Table 6).

The judge, from the analysis of the 3-month follow-up transcription, subjectively perceived a "mild" implicit suffering (severity average score= 8.5) in the client (PPQ for phase 3; see Table C in Appendix).

Pervasiveness was not assessed in the follow-up session.

The judge formulated the final clinical judgment observing improvements in the description of each problem, within each version of the PPQ (Figure 3)

During the follow-up, the client stated that he had given himself permission to feel new emotions that he had never felt before, especially in the family context [F-U transcription: lines 67-72], demonstrating a change in the first problem (1= "I can't get angry with my father"), which is the most pervasive suffering during the last eight sessions of the therapy and one of the most enduring client's problem. The client also claimed to spend much less time angry and to be able to analyze and evaluate the most unpleasant situations, before reacting with anger [F-U transcription: lines 70-83], reporting a change in the second problem (2= "I would like to better manage my anger"), which is the second most enduring client's problem. The client reported that he had acquired new points of view, which before were inaccessible, and that he had learned to establish a relationship of trust with a stranger [F-U transcription: lines 164-168], indicating changes in the third and fourth problems (3= "I feel invaded when I get provoked"; 4= "I need to be recognized otherwise 'I close'"). In addition, client reported to be able to admit his own mistakes [F-U transcription: line 90], indicating a change in the fifth problem (5= "I protect myself in the wrong way "), and to have achieved a greater self-awareness and new points of view previously inaccessible [F-U transcription: line 137; lines 167-168], suggesting a change in the sixth problem (6= "I do not understand how two different parts of myself could coexist).

Problems	Client's Words	Session
1) I can't get angry with my father	- "I have the impossibility of getting angry with my dad. I do not get angry directly with him, I show my anger but then I go into the room and burst into tears".	1
2) I would like to better manage my anger	- "The thing that most ... presses me, I wish not to get angry anymore. That is in the sense, get angry but with control. When I get angry I become really blind, anger is my burden".	1
	- "As a child I've always been called a rough boy, I liked fighting games ... regardless of males, females ... just that ... makes me feel bad because I still create more suffering ...".	1
	- "I intimidate/lay hands on people generally. I scare people. I do not want to hurt, but I scare them" [reacting instinctively].	3
3) I feel invaded when I get provoked	- "Sometimes I intimidate people by coming to blows. But not beating them, just grabbing... when I feel invaded ".	1
	- "Precedence is mine and you must give it to me, I've never seen it like this way before. Transferred within [the aggressive behavior] is an opposition… a provocation in short...".	2
4) I need to be recognized otherwise I close relationships	- "I broke up with my ex-girlfriend for the same reason that I'm frustrated because of my parents, that is the lack of understanding ... I stopped loving her because once I was really exposed and I had nerves uncovered, she rejected me, and since then I have not been able to love her anymore ".	1
5) I protect myself in the wrong way	- "I lent a valuable object to a friend of mine who destroyed it. He did not compensate me and I gave up ".	1
	- [dynamic of the accident] "My priority was more important than my life".	1
	- [dynamic of the accident] "I did not understand the extent of what was going to happen. I remember the desire to challenge the other athlete".	3
6) I do not understand how two different parts of myself can coexist	- "Can they coexist?" [Parts of Self: one irascible and the other sensitive].	2
	- "In the past it weighed me like a thing because they told me I was neither flesh nor fowl".	2

Table 4: Core problems or sufferings: Client's Examples during Phase 1-3 Initial Sessions

Problems	Duration (Years)
1 - I can't get angry with my father	> 10
2 - I would like to better manage my anger	> 10
3 - I feel invaded when I get provoked	5
4 - I need to be recognized otherwise I close	3
5 - I protect myself in the wrong way	6
6 - I do not understand how two different parts of my-self could coexist	5
Note. Scores represent the duration of each problems, which is expressed by the judge considering the client's statements within session recordings: 1= few months or one year, 2- 10 =2-10 years	

Table 5: Duration of problems

Problems	Phase 1	Phase 2
1 - I can't get angry with my father	16 %	32 %
2 - I would like to better manage my anger	8 %	8 %
3 - I feel invaded when I get provoked	7 %	5 %
4 - I need to be recognized otherwise I close	18 %	13 %
5 - I protect myself in the wrong way	18 %	7 %
6 - I do not understand how two different parts of my-self could coexist	9 %	9 %
Note. Scores expressed in percentages indicate the pervasiveness of each suffering observed during each phase of therapy. Pervasiveness was calculated by adding the minutes of exploration for each suffering by both client and therapist.		

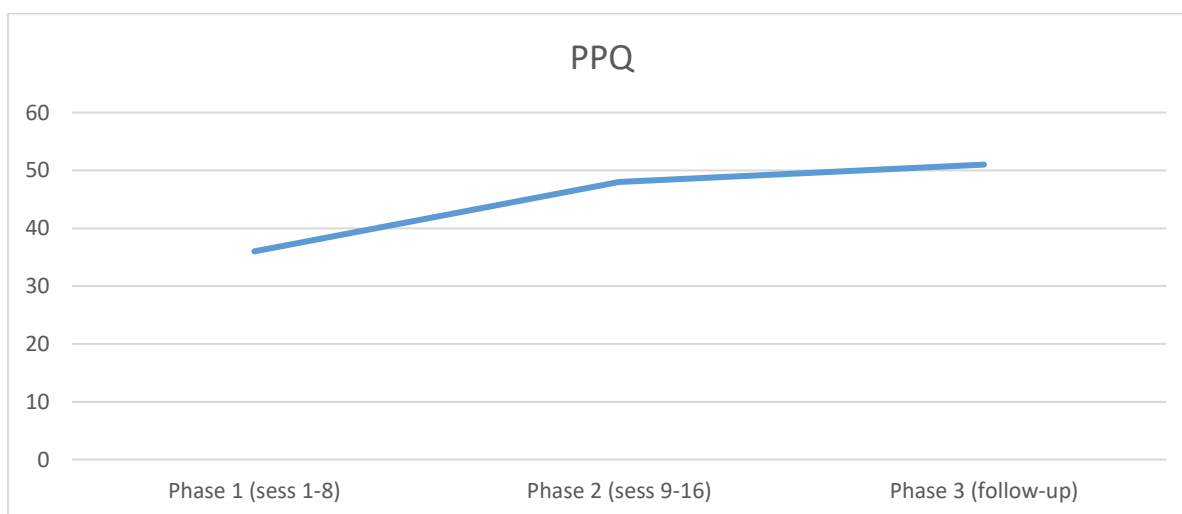*Table 6: Pervasiveness of suffering*

Figure 3: Severity of client's perceived suffering across the three phases of the therapy (PPQ)

Discussion

In the present study, the nomothetic, self-rated and explicit quantitative data related to symptoms of depression (BDI-II), trait anxiety (STAI-Y2) and overall distress (CORE-OM) were evaluated only during the assessment session. Accordingly, they were not considered as outcome values, but rather as assessment values. These data emerged as subclinical, according to CS criterion (Jacobson & Truax, 1991) and, therefore, no clinical pathology was detected. Despite this quantitative evidence, at a first screening of the client, a significant suffering emerges (e.g. the impulsiveness that drove the client into a sports accident), as well as from the client's anamnesis and from the analysis of the videotaped therapy sessions (PPQ). In addition, the researcher identified the client's change from a "low" to a "good" empathic understanding (according to EU subscale), since the beginning to the end of the therapy, with some non-significant trend deflections.

According to PDC-2, the judge inferred that the client, from the beginning to the end of the therapy, changed from a "moderate" to a "mild" impairment in mental functioning which, in the follow-up, became an "appropriate mental functioning with same area of difficulty". Specifically, from the beginning to the end of the therapy, the client improved by one point in each area of implicit mental functioning, including the area of defenses and coping, which at the beginning of the therapy demonstrated to be the most compromised area of the client's mental functioning (Table 2; Figure 2).

Moreover, the three idiographic, proxy, chronological versions of PPQ identified a change from a "moderate" to a "mild" level of implicit severity in client's sufferings. In addition, this new tool highlighted a change in the implicit pervasiveness of the client's central problems. Indeed, during the first part of the therapy the client's most pervasive conflicts were anchored to the need to feel recognized by others, and to learn how to better take care of himself. In the second half of the therapy the core sufferings of the client were more linked to the implicit inability to express healthy anger against the father. As explained above, pervasiveness was not assessed in the follow-up session (Tables A, B, C in Appendix; Figure 3).

Finally, the judge found a good correspondence between the idiographic severities of client's suffering (PPQ) and the client's nomothetic mental functioning profiles (PDC-2) along each chronological phase of the therapy (as represented in Table 3). Therefore, across all phases of the therapy, the scores of both idiographic and nomothetic, proxy, implicit instruments seem to overlap (e.g., at the end of the therapy, scores are both to a low-level global severity of client's suffering). Given such good correspondence, and

since PDC-2 is recognized as a validated diagnostic measure (Gordon & Bornstein, 2015, 2018) it was possible for the judge to verify the validity of the idiographic clinical judgment concerning the client's implicit problems and changes, as they proved to be corresponding to the scores that emerged from the nomothetic PDC-2 versions, in terms of proxy-rated and implicit severity of psychological distress.

This new idiographic, proxy, implicit version of the simplified PQ does not foresee a quantitative collection of data starting from the client's attribution of scores, concerning the subjective importance perceived by the latter about the problems. Rather, PPQ provides a list of client's core problems and suffering, as they verbally emerged from the client's statements during the therapy sessions. This procedure, compared to the nomothetic categories of PDC-2, allows the practitioner to understand the client's sufferings in a more detailed way, and to enhance a deeper knowledge about the client's individualized situation and context, towards a fuller understanding of the complex and specific dynamics concerning the client's problems and sufferings. In the light of this, PPQ allows the practitioner to formulate a guided clinical judgment about the client's problems and implicit sufferings, and to monitor the client's changes, during the course and at the end of the therapy. Moreover, to facilitate the comparison between the scores obtained by the PPQ and the PDC-2, the judge decided to use an implicit and proxy-rated measurement order for the implicit severity scale of PPQ that is more similar to the implicit one used in PDC-2, rather than the explicit and self-rated measurement order used in the original version of PQ.

The good correspondence between the clinical judgment that emerged from the PPQ and the diagnostic inference developed from the PDC-2, supports the correspondence between the two instruments. This correspondence is also strengthened by the commonality of the 5 topic areas of psychological distress between the two instruments (Table 7). Indeed, we observed that the client's idiographic six core problems (Table 4) identified by the judge to construct the PPQ, present five implicit common-topic psychological areas with the 12 nomothetic capacities scored by the judge in the PDC-2 (Gordon & Bornstein, 2015), and described in detail in the PDM-2 (Lingiardi & McWilliams, 2017). These common implicit psychological areas are: impulse regulation, emotional regulation, mentalization, intimacy and the Self (Table 7).

We also observed that PPQ takes into account the same five idiographic areas proposed by the simplified PQ (Elliot, 1999; Elliot, et al., 2016): area of mood (problem 1= "I can't get angry with my father"; problem 3= "I feel invaded when I get provoked"), area of

symptoms (problem 2= "I would like to better manage my anger"); area of specific performance (problem 5= "I protect myself in the wrong way"), area of relationships (problem 4= "I need to be recognized elsewhere << I close >>") and the area of self-esteem (problem 6= "I do not understand if two different parts of my Self can coexist"). For more details see Table 7.

Besides, as training programs play a central role in mental health professions, we believe that it is crucial for both clinicians and researchers to start questioning in a scientific way which tools work, and which do not, in order to develop the clinical skills of the beginner clinicians during their training programs in psychotherapy. Coherently, we suggest that beyond its clinical and research utilities, this idiographic, proxy and implicit version of PQ (PPQ) offers significant benefits in the field of the psychotherapy training. It has the potential to augment the usefulness of observing videotape sessions by helping trainees to focus on key areas related to the client's implicit and explicit dimensions of sufferings, and to develop their own idiographic clinical judgement about the therapy process and outcome. In the light of this, we believe that the process of learning to do the ratings by systematically reviewing training tapes, and to develop a clinical judgment to subsequently verify through a nomothetic, proxy, implicit validated diagnostic measure (PDC-2; Gordon & Bornstein, 2015), could be considered a verifiable and replicable methodological procedure that, as well as having a valuable methodological soundness, can be highly educational and can be used in particular by clinicians in training to test and self-develop both their idiographic and nomothetic clinical skills. Indeed, the complementary use of idiographic PPQ with nomothetic PDC-2 can guide early-stage clinician to approach psychopathology and develop their skills as a professional clinician, as PPQ allows clinician to test their idiographic clinical judgments with nomothetic diagnostic inferences provided by PDC-2, respectively through the 5 problem areas of the simplified PQ (Elliot, 1999; Elliot, et al., 2016) and the 12 capacities of the M-Axis of the PDM-2 (Lingiardi & McWilliams, 2017). In this sense, the use of PPQ would help clinicians integrate both nomothetic and idiographic approaches, reducing the clinical and empirical debate on the polarity attributed to these two different types of knowledge. Indeed, this integration, as also claimed by the authors Dazzi, Lingiardi and Gazzillo (2009), would represent an optimal choice to manage the tension inherent in every diagnostic process, in which the clinician is called to both recognize the similarities between the subject under examination and the other subjects, psychometrically comparing the person with a normative group (nomothetic perspective), and to grasp the individual's uniqueness and peculiarities that differentiate a person from all other people (idiographic perspective), towards a broader and more authentic understanding of the client.

Conclusion

In this study we present, for the first time in literature, a PGOM namely the PPQ, applied to a case of illusory mental health. The quantitative data place the client within the healthy population threshold, although the clinical observation detects significant subjective suffering. Self-reports are generally unable to detect suffering. There are nomothetic proxy questionnaire, such as the HDRS, able to detect suffering, but there are not idiographic proxy instruments, other than the therapist-generated notes of the sessions, to capture the most implicit aspects of suffering, which are influenced by social desirability or self-deception, and therefore excluded from the client's awareness. The PPQ allows the practitioner to systematically detect and measure the suffering of the client, and to monitor the change during therapy. Also, it demonstrates correspondence with the PDC-2.

The PPQ is an idiographic, therapist-generated, implicit version of PQ that allows a single clinician, observer or researcher to:

- systematically collect the therapist's observations regarding the client's suffering in predefined areas (symptoms, mood, performance, relationships, self-esteem);

- investigate pervasiveness and severity in these predefined areas;

- observe which of these predefined areas could give rise to suffering;

- replace self-report when not available or not recommended (in order to not overwhelm the client during data collection, and to avoid self-deception and social desirability that often occurs in cases of illusory mental health).

- collect information on the client in a non-nomothetic way;

- exert an idiographic procedure that is systematic, verifiable and replicable and that, therefore, has a solid and valuable methodological validity.

- These PPQ mentioned advantages can guide practitioners to formulate a guided clinical judgment about client's conscious, preconscious and unconscious conflict and feelings, and also to monitor explicit and implicit dimensions of client's suffering, as well as concerning the therapy process and outcome.

Furthermore, we believe that this new idiographic, "practitioner-rated" and implicit version of PQ (PPQ) can be useful to eventually meet the therapist's PQ (in the "proxy" version) with the client's PQ (in the

Common Psy-Areas	PPQ's categories (PQ; Elliot, et al., 2015).	PDC-2's capacities (Gordon & Bornstein, 2015)
Impulse Regulation	*Symptoms* Problem 2= "I would like to better manage my anger"	1. Regulation, attention and learning 7. Impulse control and regulation
Emotional Regulation	*Mood* Problem 1= "I can't get angry with my father"; Problem 3= "I feel invaded when I get provoked"	2. Affective range, communication and understanding 8. Defensive functioning
Mentalization	*Specific Performance* Problem 5= "I protect myself in the wrong way";	3. Mentalization and reflective functioning 9. Adaptation, resiliency and strength 10. Self-observing capacities (psychological mindedness)
Intimacy	*Relationships* Problem 4= "I need to be recognized otherwise I close"	5. Relationships and intimacy
Self	*Self-esteem* Problem 6= "I do not understand if two different parts of my Self can coexist"	4. Differentiation and integration (identity) 6. Self-esteem regulation and quality of internal experience 11. Capacity to construct and use internal standards and ideals 12. Meaning and purpose

Table 7: Common-topic psychological areas between PPQ's categories and PDC-2's capacities

simplfied version (Elliot, 1999, Elliot et al., 2016;). This use of the PPQ could provide, therefore, some valuable investigation material for future research to analyze what Dazzi and colleagues (2009) define one

of the most disregarded aspect of the diagnostic process, namely the clinician's subjective experience of the relationship with the client. Indeed, the clinician's subjective experience could be considered a resource, rather than a source of error, where, as in the case of PPQ, it is included in the diagnostic process through the use of systematized, valid and reliable methodological strategies, and also through a required specific training that guides the clinician to reflect on the implicit and explicit experience of relationship with clients, as well as to recognize personal style and the subjective impact on the personality of the clients. Accordingly, we believe that PPQ is also an instrument

that can be used especially by clinicians in training to test and self-develop their skills as professionals (as explained above), or during supervision in the clinical context. Here we just mention these topics, but we do not exclude that we will address it in the near future.

This results suggest a reflection about *contract* in Transactional Analysis. As known, the therapeutic contract is an agreement between the client and the therapist to focus and achieve a well-defined objective to work on treatment, which varies according to the level of the contract. Not all clients are able to work with the therapist at a certain level of contract, and therefore need to work first on lower level contracts. In this sense, the contract is also a direct way to measure therapeutic progress. For this reason it is very important for the therapist to be well attuned to the possibility and availability of clients to move from one

level of contract to another, and therefore with their wishes and needs. According to Loomis (1982), it is this flexibility that allows clients to change in relation to their subjective times. Accordingly, the choice of the most suitable timing to stimulate the client to move from one level of contract to another is one of the fundamental aspects of therapeutic work (Loomis, 1982). The PPQ can be understood as a therapist instrument to draw up an implicit contract with the client, in cases in which clients are not able to describe aspects of their suffering because of a defence against the awareness of threatening memories and emotions. The PPQ may be helpful to the therapist within the theoretical frame of transactional analysis both to focus on the client's implicit sufferings, and to monitor the client's changes during the course of therapy, even for those implicit dimensions that cannot be contractualised.

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Appendix: Table A: PPQ for Phase 1

Suffering	Patient's Words	Source	Area	Pervasiveness (minutes expressed in percentage)	Severity (perceived and expressed by the researcher on a scale 1-10*)
1) I CAN'T GET ANGRY WITH MY FATHER	"I have the impossibility to get angry with my dad. I do not get angry directly with him, I show my anger but then I go into my room and burst into tears. "	(Sess 1, line 249)	Mood	16 %	5 Almost strong
	"<< Hey bullet, remember that you are only a guest in this house >> [emotional abuse from the father at the age of 11]. I think I didn't breath for one or two minutes ".	(Sess 5, line 278)			
	"When I was 11, my father told me that I was a guest, while he treated me like an adult; when I was 18 he treated me like a child. He once told me: << Do you see that you still remember it after 12 years? >>. Between me and me I thought he was twisted ".	(Sess 5, line 287).			
	"There is no dialogue with my father when he gets angry, he becomes a wall, so much so that he told me << Remember you are only a guest >>".	(Sess 5, line 318)			
	"With the others I get angry expelling them… with my father, on the other hand... I get angry but ... I suffer, I cry and I can't expel him ".	(Sess 7, line 381)			

2) I WOULD LIKE TO BETTER MANAGE MY ANGER	"The thing that most ... presses me, I wish not to be angry anymore, it is not to get angry anymore. That is in the sense, get angry but with control. When I get angry I become really blind, anger is my burden". "As a child I was considered a little rough, I liked fighting games ... regardless of males, females ... just that ... just that ... it makes me feel bad because I still create more suffering ". "I intimidate people generally. I scare them. I do not want to hurt, but I scare them "[when he reacts instinctively]. "With anger I threw out the pain".	(Sess 1, line 63) (Sess 1, line 71) (Sess 3, line 150) (Sed 5, line 352)	Symptoms	8%	6 Moderate
3) I FEEL INVADED WHEN I GET PREVARICATED	"It happens that I physically intimidate people... But not beating them, just tugging them ... when I feel invaded, when I feel invaded ". "Precedence is mine and you must give it to me, I've never seen it like this before. Transferred within [the aggressive behavior] is an imposing...a prevarication in short." "T: The rules become an enemy to be demolished, to crash ... P: Oh, because I've always lived in the midst of norms ... that were too tight for me... [example] I never came home on time ... [example]. More my dad told me to study, less I studied".	(Sess 1, line 268) (Sess 2, line 22) (Sess 5, line 163)	Mood	7 %	7 Almost moderate
4) I NEED TO BE RECOGNIZED OTHERWISE I CLOSE RELATIONSHIPS	"With my ex-girlfriend it's over for the same reasons that I'm frustrated because of my parents, that is to be not recognized ... I stopped loving her because once I was really exposed and I had nerves uncovered, she just rejected, wall, I have not been able to love her anymore ". "If people do not recognize me, I close the relationships."	(Sess 1, line 290) (Sess 5, line 452)	Relationships	18%	5 Almost strong

5) I PROTECT MYSELF IN THE WRONG WAY	"I lent a valuable object to a friend who destroyed it. He did not compensate me and I gave up ".	(Sess 1, line 318)	Specif Performance	18 %	5 Almost strong
	[dynamic of the accident] "My priority was more important than my life".	(Sess 1, line 391)			
	[dynamic of the accident] "I did not understand the extent of what was going to happen. So much so that I remember the desire to challenge the other athlete".	(Sess 3, line 129)			
	"P: The stages I have achieved, the advantages I have obtained, my things, here ... I defend them with aggression and opposition. T: Maybe as if you felt that it is the only way... P: Exactly".	(Sess 5, line 135)			
	"I'm an inept, I want to retire from university" [for the disappointment experienced after having received a low grade at a university exam].	(Sess 6, line 30)			
	"P: I do not see, I do not see a defensible part. T: Of itself. P: No, that is, what could I say to my father to defend myself? "	(Sess 7, line 429)			
6) I DO NOT UNDERSTAND HOW TWO DIFFERENT PARTS OF MYSELF COULD COEXIST	"Can they coexist?" [Parts of the Self: irascible and sensitive]. "In the past it weighed me like a thing because they told me I was nor flash nor fowl".	(Sess 2, line 234) (Sess 2, line 267)	Self-esteem	9 %	8 Mild
	Total score= 36 **Average score** = **6** **MODERATE**				
	Note: (*) = represents the perceived severity of the patient's discomfort expressed by the clinician, by means of a score on a scale from 1 to 10 (1 = very severe suffering, 2 = severe, 3 = very strong, 4 = strong, 5= almost strong, 6 = moderate, 7 = almost moderate, 8 = mild, 9 = very mild, 10 = absent / healthy).				

Appendix: Table B: PPQ for Phase 2

Suffering	Patient's Words	Source	Area	Pervasiveness (minutes expressed in percentage)	Severity (perceived and expressed by the researcher on a scale 1-10*)
1) I CAN'T GET ANGRY WITH MY FATHER	"T: Your father could come to greet you after work, rather than demanding that his children should do it… I mean, what was it like for you to go downstairs? [..] P: P: Sometimes inconvenient and unpleasant because maybe I was doing something that interested me. Maybe I was studying all afternoon, he was coming and I had to give up everything, go down, say hello, waist an hour... waist it, yes. T: T: Well, waist... It says a lot about how you perceived it. " "I told him << Dad, you are a foolish man... to show a feeling is not that bad ... >> ". "I mean, I knew there was a ... a ... how to say, a crostified core, unchanged and not processed like that ... I had absorbed it and that is". "Yes, enough. I do not have to prove anything to my father. "	(Sess 9, lines 404-409). (Sess 10, line 347) (Sess 12, lines 165-167) (Sess 14, line 167)	Mood	32 %	7 Almost moderate
2) I WOULD LIKE TO BETTER MANAGE MY ANGER Cont/	"I wonder why I have to ... for the affections I need to use an expulsive way, while the others are more resilient and more introspective, so I'm asking myself questions …". "I gave myself permission to listen, I did not get angry when they told me << No >>. I tried to understand the motivations, to listen ...".	(Sess 10, line 232) (Sess 11, lines 329-330)	Symptoms	8 %	9 Very mild

2) I WOULD LIKE TO BETTER MANAGE MY ANGER continued	"Now I can say that I didn't feel recognized, I'm not going to fill it with blows ... as soon as I see him I'll ask for explanations ... I do not feel anger inside."	(Sess 12, lines 308-311)			
	"Yes, I can be angry, but anger is not the solution".	(Sess 12, lines 317-318)			
	"I explained to her my ... my suffering ... my disappointment on what she said, my disappointment".	(Sess 13, lines 85-91)			
	"At that moment I chose to say it and I was not angry."	(Sess 14, line 339)			
	"I chose violence to vent, that is, I knew it, it's not like if I was uncontrollable angry".	(Sess 15, lines 39-41)			
	"I tugged at a guy who had devalued me... Now I would not do that... that is, never do it again"	(Sess 15, lines 329-330)			
	"There is not only anger as a possible answer, but there are also many other answers to use; giving me permission I can draw on the various answers".	(Sess 16, lines 27-29)			
3) I FEEL INVADED WHEN I GET PREVARICATED	"T: You learned that rebellion is the only way to assert yourself. And in those years it was the best compromise you could find ... But you said several times today that it's not like that anymore. P: Yes. T: That things are changing. P: Yes. ".	(Sess 9, 376-384)	Mood	5 %	7 Almost moderate
	"I have the chance to say << I do not like it, I do something else >>".	(Sess 11, line 221)			
	"It was difficult to make an ambitious request in order to assert my desire".	(Sess 11, lines 353-354)			
	"I felt myself trampled and I told him".	(Sess 14, lines 339-340)			

4) I NEED TO BE RECOGNIZED OTHERWISE I CLOSE RELATIONSHIPS	"I gave myself the permission to listen, I did not get angry when they told me << No >>. I tried to understand the motivations, to listen ... ". "T: Hmm ... << If I get angry I will be abandoned >>... P: So if I get angry, I'll cut the bridges first. " "I was not expulsive, rather I described my motivations". "To be appreciated, more than noticed. I've never been interested in it ... even now".	(Sess 11, lines 329-330) (Sess 12, lines 388-389) (Sess 13, line 96) (Sess 13, line 303-304)	Relationships	13 %	7 Almost moderate
	"When someone defines me, he says more than himself, rather than me. It was really an enlightenment… I had never thought about it, after all I felt it ".	(Sess 16, lines 323-325)			
5) I PROTECT MYSELF IN THE WRONG WAY	"I went there and I politely asked him << Excuse me, can I ask you something? >>"... I do not think I bothered him. Anyway, my opinion about him does not change. " "I gave myself permission to listen to both the pros and cons". "It was difficult for me to make an ambitious request in order to assert my desire". "I protected myself with anger". "I acquired a bit of self-awareness from this point of view... I give up my priority but at the same time I know that I save my life, I avoid fatigue, and suffering in general". "Then it is useless to complain, that's not bravery!" "Now I see other possibilities to defend myself, to survive".	(Sess 10, lines 47-47) (Sess 11, 326) (Sess 11, lines 353-354) (Sess 12, line 106) (Sess 14, lines 215-220) (Sess 14, lines 176-178) (Sess 16, line 41)	Specific Performance	7 %	9 Very mild

			Self-esteem	9 %	9 Very mild
6) I DO NOT UNDERSTAND HOW TWO DIFFERENT PARTS OF MYSELF COULD COEXIST	"P: [referring to the parents] "<< I tell you a few times but I love you >>. I've never done it. I've always been embarrassed and when I did it I was not embarrassed. T: You showed them your sensitive soul".	(Sess 9, lines 32-65).			
	"I wonder why I have to ... for the affections I need to use an expulsive way, while the others are more resilient and more introspective so I'm asking myself questions".	(Sess 10, line 232)			
	"Maybe I have internalized only this negative image, not integrated… or maybe I built it by myself".	(Sess 10, 300)			
	"Every rose has thorns and petals".	(Sess 11, line 172)			
	"It was inconceivable for me that a rose had both petals and thorns".	(Sess 12, line 106)			
	"I'm both the part in the same way".	(Sess 15, line 304)			
	"My most strong part and the most docile coexist".	(Sess 16, line 37)			

Total score = 48   **Average score** = **8**   **MILD**

Note: (*) = represents the perceived severity of the patient's discomfort expressed by the clinician, by means of a score on a scale from 1 to 10 (1 = very severe suffering, 2 = severe, 3 = very strong, 4 = strong, 5= almost strong, 6 = moderate, 7 = almost moderate, 8 = mild, 9 = very mild, 10 = absent / healthy).

Appendix: Table C: PPQ for Phase 3

Suffering (Client)	Patient's Words	Source	Area	Severity (perceived and expressed by the researcher on a scale 1-10 *)
1) I CAN'T GET ANGRY WITH MY FATHER	"I give myself permission to feel emotions that I did not feel before, especially within the family environment".	(CI, lines 67-72)	Mood	8 Mild
2) I WOULD LIKE TO BETTER MANAGE MY ANGER	"I spend much less time being angry, I give myself permission to feel emotions that I did not feel before". "Before reacting with anger, I allow myself to analyze and evaluate, even in unpleasant situations".	(CI, line 70) (CI, lines 81-83)	Symptoms	9 Very mild
3) I FEEL INVADED WHEN I GET PREVARICATED	"Therapy has encouraged my self-awareness and has highlighted new points of view that were previously inaccessible to me".	(CI, lines 167-168)	Mood	8 Mild
4) I NEED TO BE RECOGNIZED OTHERWISE I CLOSE RELATIONSHIPS	"I have learned to establish a relationship of trust with a stranger". "Before reacting with anger, I allow myself to analyze and evaluate, even in unpleasant situations".	(CI, line 164) (CI, lines 81-83)	Relationship	8 Mild
5) I PROTECT MYSELF IN THE WRONG WAY	"I give myself permission to feel emotions that I did not feel before". "Now I can admit my faults and mistakes". "I have achieved greater awareness". "Before reacting with anger, I allow myself to analyze and evaluate, even in unpleasant situations".	(CI, line 70) (CI, line 90) (CI, line 137) (CI, lines 81-83)	Specific Performance	9 Very mild

6) I DO NOT UNDERSTAND HOW TWO DIFFERENT PARTS OF MYSELF COULD COEXIST	"Therapy has encouraged self-awareness and has highlighted new and previously inaccessible points of view".	(CI, lines 167-168)	Self-esteem	9 Very mild
	"I have achieved greater awareness".	(CI, line 137)		

	Total score = 51 **Average score = 8.5** **MILD**
	Note: (*) = represents the perceived severity of the patient's discomfort expressed by the clinician, by means of a score on a scale from 1 to 10 (1 = very severe suffering, 2 = severe, 3 = very strong, 4 = strong, 5= almost strong, 6 = moderate, 7 = almost moderate, 8 = mild, 9 = very mild, 10 = absent / healthy).

I feel, therefore I am: A study on the meaning of emotions and their functions

Abstract

Emotion is not a concept that can be accurately defined, even if in ordinary language it refers to affective states. The theory of transactional analysis, created by Berne and developed by his followers, is impregnated with the concept of emotion. In order to bring more light to these questions, the present article discusses the biopsychology of emotions, considering their objectives and functions, considering the influence of neuroscience. We also refer to authors who did a theoretical review of transactional analysis from the perspective of biology and the mind, such as Allen and Hine. We have also included authors with a body approach such as Reich and Levine for their significant contributions both to understanding how the scripting system is embedded in the body, and to consider the possibility of developing a systematic body approach within Adult decontamination methodology. We conclude that there are no destructive emotions. Destructive is the way one learns to deal with feelings, with sensations and emotions. And working on emotions is working on lifescript.

Keywords

Transactional Analysis, Emotions, Eric Berne, Neuroscience,

Introduction

Even today, emotion is not a concept that can be precisely defined, even if in ordinary language it refers to pleasant affective states - love, affection, joy, pleasure - or unpleasant - anger, jealousy, fear, irritation, sadness - that direct the individual in the approaching or missing a goal.

In the light of psychophysiology, and considering the current focus of neuroscience, emotions are responses to internal or external stimuli, which generate excitation involving somatic alterations, perceived as more or less pronounced, pleasant or unpleasant sensations, accompanied by affective states that direct a form of specific behaviour (Rossi, 1997; Bear, Connors and Paradiso, 2002; Damasio, 2004; Goleman, 2006). They are part of a complex biological system responsible for the maintenance of life and for the preservation of the species, which can promote health or disease and may even lead to death (Maclean, 1984). They systematically trigger mental and physiological responses resulting in visceral, endocrinal and metabolic manifestations, which, associated with affective states as diverse as joy, love, hate, fear, rivalry, pleasure, sadness, depression, euphoria, determine our state of mind, that is, our motivation. By being motivated, we act this way or that way, we focus our attention here or there and we lead our lives in a certain direction, we choose specific goals, we structure behaviours. The emotional response involves physiological, psychological, and social components. The way we deal with them determines the quality of our social understandings. Allen (1998) points out that the brain areas involved with emotion and interpersonal experiences are almost the same, suggesting that they are associated not only with injunctions, but also with permission and protection. MacLean (1984) considers the unpleasant informational emotions of threats to self-preservation and species preservation, and how it is unpleasant to deal with such threats. Pleasant, pleasurable emotions are informative in removing these threats or satisfied desires. LeDoux (1998) reinforces this concept by clarifying that all sensory information arrives first at the amygdala - a system that evaluates implicitly, not consciously, whether there is danger or not, and makes us react instantly if there is an objective or subjective threat to existence. Simultaneously, tenths of seconds later, a longer neuronal pathway informs

the neocortex-aware cognitive areas of the nature of the stimulus. Only after the body has responded physiologically to a series of bioelectrochemical productions can we perceive what is happening to us, and reflect on and make adjustments for the best response to the situation.

In our human nature we bring encoded emotions that are essential for the maintenance of life and preservation of the species. Each of them has a language, an important communication to make. The emotion we bring to birth is love - it binds us to the mother, it legitimates us and will serve as a mould for our social bonds and with nature. It speaks of physical contact, approach, pleasure, passion. From the learning of love comes joy, the emotion that leads to expansion and social sharing: parties, dances, songs, celebrations. Because we are gregarious animals, we like to live in groups. We seek other partners to exercise the emotional communication pattern of each one, which defines an individual style of communicating (Montheiro, 2009).

At the beginning of our lives love is essential for survival, it is the certainty of permanence of the care, of the attention, of the reference of oneself that is mirrored in the caring gaze of those who care. The possibility of loss of love or lack of love brings out the unpleasant emotions of feeling: fear, anger, sadness. Sadness for loss. Fear of not surviving. Anger for not having. Fear and anger are emotions that speak of protection. Fear also speaks of welcoming. The emotion of anger, linked to the instinct of aggression, is essential to the defence, maintenance and conquest of territories. 'Agressere', from the Latin, means to go towards. In a body approach, aggressiveness is located in the front of the body, chest open to the daily clashes, with the focus on goals and objectives desired or already achieved (Montheiro, 2009). Odent (2002) recalls that its energy, associated with vitality and sexuality, is fundamental to survival as we are born. Without it the baby does not seek the breast, first conquest and essential for its survival. If the injunction Don't feel angry appears, the natural, biological energy from the aggressiveness is contained and collected in the body, in the back, and this leads to so many pains without precise diagnosis in this region. It remains disguised in hostility, this yes, impeding to walk in front and destructive for those who feel and for those who are around (Reich, in De Marchi, 1970).

In the complexity of social life, for life to be fully realised, feelings and emotions need to be used wisely, since our *territories* are much more subjective than objective. This is an apprenticeship for emotional education. "Without acceptance and respect for oneself one cannot accept and respect the other, and without respecting the other as legitimate in the

coexistence, there is no social phenomenon" (Maturana, 2002).

Basic feelings of safety or insecurity are organised from the emotions present in our socio-familial context and we are encouraged to feel these in our early years, when the emotional brain is most active (Greenspan & Benderly, 1999). This shapes our future social interrelations; is related to social skills and appropriate behaviours important to living our in adult life, and in structuring our life script. According to Berne (2007), these emotions define the notion of value in relation to oneself, to the other, to the world, structuring the basic existential position. If the being-in-formation is respected, loved, and has his/her needs considered at the beginning of existence, they will return to the world respect, love, consideration. Otherwise, destructive emotions will replace the natural feeling, and a sense of inferiority for oneself and for the other, disrespect for life in general, hatred and contempt, will direct (inter) actions in society and in the world (Reich, 1986. 1988). Damasio (2004) warns that in these cases "the result is well known: anger, resentment, violence, all the reactions we easily recognise as the possible embryo of tribal hatred, racism and war." (p. 176). At this moment, we invite the reader to reflect - is this not exactly what is happening in the world today?

The cultural aspect of expression of emotion - psychological aspect and acting - are learned and can be educated, guided, restrained or liberated. The physiological component of emotions will be present in the body, whether it is perceived or not. Montheiro (2009) points out that biologically natural emotions need permission and protection to be solved - discharged or elaborated - under the supervision of the Parent Ego State and the adequacy of the Adult Ego State. Substitute emotions always contain a prohibition, they are closely associated with injunctions (Berne, 1985, 2007).

Steiner (2001) points out that people not trained to decode their sensations are actually under strong emotional influence, and that their body expresses the emotion for them. "Curiously, others in general have a better perception of the emotions of this type of person than a per son himself. Although the individual in this state is not able to perceive their own emotions, those who live with it can capture those feelings through signs such as facial expression, blushing and tone of voice. If asked how they are feeling, they will probably report only indifference or insensitivity. Their emotions are in a kind of deep freeze, inaccessible to consciousness." (p.44).

Ethical concepts and notions of value about oneself, about the other and about the world, are acquired during this process of education and socialisation, involving permissions, and injunctions at different

levels. Hine (2004) clarifies that mind and brain create representations of events that occur in the outer world or that emerge from internal events of the body/mind. Damásio (2004) and Goleman (2006) consider this acquisition fundamental for the elaboration of social contracts and for dealing with conflicts. Depending on the social group of the person and the time in which they live, the weight of certain attitudes will be entirely different. It is enough to consider the taboo of feminine virginity and the behaviours related to sexuality in different times and cultures. The modest attitude of a young woman forty years ago would be rejected by any cosmopolitan teenager of today, being out of the current behavioural repertoire.

The structure of thought itself, as the formalisation of thinking rather than the concept of thought, is also learned and mainly apprehended by modelling, through coexistence, by implicit, non-conscious learning (Allen, 1996, 1998; Mellor and Schiff, 2006). Thus, an Oriental person, an inner-city dweller, and a cosmopolitan develop thinking processes, as reality-capture structures, which are entirely different from one another, and not just with dissimilar contents and concepts (Rossi, 1997). Neuroscientists have long emphasised the interference of culture in the adaptive and multipotential brain/mind plasticity. "There are other factors that can significantly modify the sequence of emotional/affective behaviors, whether in animal or human development, or during adulthood. These factors can be summarised as environmental stimulation, where the environment is considered not only the physical aspect or the structural complexity of the territory where the organism lives, but particularly the social, affective and emotional production and the interactions of people living in an area, composing a complicated web of reciprocal influences." (Valzelli, 1983, p.48).

But the feeling is the same as for any human being. What varies – again, through cultural learning - is the externalisation of feelings. Segundo Monteiro (2009) wrote: "One can think of the expansive Latin, the restrained Eastern, the cold Nordic, the exuberant Italian, the reactive Spanish, as peculiar features of dealing with their feelings and emotions. Each of them can learn to contain their feelings to different degrees and in different styles or externalise them in an exaggerated, theatrical way. But here or in China, the sense of loss involves pain; frustration involves heartache; the feeling of affection involves the desire for closeness. That is, what is biological, real, natural, not conditioned on the human being, is his feeling. Each of us feels the same. To paraphrase Descartes, I feel, then I am). "(p. 20-21).

Nature does not have a hierarchy of basic functions that are linked to the maintenance of health and the preservation of life. To function in an integrated way, a human must know and learn to administer all aspects of being, all areas of personality, without prioritising any of them. All are important and vital for our health, long life and, above all, the pleasure of living. Without the body, we do not feel, we think, we act. Without emotion, we become robotised, guided by idealised concepts of others, without an inner leader to guide our path. Without the higher intellectual functions, we return to being animals, without will or determination, reacting to the stimuli of the world. Without spirituality (Goleman, 1995, 1999, 2006) we lose the sense of belonging, which is common to all humans, leaving us lonely and apathetic.

Sensations and perceptions of stimuli form the basis of all human communication. Sensation is the expression of our physiology, produced by the action of an external or internal stimulus on a sensory receptor, transmitted to sensory areas of the brain by the neuronal pathways. It needs to be perceived, decoded and re-signified. The training of sense-perception requires a satisfactory intermediation between the intrapsychic and the interrelational (Levine, 1999). Social needs involving interactions with friends, at work, in the family, shape the way of reacting to everyday stimuli from the beginning of life, organising positive and negative feedback circuits attuned to the various aspects of the nervous system - sensation, emotion, feeling, thought, action.

According to neuroscientist Candace Pert (1999), the emotions, using chemical communicators, are responsible for the interface between the psychic and the physical. They are closely associated with psychoneurophysiological responses that undergo interference from the acculturation process. The affective states resulting from emotion have one point in common: they are motivational generators of approach or withdrawal and are closely related to the state of vigilance. Emotions such as anger and fear generate an increase in the state of physical and mental activation. They trigger the alarm circuit that activates the sensory receivers so that they capture data about what activated us to evaluate if we are going to flee or fight. They are emotions of defence and maintenance of territory, being part of the strategies of survival necessary to the preservation of the health of maintenance of our social bonds (Bear et al., 2002).

On the other hand, sadness generates a reduction of states of vigilance, taking the focus of attention to memories of the past, without interest in what is happening around us now. Love focuses attention on a specific focus. For this reason, the passion that blinds prevents us from looking at reality objectively and can lead to antisocial attitudes.

As we have seen, emotions direct the intensity and focus of attention – we become more or less attentive, and to what. With a very low vigilance, the stimulus, the sensory message can not get through. With very high vigilance, it passes a very large number of sensory information (messages), generating an overload of internal stimuli, preventing the individual from acting selectively in face of the stimuli coming from outside (Levine, 1999). When an emotion is very strong, it can lead to a level of vigilance that is very strong or very weak, which at will interfere in the ability to perceive and decode the sensory information captured at that moment, occurring as what Gottman (in Goleman, 1995) called an emotional flood.

So, not realising or denying an emotion does not sustain the neuro-hormonal circuit that it has triggered. On the contrary, any very intense emotion leaves the body and mind at the mercy of decompensated biofeedback mechanisms. That is, it will interfere with the perception of what is actually happening at that moment, provoking a distorted view of the objective data of reality (Montheiro, 2009).

Instinctively, and biologically naturally in the first years of life, the development of being is dialectically permeated by emotional insights through external stimulation or impulses, until it can be known, understood and elaborated on through an intellectual mediation. Such mediation incorporates the direct influence of the beliefs and values assimilated during the insertion in the social field and will determine the quality of the interactions of the future adult; i.e. how the person has learned to deal with feelings and emotions. Thus, nature and environment interfere in a reciprocal and complex way in the formation of the personality, through the emotional interactions from earliest childhood, and subject to variations at each stage of development (Greenspan And Benderly, 1999, Damasio, 1995, 2000, 2004; Berne, 2007).

In the educational process, common sense does not differentiate between feeling, perceiving, expressing, and acting emotion. However, emotion has no age; is linked to the emotional, ancient, genetically pre-determined brain. Emotional education is teaching to perceive, recognise and deal with the endless range of possibilities of feeling. Because of lack of information, there is no emotional learning that teaches how to deal with emotions in order to facilitate and further the function of each. Each culture, each family group will accept certain emotions as good, allowing them and encouraging them, and will prohibit others, considering them wrong and bad (Berne, 1985, 2007; Steiner, 2001; English, 2006). It will pass these messages directly or, as is more common, indirectly through the injunctions, modelling the emotional behaviour (Berne, 2007) and the prohibition can occur in psychological and social aspects. The more severe prohibitions

prevent the perception of the physiological functioning connected to the feeling. And, as demonstrated earlier, emotions are instinctive biological forces, necessary for the preservation and maintenance of life and species. Not realising them does not cease the physiological mechanism of biochemical production (Pert, in Moyers, 1995). Since the emotion cannot be recognised and/or expressed, it cannot motivate the social behaviour linked to satisfaction. As a substitute, the person may develop symptoms such as migraine, palpitation, nausea, for example, (Erskine and Zalcman, 2006), which is the origin of psychosomatic problems, quite frequent in children with school difficulties such as headaches, nausea, vomiting , diarrhoea. Or, instead of the initial emotion, the person feels another. For example, by not being able to get in touch with anger - which would motivate the person to transform the problem situation - the person becomes excessively 'good' or overly agitated. This situation illustrates one of the possibilities for the broad diagnosis of hyper-agitation and attention deficit disorder in children in the school stage. Biologically natural emotion is inhibited and transformed, for example, into hostility, is expressed subtly and in disguise. Deepening the enlightenment, the emotion of anger is linked to healthy aggression, necessary for defence and the conquest of territory, that is, of social goals and objectives. Without learning how to deal with feelings and emotions, without cognitive mediation, it can become overwhelming and destructive. Fear, which is biologically part of the protective mechanisms in extreme cases, can paralyse behaviour. Love and its affect, fundamental for the establishment of neural circuits that generate basic trust and emotional security, when lacking for the little person in formation, is replaced by anger (at lack) and fear (of dying without affective nourishment), which as we have seen, are biological responses of defence and survival (Steiner, 2001; Berne, 2007). They become destructive when they become fixed, blocked and blocking, filtering out any other kind of feeling or emotion. In this way, the organism freezes in an emotional circuit of threat where it needs to attack or to escape to stay alive (Levine, 1999). When this happens to a whole cultural group, ghettos are formed and violence becomes law, learned and understood from earliest childhood.

Any emotion reflects what is inherent in the person themself, it speaks of identity. What interferes is how each person learns to deal with what they feel. Berne (1977, 1978, 1985, 2007, 2008), in developing the theory of transactional analysis, has postulated the existence of several selves within the context of the internal kaleidoscope of sensations, feelings, emotions, concepts of right/wrong in each being. He called them ego states, each of them presenting a specific way of thinking, feeling and behaving and having its origin in specific brain circuits and networks

(Allen, 1996). When not guided by the educational process in accordance with the evolutionary phases and their needs, which communicate through the emotional repertoire, significant and disturbing contradictions can occur. Each of these ego states, when acting in a dissociated manner, generates anxiety and conflicts that consume important energy, diverting the person from the previously chosen goals, inserting the person into a limiting script. In some cases, they may even create a paralysed attitude to crucial decisions (Levine, 1999), leading to stress and/or depression; the two sides of the same coin that speak of the inability to deal objectively with life.

Final Considerations

Contrary to common sense, biologically speaking, there are no destructive emotions. Destructive is the way one learns to deal with feelings, with sensations and emotions. One learns from childhood to judge what one feels and to frame in a simplistic system of right/wrong the multiplicity of feelings. In fact, negative emotions are in disharmony with objective reality and subjective possibilities. They are ways of acting/reacting resulting from dysfunctional emotional learning, conditioned in a preconscious circuit, recorded in the emotional brain, in neuronal reverberatory networks. These feelings need to be identified as outdated and in disagreement with the circumstantial reality so that it is possible to develop a new response circuit more appropriate to the moment, with more assertive patterns that will enable the way of achieving plans and goals.

Ultimately, it is the pursuit of health maintenance, since not realising or denying an emotion does not sustain the neuro-hormonal circuit that it has triggered. Instead, it leaves the body and mind at the mercy of decompensated biofeedback mechanisms that are the cause of dysfunctions and psychosomatic diseases.

So working on emotions is working on the script. Sensations and emotions precede the use of words, and body semantics are revealed as an expression and communication complementary to oral language, involving internal and external transactions. Knowledge and awareness of the body is an active and dynamic process, interrelated with emotions and feelings. We understand that the comprehension of these mechanisms makes it possible to develop a methodology to directly interfere in the symptom - physical or psychological - since both are inseparable and always act simultaneously, adjusted by mechanisms - micros or macro – of feedback.

To learn body language is to learn the language of emotions and feelings; is to learn to correctly decode symptoms and signs, focusing on the interaction between the psyche and the physiological changes resulting from the interaction of the organism with the environment; internal or external, since human experience is rooted in the energies of the body. By increasing the flow of information in body-mind communication, the blocks that were unconsciously created from mainly non-verbal messages – injunctions - can consciously be dissolved by the action of the integrated Adult, considering the Parent beliefs and values and the needs and wishes of the Child and its sub-states. It is a way of updating our history, away from the script and its somatic and/or psychological manifestations.
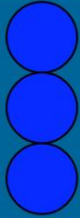
Many events that have shaped or transformed our structure at the present time may no longer be useful, functioning as limitations. By eliminating these patterns, actualising beliefs, dissolving tensions, amplifying the plasma pulse, we can gain flexibility, internal expansion, and a new physical and emotional awareness. The dialogue between conscious information and unconscious wisdom happens smoothly and naturally. It is then possible to recognize the flow itself to follow it by perceiving and integrating the inside and the outside, in a continuous interactive movement of expansion/recollection. This allows the person to feel, perceive the feeling, adapt the expression and action of feelings/emotions through the conscious process of volition, considering the reality of the here-and-now with the Integrated Adult.. In this way, one can rescue the natural development of the human being, for the desired construction of their world, which, according to Berne, involves autonomy, and the exercise of the potentials of consciousness, spontaneity and intimacy.

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Formal and Informal Use of TA Counselling in Education

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Summary

This article applies role theory and thus clarifies the differences between educators and counsellors who use transactional analysis as a method of conceptualising their work to support growth and development of learners. Educators are seen as facilitators of growth that results from acquiring knowledge, skills and understanding, whereas counsellors emphasise growth resulting from introspection based on relational experiences with the practitioner. Furthermore, counselling interventions can be differentiated into formal and informal work that show considerable differences in terms of contract, roles, levels of containment and confidentiality. Several transactional analysis models have been described in the context of formal and informal interventions. Relevant case studies have been presented to show how the concepts are applied in an educational environment. The author suggests that transactional analysis counsellors need to bring awareness into the roles that they hold and their ability to account for role differences will make their interventions more robust.

Keywords

counselling, formal and informal counselling, counselling roles.

Introduction

Transactional Analysis is a rich system of psychology that has significantly evolved since the 1960's. This process of development enabled considerable adaptability of TA that is currently applied in the fields of psychotherapy, counselling, education and organisational development. The breadth and depth of contemporary TA creates opportunities for a variety of styles to emerge and a variety of roles to be inhabited

This variety is pertinent to the counselling field that underlines the multitude of roles held by a transactional analysis counsellor. However, this diverse nature of the counselling field requires practitioners to 'differentiate roles situationally' (Schmid, 1994, p. 33) and thus consider the impact of their possible interventions with utmost care. This article will describe a number of concepts relevant to TA practitioners that work in education and hold a frame of reference of a TA counsellor.

Educators and Counsellors

The role concept is a useful construct that helps TA counselling practitioners to organise their inquiry, think about their interventions and establish clarity when an individual holds more than one role. Schmid (1994, p. 31) defines a role as an extension of the concept of an ego state: a coherent pattern of thinking, feeling and behaving, a perspective on reality with a set of accompanying relationships. For example, this definition can be used to differentiate between the role of an educator and a transactional analysis counsellor, both of whom may work in an educational context. The patterns of thinking, feeling and behaving will be different for these practitioners since educators are expected to hold parental responsibilities of nurturing and structuring whereas counsellors invite Adult–Adult relationships. Even though educators may work from the same humanistic stance as counsellors, they have a covert contract with society to transfer cultural heritage, values and beliefs in a sort of trans-generational transaction. Educators are there to partially provide introjective material and thus enable continuity to a society's identity. For counsellors, the main emphasis is on strengthening the Adult ego state (Tudor, Summers, 2000, p. 26) in order to enhance the clients' capacity to respond to the here-and-now. As such, education is solely a context (Napper, 2010, p. 187–188) for a counsellor, rather than a main focus that traditionally highlights imparting knowledge, skills and understanding. TA counsellors focus on strengthening the Adult by uncovering the client's internal and external resources, whereas TA educ-

ators focus on growth resulting from learning. In the context of the education system and secondary schooling, the following metaphor can be considered: education is an equivalent to climbing up a mountain that is chosen by the educator and providing support and challenge along the way. In contrast, counselling is an equivalent to a hike, the itinerary of which is decided by both parties: it can include valleys, mountains and gorges and it serves to enhance the experience of the hiker. Table 1 shows the differences in roles between educators and counsellors in the context of formal schooling.

This role distinction gives the practitioner clarity and thus increases the potential to contain volatile situations, especially in educational environments with challenging students. It also paves the way for smoother learning, greater achievement and promotes the learner's ownership of the process. For instance, a teacher who acts in a relationally responsive way towards the students is able to hold and contain the anxieties that arise during the learning process. The practitioner is aware of his limits and if a student keeps inviting a therapeutic conversation that aims to solve a particular issue, the teacher can openly name this and suggest that the student speak to the school counsellor: "I think it is best if you speak to the school counsellor as they are the most appropriate port of call for you..."

In contrast, if a practitioner is unclear about the held role, it could lead to breaching of the contract with the institution, role confusion and games. For example, if a teacher behaves as a mother or father towards the students it would result in unhealthy levels of involvement. Another example is when a learning mentor behaves as if they were a therapeutic counsellor. This would lead the student towards disproportionate over-exposure and potentially inappropriate vulnerability. Imagine a young learner divulging their innermost secrets to a staff member who is not fully trained and works only intuitively. One can only expect an upcoming game pay off of feelings of betrayal and disappointment in the child and superiority coupled with misunderstanding on the part of the practitioner. Therefore, it is important to understand the roles that we hold and approach them with awareness, humility and courage.

Formal and Informal Counselling

Now that we have some understanding of the differences between the fields of counselling and education, we can distinguish between formal and informal counselling roles. This article introduces concepts that can be used formally and informally in the world of education by TA practitioners. However, this distinction of formal and informal use is not absolute due to the flexibility and adaptability of the concepts. Formal use is defined as ongoing and timed sessions based on a relationship and an explicit contract (Berne, 1966 p. 362). On the other hand, informal use is defined as incidental conversations that aim to promote well-being and autonomy within the education environment. Formal work takes place within a 'boundaried' environment that provides

Role Components	TA Educators	TA Counsellors
A set of thinking, feeling and behaving	Functional Adult ego state needed to account for internal and external reality Functional Parent ego states needed to structure the learning and nurture the student	Structural Adult ego state needed to account for relational processes (more emphasis on introspection) Functional Adult ego state needed to model accounting for the here-and-now
A perspective on reality	Imparting knowledge, skills and understanding – developing capacities of the Functional Adult Parental responsibilities Promoting growth resulting from teaching and learning	Strengthening the Structural Adult ego state of the client Supporting autonomy Promoting growth resulting from relational experiences
A set of relationships	Student – teacher relationship Parent – Child transactions	Mentor, coach, teacher, assistant, counsellor – student Adult – Adult transactions

Table 1: Distinction between educational and counselling roles

opportunity for high levels of physical and emotional containment. The roles held are that of a client (who in this context is also a learner) and a counsellor (here understood as a therapist). This type of work offers higher client confidentiality that is determined by the context. For example, a university counselling service can offer a more confidential service than a secondary school where there are child protection implications. Limits of confidentiality have to be made clear to the client (learner) from the outset as otherwise it will lead to a game. Furthermore, the psychological contract in formal work focalises on a specific problem that is relevant to the learner's life at the moment. In contrast, informal work by its very nature can take place in a variety of environments and thus implies lower levels of physical and emotional containment. Confidentiality is also compromised as any incidental conversations can be interrupted by an unexpected visitor. There is a variety of roles that include the learner on one side and an educator, mentor, teacher, teaching assistant, coach on the other side to name a few. The psychological contract implies the practitioner's emotional availability that is geared to support the learner's well-being. Thus, there are differences in levels of physical containment, confidentiality, contract and roles as presented in Table 2.

Formal Counselling

Formal counselling in an educational environment is a valuable resource because it helps the learners to solve specific issues by strengthening their structural Adult ego state. However, there is a number of considerations of the process and a sound under-standing of the circumstances of formal counselling will contribute to greater awareness and hopefully better client outcomes. First of all, within an institution there is a referral process that provides guidelines for learners how to access the service. In a school environment (both primary and secondary) the pupil may be referred by teachers or form tutors if they feel concerned about the well-being of a pupil. Additionally, parental consent is required since the young client is under the custody of parents or carers. In further education institutions learners can self-refer when they recognise their need for support. In both cases there is a 3-cornered contract (English, 1975, p. 383) in place as shown visually in Figure 1.

	Containment	Role	Confidentiality	Contract
formal	higher	client therapist	higher	I'm here to work with you on your problem
informal	lower	learner educator, coach, mentor, assistant, teacher	lower	I'm here to support your wellbeing I'm available

Table 2 Distinction between formal and informal counselling roles

According to English (1975) when contracting with multiple parties, the following have to be considered:

•What is our contract? What did you come for?

•What is your fantasy expectation?

•How might you be disappointed by our work?

•What cannot be met.

•How can we feel empowered together even if the great power were not realistic?

Figure 1 Contracting considerations with multiple parties.

For a counsellor working in an institutional context, it is important to account for psychological distance (Micholt, 1992, p. 229) and the different agendas of the parties involved. Ideally, all parties should be in an equal balance, meaning that no one should have a dominant position or exclude one of the parties. Thus, the multiple agendas need to be named in order for everyone's position to be valued and accounted for. For instance, a student counselling service at a university is expected by the management to contribute to student retention and enable the student population to be sufficiently well in order to graduate. A student might pick up on that, and experience the support as conditional. A skilled counsellor is able to name the multiple contracts with clarity and hold in mind the student's perspective. It will help the practitioner to be aware of game invitations ("The University only wants my money, that's why they offered me counselling...") and promote a realistic appraisal of reality. Having said that, counsellors are frequently seen in systems as 'fixers'. Sometimes students get referred to a school counsellor as some aspect of their behaviour is seen as problematic to other staff members or pupils. Thus, a fantasy expectation is placed on the counsellor who is there to 'fix' the student. This needs to be understood and accounted for as otherwise the learner/client might use it to confirm some of their script beliefs, for example 'I am not worthy of help'. Therefore, a skilled counsellor would be aware of the external forces that shape the process of counselling (before it even starts!) and proceed with caution.

Contracting is key in transactional analysis. Steiner (1969, p. 29–31) describes conditions conducive for good contracting and this enables troubleshooting at the initial stages of work. According to Steiner, sound contracting is based on a number of factors outlined below.

- **Mutual agreement** – both parties agree voluntarily to enter the process. This is quite obvious in a university or other higher education institution; however in a secondary school many parties are involved (parents, teachers, tutors, other professionals and the student) who need to be on the same page. Furthermore, there are some child clients who agree at the overt level, but do not acknowledge the value of counselling at the covert level. They might do it to adapt, to please their parents and teachers rather than understand themselves. Thus, it is important to enquire about the 'WHY' of the counselling. At the same time, if a child is anxious or depressed, it is the parents' or carers' role to ensure that the young person attends the session. A child may not be in a position to 'agree' and as such parents can decide from a structuring stance as to what is

useful, beneficial or required for a healthy development of their child.

- **Valid consideration** – there is some financial or other forms of acknowledgement of the exchange of skills, time and effort of the counsellor for the benefits received by the client. In an institutional context, this is simply the salary that the practitioner receives. However, it is interesting that when students do not directly pay the counsellor, they tend to perceive the service as free. Rarely do they see their university fees as a direct payment for the sessions attended. According to the author's experience, students tend to see the counsellor as a part of a system and may bring their transferences to the consulting room, recreating a microcosm of the institution through the quality of their relationship with the practitioner. Sometimes, it may lead the client to cancel their session or skip some of them altogether. It is worth enquiring of a client in an institutional context, their perceived value of the sessions and how it impacts their commitment to the process.

- **Competency** – the client needs to access the service with sufficient awareness and understanding of the process in order for his efforts to be viable. Thus, clients who are under the influence of alcohol or drugs are not competent to enter the counselling process. In TA terms, this means having sufficient availability of the Adult ego state in order for clients to be available to their own experiences. This way they are able to engage and find their own resources. On the other hand, it may be the case that a young learner has severe needs that cannot be met within the institutional context and has to be referred elsewhere.

- **Lawful object** – the practice of counselling has to follow the law of the land, meaning it has to be consistent with the rules and regulations of the specific context. In a schooling environment there are child protection implications and should there be a need, the relevant personnel needs to be informed about any issues related to physical or psychological abuse, neglect, bullying, grooming and any other potential risk factor to the wellbeing of the pupil.

These four conditions help to consider the beginning of counselling and provide a clear point of reference that paves the way for success.

Counsellors working in an educational environment often have to provide brief therapy which requires a finely tuned set of skills. Grant (2013, p. 61–66) presents an elegant outline of short-term counselling

from a transactional analysis point of view. According to Grant, the five essential ingredients in short-term counselling include:

1. **Holding the possibility of one session cure.**
   In a nutshell, the clients' well-being is the most important. Lengthy and laborious analyses are seen as "Making progress" (Berne, 1972, p. 377). The counsellor enters each session with a curious and fresh mind that acts like fertile ground for the change to happen today. Not tomorrow, not in six months, but today!

2. **Establishing a relationship.**
   It is widely known that 30% of therapeutic change can be attributed to relational factors (Lambert, Barley, 2002, p. 357–361). Even though the therapy is brief (for example 6 sessions), it is important to allow the client to feel relationally significant. The client needs to feel that he is held in mind and thus learns to create a holding and relationally attuned and responsive internal environment. (Epstein, 2014, p. 38) Otherwise, the impact of counselling will only be short lived and rather insignificant.

3. **Contracting.**
   Views on contracting have been already described, however the phrase "mutual agreement" still leaves room for interpretation. The counsellor needs to be realistic in terms of the contract offered to the client. According to Berne (1961, p. 160), there are four goals of therapy:

   1) symptomatic control,
   2) symptomatic relief,
   3) transference cure,
   4) psychoanalytic cure.

   Grant suggests that short-term therapy is likely to address goals 1) and 2) since they require less time in comparison to 3) and 4) which rely heavily on the development of a strong and established long term relationship with the therapist. It is crucial to be clear when contracting and be realistic about the outcome that can be achieved.

4. **Being a keen observer.**
   The devil is in the detail and this is the case in counselling as well. Sound observation coupled with honed intuition are key to accurate assessment and planning of the process. Berne recommends using all senses in order to pick up any relevant detail. This approach enables the practitioner to become aware of the multiple levels of the process which leads to refinement of the counselling practice.

5. **Leverage.**
   The last ingredient underlines the value of good assessment and good interventions. An effective counsellor has to dynamically assess the situation and respond to the client in ways that will consistently invite autonomy.

An Example

These principles can be illustrated using a case example: Tom was a 22 year old male who self-referred to the university counselling service with depression and anxiety. He had a strong need to be 'diagnosed' and was quite determined to find the root cause of his current state of mind. He was inviting me to find fault in him through some phrases along the lines of "What is wrong with me?" or "Can you tell me what the problem with me is?" At this stage, I was still and kind, allowing him to define his relational space in the consulting room. I was also clear that we could only explore a fraction of his issues, as the university offers short term counselling, which is part of the university system support mechanisms. Our contracting was sound and Tom accepted that the service offered could only be a starting point in his quest for well-being.

I insisted on seeing each session as impactful through creating an ambiance of urgency: "In 10 minutes you will leave this room and come back to your life... What would you like to be different? What parts of you need urgent care at the moment that you cannot afford to ignore?" Tom responded well and engaged in the processes by coming back with session to session contracts. We would practice mindfulness skills together or use various objects to represent his inner world. Most of all, I was open, available and relationally responsive in a gentle and kind manner. I also categorically refused to 'fix' him which was his script belief that I did not want to confirm in any shape or form. In fact, I was more concerned with his strengths, resources and the options that he could create in his life. This was somewhat liberating for him, as he no longer felt the need to improve himself. Figure 2 shows my assessment of the client in terms of drivers, injunctions, discounting and rackets. I identified the relational needs (Erskine, 1996, p. 322) that were crucial to establishing a contactful and responsive relationship. Tom finished his counselling after 8 sessions and wrote me a note (Figure 3) that summarises his perception of the process. This case study exemplifies the principles of transactional analysis counselling from a formal perspective and demonstrates that TA is an effective tool for growth and change.

Informal Counselling

Informal counselling relies on the deliberate use of TA concepts in places other than the consulting room. It gives the practitioner many options to have a positive impact on the learner, even though the interactions might be brief. However, it is the quality of relationship and the interpersonal dynamics that determine the success of interventions.
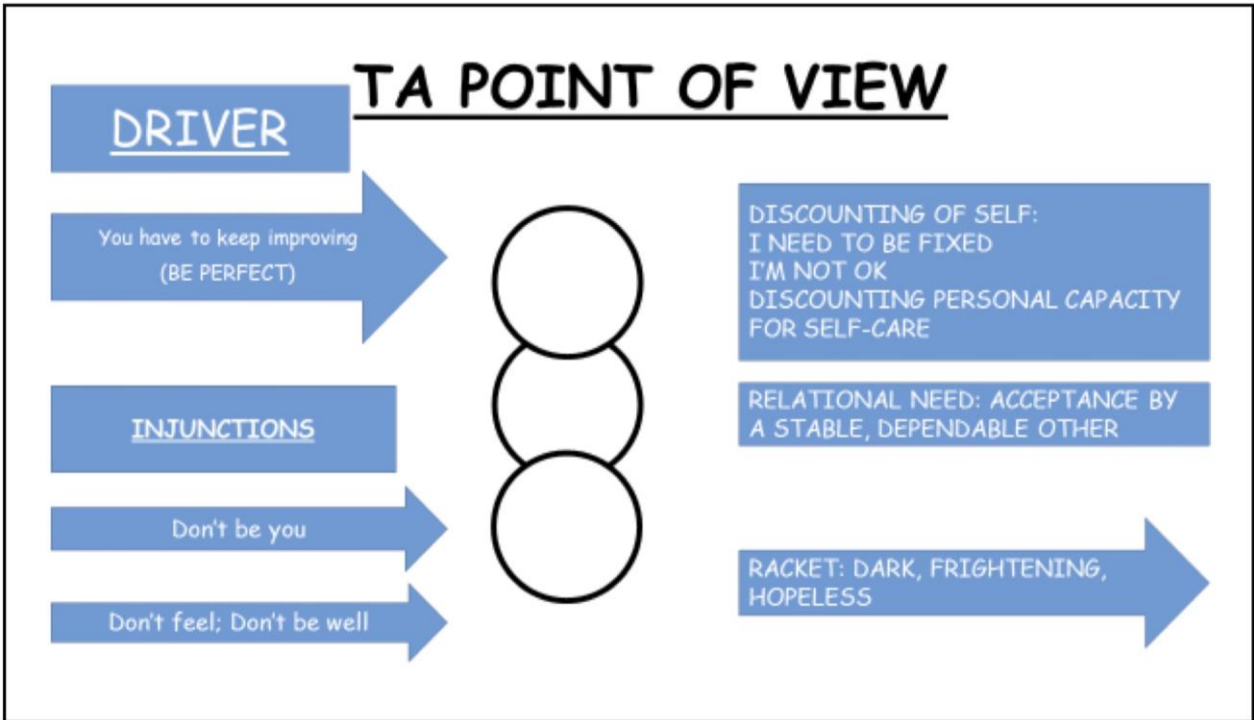
Figure 2: Assessment of a client in terms of injunctions, drivers, discounts and rackets

Dear Piotr,

When I came to see you in March, I was lost. I had sunken into something that was dark, frightening and hopeless. I write to you now not just as a client to a counsellor, but as a man to another man. You led me out of the darkness and showed me that I have the power to succeed and that it is through my own strength that I will achieve my own happiness. I do not need "fixing", I am who I am and must embrace myself for the wonderful person I can be. You have changed my life and I will be forever grateful. I wish you all the best as you move on with your life. Thank You!

Figure 3: Student (client) note showing their perception of the counselling process

In terms of a schooling environment, one of the most inefficient ways of human contact are psychological games. Usually, pupils would initiate gamy interactions when they feel overwhelmed and unable to contain their anxiety that accompanies their learning. Games start with a discount and it seems a good moment to intervene in order to promote classroom behaviour based on autonomy. Barrow (2011, p. 4) outlines the role of an educator in relation to different levels of discounting present in the learner's frame of reference.

Table 3 summarises concisely what is required at each level. I will illustrate this concept using a case study.

Level of Discount	Role of a practitioner
Existence	Recognise
Significance	Reassure
Solvability (options)	Reconnoitre
Personal capacity	Reflect

Table 3: Role of a practitioner in relation to levels of discounting Adapted from Barrow, 2011, p. 4.

Kate was a challenging 14 year student who was excluded from mainstream education. She was quite confident and knew how to defend herself in tough situations that arose in the pupil referral unit where I taught Science. Despite her levels of self-assurance, she was somewhat doubtful of her ability nd did not want to engage in learning. Initially, she spent most of her lessons outside the school engaging in banter, smoking and essentially avoiding my classroom as much as possible. In TA terms, she was discounting the existence of the lesson and discounting her existence as a learner. I needed to recognise Kate's lack of engagement and recognise her as someone who was potentially capable of learning. As months passed, she would gradually appear in class and was willing to learn. My role was to reassure her and provide her with appropriate strokes. I realised that I was significant to her when she appeared very displeased after my three day absence due to an illness. She greeted me with words, "Hello stranger!", indicating that it was rather outrageous of me to be out of work for three days. At this point we built enough trust and Kate grew increasingly in independence. She was willing to complete her exam lab assignments and my role was to explore (reconnoitre) the best options of answering exam questions. We were on a quest of seeking good exam preparation skills. As our teacher – student relationship was drawing to an end, Kate became increasingly reflective... not only about her learning but about life. She was able to recognise a colleague of mine (who was in her sixties) as someone who held the psychological leadership within the school ("Barbara is a bit like a grandmother in this school, isn't she...?"). On her last day, Kate gave me a card written in Google translated Polish that clearly showed the journey she has been on. She indicated

that initially she did not like me. My role was to hold this negative transference when Kate moved from recognising the existence of her ability to learn into understanding the significance of the end of her secondary education. At this point, her emerging sense of self as a learner needed protection and reassurance. This is evident from the card she wrote to me as shown in Figure 4. This example shows the development of a learner's awareness development and how the need to invite games though discounts is gradually replaced by Adult accounting.
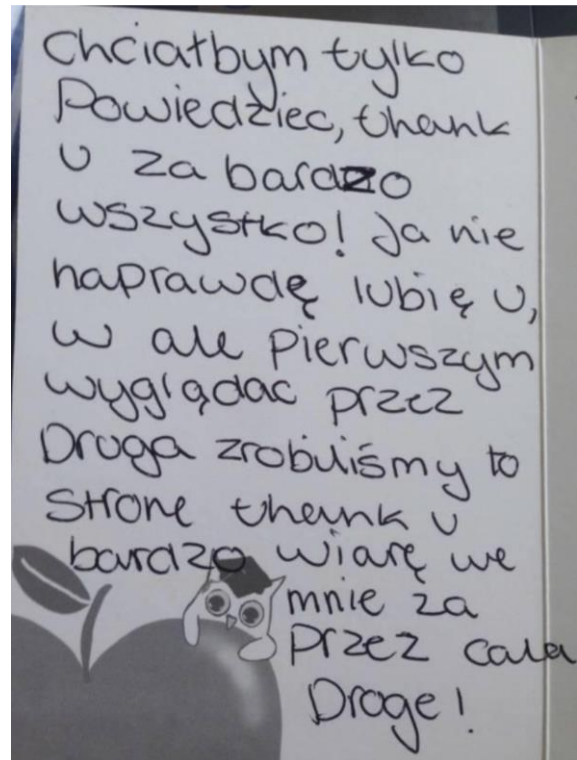

Figure 4: Student note showing their perception of personal change

There are, regrettably, cases in which the theory just simply does not help because the complexity of human nature does not respond to solutions that solely address one cause. In one of my teaching positions, I came across a fifteen year old defiant male student who had some traits of ADHD. He was very much unwilling to fit into the institutional culture and kept inviting conflicting responses from staff members. At some point, he decided to complain about my conduct to the school principal. The student claimed that I was too demanding. As a result, a small investigation was launched aiming to find any possible sources of my incompetence. Several months following the incidents, the student proclaimed during a lesson in front of all pupils: 'Mr Piotr, do you remember when I tried to have you lose your job'. He clearly admitted that the only motive for his behaviour was to get rid of me since I

challenged his behaviour. Despite my efforts to recognise his learning potential, it just did not work and the student ended up being excluded from school. He was too locked in his script position and would not allow others to have an impact on his frame of reference. Another example of non-responsiveness is when some students can become over-reliant on the support they receive and develop learned helplessness. They expect that every assignment will be provided with a scaffold or other materials that enable the completion of the task. Even though many teachers reassure the students of their capacity to work independently, the pupils become overly dependent on reassurance they receive. They end up creating a world view that assumes that there will always be a parental figure, ready and willing to provide them with containment. However, the student's role is also to be able to tolerate some temporary discomfort and develop their inner resources as a result of learning. The reflection that leads to developing inner resources may not always be possible for every student;, for example, some pupils on the autistic spectrum disorder may fixate on particular points of view. It seems that they are impenetrable and their self-beliefs ("I'm rubbish!") cannot undergo scrutiny as they might not be able to develop a high degree of understanding of social situations. Therefore, there are also limits to what transactional analysis as a humanistic psychology can offer.

Relational Modalities

The last section will outline Clarkson's (2014, p. 6–22) model of relationship modalities translated into classroom practice from a point of view of informal counselling interventions. Each relationship modality requires the practitioner to take into account the nature of the relational processes at hand.

The first type of relationship modality pertinent to an educational environment is **a working alliance**. Clarkson (2014, p. 6–22) suggest that this involves establishing some basic cooperation that is imbued with warmth, trust and kindness. This was apparent in my classroom practice through the atmosphere that a student would step into. Figure 5 shows my classroom that would explicitly greet the student with a message: "Learning to be together". Thus, the aim was to provide the pupils with strokes in order to create an optimal learning environment as well as to provide ground rules through clear contracts in order to manage expectations. As a result, the learner steps into a mixture of nurture and structure that allows them to understand the parameters of what is acceptable and expected within the classroom. It also gives students a sense of belonging and safety.

Figure 5: Classroom view that greets the learner

Figure 6: Vandalised classroom.

However, as with every relationship development, there is scope for transference phenomena to arise leading to **a transferential relationship**. On some occasions, my classroom would be simply trashed and vandalised (Figure 6) since I would represent some negative aspects of students' past experiences at school. They would possibly see me as a critical figure that would seek to invalidate their point of view and write them off as incapable of thinking and learning.

When the pupils came in trying to damage the equipment in my room, my role was to act with integrity and in ways that were consistent with my professional values. Thus, I had to name the behaviours as unacceptable and at the same time make the point that I was very different to their transferential expectations, which portrayed me to be condescending and punitive. My values such as curiosity and growth manifested through my preparedness to meet the students wherever they were at, to listen and pay attention to what was healthy in their behaviour. For example, if a student took interest in some completely random part

of Science, I would follow their experience by co-creating the lesson, rather than worrying about the curriculum. It was a balancing act – one of my managers compared it to surfing when one tries to ride a rough wave rather than taming it; it is about feeling it and following the flow.

Some of my teacher–student relationships would stay stuck at the transferential stage, however there were pupils ready and willing to enter a developmentally needed relationship. Once they tested me enough and concluded that the relationship was safe, my role was to identify the students' specific learning and emotional needs. As this would fall into informal interventions, I would not share my explicit thinking with the student as would be the case in the therapy room. I offered learning options that would meet the students' needs by providing appropriate and relevant structure, nurture and challenge. The contractual aspect concerned my emotional availability to what emerged in the context of learning. In my role, I did not specify the students' issues or invite a therapeutic conversation. The interventions were present through the provision of a relationally and developmentally attuned environment. For example, some pupils did not have enough play throughout their childhood and they needed to use more of their Child ego state (Little Professor – A1 in this case) to mess around before their Adult (A2) was prepared to learn. In simple words, we would just engage in play until they were ready to learn. It also required me to be clear about the limits of play... and when they could not stand the boundaries, they would go back to a transferential relationship, rebel and throw their 'toys' out of the pram. Again, my role was to hold the boundaries and model a holding relationship since often the students were not held and contained by consistent expectations. This was a part of providing a developmentally needed experience through ground rules. Figure 7 shows how a student explored the idea of a centre of gravity during a Science lesson. This was a starting point of a learning process where the student could test his intuitive ideas, play around and improve his reality testing abilities. To conclude, a developmentally needed relationship paves the way for solid student growth through a provision of replenishing experiences that meet them where they are at.

The person-to-person relationship develops when both the student and teacher are ready to see each other without the need to resort to games. This type of relationship is also called the real relationship and is considered in the counselling world as the healing aspect of human connection. It is when both the student and the teacher mutually recognise their human struggle with deep regard. I have witnessed this relationship modality when a student and myself would simply respect each other and express that through silent understanding and a non-possessive exchange of strokes. One female student left me a note (Figure 8) on the board of my classroom... and brought me a Mojito making drink set as a sign of gratitude. I recognised her hardship through my playful attitude in the lessons and moments of silent work that would validate the student as a thinker. On the other hand, she understood the difficulty of my role. It is a hard job to teach students that are emotionally challenging... and it does make one want to have a mojito on a Friday night to 'take the edge off'. The student's gift was also an acknowledgement that life can be overwhelming for many and an invitation to see ourselves as fallible and yet showing understanding for our hardships. This type of relationship requires the most skills and it is important to enter it with openness and awareness. It is not to serve the practitioner as a source of recognition but it is a relationship built on integrity and good faith that potentially is transformative for the student.

Last but not least, on very rare occasions, it is possible to witness some traces of a transpersonal relationship within the classroom. It is a sense of connection that has some timeless quality and when expectations are dropped and when some universal, perhaps divine, qualities emerge. For example, a student in my colleague's English classroom looked very reflectively through the window on a rainy and dark late November afternoon. All of a sudden, the ambiance became very still and the pupil asked the teacher: "Miss, why is it that everybody dies but not everybody lives...?" The teacher did not answer the question but held the

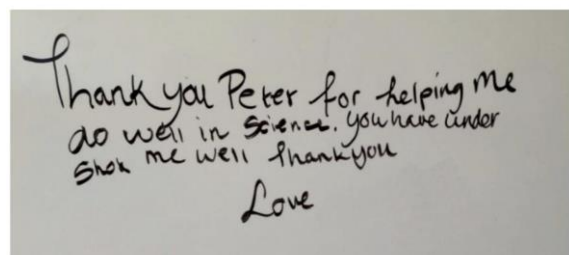*Figure 7 Engaging students through play.*

Figure 8: Student note showing connection

Relationship modality	Role of the practitioner
Working alliance	• Provide strokes to create an optimal learning environment • Offer clear contracts to manage expectations
Transferential relationship	• Act with integrity based on the practitioner's professional values • Make a point to be different than the transferential expectation
Developmentally needed relationship	• Identify specific learning and emotional needs • Provide appropriate and relevant nurture, structure and challenge
Person-to-person relationship	• Mutually recognise humanity and human struggle in each other • Enjoy an appropriate and non-possessive exchange of strokes
Transpersonal relationship	• Allow yourself to be impacted by the unknown and elusive • Allow meaning to emerge from co-creation

Table 4: Role of a practitioner in relation to different relationship modalities. Adapted from Clarkson, (2014), p. 6–22.

silence. My colleague's intention was to create a permissive space where profound questions could be asked without the interference of existential fear. In that moment, some timeless and universal aspect emerged which indicated that mysteries of existence cannot be understood per se, but felt perhaps... Thus, the transpersonal relationship cannot be forced or programmed for. It happens sometimes and gives us some sense of wonder at the unknown and elusive. The practitioner needs to allow themselves to be impacted by the co-created meaning and develop their eldership. This is the intangible and yet so important aspect of education in which one feels that it makes sense to get up each morning and appear in the classroom whatever the circumstances, be it politics or bureaucracy... Therefore, it is important to keep our eyes and ears open as one never knows when this sort of relationship might emerge. Table 4 summarises the role of a practitioner in Clarkson's model of relationship modalities.

Conclusion

This article presented a number of transactional analysis concepts that are useful for counsellors when working both formally and informally in an educational environment. There are differences in terms of roles between educators and counsellors. There are also differences in approaches between formal and informal counselling interventions. At its humanistic core, transactional analysis can help us become closer

and more authentic or... understand why we choose to play games that prevent growth and learning. In order to be fully engaged we need to draw on the resources coming from all of our ego states. This promotes resilience, achievement and a hopeful outlook on life. At the same time, many counselling practitioners who work in education may hold more than one role. They need to consider the nature of a particular role and inhabit it appropriately and with awareness. Berne (1964, p. 158) points out that awareness is one of the components of autonomy. Practitioners need to model autonomy through cultivating their self-awareness of the various elements of their roles. Consequently, they can increase their role competence (Schmid, 1994, p. 34) and become more robust. Thus, counselling in education is a quest for resources that is not for the faint-hearted.

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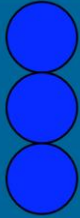
Strokes, games and learning in groups

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Summary

Students' hunger for strokes plays a key role in improving learning outcomes and emotional literacy in groups. Teachers and facilitators can consciously respond to their learner's need for recognition by paying attention to the group culture and creating a responsive environment through modelling. When learners' hunger for strokes is unmet, they start inviting psychological games. Teachers can respond adequately by stressing options in relation to the drama triangle. Additionally, TA concepts are more effective when applied in a relationship context, as otherwise the interventions become a fruitless, simplistic and formulaic endeavour. Some group settings give rise to the role lock phenomenon, when an individual represents an issue that is collectively avoided by other members. When this is brought into awareness, the group can move forward. On the whole, learners thrive when they receive appropriate strokes and permissions that support their growth and development.

Keywords

recognition hunger, psychological games, group dynamics.

Introduction

Transactional analysis (TA) was initially developed as a method of working with groups. For many TA practitioners, it is important to expand their perspective from individual psychology to group dynamics. This is especially relevant to the transactional analysts in training that are acquiring not only the cognitive skills, but also learn how to hold and contain groups. This article is a personal account of applying stroke economy (Steiner, 1971, p. 9–15) and game theory (Berne, 1964, p. 44–58, Karpman, 1968, p. 39–43) during the author's three-year teaching experience in a pupil referral unit in London. The concepts of strokes and games will be reviewed, taking into consideration how these can potentially inform educational practice and influence thinking and interventions relevant to a schooling environment.

Theoretical underpinnings of stroking

The hunger for strokes is one of the central cornerstones of TA as underlined by Steiner (1971, p. 9): "strokes are as necessary to human life as are other primary biological needs such as food, water, and shelter – needs which if not satisfied will lead to death". The works of Spitz (1945, p. 53–74) suggested that sensory and more importantly emotional deprivation can lead to the "shrivelling of the spinal cord" (Berne, 1964, p. 14), which can manifest as apathy and degenerative changes in the nervous system.

Berne (1964, p. 15) defines a stroke as "a fundamental unit of social action". In classroom practice, stroking refers to the way the individuals involved in the learning process give each other recognition. This recognition may refer to aspects of being ("You are such a kind person") or doing ("Good work") through verbal (words) and non-verbal (smile) channels of communication. Some TA practitioners state that every transaction is a stroke, but not every stroke is a transaction. Thus, a teacher or learner can give others positive (pleasant) or negative (unpleasant) strokes based on the receivers being (unconditional) or behaviour (conditional) through a combination of verbal and non-verbal messages. As we grow up our needs for recognition become more complex and the aforementioned social action gives rise to the dynamics in couples and groups.

Berne claimed that in the absence of positive recognition humans unconsciously create situations that provide drama and excitement. The world of psychology realised that humans are so dependent on stimulation and will seek at all cost, also through manipulative strategies, to satisfy this need. This is relevant to a classroom because a teacher can

ascertain the learners' authentic recognition needs to prevent games and promote autonomy.

The stroking environment needs to be well understood to facilitate learning and development. In an increasingly diverse world the meaning of strokes is determined by culture (e.g. nodding or raising the tone of voice may mean something different in Poland or India). At the same time, the hunger for recognition drives our behaviour and may thus be considered universal. The need for strokes is a powerful factor that shapes the dynamics of groups and plays a role in maintaining the status quo: "Indeed, solitary confinement is one of the punishments most dreaded even by prisoners hardened to physical brutality, and is now a notorious procedure for inducing political compliance" (Berne, 1964, p. 13). Claude Steiner deconstructs socially held beliefs underlying stroke exchange in his article entitled 'The stroke economy' (1971, p. 11). He emphasised the need to re-evaluate "the basic training regarding the exchange of strokes" (Steiner, 1971, p. 9) to create conditions for autonomy. The following stories and examples will illustrate how teachers or facilitators can apply some TA concepts to improve learning outcomes and model emotional literacy.

Applying stroking theory in educational practice

Transactional analysts that lead or facilitate a group need to be mindful of the stroking patters that are characteristic to that group. For instance, in his teaching role, the author faced young people that came from deprived and sometimes criminal environments. Some of their language was quite revolting and yet it was important to understand that it was part of their culture. They may have been calling each other horrible names and it seemed to be completely normal to them. In such an environment, a teacher cannot start speaking the Queen's English and invite a very sophisticated stroke exchange, i.e."I have been struck by the complexity of your passage". It is more appropriate to say "That's a pretty cool passage, mate coz [because] you used two ideas from the text." Another example occurred at a behaviour management workshop for educators. The task was to use some swear words to explore the difficulty of radically changing one's stroking pattern. The group consisted of fairly middle class and educated women. We did not even go that far in the exercise to even say the word c**t aloud. Following the session, the author realised the importance of the group's specific stroking patterns, which required preparation beforehand.

Furthermore, it is essential to understand fully what the stroke means at the psychological level. When the author turned thirty he had a birthday party organised by his tutor group. The youngsters decided to gift a 'lovely' card with the words shown in Figure 1. The

stroke could have been understood very literally ('you are a mug!'), however the colours and tone of the card implies some affection. Therefore, the context, tone, and form play a crucial role in determining the psychological meaning of the stroke. On the other hand, it was equally apparent that the staff in the pupil referral unit became desensitised and accepted some of the persistently negative stroking as 'normal'. On one occasion a social worker observed one of the author's lessons. She was quite taken aback and commented on the situation: "You are so vulnerable". This suggests that teachers can be institutionalised and their judgement can be clouded by passivity, notably by overadaptation (Pierzchała, 2013, p. 238–246). Therefore, a transactional analyst working in education needs to think about stroking patterns, identify what is considered the norm and elicit appropriate meaning based on the cultural script (Roberts, 1971, p. 33) of the client group.
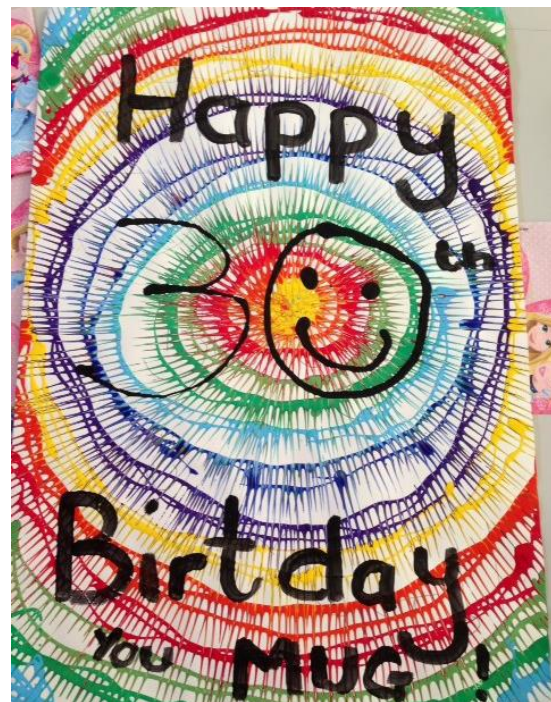

Figure 1: A birthday card given to the author by his tutor group

Analysis of transactions that create a stroke rich classroom

Teachers that consciously provide relevant strokes will create conditions for achievement. Steiner (1971, p. 11–12) describes a situation in society whereby many individuals are stroke deprived because someone holds the monopoly for stroke provision and exchange. A group leader or teacher provides recognition for thinking that at some level creates the student's perceived learning capability. Many pupils come to a pupil referral unit holding negative projections

concerning education and often display their P2 [Parent] transference (Moiso, 1985, p. 197) resulting from their relationships with previous teachers. In other words, the pupils believe that teachers are critical and dismissive of them, so they easily give up. One way of increasing student motivation is to explicitly state that strokes are available in abundance in the classroom. This was evident when the author witnessed the following transactions (Functional ego states as described by Stewart, Joines, 2009, p. 230–31):

Student: F*cking hell, I can't be bothered. Science is shit! (−AC → −CP)

Teacher: That's fine, you can feel your anger. (A → A; ulterior: +NP → +FC)

Student: What the f*ck? (−AC → −CP; ulterior +FC → +NP – need for containment)

Teacher: I can hold this for you. (+NP →+FC)

Student: Hold what? (A → A; ulterior +FC → +NP)

Teacher: Hold the hope. (A → A; ulterior +NP → +FC)

Student: Hope for what?! (A → A; ulterior +FC → +NP)

Teacher: Hope for your success. (A → A; ulterior: +NP → +FC)

This way of crossing transactions suggests to the learner that all sorts of strokes are available, rather than the negative ones that the learner was used to before. Since according to Steiner "Most human beings live in a state of stroke deficit" (Steiner, 1971, p. 12), the teacher needs to consider the area of deficit in the groups or classes taught. A number of young people in a pupil referral unit have special needs that stem from an invalidating home environment. On one occasion a student expressed himself with the following words: "I f*cking hate you, you're a pr**k" to which the author replied: "That's fine. I suppose you can trust your feelings because they are important. And I'm not here to be liked". This way a teacher can respond to the pupil's need for mirroring and give the young person some recognition of their emotional response, draw boundaries and give them permission to feel.

Holding and containing in educational practice

Parents of students excluded from school are also a group of clients that benefit from receiving appropriate strokes. There is often quite a lot of internal conflict at home and the parents feel hopeless at times. Their stroking environment may constitute quarrels and mutual accusations. They have been recognised for being 'not good enough' and frequently labelled as 'failing parents'. Talking with parents over the phone is an opportunity to provide them with adequate strokes.

For instance, offering parents mindful presence and attention as well as allowing them to speak freely helps them to find their Adult ego state (Tudor and Summers, 2000, p. 26). At the same time, stroking their efforts to contain their child despite the difficulties they face, boosts their sense of agency. For instance, the Author used to work with a family where the mother was quite ill (systemic inflammation and on steroids). It was vital to contain her anxiety and build a working alliance where she could off-load some of her difficulties. The following words were used often: "You're doing the best you can". This gave this mother some sense of validity and the feeling of being heard in the education system. Over many months, she managed to find motivation to keep her son at school and supported him to find vocational training. Thus, when parents/carers feel held and contained during moments of challenge, it has a positive impact on the learner.

A leader creates stroking patterns in groups by establishing norms through modelling. A teacher can encourage the learners to exchange positive strokes by setting tasks such as: "What are two good things about your classmate's work?" Negative unconditional strokes (e.g. F**k you!) should always be named and challenged by handing back responsibility to the student: "What is it that makes you want to put him/her down?" Another example of modelling occurred during a personal development workshop in Ukraine. The author thanked the group members for being on time and adhering to the agreed schedule. One of the members said that they felt this exchange was inauthentic. The author recognised their courage for speaking up and they were invited then to check their feelings with the facilitator throughout the workshop. This was a new experience for the participants because in Ukraine the education system tends to encourage overadaptation. However, this instance exemplifies that creating new stroking patterns in groups can empower learners. According to the author's international teaching experience, in many schools it is unthinkable to speak up and express disagreement with the teacher. It relates to Steiner's point (Steiner, 1971, p. 13–14) that the flow of strokes is generally restricted in society and often used as a regulatory mechanism: "The end result is that the most human of capacities, the capacity to love, is taken away from people and then turned against them by using it as a means to bring about certain desired behaviour". In contrast, a wise teacher can model a free exchange of strokes and thus build the student's intrinsic motivation that is not limited by beliefs of the stroke economy. As a result, the learners will feel held and contained in their Child ego state, which decreases their anxiety and enables them to access their full Adult thinking capacities.

Addressing games in educational practice

Humans are dependent on recognition that we prefer to provoke negative strokes in the absence of positive ones. This is one of the benefits of psychological games because they can potentially provide an unlimited supply of strokes (Stewart and Joines, 2009, p. 250–268). However, these repetitive patterns of behaviour limit our options and our capacity for autonomy. One way of supporting learners is based on recognising and confronting games in the classroom – this is where the potential for student self-determination and autonomy lies.

Classroom practitioners can face numerous game invitations throughout the course of their day. An autonomy-supportive teacher can stress the learner's ability to perceive options and to act on them. The drama triangle (Karpman, 1968, p.40) is a very elegant tool to make meaning of and envisage the direction of psychological games. For instance, the following situation occurred during a year nine Science class in a pupil referral unit: two boys recently excluded from main-stream education due to their behaviour had to jump for a minute to evaluate their fitness. One of the boys was annoyingly counting aloud and inviting the other to persecute him ('Kick me!'). As predicted, the other boy lost his temper and was about to start a fight ('I've got you!'). They were separated and after some name calling they settled. They were clearly asked:

'What did you learn through this situation?' and 'What other things can you do in the future?'

They boys seemed receptive and gave the following answers:

Persecutor role: "I can tell him earlier that he annoys me!"

Victim role: "I can keep quiet not to annoy him."

It is evident that stressing student options helps to intervene without persecuting ("It's your fault!") or rescuing ("Oh, poor you!") while awareness of the drama triangle enables us to predict classroom dynamics.

At the same time, there are some students that have little Adult available and their need to engage in games is so strong and it is impossible to contain the process at hand. The drama triangle can be a powerful tool, provided that there is enough awareness and capacity for reflection on the part of the learner. It requires all of the parties to look at themselves and acknowledge their position at the psychological level. It may not be useful with pupils in altered states of consciousness, such as rage or strong anxiety. Sometimes, it is necessary to treat this concept as a loose map and intervene from a position of integrity and sometimes 'play' along with others using Adult awareness. This

enables contact with the learners in a familiar way. Once there is enough relationship, it is possible to work in and out of transference to reveal the relational patterns. For example, the author's experience suggests that some students were able to gradually take responsibility for their role in the drama triangle, however that could sometimes take some eighteen months.

Additionally, TA game theory can be interpreted as a quite structured system. Using these concepts too rigidly could limit options of developing really meaningful relationships. The drama triangle is a model; however models do not reflect reality and, as such, have their own limits. This is significant for teachers trained in science and mathematical disciplines that rely on structure and predictability based on observable phenomena. They might have a tendency to use thinking and over-structuring as a defence mechanism. Additionally, TA might appear simplistic through its diagrams and straightforward language. It is therefore important that TA applied in the classroom does not become yet another scientific endeavour, but a relational and human to human experience that is based on mutual impact.

This becomes quite apparent whilst dealing with groups when one member keeps raising an issue which leads the group to become stuck in gamey patterns. Facilitators or teachers work with a number of different participants that co-create a certain 'meta-entity', that is the 'it' that is more than the sum of all members and their individual proclivities. This makes game analysis difficult due to the emergent complexities of the co-created dynamics. Charlotte Sills (2003, p. 283–284) describes groups that become stuck in games and unconsciously avoid facing what is difficult for them, i.e. some existential question that was not addressed in the family of origin. Individuals are trying to resolve their personal paradox that stems from their unmet relational needs and this way they keep repeating their maladjusted patterns. Since the need to resolve the issue is so strong, it keeps coming back and is raised by 'the difficult one': a group member, whose intrapsychic impasse concerns the same issue, experiences the evocation of an archaic or introjected ego state that then recreates the early field condition. He or she steps into the role (Sills, 2003, p. 283).

This process gives rise to what is called 'role lock' and is a way avoiding the uncomfortable situation and the tension associated with the unresolved paradox. In order for the group to become authentic there are two major milestones:

- The group needs to release the individual from the role and own some aspects of the issue as it belongs to the group;

- The individual needs to decide to let go off the issue and the compulsion to repeat.

Translating this into daily teaching practice, it becomes clear how 'useful' it is for class members to blame one pupil amongst them in order to avoid any discomfort associated with the situation at hand. Some good students at school are sometimes seen as a 'neek' (someone who is carrying out their work diligently) and this helps others to avoid their inadequacy as a learner. The disengaged students can project their disowned feelings of inadequacy onto the good student to feel OK. However, the 'neek' tends to see school recognition as a main sources of their adequacy. Thus, the existential question is about OKness and the feelings of worth and dignity: "How do I behave to receive strokes?" or "Am I worthy of strokes in the first place?" Again, a wise teacher can nudge the students to consider their real motives and model a free exchange of strokes. However, since the groups in a pupil referral unit have an educational purpose mainly, rather than a therapeutic one, role lock theory can be used only to some extent. It certainly allows the teacher to recognise the disavowed aspects in the group dynamics and gently bring them into awareness. On the other hand, given the contract with the institution and the limited availability of the Adult ego state (Tudor and Summers, 2000, p. 26) in many pupil referral units, it seems inappropriate to delve too much into classroom psychodynamics. It is more beneficial to consider the developmental stages of the group members (Levin-Landheer, 1982, p. 138) and provide them with suitable permissions and strokes that support learners:

- to *exist,* to live and to be
- to *act,* to do things
- to *think,* using logic and concepts
- to have an *identity* and know who we are
- to develop *skilfulness* through structures and values
- to *regenerate,* producing life anew, and
- to *recycle,* developing effectiveness at every age.

These strokes potentially enhance Adult awareness and increase the students' perceived and real learning capability.
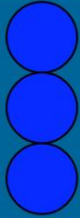
Conclusion

In conclusion, teachers applying TA concepts in their work are in a position to satisfy some of their students' needs for recognition. Educators who accurately perceive the stroking patterns of the groups they teach are able to fully grasp the co–created learning culture. Furthermore, raising awareness of games using the drama triangle helps to promote autonomy, as long as

it is considered in a relational context. Otherwise, TA can lose its potency and become only a formulaic description based on diagrams. Some games unfold at the whole group arena, leading to a role lock. This situation requires the practitioner to consider the existential question that is crucial for the group to move forward. All in all, creating a stroke-rich environment that responds to development needs of the group can reduce games and contribute to a climate of achievement and autonomy.

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Transactional Analysis and Spirituality: Insights from Indian Philosophy

Abstract

In the Indian philosophical system Vedanta, the composite human being is described in terms of five concentric sheaths surrounding an inner core - the Pancha Kosha (Five Sheaths) model. This model has implications for the discipline of Transactional Analysis insofar as it sheds light on the working of the Adult Ego State and also suggests the process by which autonomy can be achieved. Other concepts of Vedanta relevant to TA are discussed and elaborated, and a Vedantic Ego States Model presented incorporating them into the Classical TA model. The natural longing for intimacy and the growth force of physis are represented in terms of insights from Vedanta. The practice implications of the model are discussed, and also how it can help for personal growth and eventually spiritual progress.

Key Words

Ego States, Cultural Parent, Autonomy, Integrating Adult, Physis, Mindfulness, Pancha Kosha, Yoga, Yama, Niyama, Shreyas, Rin, Purushartha, Bhakti Yoga, Brahman, Upanishads, Bhagavad Gita, Dharma, Moksha, Karma, Integrated Adult, Atman, Vedanta

Introduction

When Eric Berne laid the foundations of transactional analysis (TA) over 60 years ago, he described the personality in terms of Parent, Adult and Child ego states, represented by three stacked circles (Berne, 1961). He also wrote about *physis* as the growth force of nature which makes individuals want to grow and become better, as underpinning the psychological energy of the ego states (Berne, 1968). Since then, many other writers, thinkers and practitioners have explored the question of what lies beneath the ego states, which seems to be an implicit recognition of the fact that the three stacked circles are, by themselves, an incomplete description of the personality. They have described, in their own ways, how metaphysical concepts such as Self, Life Force and Spirit,

complement the overall framework of TA and present a more well-rounded view of the human psyche.

In this connection, the ancient Indian philosophical system of Vedanta offers many illuminating insights which can enrich our understanding of not just the Adult (in Berne's descriptions of it as being in the here-and-now) , but the total personality. Most of the texts on which Vedanta is based, were composed more than 2,000 years ago. Although they need to be understood in the context of the times in which they were composed, there is an air of universality about them, and they provide most illuminating answers to many things which perplex us about abstract subjects such as, "What is the meaning of life?"; " How to live well/wisely?"; "How do I reach my full potential?". Vedanta literally means the end or essence of the Vedas, which are Indian sacred texts thought to have been composed around 1500-1000 BCE (although, as an oral tradition, they may be even older), and is elaborated in the Upanishads (c. 1000-600 BCE), which are commentaries on the Vedas, and in the Bhagavad Gita, which is a part of the Indian epic poem Mahabharata (c. 900 BCE?).

The Pancha Kosha (Five Sheaths) model of the human being described in Vedanta shows how the inner core of the Self is enveloped by the intellect and the mental and physical bodies. This can be related to the structural model of ego states in TA to shed light on the working of the Adult ego state. Further, the insights from Vedanta can be linked with TA concepts such as autonomy and the Integrating Adult (Erskine, 1991; Tudor, 2003).. Strengthening and developing the intellectual sheath leads, in the first instance, towards autonomy, and further, towards establishing the Integrating Adult This serves to make us better human beings; more authentic and attentive; compassionate, generous and humble; and more responsible to ourselves, each other, and the environment. Vedantic principles serve as a guide to living wisely and nobly, and point the way to the

ultimate destination in the journey of self-development and personal growth. Further, in light of the teachings of Vedanta, it can be suggested that the logical end of the integrating process in the Adult is spiritual progress, but not necessarily through following any religious doctrine.

Literature Review

Ego States

Ego states models in TA have evolved considerably since the classical structural model of three stacked circles representing Parent, Adult and Child (Berne, 1964).Now, there are several different ways of looking at the three ego states. One such way of representing the Parent ego state is in terms of the concept of Cultural Parent (Drego, 1981). Briefly, the Cultural Parent consists of Parent, Adult and Child type contents of a person's cultural background, within the Parent ego state. These have been labelled Etiquette, Technicalities and Character respectively, and succinctly summarized as what one is supposed to do, what one has to do, and what one might like to do (Berne, 1963). Culturally inherited beliefs, ideologies, values, rules, moral codes... knowledge, skills, techniques... ways of experiencing and acting out love, hatred, pleasure, pain, acceptance...(Drego, 1981) together form its content.

A model is proposed by Hay (2009), in which the Internal Adult ego state has been compared to a lightning fast data processor ideally considers external reality and internal perceptions and decides a course of action which is manifested through the exhibition of an appropriate behavioural ego state.. When we interact with others (and even when we don't), we frequently shift between the five behavioural ego states. Such shifting, as long as it is controlled by the Internal Adult, does not result in any anomalous behaviour, and the person's responses are appropriate to the situation; however, this control gets lost when we fall under the spell of messages remembered from our childhood, and our behaviour becomes impulsive, unthinking and inappropriate. Further, many of these messages are self-limiting in that they prevent us from reaching our potential, and restrict our options of feeling, thinking and behaving in any given situation.

Alternatively, Erskine (1991) and Tudor (2003) have written of an Integrating Adult, also sometimes referred to as Integrated Adult, and sometimes without the initial capital for integrating, to indicate a process of integrating the content of the Parent and Child ego states into a here-and-now, updated Adult. It is this notion of Adult that I am using to relate to Vedanta.

The goal of TA is considered to be the attainment of autonomy, which is manifested by the release or recovery of three capacities; awareness, spontaneity and intimacy (Berne, 1964). Capacities added later are responsibility (Bonds-White and van Beekum, 1995); and integrity (Mellor, 2008). In other words, autonomy comes about when we are fully aware of and dealing with the present situation and environment, as opposed to responding by way of conditioned behaviour; when we are able to make a considered choice of the most appropriate behaviour from a range of options; when we are genuinely open, honest and authentic with each other (Berne, 1964): when we take full responsibility for our actions, and believe that we are responsible for ourselves alone and no one else: and when we are able to discover meaning in our life experiences so as to live honestly and in accordance with our principles.

However, it has also been shown through a research project that autonomy can be summarized in two variables: contact with self and contact with others (Van Beekum, 2000). Contact with self includes access to internal dialogue (e.g., between ego states), taking action, taking a stand based on own thoughts; whereas contact with others relates to attitudes formed while interacting with others, like encouraging, discounting, open minded, prejudiced, etc. To that extent the capacities originally used to describe autonomy may need a rethink, and real autonomy may only come about when we move between contact with ourselves and contact with another.

The optimal state of autonomy is one in which certain desirable qualities of Parent and Child ego states are integrated into the Adult ego state (Berne, 1960). Such an optimal state has also been described as the Integrated Adult (Stewart and Joines, 1987). However, Erskine (1991) and Tudor (2003) have written about the Integrating Adult, to emphasise that integration is a continual process and therefore, the Adult ego state is an ongoing process and not a static entity. It is characterized by emotional, cognitive and moral development, creativity, and the capacity for full engagement in meaningful relationships.

Beyond the Ego States

The concept of physis, as originally developed by the philosopher Heraclitus (c.600 BCE), meant change or growth which comes from the spirit within the person (Guerrere, 1980). In TA terms, physis is conceived of as a life force, a fundamental urge to grow, evolve, and improve, present in living organisms (Berne, 1968). At the individual level, its manifestation is the aspiration for change and human transformation (Clarkson, 1992). However, this aspiration is recognized to be a deep-seated and primal force, beyond the layers of personality formed by the ego states as the individual grows. It has been thought to be arising from the earliest, most undifferentiated Child ego state (Clarkson, 1992).

The relationship between TA and spirituality has been explored by several writers, thinkers and practitioners of TA. However, some amount of overlap between religion, faith and spirituality has resulted in diverse viewpoints on the subject and some amount of ambiguity as to what exactly constitutes spirituality. For the purpose of this paper, spirituality has been considered to be a sense of connection to something bigger than ourselves, which typically involves a search for meaning in life. It also refers to experiences that transcend normal worldly experiences, not confined to one's own identity or awareness. However, it is not possible to exactly define spirituality because to define is to limit, and this sense of connection is surely limitless in its scope. It may be loosely described as a feeling of oneness with God or the Life Principle of the Universe; however, I will consider spirituality from the philosophical point of view, i.e., without any religious overtones.

Returning to TA, an inner core of the Self has been described as existing beneath the manifested Parent, Adult and Child ego states (James, 1981) This is characterized by the urge to live, to be free, to experience newness, to make decisions, to form authentic relationships, and the urge to know the spiritual dimension. She has drawn an inner core within and connecting the Parent, Adult and Child ego states to represent the Self. On the other hand, physis, which has been represented in TA terms by the aspiration arrow of the script matrix (Berne, 1972/1975), has been placed within this core and the P-A-C order reversed (Tigchelaar, 2019) to show how the urge to become better or to evolve is a deep-seated urge, beyond and within the ego states structure. The source of physis has also been identified as Life itself, and grounding, or a heightened state of awareness, as a means of achieving physical, mental, emotional and spiritual balance (Mellor, 2017).

The application of TA in helping those religiously inclined along the path to spirituality has also been explored in terms of the Pilgrim Model (Milnes, 2017). In a subsequent paper, the same author has equated the soul with the earliest Child ego state which has formed a coherent sense of self, and has ascribed physis to the earliest mystical or religious experiences of an infant, and located it within the soul or Core Self. He further compares physis to a burning flame which can sustain those who fully experience it even in the most tragic circumstances (Milnes, 2019).

The core of the personality has been called the Guru Within, connecting with which leads one to identify with the innate OKness in all of humanity and which has the power to transform ordinary self-centredness (Chandran, 2007). It has been argued that the attainment of autonomy opens the door for achieving spirituality; further, at the level of intimacy, the human

psyche transcends normal levels of consciousness and attains spirituality (Kandathil and Kandathil, 1997).

The practice of mindfulness has been related to TA through the Mindfulness Based TA program (Zvelc, Cernetic and Kosak, 2011). Mindfulness may be defined as a mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations. In the Eastern tradition, mindfulness is generally practised as a prelude to meditation; however, in this context, it is used as a therapeutic technique, to make the practitioner aware of (hitherto unconscious) patterns of behaviour, ego states, and transactions. A model of the Adult ego state is presented with a central core as the Mindful Adult, which interacts with the outer part of the Adult, the Parent and Child ego states, and the external world, in an accepting and non-judgmental way. The Mindful Adult generates here-and-now awareness of both internal and external environments, and, in doing so, opens the door to dealing with past trauma and repressed feelings.

Suriyaprakash and Geetha (2014) have previously written about grieving and of a philosophical perspective on how the Vedantic worldview impacts on TA practice, in that a spiritually-integrated personality responds with equanimity to pain and pleasure, to the extent that death is recognised as the "natural process of the transformation of the soul, and the living do not grieve… [at this] process of transition… Towards embracing eternity." (p.338).

Philosophy of Vedanta
The literature on Vedanta is very extensive, since many spiritual leaders, thinkers and scholars have been translating, interpreting and commenting on the ancient Indian texts in which Vedanta philosophy is found. I will only briefly introduce the concepts from Vedanta which are relevant to this paper.

The Pancha Kosha Model
The *Taittiriya Upanishad* describes the Pancha Kosha (Five Sheaths) model of the complete human being enveloping an inner core, which is called Atman or Self (Figure 1). Proceeding from the outer to the innermost, these are (Parthasarathy, 2000):

1. **Annamaya Kosha** or **Food Sheath**: The physical body, including the five organs of perception. It is caused by food, maintained by food, and finally ends up as food. (The body grows and is sustained through its intake of nutrition and when it finally perishes, it decays to form food for other living creatures.)

2. **Pranamaya Kosha** or **Vital Air Sheath**: The five faculties (Pranas) functioning within the human

being, which are directly related to breathing, together constitute the Vital Air Sheath. They correspond to the five physiological functions, and are the faculties of: perception (through the senses of touch, taste, hearing, smell and sight); excretion; digestion; circulation (of nutrition through the blood stream); and absorption of knowledge through assimilation of thoughts and ideas.

3. **Manomaya Kosha** or **Mental Impressions Sheath**: The sheath of impressions, filled with data from the five senses. It is also the repository of passions and emotions, feelings and impulses, likes and dislikes. It controls the outer two sheaths ,e.g., when the mind is disturbed, the physiological functions (pranas) and the physical body are affected.

4. **Vijnanamaya Kosha** or **Intellect Sheath**: The sheath of directed mental activity. It functions as discriminating, reasoning, reflecting, thinking, and analysing. It controls the outer three sheaths.

5. **Anandamaya Kosha** or **Bliss Sheath**: The sheath in which *Vasanas* or inherent tendencies alone reside. When we are in deep dreamless sleep, we experience bliss in the sense of being undisturbed and completely at peace. As we go into the dream state, the *Vasanas* manifest themselves in the form of thoughts and desires.

It may be noted that only the outermost sheath is made of matter as we know it, and the other sheaths are energy states invisible to the physical eye, though we can sense their presence inside us when we pay close attention.

The inner core, **Atman** or Self, is that which gives life to the body, mind and intellect; in other words, it is the life-principle within us, which enables our body to act and perceive, our mind to feel and think, and our intellect to reason. Without it, none of the Koshas can function. A simplistic analogy would be electricity and the electric light.

The discipline of Yoga prescribes methods for strengthening the five sheaths. Thus, the Annamaya Kosha is strengthened by *Hatha yoga*, a series of exercises and postures (*Asanas*) designed to improve flexibility and mobility; Pranamaya Kosha is strengthened through breathing exercises called *Pranayama,* which lead to increased breathing capacity, improved circulation, and increased resistance to disease. For strengthening the Manomaya Kosha, *Pratyahara* or sensory withdrawal leading to meditation is prescribed, which is said to soothe and balance the flow of mental energy, reduce tension and bring about calmness and tranquillity.
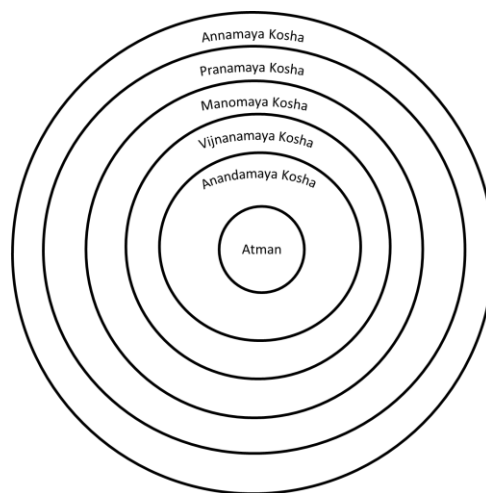

Figure 1: Pancha Kosha

Annamaya Kosha = Food Sheath
Pranamaya Kosha = Vital Air Sheath
Manomaya Kosha = Mental Impressions Sheath
Vijnanamaya Kosha = Intellect Sheath
Anandamaya Kosha = Bliss Sheath
Atman = Self

Vijnana means the power of discernment, discrimination and judgment. The Vijnanamaya Kosha is what distinguishes human beings from animals. Although translated as Intellect Sheath, it encompasses the higher functions of the mind, including morality, ethics, and will. Mental activity directed by the Intellect Sheath is a uniquely human attribute, and strengthening it is considered to be of prime importance in Yoga. This is done through observance of *Yama* (Vow) and *Niyama* (Rule of Conduct). *Yama* comprises vows of non-violence, truthfulness, non-stealing, sexual restraint, and non-covetousness. The rules of conduct to be followed (*Niyama*) are: purity, both external and internal; contentment; restraint of the senses and meditation; self-study; and surrender to the Divine.

The Anandamaya Kosha, or Bliss Sheath, is the final sheath between our ordinary awareness and our higher Self. Properly speaking, it is not a sheath at all, but rather a reflection of the Atman. In the Anandamaya Kosha the Atman experiences eternal bliss, a state of perfect peace and contentment, free from all cares. Such a state is realized in deep sleep, in the normal course. It is strengthened by Seva, selfless service to others, which leads us to identify our innate unity with other human beings; Bhakti Yoga or the yoga of devotion to God; and Samadhi, intensely focused meditation, which reveals the divine nature of the Atman.

A table of the five sheaths, their explanation, and the methods of strengthening them, is given in Table 1.

S. No.	Sheath	Composition	Nature	Strengthened by
1.	Food	Matter	Physical Body	Hatha Yoga (physical exercise, postures)
2.	Vital Air	Energy	Physiological functions connected with breathing. Controls Food Sheath	Pranayama (breathing exercises)
3.	Mental Impressions	Energy	Sensory data, passions and emotions, feelings and impulses, likes and dislikes. Controls Vital Air Sheath	Pratyahara (withdrawal of senses), meditation
4.	Intellect	Energy	Discriminating, reflecting, analyzing, thinking. Controls Mental Impressions Sheath	Observance of Yama (vows of non-violence, truthfulness, non-stealing, sexual restraint, non-covetousness) and Niyama (rules of purity in body and mind, contentment, restraint of the senses, meditation, self-study including study of inner self, surrender to God)
5.	Bliss	Energy (reflection of Atman)	Love, peace, contentment	Selfless service to others, devotion to God, intensely focused meditation

Table 1: Attributes of the Five Sheath

It is significant that the Intellect Sheath is considered to be distinctly separate from the Mental Impressions Sheath, and also as controlling it. This distinction is highlighted in a famous verse from the *Katha Upanishad* (trans. Easwaran, 1981):

Know the Self as Lord of the chariot,
The body as the chariot itself,
The discriminating intellect as the charioteer;
The mind as the reins;
The senses, say the wise, are the horses,
Selfish desires are the roads they travel.

This analogy, through its visual impact, shows how easy it is to be led astray by the horses (senses) were it not for the guidance of the charioteer - the intellect. Just as the horses are wont to go astray were it not for the reins (mind) which keep them aligned, our senses can lead us astray were it not for the mind which keeps them aligned. But the reins are nothing without the sobering guidance of the charioteer (discriminating intellect) which controls them. In Vedanta then, the intellect is treated as entirely separate from the mind.

Nature of the Intellect Sheath

The Bhagavad Gita (Song of the Lord) from the epic poem Mahabharata gives an overview of the functioning of the Intellect Sheath as discriminating between opposites; reflecting; analysing; reasoning; and judgment, in the sense of judging the correct course of action (Swami Rama, 1996): *Buddhi (Intellect) has three main functions; discrimination, judgment, and decision.*

Discrimination: *Shreyas* vs. *Preyas*

Vedanta teaches us that there are two classes of things that the mind gets attracted to**: *Preyas*,** that which is pleasant in the short term, and ***Shreyas***, that which is good, capable of bringing about lasting happiness:

"The good and the pleasant approach a man; the wise man considers and distinguishes between the two. Wisely does he prefer the good to the pleasant; but a fool chooses the pleasant for its worldly good [benefit]." (Katha Upanishad II, 1.2 and 3 trans. Paramahamsa Yogananda)

The discriminating power of the Intellect Sheath makes us aware of the difference between *Shreyas* and *Preyas* (the good and the pleasant). Since it is also the repository of the higher qualities of morality, ethics and character, it points our actions in the direction of *Shreyas*. As an illustration, consider an example from everyday life: say I am travelling in a car, and sipping water from a mineral water bottle. When I finish the bottle, I have a fleeting urge to roll down the window and throw it out on the road. I will get the satisfaction of having cleared the car of clutter. However, if I have a sense of responsibility towards the environment, I will wait until pulling up in an area where there is a trash bin, and dispose of it there. My action has been guided by the choice of *Shreyas* over *Preyas*.

The above is a mundane example; but a little reflection on the part of the reader will reveal plenty of more serious choices in life, where we could be (and

frequently are) guided by the discriminating intellect into choosing long-term good over short-term pleasure, and act accordingly.

Judgment and Decision

The Intellect Sheath receives, perceives and reflects upon information from the first three sheaths. The act of perception is important since, at any given time, there are myriad sensations that are bombarding our senses Thus, one may hear birds chirping outside the window, the noise of traffic on the road, music playing on the radio, smell coffee being brewed, see a painting on the wall, and so on, all at the same time. All these are received in the Sheath of Mental Impressions. However, we will focus on only the stimuli the intellect wants us to focus on, to the exclusion of all else, and respond accordingly.

The judgment and decision functions, ideally speaking, are guided by the values which are inherently a part of the Intellect Sheath, such as ethics, morality, sense of responsibility, and integrity. As an example, Vedanta gives the marvellous concept of *Rin* (indebtedness); every one of us is indebted with five types of indebtedness, as follows (Chakraborty, 1995):

- *Deva Rin,* or indebtedness to supra-human powers for the gifts of air, sun, water, sight, speech, and so on;

- *Rishi Rin*, or indebtedness to the sages and seers who realized the highest truths and left them for us as a priceless heritage;

- *Pitri Rin*: indebtedness to our parents and ancestors, without whom we would not be what we are at present;

- *Nri Rin*, or indebtedness to humanity at large; and

- *Bhuta Rin*, indebtedness to all other living things and the environment.

Further, Vedanta teaches that we should so live and conduct ourselves in society that as many of these inescapable debts as possible, are liquidated before we leave this world.

The Intellect Sheath is also home to Purushartha, which can be translated as meaning or objective of life. These are four in number as follows (Chakraborty, 1995):

- **Dharma**, living a life of ethical and moral responsibility;

- **Artha,** lawful acquisition of wealth

- **Kama**, enjoyment of the pleasures of the senses

- **Moksha**, liberation or attaining a state of spiritual perfection

According to Vedantic tradition, these objectives are to be fulfilled in a mutually balanced manner, i.e., they should not be regarded as independent or mutually exclusive.

Dharma

Dharma has a whole spectrum of meanings, encompassing morals, ethics, responsibility, obligations, individual duty, natural law. However, here we will refer to Dharma in the context of moral and ethical behaviour, and duties and responsibilities, to mean rightful duty of a person. In an individual context, the earliest influence which shapes my Dharma is my cultural background: as a child, my parents and other parent figures taught me what was right and what was wrong. However, this is contained in the Mental Impressions Sheath which is subordinate to the Intellect Sheath. It is actually the discriminating intellect - the moral, ethical, thinking, reflecting, analyzing and reasoning part of the mind – which finally decides our behaviour and actions. Examples of a person's Dharma may be the proper discharge of their professional or familial roles, e.g., doctor, teacher, parent etc. It is important to note that Dharma is a flexible concept; it can also embrace a combination of things, and different stages of life may call for different Dharmas or rightful purposes (For example, a professional may need to transition to the role of a parent and then later back to being a professional).Therefore, my Dharma, then, ideally should be what makes sense to me as my duty at that time, within the framework of my moral and ethical responsibilities. This is decided by the Intellect Sheath (charioteer).

Artha

According to the Vedantic tradition, acquisition of material wealth is essential not only for living a fulfilling life, but also for attaining spiritual perfection. One cannot live a life of Dharma on an empty stomach or devote time to spiritual pursuits unless creature comforts are taken care of first. Therefore, acquisition of wealth is an essential stepping stone on the path to discovering or experiencing the Atman, and, through the Atman, the Divine. However, Vedanta enjoins us to do so with detachment, i.e., without any pride in its possession or in enjoying it.

Kama

The principle behind the enjoyment of Kama is that one's legitimate desires need to be fulfilled in one's lifetime, without harming anyone in the process. Therefore, it is just and proper to delight in the gratification of one's senses. Vedanta teaches that for a person to evolve spiritually, the barrier of desire needs to be crossed. As one comes to recognize one's desires and goes about consciously fulfilling them

without judgment, one reaches the stage of being able to transcend them, which opens the door to spirituality.

The concept of Moksha is more properly related to the Bliss Sheath, although the quest for spiritual perfection starts in the Intellect Sheath.

The Bliss Sheath and the Atman

The Bliss Sheath, a state of perfect joy and contentment, is described in Vedanta as pure consciousness beyond the intellect and one's ordinary experience. It is the final and thinnest veil standing between our life as a human being and our Higher Self, i.e., the Atman. Since it is pure consciousness unfettered by the limitations of the physical and mental bodies or by logic and reasoning, its very nature makes it difficult to describe in words. In normal life, it can only be approached in deep sleep. Those striving towards spiritual perfection approach it through intensely focused meditation.

The Bliss Sheath is a reflection of the Atman, the Life Principle within a person that causes the eyes to see and the ears to hear. According to Vedanta, the Atman can only be fully experienced when one is in the Bliss Sheath. Further, full realization of the Atman leads to identification with Brahman, the Divine Life Principle that has created the Universe, whether we call it God or anything else.

Moksha

Moksha literally means liberation and is the ultimate destination of human life, when one has spiritually progressed to the stage of full experiencing of the Atman and the inner realization that the individual Self is the same as the Supreme Self or Divine Life-Principle. This realization is beautifully articulated in the Upanishads:

" Bring me a fruit of the banyan tree."

"Here it is, Father."

"Break it open... What do you see?"

"These tiny seeds."

"Now break one open... What do you see?"

"Nothing, Father."

"My son... There is a subtle essence which you do not perceive, but through the essence the truly immense banyan tree exists... It is Truth. It is the Self. And you are that." (*Tat Tvam Asi*, in the original Sanskrit)

(*Chhandogya Upanishad, trans. Paramahamsa Yogananda*)

Tat Tvam Asi is one of the *Mahakavyas* (Great Sayings) of the Vedas; the sage explains that the Life Principle within you is the same as the invisible Life Principle within the tiny seed, leading to the inescapable conclusion that:

"The Self (Atman) is Brahman" (*Brihadaranyaka Upanishad, 4.4.5, trans. Paramahamsa Yogananda*)

No matter that the Atman temporarily occupies a perishable body; it is still a part of the Life Principle within the tiny seed that gives birth to the mighty banyan tree, and which has created Earth and the planets, the sun and the universe. We can call Atman the Self and Brahman God; names do not matter as long as we grasp the essence, that there is a little bit of God in every person; or rather, in every being, living and non-living. If a person lives a virtuous and moral life, pursuing Artha and Kama within the framework of Dharma, and at the same time strives towards spiritual perfection, she will eventually attain Moksha or liberation from the cycle of birth and rebirth, when her Atman (Soul) merges with Brahman (the World Soul). For it is an article of faith in Indian philosophy that the Atman is imperishable. It does not die when the mortal body dies, but occupies another body:

"As leaving aside worn out garments a man takes other, new ones; so, leaving aside worn out bodies, to other new ones goes the embodied Self." (Bhagavad Gita, Chapter II, verse 22, trans. Paramahamsa Yogananda))

However, the journey of the Atman from one physical body to another is not random; it is dictated by considerations of Karma, or the accumulation of merit earned by living well (doing good deeds) in previous lives as well as the current life. Good deeds are those which are Dharmic, i.e., those actions taken within the boundaries of Dharma, which are in accordance with Shreyas, and those which serve to discharge one's Rin or debt. In contrast, deeds which are contrary to one's Dharma earn negative Karma, which must be expiated in the present life or in future lifetimes through suffering or by performing good deeds.

Detailed discussion of the concept of Karma is beyond the scope of this paper. It has been mentioned here only to show that it provides a rationale for the progression of the Atman over several lifetimes, during which the bad Karma is worked off and the good Karma accumulated. When finally a lifetime is reached in which the burden of negative Karma has been reduced to zero, the Atman is not born again but merges with Brahman. This, as stated above, is in Vedanta the ultimate goal of life, Moksha or liberation.

It should be recognised, however, that Moksha is the *ultimate* goal of the Atman after it has attained a state of spiritual perfection over the course of many lifetimes, having worked off all negative Karma. In an ordinary lifetime, it suffices if one can experience, even if only fleetingly, the Bliss Sheath, and gain the realization that the Atman is the same in all living beings, and that it is in turn part of the Universal Life Principle: Brahman.

Bhakti Yoga - The Yoga of Devotion

Bhakti Yoga, or the Yoga of devotion to God, is prescribed as a method for strengthening the Bliss Sheath. However, in Vedanta, it actually represents the yearning of the Atman to merge in Brahman, and devotion here means devotion to Brahman. According to this philosophy, the urge to love and be loved is rooted in the inner core of the Atman. At this level, however, it is spiritual; I consider its earthly manifestation to be love of one person for another, whose characteristic is the desire for sharing and caring, or connecting to something higher than oneself. In the words of Swami Vivekananda,

"...love - the intense longing for association, the strong desire on the part of two to become one - and, it may be after all, of all to become merged in one - is being manifested everywhere..."(Vedanta: Voice of Freedom, 1987).

A summary of the Vedanta concepts other than Pancha Kosha is given in Table 2:

S. No.	Vedanta Concept	Meaning	Associated With	Resultant Behaviour and Conduct
1.	Shreyas and Preyas	Discriminating between long-term good and short-term pleasure	Intellect Sheath	Action in accordance with what is good
2.	5 types of Rin (Indebtedness)		Intellect Sheath	
	• Deva Rin	• Indebtedness to supra-human power for the gift of the Universe and of Life		Reverence and worship of the Creator
	• Rishi Rin	• Indebtedness to sages and seers for handing down their wisdom to us		Following their teachings
	• Pitri Rin	• Indebtedness to parents and ancestors		Praying to ancestors and respecting living parents
	• Nri Rin	• Indebtedness to humanity at large		Respecting other persons
	• Bhuta Rin	• Indebtedness to all other living things and the environment		Care and concern for environment
3.	Dharma	Rightful duty of a person	Intellect Sheath	Acting responsibly in accordance with morality and ethics
4	Artha	Lawful acquisition of wealth	Intellect Sheath	With a spirit of detachment
5.	Kama	Sensual pleasure	Intellect Sheath	Without harming anyone
6.	Moksha	Liberation; attaining Spiritual perfection	Bliss Sheath and Atman	Experiencing oneness with the Creator
7.	Bhakti Yoga	Devotion to the Creator	Bliss Sheath and Atman	Prayer, feeling of love

Table 2. Vedanta Concepts

Insights from Indian Philosophy

The Adult Ego State and the Intellect Sheath

Whether one relates the classical structural ego Ssates or the Integrating Adult m's odel to the Pancha Kosha Model, it is evident that the Parent, Adult and Child ego states correspond only to the Mental Impressions Sheath and the Intellect Sheath. Also, in view of the various functions of the Intellect Sheath elaborated above – discriminating, analyzing. reasoning, reflecting, judgment , decision, rectitude- **it can be distinguished as an entirely separate system within the Adult ego state.**

For this reason, the Adult Ego State can be considered as being composed of two parts, one of which is included in the Mental Impressions Sheath. The other part is the Intellect Sheath. (The other components of the Mental Impressions Sheath are the Parent and Child Ego States, since they are also mental impressions).

The functioning of the Intellect Sheath bears a close correspondence to the structural properties of the Adult ego state, giving rise to the hypothesis that **the discriminating Intellect Sheath operates on the Sheath of Mental Impressions, which is the repository of all our subjective experience, to choose and decide how we will think, feel and act.** In doing so, however, it is guided by considerations of morality, ethics and will, since it is home to these higher qualities also. In this respect, the Intellect Sheath can be equated with the concept of the Guru Within in the paper of Sashi Chandran referred to earlier.

Since it acts as an operator on the repository of our mental impressions., a smaller circle can be demarcated within the Adult to denote the Intellect (I), as in Figure 2. The Intellect also envelops the inner core of the Self (Atman) as shown.

The horizontal arrows from the Intellect Sheath reaching outside the ego states represent the engagement of the intellect with external reality as perceived through our senses. The arrows on the right side show its operation on the mental impressions contained in the Adult ego state, whereas the semi-vertical arrows on the left into the Parent and Child ego states represent its selection of the impressions contained in them, as it judges appropriate. The arrow rising up from the Atman and extending beyond the ego states represents the yearning of the Atman to merge in Brahman, the World Soul (This aspect shall be discussed in more detail subsequently).

The Intellect Sheath and Autonomy

It can be postulated that **the progress towards autonomous functioning of the Adult ego state is due to strengthening of the Intellect Sheath as it** operates on the Mental Impressions Sheath with increasing effectiveness to determine how we think, feel and act, using as its yardsticks Shreyas, Rin and Dharma. To probe more deeply into its functioning, consider the stated components of autonomy – awareness, spontaneity, intimacy, responsibility and integrity – in the light of the Vedantic Ego States Model.

Awareness: Here and Now *and* There and Then

The model presented by Zvelc et al (2011) of the Mindful Adult (Zvelc, 2011) shows the Adult ego state with a central core of the Mindful Adult, and, in this respect, it is similar to the Vedantic Model; surely, the Intellect Sheath possesses the quality of mindfulness, which is defined as the ability to focus on the here and now in a non-judgmental and accepting manner. However, **the Intelllect Sheath also possesses the ability to detach us from the current reality, and focus our attention on something far removed from our present circumstances, when it is in our best interest to do so**. As an extreme example, consider the case of Dr. Viktor Frankl, who was able to survive horrific brutalities in the Nazi concentration camps by deliberately detaching his mind from the here and now, and imagining that he was talking to his wife. At other times he would imagine himself giving a lecture on psychology in a warm and comfortable lecture hall (Frankl, 1959).
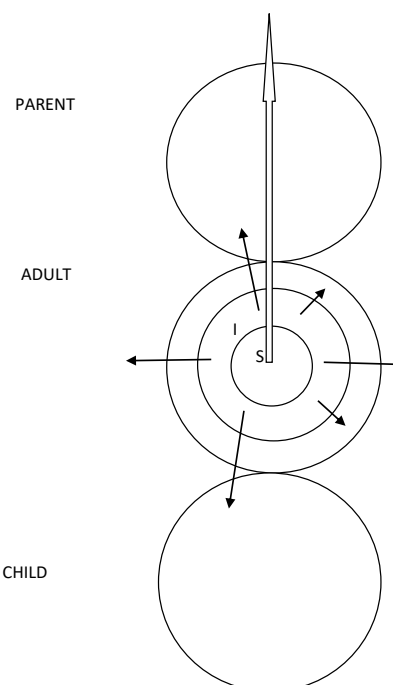
I = Intellect Sheath

S = Self/Atman

Figure 2. The Vedantic Model of Ego States

Clearly, Dr. Frankl was able to preserve his sanity, and possibly even his life, by detaching his mind from the current reality. Or consider an example from everyday life; let us say we have to receive an injection. It is common practice to look away from the spot where the injection is to be administered, and think of something else; by doing so, we hardly feel the painful prick of the needle. Therefore, it is evident that the intellect has the power to make us detach from the external world, and focus on the internal world; i**t is as if the Intellect Sheath acts as a regulator, capable not only of switching on and switching off internal and external worlds, but also of controlling how much of both engage our attention at any given moment, and of moving back and forth between the two**. To that extent, the intellect, then, in addition to the quality of mindfulness, also possesses the power to detach the mind from the immediate environment, and acts as an internal regulator (charioteer), controlling, in our own interest, how much of the internal and external worlds engage our attention at any given time. This also fits in with the research finding that real autonomy may only come about when we move between contact with ourselves and contact with another (van Beekum, 2000), with the proviso that it is the strengthened Intellect Sheath that regulates this contact.

Spontaneity

In the light of the arrows reaching into the mental impressions residing in the Parent and Child ego states in the Vedantic model, it can be appreciated how the Intellect Sheath picks up what it considers desirable from them according to its judgment and decision functions, and reproduces or exhibits the corresponding behaviour appropriately. In fact, spontaneity is closely tied to the judgment function of the Intellect Sheath. It rapidly assesses the environment and the situation, decides an appropriate behavioural response, selects from among a range of options and picks the one most suited to the situation. It is important to appreciate that this process is not automatic, as in the case of a computer algorithm, although much of the time it may be lightning fast. However, at other times it may well be slower, more deliberate because it is *deliberated* by the intellect, the reasoning, reflecting, analysing part of our consciousness.

Responsibility and Integrity

Shreyas, Rin and Dharma are also the guiding criteria for the Adult ego state to behave responsibly. In the example of the mineral water bottle referred to above, the intellect can make use of Rin in addition to Shreyas to determine my actions; if I am conscious of my debt to the environment, I will take steps to see that my actions do not degrade it. Dharma, however, is more complex: the earliest influence which shapes my Dharma is contained in my Cultural Parent (Drego, 1981); much of my behaviour as an adult is influenced

by it. However, my Intellect Sheath, ideally speaking, has the decisive say in working out my personal Dharma, i.e., my rightful duty as a person; if I unquestioningly follow the dictates of my Cultural Parent, then I run the risk of prejudices creeping into my Adult; in other words, contamination.

If I (my Intellect Sheath) decide my personal Dharma, I am actually taking a step further down the road to autonomy by examining and critically evaluating old notions contained in my Cultural Parent in terms of their relevance to the present time or my present situation.. **Therefore, the intellect is the agency which, ideally speaking, decides my moral and ethical code (Dharma).** If it doesn't perform this function, then it means that the intellect is not that strong in me, and I am prone to slavishly follow the dictates of my Cultural Parent. On the other hand, if the intellect sheath is strong, it guides me to formulate my Dharma which, no doubt, is influenced by the contents of my Cultural Parent, but is finally decided by my own analysis, reflection and judgment.

By way of an example, consider the caste system in India, which has for centuries rigidly straitjacketed people into a hierarchical structure. Not too long ago, it was unthinkable to marry outside one's caste; the Cultural Parent strongly forbade such an aberration. However, in modern times, intercaste marriages are becoming increasingly common in India, especially in the cities, and are accepted by both families. The people concerned have overcome the traditional way of thinking imposed earlier and have concluded that caste barriers are no longer relevant in today's context.

Integrity means consistency of words and action, thought and deed, as well as the quality of being honest, and having strong moral principles and ethical values. In this connection, observance of Yama and Niyama, prescribed in yoga for strengthening the Intellect Sheath, are relevant insofar as living a life of integrity is concerned. It may be recalled that Yama comprises vows of non-violence, truthfulness, non-stealing, sexual restraint and non-covetousness. Niyama comprises rules of purity in body and mind, contentment, restraint of the senses, meditation, self-study including study of inner self, and surrender to God (Table 1). In fact, Vedanta lays great stress on doing one's rightful duty, i.e., being true to oneself or acting with absolute integrity; the entire Bhagavad Gita is an exhortation to the central character of the Mahabharata, Arjuna, to follow his Dharma.

Intimacy and the Atman/Self

It remains to consider intimacy in relation to the Vedantic model. Now, intimacy can be regarded as the ability to be completely open, honest and authentic with another person, and to be able to empathise at a level beyond mere words, that of feelings and emotions. I believe that the capacity for intimacy is

essentially a desire for connectedness, as if one mind seeks to connect with another, so that the two relate to each other as one. Evidently, this bonding occurs at a level deeper than that of the intellect; we may find pleasure in intellectual discourse, and in a free and frank exchange of views, but the yearning for closeness at an emotional level springs from something more fundamental. We could think of it as a primal urge of the Atman or Self, which is manifested in the human desire to love and be loved (Swami Vivekananda, 1987). At the level of the Atman, however, it is spiritual; **the worldly urge for intimacy is a manifestation of the need to love and be loved, which is in turn a reflection of the essential longing of the Atman to merge with Brahman**. It is significant that Berne conceived of intimacy as the release *or recovery* of an ability or a capacity, as if it was already there within us. Vedanta teaches that is indeed there, present in its purest form in the Atman.

Physis and the Atman
Physis or life energy can also be conceptualized as residing in the Atman. Eric Berne described physis as some force which drives people to grow, progress, do better (1964), and the growth force of Nature, which makes organisms evolve into higher forms (1968). In other words, physis was seen as a positive life force, a force of nature seeking greater health (Cornell, 2010). In Vedanta, it is said that Atman pulsates in every cell of your body. It is the vitalising principle inherent in your mind and intellect... the life-principle, or God-principle, within you (Parthasarathy, 2000). Evidently, Vedanta considers physis as springing from the Atman, the Self or Soul.

Now, if physis is a force that drives people to progress and do better, the question arises: progress towards what? The answer in Vedanta is: progress towards the ultimate merger of the Self with the Divine (Atman with Brahman) over several lifetimes, ideally becoming better with each successive lifetime, working off bad Karma by enduring suffering, and accumulating good Karma by living and working within the boundaries of Dharma, until finally the bad Karma is reduced to zero and Moksha is achieved. Of course, it may not work in such an ideal fashion; if I am led astray in a particular lifetime to act/behave in a manner which is outside the boundaries of Dharma, then by virtue of my bad deeds I accumulate negative Karma, which must be worked off by enduring trials and tribulations in the same or successive lifetimes, before my Atman can resume its journey towards release from the cycle of birth and rebirth through attaining Moksha and reuniting with Brahman.

I consider the ultimate goal of physis also to be attainment of a state of spiritual perfection (in other words, Moksha). This is shown in Figure. 2 by the arrow originating in the Atman and rising upward

beyond the ego states. **In worldly terms, the aspiration arrow of the script matrix, which is a visual representation of physis, can be considered to be a manifestation of the urge of the Atman to merge with Brahman**. It is relevant to mention that, in one of the TA models, this arrow is shown as located within a hollow core common to all three ego states (Tigchelaar, 2019).

What does Vedanta prescribe as the means for recovering the capacity for intimacy in this earthly life? Recall the methods for strengthening the Bliss Sheath; selfless service and Bhakti Yoga, devotion to Brahman (Table 1). Both give us a sense of connection to something higher than ourselves, as well as giving rise to a feeling of inner peace and contentment. (The third method, intensely focused meditation or Samadhi, is more a means of realizing oneness with the Supreme Being, and is considered possible only at the highest stage of spiritual evolution).

The Integrated or Integrating Adult
Integration can be regarded as a process through which we grow to become better human beings: autonomous, authentic and responsible individuals, with a clear conception of right and wrong, and a capacity for giving and receiving love and affection. We become progressively more and more aware of our inner selves, and, in the end, get in touch with our inmost core - the Atman or Self:

The logical conclusion of complete autonomy and full integration is awareness of the Soul or self-awareness of the Soul leads in turn to enlightenment, the realization that the Soul is the same in all living creatures, and further, that it is part of the World Soul, that is, God.

Such a world view serves to internalize the virtues of compassion and humility. The realization that the same soul exists in all living beings and is but a reflection of God, cannot be other than ennobling and spiritually uplifting. It teaches us to be compassionate towards other living beings because, "There but for the grace of God go I". It is humbling since we realize that we are in the presence of something bigger than us, and also feel a connection with that Agency, whatever name we choose to give it. It is in this sense that I view the end result of integration to be spiritual progress.

Beyond the Intellect Sheath
However, the integration of desirable childlike qualities into the Adult, which is also a hallmark of the Integrating Adult, remains to be explored. It is my belief that this takes place when we are able to go beyond the intellect, and penetrate the realm of the Bliss Sheath. Vedanta recognizes that reason and logic can carry us thus far but no further into the realm of the Self; to fully realize our inmost nature (Atman), we must practise sensory withdrawal (Pratyahara) and

cessation of mental activity (meditation or Dhyan). This, in fact, will come naturally when we perfect our mastery over the first four sheaths. The Bliss Sheath is said to be the abode of pure consciousness, which is impossible to describe in words, and which can only be experienced and not understood. In the language of TA, **realization of autonomy leads to the ability to experience spirituality, which resides in the Bliss Sheath.** In this sense, it has been rightly pointed out that autonomy is the open door to spirituality (Kandathil and Kandathil, 1997).

As the Bliss Sheath is experienced in fuller and fuller measure, I believe that positive childlike qualities like warmth, simplicity, affection, etc. get integrated into the Adult. This can be observed in people who have attained a high degree of spiritual perfection. In India,

the land of sages and saints, it is not uncommon to see holy men dancing and singing with gay abandon. Followers of Bhakti Yoga are usually marked by a childlike simplicity and charm in their unwavering devotion to the Divine. Of course, such endearing behaviour can be occasionally observed elsewhere also; for example, it is not uncommon to see grandparents behaving like children when playing with their grandchildren,. and finding opportunities for laughter, fun, and childlike enthusiasm in tackling the most mundane activities. However, it is not usual to see childlike charm as an integral part of the personality in general, whereas it can be often observed in those who are spiritually inclined.

The correspondence between TA and Vedantic concepts is brought out in Table 3:

S. No.	TA Concept	Vedantic Concept	Remarks
1.	Ego States	Mental Impressions Sheath and Intellect Sheath	Ego States are mental impressions except the part of the Adult that contains the Intellect, which acts as an operator upon the impressions
2.	Adult	Intellect Sheath and part of Mental Impressions Sheath	Intellect operates upon external reality, remaining part of Adult , and Parent and Child
3.	Autonomy	Due to strengthening of Intellect Sheath	By using criteria of Shreyas and Rin; determining personal Dharma, observance of Yama and Niyama
4.	Awareness	Intellect Sheath	Regulates contact with external reality and internal world
5.	Spontaneity	Intellect Sheath	Through functions of judgment and decision
6.	Responsibility	Intellect Sheath	Through sense of Rin (indebtedness)
7.	Integrity	Intellect Sheath	Through working out personal Dharma
8.	Intimacy	Atman (inner core of Self) which is encased in Intellect Sheath	Desire to connect; manifestation of urge to love and be loved
9.	Integrating Adult	Intellect Sheath + Atman. Experiencing the Bliss Sheath (reflection of Atman)	Leading to spiritual experience (sense of connecting to Higher Power)
10.	Physis	Atman	Longing to merge with Brahman (World-Soul)

Table 3. Correspondence Between TA and Vedantic Concepts

Practice Implications: Psychotherapy

The objectives of TA therapy include helping clients to become more autonomous and script-free, work towards the I'm OK-You're OK position, learn to state their needs and views clearly without game playing, and take responsibility for their own feelings (Transactional Analysis.pdf). The therapist encourages them to think for themselves, and shows them that they can change if they want to. The Vedantic conception that the 'thinking' part of the mind, i.e., the intellect, acts upon the rest of our mental constructs will, I believe, make it easier for people to change the way they think about things. Appreciation of the complex functioning of the intellect as explained in Vedanta and elaborated above may simplify the process of 'clearing out the clutter' which enables truly autonomous functioning. Appreciation of the Vedantic principles, learning how to strengthen the Intellect Sheath, and working out one's Dharma, would go a long way in decontaminating the Adult and enabling autonomous functioning. The therapist can support clients in their endeavours, and guide them to practise yoga and meditation, which are of proven effectiveness in tackling various psychosomatic conditions like stress, anxiety, depression, insomnia, etc., apart from promoting all round health of body and mind.

TA Practice

The TA practitioner helps clients to identify and use their own resources in the attempt to change themselves. The practitioner encourages clients to explore alternate ways of behaving, and to make new decisions about themselves, challenging Not OK positions they may have adopted in childhood and reconstructing their scripts to make them more positive.

The Vedantic model of ego states will bring into sharp focus the resource of the Intellectual Sheath as well as guide clients to bring about positive change in themselves. Usage of this resource with encouragement and guidance of the counsellor will, with practice and time, serve to clear contaminations of the client's Adult, and lead the client progressively towards autonomy.

For example, the contracting process in counselling or psychotherapy can be viewed in terms of using the (discriminating) intellect to identify specific behaviours and beliefs which the client desires to change. Subsequently, working jointly with the practitioner, the client can be guided to examine their own beliefs, attitudes and behaviour, decide what is of value and what is not through the use of discrimination and judgment functions of the intellect (in the Vedantic sense). The decision (or redecision) to jettison an old belief is similarly made through the functioning of the intellect (cf. Swami Rama, quoted above).

The spirituality inherent in the Vedantic conception of the personality also serves to connect with a higher purpose, and should be helpful in case of clients battling with a sense of meaninglessness and similar self-defeating attitudes.

The use of TA techniques within organisations for improving communications and for building interpersonal and leadership skills is well known. Many organizations are also running guided yoga and meditation classes for their employees with a view to relieving stress and promoting their all round health. However, if we can combine the TA concepts with the philosophy behind practising yoga and meditation, as in the Vedantic model of ego states, we get a ready mechanism in the Discriminating Intellect for exploring and determining one's values and formulating a personal code of conduct based on the principles of Shreyas, Rin, and Dharma. Appreciation of the world view of Vedanta will add moral and ethical dimensions to business values, which is significant in these days of values based leadership and Spiritual Quotient. Reference needed The framework given by the Vedantic Model of Ego States can be used by itself or in conjunction with other TA models in order to improve interpersonal relationships, quality of communications and set up an OK-OK outlook within a team, a department or a company.

Within educational applications of TA, the insights of Vedanta provide a fertile ground for guiding young impressionable minds along the path of moral and ethical behaviour and right conduct. At the same time, the primacy accorded to the intellect can encourage young people to think out things for themselves, learn to discriminate, test their assumptions, and formulate a humane world view right from the start. As in the case of organizations, the Vedantic model can be used either by itself or in conjunction with other models, to serve as a guide for developing and strengthening the intellect. In TA, the Adult is recognized to be ageless; this translates into the Vedantic model as the Intellect is ageless; and children from a young age can learn how to make the correct use of its various functions and attributes, if they are provided with the permissions appropriate to their stage of development. Autonomy can be described as the freedom to think and act as the intellect (charioteer) directs. Encouragement to work out one's own moral and ethical code (Dharma) in accordance with the responsibility of discharging Rin would mark the beginnings of the process of achieving autonomy, and serve to make children learn to assume responsibility for their actions.

Similarly, adults too can learn how the combination of Indian and Western streams of thought can bring fresh purpose into their lives. The five sheaths constituting body, mind and soul, can be sensed through various

exercises (Ref. www.yogainternational.com); strengthening them through the yoga techniques mentioned in Table 1 will result in sound physical and mental health. Observance of Yama and Niyama prompts us to tread the path of ethics, morality and goodness (Dharma) and gives us a framework within which we can live and work. The Purushartha (goals of life) also give us concrete objectives towards which we can direct our efforts.

Limitations

A limitation of this article is that I am attempting to convey a complex philosophical system in an article, when there are voluminous publications about it. Likewise, I am referring to a limited number of ego state models with brief explanations although there are many variations of ego state models within TA. I invite the reader to undertake further investigation of those areas which they find of particular interest.

I am also aware that I am presenting my own perspective and interpretations, and there will no doubt be many alternative viewpoints.

Finally, to some readers the distinctions between spirituality and religion may not seem clear enough; I invite readers to interpret terms such as God and Brahman in whichever way they choose.

Conclusion

The philosophical system of Vedanta not only complements the overall framework developed by transactional analysis, but significantly deepens and enriches our understanding of the total personality of the human being. It shows how the discriminating intellect, through its various functions, acts as the controller of the mind, and leads us towards autonomy. Further, it guides us to do what is right, and helps us to develop qualities which endear us to others. As such, the intellect (*Buddhi*) is the agency which is responsible for most of the process of integration in our personality, in the terminology of T.A.

Vedanta also probes the spiritual aspect of life, viewing it as a continuum that does not start with birth or end with death. It views the inner core of the Soul/Self as part of the Universal Life Principle with which the Self longs to be merged, adding a new dimension to the meaning of intimacy. Through its ennobling and inspiring teachings, it counsels us how to live a better life on this planet, and ultimately to achieve spiritual progress through complete integration – not only of the Adult, but also of the Soul with the World Soul.

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