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Contents

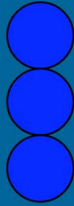# Editorial

Julie Hay

I am honoured to have been appointed Editor for this exciting new journal, impressed by the contributions made to the 'birthing' process by the members of the Editorial Board, and grateful for the assistance of others whose roles relate to what goes on behind the scenes.

I am appreciative that the Council of Delegates of the European Association for Transactional Analysis (EATA) decided to initiate and fund the project, confident that this journal will demonstrate that there is good research being conducted into the impact of transactional analysis across its many applications, and optimistic about it serving to stimulate more research.

I thank also our 'hosts' at Scholarly Exchange for providing a ready-made website for us to create the journal with access for all, and for being so responsive to our questions as we progressed through the setup stages.

And of course this issue would not exist without the authors and the reviewers. Getting a new journal into publication in less than 18 months from the initial meeting of the Editorial Board on 16th April 2009 has meant that we have all learned together – and the authors in particular have endured the birthing pains with infinite patience and goodwill.

You will see that the authors have provided a rich and varied collection of works to start us off.

We begin with an article by Thomas Ohlsson that sets the scene for TA research into the future. He has completed a major review of existing TA research articles, providing us with two lists – one of all articles classified by application and the other of those that are particularly relevant to TA psychotherapy

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Ohlsson also exhorts us to consider what makes for competent research methodology and to seek ways to rekindle the links with doctoral studies that used to exist in the early days of TA. The two lists produced by Ohlsson will be so useful to future researchers that we offer them as two separate Annexes, so that each can be accessed independently. We will also be making them available on a planned TA research website and look forward to receiving news of additions – including of course the articles published in this and future issues of IJTAR.

Having begun with Ohlsson, we end this issue with Pio Scilligo, with a translation of an article previously published in Italian. Scilligo also considers the status of TA-research, in his case commenting on moves within medicine towards evidence-based research and raising questions about how we can add a more interpretive approach when dealing with the nature of people and society. Although IJTAR does not expect to re-publish work that has appeared elsewhere, Scilligo's article prompted us into deciding that we will publish translations of important works that have not appeared in English before.

Between these two meta approaches to TA research, we have three fascinating research studies.

Yang Mei reports on research in China, considering how college students respond to being taught TA as part of a psychology education. She uses ANSIE (Adult Nowicki-Strickland Internal-External Control Scale) to measure changes in the students' locus of control, and also includes intriguing extracts from students' written assignments that show what they learned.

Cesare Fregola writes about research in Italy into the links between the application of the TA concept of

drivers and various methods for children to learn two-digit division. He produces some fascinating examples that include direct observations, a questionnaire and drawings made by the children themselves.

Roland Johnsson and Gunvor Stenlund describe their investigation in Sweden of the significance of the affective dimension within the client-therapist relationship. They use the CCRT (Core Conflictual Relationship Method) and the Plan Diagnosis Method to provide both quantitative and qualitative results, and support the latter with transcript examples demonstrating appropriate and not so appropriate reactions by the therapist to 'tests' by the client.

So a nicely international set of articles – China, Italy and Sweden – from some different cultural settings, topped and tailed by contributions about TA research itself to get us thinking.

We have come a long way since Hobbs (1984) challenged the TA community, and Eric Berne, for so uncritically accepting Spitz's (1945) flawed study about the importance of childhood stimulation.

I feel sure you will find the contents of this issue stimulating and look forward to receiving more of the same for future publication. We have just one issue planned for this year; at least two for 2011, and who knows how many issues we may achieve together in 2012!

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Scientific evidence base for transactional analysis in the year 2010

Abstract

The International Journal of Transactional Analysis Research, IJTAR, has been created to stimulate research and support the continued effort to build a scientific evidence base for transactional analysis (TA). This article is an attempt to locate the starting point for the journal, to identify, evaluate and draw conclusions from what has already been done, and to articulate the existing scientific evidence base for TA in the year 2010.

Key Words

Transactional analysis, research, psychotherapy

Aims

One purpose of this article is to facilitate new research by making a comprehensive list of existing TA-research available. It has been possible to identify 326 studies between 1963 (Albert Hall on prediction of interpersonal behaviour) and 2010 (including two of those appearing in this issue of *IJTAR*). The reference list of 326 studies constitutes the bulk of the article. Another purpose is to make the present scientific knowledge about TA visible and understandable. Each included study represents substantial investment of time and scholarship (often years of academic work), and each one deserves careful reading and thought to grasp its conclusions, a task far beyond the ambitions of this article. However, some observations will be presented, especially pertaining to the question of the effectiveness of TA psychotherapy. Generally it may be stated that there already exists a substantial scientific evidence base supporting the usefulness of TA theory and methods in several fields of application, including psychotherapy.

Method

In a first step a comprehensive list of references, called the Big List, was created. General inclusion criteria were that the studies likely were conducted and/or approved by trained PhD level researchers, that TA was a major research focus, and that the studies were published. It was assumed that trained researchers have the necessary skills to use appropriate research designs. While the intention was to make an all-inclusive list, it is recognized, with apologies, that qualified existing research may have been omitted due to inadequate search strategies and efforts. This may be particularly true for research in languages other than English and Swedish. The Big List was compiled from several sources:

1.	In 1981 Barbara Wilson made a review of all TA research listed in the Dissertation Abstracts International before December 1980. She presented her analysis and also included a reference list organized according to eleven areas of investigation in the Transactional Analysis Journal. Between 1963 and 1980 altogether 124 doctoral dissertations on TA were written and approved, almost all of them at universities in the United States. Although Wilson gave sufficient identification details, author information was omitted, making recognition somewhat difficult. Through cross checking with other available lists it was possible to identify 48 of "Wilson's" studies by author. These studies are included in part one of the present list, which is alphabetically organized according to author. The remaining 76 studies appear in part two, which keeps Wilson's original organization principle.

2.	When starting his own dissertation work in the mid 1980s the writer began to compile TA research references from data base searches and other sources. This work was intensified during attempts to get TA therapy officially recognized by the Swedish government in the late 1980s. The resulting lists contained references not available to Wilson.

3.	Recently Khalil (2007) searched electronic databases and other sources for evidence of outcomes of TA and identified 97 studies.

4. Elbing (2007) identified eight TA-psychotherapy studies that he believed met criteria for Evidence Based Medicine evaluation.

5. References to TA research published on the webpage of EATA were searched (http://www.eatanews.org/research2.htm).

6. All hard copies of *Transactional Analysis Journal* were finger-tip searched.

7. Colleagues of the editorial board of the *IJTAR*, and others, were asked for references, particularly in languages other than English.

Entries were sorted into five categories: psychotherapy, counselling, organizational, educational and general (including testing, theory, religion and other areas). In the list each category is indicated by P, C, O, E, or G immediately after the entry.

In a second step the Big List was searched for research that specifically concerns the effects of TA psychotherapy. In recent years government licensing of psychotherapists and associated funding of psychotherapy have become an issue in many countries. To get approval psychotherapy efficiency needs to be "scientifically" demonstrated. Research has therefore become increasingly important for many TA-therapists. Khalil (2007, p. 20) concluded that for TA psychotherapy "the evidence-base remains scant and of relatively poor quality", and in Sweden TA-therapy was indeed denied recognition by the authorities in the early 1990s due to "lack of research". From TA's point of view the most pressing need for research seems presently to be in the field of psychotherapy. Therefore a second list, the Psychotherapy List, was created. It consists of 88 studies selected from the Big List that are believed to be relevant for the question of the effectiveness of TA psychotherapy. Inclusion criteria were:

1. Articles rated by the author as being research on effects of TA therapy;

2. Articles having been singled out by other investigators as being particularly relevant to research on effects of TA therapy, like articles included in a meta study by Smith, Glass, and Miller (1980), and searches by Elbing (2007) and Khalil (2007).

Twelve of the articles came from categories C, E, or G in the Big List and 76 came from category P.

Abstracts or full forms of the 88 psychotherapy studies were then searched for outcomes. In some cases no information was available to the author, but generally it was possible to identify and classify the effectiveness of the TA-therapy studied into one of six categories:

+	TA treatment brought positive changes
-	TA treatment brought negative changes
0	TA treatment did not bring any significant changes
?	Outcome results unknown to the author
2	Second report on study already included in the list
NA	Not applicable – Results did not concern effectiveness of TA therapy.

One of the symbols +, -, 0, ?, 2, and NA appear at the end of each entry in the Psychotherapy List. Studies rated as +, -, and 0 are also marked with *.

Results

The Big List and the Psychotherapy List are themselves the primary results of this investigation. They are found in Annexes 1 and 2 respectively, which are included as separate documents for ease of later reference. Both lists contain comments by the author. The comments are offered only to pass on the author's limited knowledge of the studies, and the author makes no claims of having made full and systematic reviews of the articles in the lists.

Figure 1. The Big List – Number of TA research studies/year 1963-2010
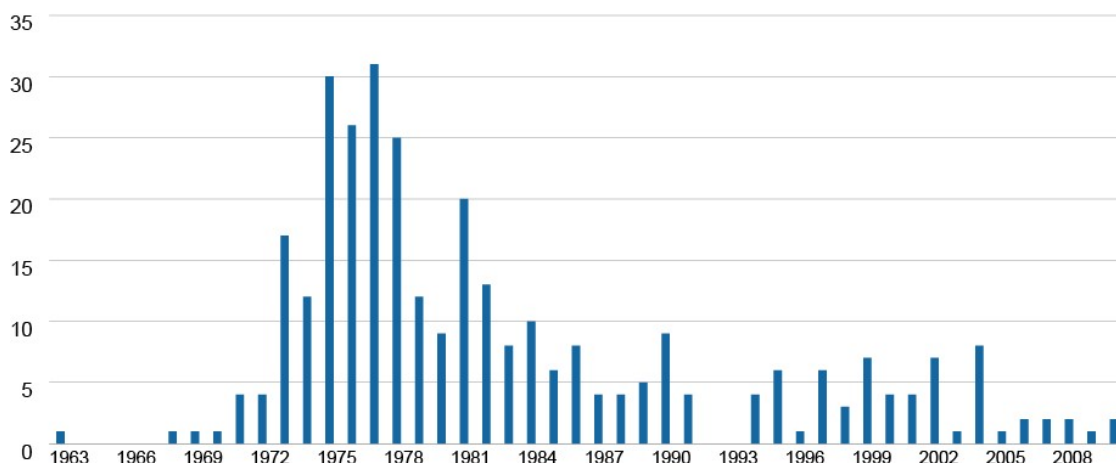
The Big List

Table 1 shows the number of TA research studies done each year between 1963 and 2010 in the four application fields of TA: psychotherapy, counselling, organizational and educational, as well as how many studies that could be considered general for all fields or didn't fit in any of the four fields so these were classified as General. A graphic representation of the number of studies in different years is shown in Figure 1.

Figure 1 shows that the 1970s and early 1980s were the most active period so far for TA research. Almost all of the research done during that period was done in the United States, and a great deal of it was doctoral dissertations at different universities. Some major studies were also done during this period, notably Jesness' study (1975) at California Youth Authority and a pioneering meta-study by Smith, Glass and Miller (1980). In later years the research production has been lower, and most of the work has been done in Europe.

Figure 2 shows that most research was done in the educational and psychotherapy fields (about 100 studies in each field), and that the organizational and counselling fields generated far less research (15 studies each). It is also noted that about a third of all TA research did not fit into any one of the four standard fields of application. One reason is that some research was on TA theory rather than on applications, like validation of theoretical concepts. Another reason is that there are other areas of application like religion or test development.

It is hardly surprising that there are relatively many psychotherapy studies. Eric Berne was a psychiatrist and psychotherapist, and the official definition of TA, stated in every issue of the *Transactional Analysis Journal*, is "Transactional analysis is a theory of personality and a systematic psychotherapy for personal growth and social change". The high number of studies in education may depend on the fact that many researchers work at universities and have various teaching processes close at hand. TA's clearly defined theoretical concepts also lend themselves well to teaching, and many TA-therapists teach the concepts to their clients. Sometimes the border between teaching and therapy is not sharp.

The low number of studies in counselling and organization may be more surprising. It is possible that counselling and psychotherapy are not always clearly distinguished and that the resulting helping activity is rather called psychotherapy than counselling, particularly considering Eric Berne's influence. For organizations it is possible that they generally have higher incentives to actually use TA than to study its methods scientifically.

Table 1. The Big List - TA research studies per application field and year.

	Psychotherapy	Counselling	Educational	Organizational	General	Sum
1963	1					1
1964						
1965						
1966						
1967						
1968					1	1
1969	1					1
1970					1	1
1971	1				3	4
1972	1	1	1		1	4
1973	6	3	4		4	17
1974	1	1	7		3	12
1975	9		13	1	7	30
1976	3	2	13	2	6	26
1977	9	1	11		10	31
1978	4	2	9	3	7	25
1979	3	1	6		2	12
1980	2		4	1	2	9
1981	6	1	6	2	5	20
1982	7	1	3		2	13
1983	3	1	2		2	8
1984	2		1	2	5	10
1985	3		1	1	1	6
1986	2		1	2	3	8
1987	2		1		1	4
1988	3		1			4
1989	2		1		2	5
1990	3	1	1		4	9
1991			3	1		4
1992						
1993						
1994	1		3			4
1995	2		1		3	6
1996					1	1
1997	3		3			6
1998	2				1	3
1999	2		1		4	7
2000	1				3	4
2001	3		1			4
2002	2				5	7
2003	1					1
2004					8	8
2005					1	1
2006	1		1			2
2007	2					2
2008	2					2
2009			1			1
2010	1				1	2
Sum	**97**	**15**	**100**	**15**	**99**	**326**

The Psychotherapy List

The author attempted to read all 88 studies identified as potentially being studies on effects of TA psychotherapy in abstract or in full. Table 2 shows how the 88 studies were rated. In 9 cases abstracts or full articles were not found (marked in the list with?). 14 articles were found not to be relevant, for example when "transactional analysis" did not refer to TA but was used as a term to describe communication in some other theoretical framework (marked as NA). Five studies were second reports on studies already contained in the list, like a doctoral dissertation monograph also being written up as a journal article (2). Of the remaining 60 articles 50 showed significantly positive effects of TA psychotherapy (marked with +) whereas 10 failed to establish such positive effect (marked with 0). No study showed harmful effects (marked with -).

Figure 3 shows that care must be exercised when attempts are made to compile and overview research. 16% of what from the titles appeared to be effect studies on TA-therapy turned out not to be so, 6% of the studies were in fact duplicate reports, and the content of 10% of the studies remain unknown since the writer failed to locate abstracts or articles. But figure 3 also shows that at least 68% of the presumed effect studies were indeed studies of effects of TA therapy and that more than 80% of the identified and read effect studies showed positive effects of TA therapy.

Table 2. The Psychotherapy List – 88 studies rated in six categories

+	-	0	?	2	NA	Sum
50	0	10	9	5	14	88

Altogether 60 studies (marked with * in the Psychotherapy List) were rated as unique studies of effects of TA psychotherapy.

It seems safe to state that there are at least 50 PhD-level studies with professional research designs that have found positive effects of TA psychotherapy. There are also at least 10 such studies that have failed to find positive effects of TA psychotherapy.

Figure 2. The Big List – Percentages of studies per application field

Psychotherapy	30%	
Counselling	5%	
Educational	31%	
Organizational	5%	
General	30%	
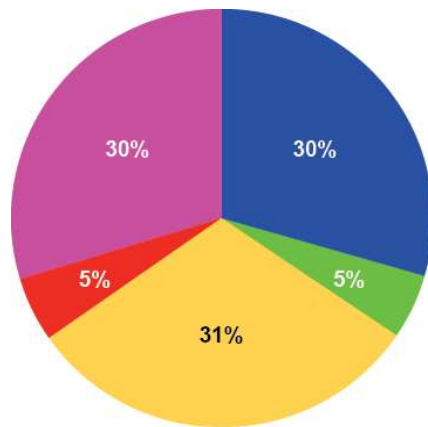
Figure 3. The Psychoterapy List – Ratings of 88 studies

+	57%	
-	0%	
0	11%	
?	10%	
2	6%	
NA	16%	
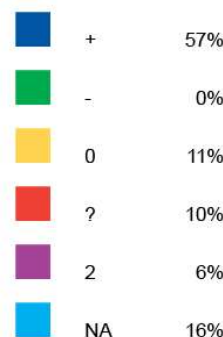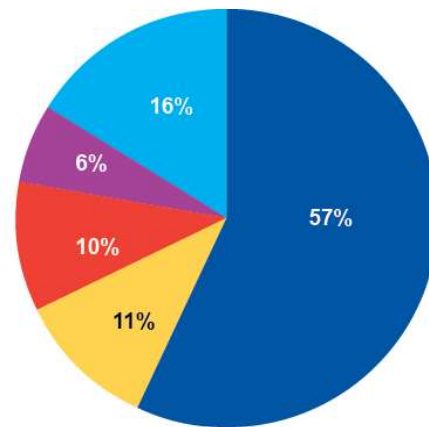
Discussion

Evaluation

With a few exceptions all the research reported here was done during the forty years that have passed since Eric Berne's death in 1970. It is clear that TA has inspired considerable research in a wide range of human endeavours, from Hall's (1963) study of predictable interpersonal behaviour to Kornyeyeva's (2010) study of the role of existential positions for acculturation of young immigrants. How is this research to be understood and evaluated?

First, it should be noted that this TA research is here, it exists. Anyone who believes that TA is scantily researched is advised to read through Annex 1 and contemplate the scientific knowledge that lies stored behind each title. None of it is "dead" or "out of date" - it is all here, living contemporary knowledge for anyone who cares to read it. It is doubtful if any one person can today claim personal knowledge and overview of all existing TA-research. Projects to analyze and draw conclusions from the existing pool of TA-research are in themselves worthy research projects, with benefits for TA practitioners as well as future researchers.

Second, it appears that, possibly with a few exceptions, the studies were done by professionally trained researchers. A doctoral dissertation at a recognized university is proof of independent capabilities as a researcher. One skill of a doctoral level researcher is the ability to choose relevant research designs for different types of research projects. It may therefore be assumed that the studies included here hold professional quality and have suitable research designs. As is further commented on below, there is no such thing as a "golden standard" that research projects should be evaluated against.

Third, no destructive or harmful effects of TA were noted during the gathering of the material. Admittedly no systematic attempt was made to evaluate the research findings of all 326 studies. But in the 88 studies believed to concern psychotherapy, positive effects were frequent and negative effects were absent (one study indicating negative effects, Olson et al 1981, is commented on below).

Some remarks on "scoping exercises" of TA research

This article may be seen as a "scoping exercise" of existing TA research: the author attempted to gather up and somehow "taste" the content of the metaphorical research box marked "TA flavour". With bigger eyes than mouth he wanted to taste as much as possible and then write a review to share with all. Should this review be considered as scientific research in its own right? In the mind of the author the answer is no. While the review is based on searches for scientific "data" (previous research), the attempts to classify and gain new knowledge from the data are too loose to be considered scientific. As has been pointed out, the Big List is the new achievement of this report, and the writer's adjoining words should be heeded using scientifically critical attitude.

To place the presented lists and annotations in the context of earlier attempts to summarize TA psychotherapy research a few comments on Khalil (2007) and Elbing (2007) are offered. Khalil (p 2-3) identified 19 studies on her "master list". Studies "were included provided they concerned the application of TA intervention, demonstrated a reasonably clear, replicable method, and had used pre- and post test measure to gauge effect, any reasonable attempt at measurement was deemed sufficient for inclusion". Her evaluation of the 19 studies that she included (out of 97 identified by searches) were (p 18): "Of the evidence identified, even the 19 studies included in the review, the quality of research was poor, and the findings from these 19 studies are not necessarily meaningful."

On examination, Khalil's conclusions seem unduly harsh. Her "scoping exercise", like the present one, was too loosely conceived to justify claims of scientific conclusions. She reported 34 studies identified for potential inclusion and a further 82 studies noted as research in education, business and PhD research plus 6 excluded studies on "TA measures" (p 7). What appeared as 34+82+6=122 studies were actually 97 studies as some PhD studies appeared twice as business and education research. Her master list was not consistent with her stated criteria. She included a meta study by Smith et al (1980), but she excluded all nine TA-studies that Smith et al used to determine the effect size of TA-therapy. She did not include studies that fulfilled her criteria (like Ohlsson 2002) and she included studies that did not meet her criteria (like Greene 1998). Her initial view of existing TA research (p.2) discounted readily available information: "evidence of TA outcomes appears to be largely anecdotal and composed of case studies…" Her three conclusions (p. 20) that TA "is probably as effective as other therapies", "the evidence base remains scant and of relatively poor quality", and "what evidence base exists is insular and not subjected to the quality reviews of the wider academic and health communities" were not connected in a systematic way to her data. Like in the present exercise, Khalil's basic achievement was to create a comprehensive list of references relating to the effectiveness of TA psychotherapy. Though her list is part of the knowledge base for the Big List here, it is not identical to the Psychotherapy List, and it is interesting to note that both attempts located similar numbers of studies on the effectiveness of TA psychotherapy (97 and 88 respectively).

Elbing (2007) attempted to identify eight "model" TA studies that met the demands of a hierarchy of research designs called Evidence Based Medical (EBM) criteria, a variation of the doctrine that Randomized Control

Trial (RCT) studies are the golden standard of psychotherapy effect research. Unfortunately it seems that two of his three "best" studies (Dumas et al 1995, Glick et al 1975) were not relevant as they did not study effects of TA psychotherapy. Dumas et al, despite a title that included "transactional analysis" was not a study of TA, and in Glick et al the focus was not on evaluating the TA part of the treatment, which was minor.

The third study at the top of Elbing's hierarchy was Olson et al (1981). This study may be used as an example of the necessity for careful reading of full research reports before accepting what "research has shown". In Khalil (2007) this study was included in the "master list" of 19 studies and it was summarized: "Of the four treatments; a. MDT standard treatment; b. behavioural intervention; c. TA; d. b. and c. combined; TA performed worst of all groups on all measurements." In many ways this study seems methodologically like a model RCT-design study, including control group, randomization, precise measurements and publication in a respected source, the *Journal of Consulting and Clinical Psychology*. The reported results appeared negative for TA. However, careful reading of the full article gave this writer a different picture. An established in-patient hospital treatment program for alcoholics was studied in terms of reduction of alcohol consumption after the program. The program was based on medical and Alcoholics Anonymous milieu therapy principles. Small additional programs of 1) behaviour modification, or 2) TA, or 3) combined behaviour modification and TA were compared for effect. In the mid range follow up time period the TA group had a significantly higher alcohol consumption, but in the long range follow up there was no significant difference. All variations of the basic treatment program, as well as the basic standard program, were successful in reducing alcohol consumption. The combined group actually showed the lowest alcohol intake figures. The writers of the research were also leaders of the behaviour modification program, while the transactional analyst (one person) came in as an outsider in the program. The wordings of the writers favoured their own approach, which may not be surprising. This research report may fruitfully be read by anyone who wants to sharpen his/her ability to make an independent assessment of research reports. In the present Psychotherapy List this study has been rated as +(-) for TA, listed under +, since in the end also the TA program contributed to a positive result, even if the "TA patients" had a higher alcohol consumption during a certain phase.

Design considerations – the "golden standard" myth

What kind of research is now needed in TA? As noted above, there is a further need for research on the effectiveness of TA psychotherapy. This need is largely political and economic as a means for TA psychotherapists to be legally recognized. There is also a never-ending need for research on all possible aspects of TA, from theory validation to application processes and outcomes. Before considering possible research projects, some reflections on research design may be relevant.

In the interest of diversified and high quality research one particular current scientific trend might be questioned: The myth of the Randomized Control Trial (RCT) being the "golden standard" of science.

Scientific knowledge should have high reliability and high validity. It should not be subject to wishes or preferences in the researcher or anyone else. It should, as far as possible, be "objective" and generally true. It should also be relevant to what is being studied. Research is a way to ask questions of "Nature" and then proceed to get answers that are unknown at the outset. Many strategies for research designs have been developed to bring out the answers. Suitability of the designs depends on the questions asked and the knowledge sought. Life and nature is far too complex to permit one single avenue for all occasions but, striving for simplicity, many "only ways" have been proposed at various times. In the olden days a Chinese farmer, who wished to know what kind of weather to expect for the harvest, knew that the only way to find out was to formulate the question, then heat a tortoise shell and let a trained "scientist" read the answer in the way the shell cracked. Nowadays many people "know" that the only way to get "real" scientific knowledge is to use RCT designs. This is particularly so in testing medical drugs.

Without going into technicalities of RCT designs it can be stated that RCT designs are strongly advocated by authorities that regard psychotherapy as a kind of "talking pill". Authorities want "scientific proof" that drugs or psychotherapies work to guide their decisions on allocating public money. "Research has shown…" is a good argument. And "research" in this context has become equivalent with "RCT-design research", which has been marketed as "the golden standard" or "the only way" for reliable scientific truth. Recently "the golden standard" status has been challenged from inside the medical establishment by Michael Rawlins (2008) in his Harveian oration. For statistical and other reasons the RCT-norm for drug testing was put into question. The article is highly recommended for those who believe that psychotherapy studies, including TA studies, must use RCT-designs to be credible. It is not so. Suitable research designs should be used, depending on questions asked and answers sought, and the RCT-design is one of many plausible designs. In the end the responsibility to evaluate any research remains with the reader, or the decision maker.

Ideas about new TA research

While the presented TA research is substantial, of professional quality, and with a general tendency to find TA-therapy beneficial, large studies with extensive budgets are sparse (Jesness 1975 and maybe Lieberman et al 1973 being exceptions). The time may now be ripe to carry through major research projects to study the effects of TA psychotherapy. Novey's (2002) international study was a beginning of limited reach and universality.

A worldwide research project to study effects of TA therapy seems conceivable as a joint project of the major international TA organizations. Such a project might require centralized leadership from a researcher group at a university of good standing and have a budget for several years. A research design meeting scientific and political recognition criteria could be worked out, and fieldwork (psychotherapy) could be carried out in different countries. The international TA organizations could contribute to the research budget and to connect field workers (TA therapists) and researchers. The organizations would of course have no influence on the outcomes. This type of study has not been carried out so far and is just emerging as a possibility considering TA's continued international development.

Also smaller, well-designed studies that build on existing knowledge will be vital for TA's continued development and credibility. TA researchers have up to this point shown creativity and initiative in studying aspects of TA that have been of interest to them. Hopefully this will go on, shedding more light on the usefulness of TA in many walks of human life. TA research should not, as all research should not, succumb to political or personal goals of certain groups of people. Curiosity and quest for new knowledge is a powerful personal motive to engage in research, and this motive should be encouraged.

Scientific research is an activity that is carried out by trained researchers. The established education to become a researcher is the doctorate, a university degree. Research as a discipline is only recently becoming focused on as part of TA training and examinations. Future TA research therefore depends heavily on the interest of university trained researchers to do TA research. There seem to be at least three ways in which such interest can be promoted:

1. Transactional analysts and TA-organizations can actively establish ties with universities and get TA into the normal curricula of many university courses. University students can learn early that TA is a viable field for research;

2. Transactional analysts can be encouraged to engage in doctorate studies, and transactional analysts with doctoral degrees can be encouraged to do research;

3. TA-organizations can take initiatives to conduct research projects like the project suggested above.

TA is by now well beyond its pioneering days. There are many transactional analysts who can look back on life long careers as "transactional analysts", and there are many people, all over the world, who come away from introductory courses in TA (the TA 101) with "aha"-insights about themselves and their lives.

Hmm, wonder why?

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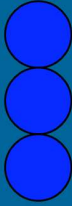
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Scientific evidence base for transactional analysis in the year 2010

Annex 1 – the Big List: References to Transactional Analysis research 1963- 2010

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Part I – TA research by authors with names known to the present writer

Adams, L.W. (1974). Use of TA with Adult male prison inmates: An evaluation. *Transactional Analysis Journal 4* (1), 18-19. C

Albrecht, M.P. (1995). A study of self esteem and locus of control in fourth and fifth grade boys using transactional analysis and self-awareness. *Dissertation Abstracts International Section A: Humanities and Social Sciences 56* (5-A), 1663. E

Alfano, A.M., Thurstin, A.H. (1989). Program evaluation research in ongoing alcoholism treatment: A summary of the Tuscloosa VA project. *International Journal of the Addictions 24* (4):303-314.
Comment: A comprehensive report of the project. Transactional analysis is search word, but I don't know the role of TA in the project. P

Allen, J.G. (1973). Existential position and adjustment in a college population. *Transactional Analysis Journal 3* (4), 22-24. E

Allen, J.G., Webb, D. (1975). Stroking, existential position and mood in college students. *Transactional Analysis Journal 5*, 227-233. E

Allwood, L.V. (1981).*The effects of transactional analysis groups on locus of control, self-concept, academic achievement, and attendance in an urban high school.* Ph.D. dissertation, Fordham University. E

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Amundson, N.E., Sawatzky, D.D. (1976). An educational program and TA. *Transactional Analysis Journal 6*, 217-220. E

Amundson, N.E., Sawatzky, D.D. (1976). A summative evaluation of the "Transactional analysis with children" educational program. *Transactional Analysis Journal 6*, 326-328. E

Andrews, S.S., Fine, M.J., Conrad, D.C. (1977). Life positions: Stable or not? *Transactional Analysis Journal 7*, 357-360. O

Arnold, T.J., Simpson, R.L. (1975). The effects of a TA group on emotionally disturbed school-age boys. *Transactional Analysis Journal 5*, 238- 241. P

Bader, E. (1976). *Redecisions in family therapy: A study of change in an intensive family therapy workshop.* Ph.D. dissertation, California School of Professional Psychology.
Comment: RCT-design. See also Bader (1982). P

Bader, E. (1982). Redecisions in family therapy: A study of change in an intensive family therapy workshop. *Transactional Analysis Journal 12*, 27-38.
Comment: RCT-design. TA with redecision techniques found effective. P

Baker, R.L. (1984). *Evaluating treatment changes that occur during psychotherapy as measured by the T-JTA (effectiveness, treatment).* Ph.D. dissertation, United States International University.
Comment: RCT-design. P

Baldwin, B.R., Carney, K., Duvall, D., Goldin, A., Morris, T. (1986). Ego state dominance and occupational role selection. *Transactional Analysis Journal 16*, 50-56. Or

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Comment: Correlational research on counter injunctions and their relationship to the developmental Self integration. O

Bastianelli, L., Centofanti, S., Scilligo, P. (2004). La contoingiunzione Spicciati e Stati dell'Io Sé. *Psicologia Psicoterapia e Salute, 10*, 37–48.
Coment: On a sample of 700 men and women the relationship between the counterinjunction Hurry Up and Self-integration is studied. O

Barzotti, R. (1995). L'atteggiamento della adolescente verso la maternità. *Psicologia, Psicoterapia e Salute, 1*, 173-188.
Comment: Study showed positive relationship between loving acceptance of self, i.e. Free and Nurturant Ego States and the desire to have children in adolescent girls. O

Beckstrand, P.E. (1973). TA as means of teaching writing in high school. *Transactional Analysis Journal 3* (3), 29-31. E

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Beckstrand, P.E. (1973). TA as a means of teaching writing in high school. *Transactional Analysis Journal 3*, 161-163.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. CT-design. Sign. change in locus of control but not in writing skills. School study, not therapy. E

Bekaouche, A. (1974). *A study of the effectiveness of transactional analysis and transactional analysis modified on juvenile delinquents.* Ph.D. Dissertation, The American University.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. P

Bledsoe, S.E., G.N.K. (2006). Treating depression during pregnancy and the postpartum: A preliminary meta-analysis. *Research on Social Work Practice 16* (2), 109-120. P

Bloom, J.W. (1974). The effects of transactional analysis on the self-concept, locus of control, and sociometric status of sixth grade children. *Dissertation Abstracts International 34* (10-A), 6377. E

Bloom, W. (1978). Attitude changes during a four-week TA workshop. *Transactional Analysis Journal 8*, 169-172. E

Bloomfield, B., Goodman, G. (1976). A TA approach to children's feelings. *Transactional Analysis Journal 6*, 323-325. E

Boholst, F.A., Boholst, G.B., Mende, M.M. (2005). Life positions and attachment styles: A canonical correlation analysis. *Transactional Analysis Journal 35*, 62-67. O

Boholst, F.A. (2002). A life position scale. *Transactional Analysis Journal 32*, 28-32. O

Boholst, F.A. (2003). Effects of transactional analysis group therapy on ego states and ego state perception. *Transactional Analysis Journal 33*, 254-261. P

Bove, S., D'Aversa, C., Scilligo, P., Carpineto, L. (2004). La controingiunzione Sii Forte e gli Stati dell'Io Sé. *Psicologia Psicoterapia e Salute, 10*, 75 – 84.
Comment: On a sample of 700 men and women the relationship between the counterinjunction Be Strong and Self-integration is studied. O

Bredehoft, D. (1986). An evaluation of self-esteem: A family affair. *Transactional Analysis Journal 16*, 175-181. O

Brennan, T., McClenaghan, J.C. (1978). The Transactional Behavior Questionnaire. *Transactional Analysis Journal 8*, 52-55. O

Briganti, F.G. (1973).*The etiology and nature of neurosis according to transactional analysis and Heinz Hartmann.* Ed.D. dissertation, East Texas State University. P

Brown, T.A. (1973). *Change of self-concept with an intact group by a transactional analysis approach.* Ph.D. Dissertation, Southern Illinois University.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. P

Bunchaft, G., Tavares, R.A.L., Vasconcellos, V.L.P. (2002). Validation of the Zulliger test with transactional analysis as a guideline. *Transactional Analysis Journal 32*, 33-38. O

Caizzi, C., Scilligo, P. (1999). Gli Stati dell'Io Relazionali dei genitori naturali ed adottivi. *Psicologia Psicoterapia e Salute, 5*, 307-323. Gli Stati dell'Io Relazionali nei genitori adottivi e naturali (1) Gli Stati dell'Io Relazionali nei genitori adottivi e naturali (2)
Comment: Correlational study of the nature of Relational Ego states in the mother and in the father when they relate to adopted and natural children in the family. O

Caizzi, C., Bove, S., Scilligo, P. (2004). La contoingiunzione Sii Perfetto e gli Stati dell'Io Sé. *Psicologia Psicoterapia e Salute, 10*, 85-94.
Comment: On a sample of 700 men and women the relationship between the counter injunction Be Perfect and Self-integration is studied. O

Çam, S., Akkoyun, F. (2001). The effects of communication skills training on ego states and problem solving. *Transactional Analysis Journal 31*, 161-166. E

Camilli, M. (1995). La famiglia del grave traumatizzato cranio-encefalico: effetti sulla relazione coniugale. *Psicologia Psicoterapia e Salute, 1*, 303-318.
Comment: 22 couples with children recovering from accidents that caused cranic trauma were studied for changes in parents' relational Ego States. O

Carusi, J.A. (1983). *Self-concept as measured by the Piers-Harris self concept scale before and after a transactional analysis unit intervention.* Ed.D. dissertation, Rutgers University. E

Chance, G.R. (1981). *The effects of group psychotherapy on the self-actualization of male inmates in a federal penitentiary.* Ph.D. dissertation, University of Missouri.
Comments: RCT-design. P

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Clarke, B.D. (1982). *The influence of transactional analysis training on communication skills.* Ph.D. dissertation, Texas A&M University. E

Childs-Gowell, E. (1977). A study of schizophrenics in transactional analysis treatment report of ethnographic research. *International Journal of Nursing Studies 14* (4), 215-221. P

Clavier, D.E., Timm, P.R., Wilkens, P.L. (1978). Effects on salient communicative strokes on subordinate employees in a health care organization. *Transactional Analysis Journal 8,* 300-305. Or

Collins, J.H. (1985). *The assessment of pre-posttest changes in selected personality variables among incarcerated felons participating in a therapeutic community at a maximum security federal penitentiary*. Ed.D dissertation, The George Washington University.
Comments: Focus in TC program was TA. P

Copeland, P.S. (1976). Affective education: Effects of transactional analysis training on seventh grade students. *Dissertation Abstracts International 36* (8-A), 5142. E

Craig, R.J., Olson, R.E. (1988). Changes in functional ego states following treatment for drug abuse. *Transactional Analysis Journal 18*, 68-72. P

Crowley, J.P. (1978). *Transactional analysis theory and alcoholism: The results of an ego state study of alcoholics and non-alcoholics*. Ph.D. dissertation, Union Graduate School – West. P

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Comment: On a sample of 700 men and women the relationship between the counter injunction Try Hard and Self-integration is studied. O

Davis, D.B. (1980).A study of the effectiveness of transactional analysis interpersonal skills training for managers in business organisations. *Dissertation Abstracts International 40*(7-B), 3459-3460. Or

De Maio-Esteves, M. (1990). Mediators of daily stress and perceived health status in adolescent girls. College of Nursing, Rutgers, NJ.
Comment: Tested casual model of psychological stress and coping based on TA. N=159. Found that model fit the data. O

De Santis, J.F. (1975). *The effects of transactional analysis on self-concept, locus-of-control, and behavior in suspended high school students.* Ph.D dissertation, Georgia State University. E

De Vincentis, M.D. (1974). *The relative effectiveness of transactional analysis and human relations training on modifying interpersonal orientations.* Ph.D. Dissertation, Mississippi State University.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. E

Di Marco, N. (1979). Measures of transactional analysis ego states for nurses. *Nursing Research 28* (5):295-298.
Comment: N=432. Factor analysis and development of ego state scales tailored for nurses. O

Doelker, R.E., Griffiths, J. (1984). Development of an instrument to measure ego state functions and its application to practice. *Transactional Analysis Journal 14*, 149-152. O

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Comments: RCT-design. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). P

Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.).P

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Emerson, J. (1990). *Use of the transactional analysis ego state concept to measure client change in psychotherapy.* Ph.D. dissertation, Utah State University.P

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Enat, E. (1988). *Humanistic structural transactional family therapy integration: An approach.* Ph.D. dissertation, Union for experimenting colleges/u. without walls and union gra.sch. P

Erskine, R.G., Maisenbacher, J. (1975). The effects of a TA class on socially maladjusted high school students. *Transactional Analysis Journal 5*, 252-254. P

Everett, M.W. (1980). *A transactional analysis of status attainment with welf esteem and locus of control.* Ph.D. dissertation, Indiana University. E

Falkowski, W., Ben-Tovim, D.I, Bland, J.M. (1980). The assessment of the ego states. *British Journal of Psychiatry 137*: 572-3. O

Falkowski, W., Munn, K. (1989). Interrater agreement on driver questionnaire items. *Transactional Analysis Journal 19*, 42-44. O

Fanger, M. (1978). *A study of autonomy and client.subjects' expectations in a transactional analysis group therapy marathon.* Ed.D. dissertation, Boston University School of Education. P

Fargo, S.L. (1979). *Ego states and psychopathology.* Ph.D. dissertation, Georgia State University. P

Fetsch, R.J. (1979). *A Comparison of the psychological effects of running and transactional analysis stroking for the relief of reactive depression in adults.* Ph.D. dissertation, University of Wyoming.
Comment: RCT-design. P

Fetsch, R.J., Sprinkle, R.L. (1982). Stroking treatment effects on depressed males. *Transactional Analysis Journal 12*, 213-217. P

Fettgather, R. (1987). The relationship of teacher Adult ego state to interactions with retarded students. *Transactional Analysis Journal 17*, 35-37. E

Field, E.S. (1980). Transactional analysis as a means toward development of self-actualization in individuals. *Dissertation Abstracts International 40* (11-B), 5403. E

Fine, M.J., Poggio, J.P. (1977). Behavioral attributes of the life positions. *Transactional Analysis Journal 7*, 350-356. O

Fine, M.J., Covell, G., Tracy, D.B. (1978). The effects of TA training on teacher attitudes and behavior. *Transactional Analysis Journal 8*, 236-240. E

Fine, M.J., Franz, C., Maitland, R. (1982). A transactional analysis of two kinds of consultative experiences. *Transactional Analysis Journal 12*, 159-161. C

Fiscarelli, G. (1995). Grave trauma cranico: effetti sulla relazione interpersonale madre/figlio. *Psicologia Psicoterapia e Salute, I*. 319-337.
Comment: Relational ego states were studied in 22 mothers of children recovering from neurological trauma following accidents. O

Fischer, R., Garrison, C. (1980). Transactional analysis and role training in the classroom: A pilot study. *Handbook of International Sociometry 33*, 88-91. E

Francisco, A. (1975). *Therapeutic alleviation of psychosomatic headaches through an integrative method of biofeedback and transactional analysis.* Ph.D. dissertation, United States International University.
Comments: RCT-design. P

Franklin, R.M. (1979). Ego states: Construct validation within Eric Berne's theory of transactional analysis. Ph.D. dissertation, Temple University. O

Friday, P.J. (1977). A TA101: Does it make a difference? *Transactional Analysis Journal 7*, 176-177. E

Gamble, D.H. (1981). *The effects of group counseling vs self-directed reading on androgyny, self-actualization and academic achievement of college females of varying academic ability.* Ed.D dissertation, Texas Tech University. C

Gerlach, L. (1986). *Teaching transactional analysis in elementary schools as a method of primary prevention in building self-esteem.* Ed.D. dissertation, Idaho State University. E

Gilmour, J.R. (1981). Psychophysiological evidence for the existence of ego states. *Transactional Analysis Journal 11*, 207-212. O

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Comments: RCT-design. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). P

Goldberg, H.I.J., Summerfield, A.B. (1982). The perception of Parent and Child ego states. *Transactional Analysis Journal 12*, 223-226. O

Golub, S., Guerriero, L.A. (1981). The effect of transactional analysis training program on self-esteem and learning-disabled boys. *Transactional Analysis Journal 11*, 244-246. E

Goodstein, M. (1971). *A comparison of Gestalt and Transactional Analysis therapies in marathons.* Ph.D. dissertation, Illinois Institute of Technology. P

Gormly, A.V., Gormly, J.B. (1983). Changes in the way men and women view themselves and each other 1971-1981. *Transactional Analysis Journal 13*, 104-109. O

Gormly, A.V., Gormly, J.B. (1984). A psychological study of emotions. *Transactional Analysis Journal 14*, 74-79. O

Gormly, J.B. (1984). Training in powerlessness during transitional life-events. *Transactional Analysis Journal 14*, 140-144. E

Guglielmotti, F., D'Aversa, C., Scilligo, P., Schietroma, S. (2004). La contro- ingiunzione Compiaci e gli Stati dell'Io Sé. *Psicologia Psicoterapia e Salute, 10*, 49–60.
Comment: On a sample of 700 men and women the relationship between the counter injunction Please me and Self-integration is studied. O

Green, G. (1988). Analysis of research on the effectiveness of transactional analysis for improving marital relationships: Towards close encounters of the single kind. *Transactional Analysis Journal 18*, 238-248.

Grieve, J.H. (1978). Effects of teacher methods using transactional analysis strategies on achievement and emotional adjustment of kindergarten children. *Dissertation Abstracts International 39* (2-A), 824. E

Grünewald-Zemsch, G. (2000). The "Small project": First results, first perspectives. *Transactional Analysis Journal 30*, 58-72. P

Hall, A. (1963). *Prediction of Interpersonal Behavior by Berne's Ego State Psychology*. University of Portland. P

Hannigan, A.F. (1980). *The effects of a course on transactional analysis on selected indices of ego strength in early adolescents.* Ed.D. dissertation, Boston University School of Education. E

Harbin, S.L. (1975). The effects of a teacher workshop in transactional analysis on teacher flexibility in thinking, locus of control, flexibility in use of ego states and on teacher-pupil interactions. *Dissertation Abstracts International 36* (4-A), 2100-2101. E

Hardy, M.W., Randall, H.B. (1985). Test-retest reliability on the freehand script maze. *Transactional Analysis Journal 15*, 173-176. O

Hayes, E.R., Plax, T.G. (1976). Student responses to transactional stimuli. *Transactional Analysis Journal 6*, 213-216. E

Hershenson, M. (1981). *A short-term workshop using transactional analysis to determine educational outcomes as measured by the FIRO-B criterion instrument.* Ed.D. dissertation, Indiana University. E

Heyer, N.R. (1979). Development of a questionnaire to measure ego states with some applications to social and comparative psychiatry. *Transactional Analysis Journal 9*, 9-19. P

Heyer, N.R. (1987). Empirical research on ego state theory. *Transactional Analysis Journal 17*, 286-293. O

Hlongwane, M.M., Basson C.J. (1990). Self-concept enhancement of black adolescents using transactional analysis in a group context. *School Psychology International 11* (2), 99-108. E

Horwitz, A. (1982). The relationship between positive stroking and self-perceived symptoms of distress. *Transactional Analysis Journal 12*, 218-221. P

Intarakumnerd, T. (1976). *The effects of transactional analysis on the self-concept of Thai students who are enrolled in Mississippi universities.* Ph.D. dissertation, Mississippi State University.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. E

James, C.H. (1976). An experimental study to compare traditional safety instruction with transactional analysis safety instruction. *Dissertation Abstracts International 37* (5-A), 2689-2690. O

Jennings, W.S., Kohlberg, L. (1983). Effects of a just community programme on the moral development of youthful offenders. *Journal of Moral Education 12*, 33-50.
Comments: Simple group comparison study. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). P

Jensen, S.M., B.M.S., Koepp, A.H. (1980). TA in brief psychotherapy with college students. Adolescence 15 (59), 683-689. P

Jesness, C.F. (1975). Comparative effectiveness of behavioral modification and transactional analysis programs for delinquents. *Journal of Consulting and Clinical Psychology 43*, 758-79.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. Simple group comparison study. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). P

Johnson, C.E. (1975). *Change in self-concept following participation in a five-day transactional analysis workshop.* Ph.D. dissertation, United States International University. E

Johnsson, R., Stenlund, G. (2010). *The affective dimension of therapeutic alliance in transactional analysis group psychotherapy.* Lund University, Department of Psychology.
Comment: Part of doctoral dissertation. Shows importance of the affective component of the therapeutic alliance in TA group therapy. P

Johnston, C.A. (1985). *The effects of training in transactional analysis upon the interpersonal communication transactions of graduate students in supervision.* Ed.D. dissertation, Rutgers University. E

Kahlil, E., Callaghan, P., James, N. (2007). *Transactional analysis: A scoping exercise for evidence of outcome.* Report prepared for the Berne Institute. The University of Nottingham, School of Nursing. P

Kahn, F. (1973). *Transactional analysis and gestalt therapy: A comparative study.* Ph.D. dissertation, California School of Professional Psychology. P

Kapur, R., Miller, K. (1987). A comparison between therapeutic factors in TA and psychodynamic therapy groups. *Transactional Analysis Journal 17*, 294-300. P

Kenney, W.J. (1981). Generalization of ego state behavior change. *Transactional Analysis Journal 11*, 241-243. O

Kenney, W.J. (1981). Problem-student effects on teacher ego state behavior. *Transactional Analysis Journal 11*, 252-253. E

Knox, T. (1973). *The effect of transactional analysis groups on the internal-external locus of control.* Ph.D. dissertation, University of Arkansas.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. P

Koivisto, P. & Luttinen, H. (1997). *Love, Respect, Accept? How transactional patterns connect with self-esteem in the kindergarten.* Master Thesis in education, University of Jyväskylä. E

Kornyeyeva, L. (2010). *Authoritarian Socialization Experience and Acculturation Dysfunction among Young Immigrants to Western Europe: the Role of a Negative Existential Position.* In Press. O

Krauft, V.R. (1973). *Transactional analysis group interaction with sixth-grade behavioral problem boys.* Ed.D. dissertation, University of Arkansas. C

Kynaston, L.B. (1982). *The effect of centering techniques on self-esteem, openness to experience, an anxiety.* Ph.D. dissertation, The University of Arizona.
Comments: RCT-design(?) P

Laitinen, P., Toppari, I. (1988). *Transaktioanalyysin soveltaminen kehitysvammaisille. Muutokset kehitysvammaisten minäkäsityksissä ja heidän kokemuksensa transaktioanalysiterapiasta. [Experiences of TA therapy for handicap people and the changes in self-concept].* MA thesis in special education, University of Jyväskylä, Finland. E

Lanskin, J.M.C. (1989). *Le scenario sans amour d'une fille de joie: Une nouvelle lecture de "Nana" a la lumiere de l'analyse transactionelle.* Ph.D. dissertation, Rice University. O

Leamon, J.L. (1981). *Effects of two psychological experiential treatments on anxiety, self-concept, and locus of control.* Ph.D. dissertation, Memphis State University.
Comment: RCT-design. P

Lerkkanen, M.-K. (1994). *Us and Them. A Transactional Analysis Perspective on Racism.* University of Jyväskylä, Finland. E

Lieberman, M.A., Yalom, I.D., Miles, M.B. (1973). *Encounter groups: First Facts*. New York: Basic Books.
Comment: RCT-design, TA included with two groups. P

Liikanen, P. (1990). *A fairy tale as a model of identity and life position*. University of Jyväskylä. O

Liikanen, P. (1991). *From servant to master, from student to teacher; Finnish culture described by four successive generations*. University of Jyväskyla. E

Liikanen, P. (1991). *Early childhood experiences in human relations as a predictor of personality and Finnish culture*. University of Jyväskylä. E

Liikanen, P. (1991). *Teacher personality and the Finnish culture*. - University of Jyväskylä. E

Loffredo, D.A.,Omizo, M.M. (1997). Differences in ego states, locus of control, and dogmatism between African-american and Anglo-american undergraduate college students. *Transactional Analysis Journal 27*, 168-174. E

Loffredo, D.A. (1998). The relationships among ego states, locus of control, and dogmatism. *Transactional Analysis Journal 28*, 171-173. O

Loffredo, D.A., Harrington, R., Okech, A.P. (2002). Factor analysis of the of the ego state questionnaire. *Transactional Analysis Journal 32*, 25-27. O

Loffredo, D.A., Harrington, R., Munoz, M.K., Knowles, L.R. (2004). The ego state questionnaire – revised. *Transactional Analysis Journal 34*, 90-95. O

Loomis, M.E., Cohen, M.Z. (1984). A test of the relationships between stress and primary representational systems. *Transactional Analysis Journal 14*, 80-82. O

Mabee, T.W. (1986). *An investigation of egograms in relation to self, occupations, primary holland codes and occupational preference*. Ph.D. dissertation, Florida State University. O

Maine, M. (1985). Effective treatment of anorexia nervosa: The recovered patient's view. *Transactional Analysis Journal 15*, 48-54.
Comment: Intensive interviews of 25 recovered anorexics. Not a TA study. P

Martinko, M.J. (1978). The effects of transactional analysis and organizational behavior modification as an intervention for improving employee-customer relations. *Dissertation Abstracts International 38* (12-A), 7434. Or

Martinko, M.J., Luthans, F. (1981). An analysis of the effectiveness of transactional analysis in improving organizational effectiveness. *Transactional Analysis Journal 11*, 229-235. Or

Masiak, M., Kopacz, G., Oles, P., Welcz, H. (1998). Assessing the egograms of neurotic inpatients during psychotherapy. *Transactional Analysis Journal 28*, 168-170. P

May, R.J., Tierney, D.E. (1976). Personality changes as a function of group transactional analysis. *Journal of College Student Personnel 17* (6), 485-488. P

McBrayer, D.J. (1979). *Assessing effects of transactional analysis training on attitudes and anticipated behavioral responses relative to conflict management*. Ph.D. dissertation, Georgia State University. E

McClenaghan, J.C. (1976). *The effects of transactional analysis workshops on interpersonal relationship and communication behaviors*. Ph.D. Dissertation, University of Colorado, 1976.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. P

McCormick, P. (1973). TA and behavior modification: A comparison study. *Transactional Analysis Journal 3*,(1), 10-14.
Comment: The writer gives inside information on the large study Jesness (1975). P

McNeel, J.R. (1975). *A study of the effects of an intensive weekend group workshop*. Ph.D. dissertation, California School of Professional Psychology.
Comment: Study of marathon with Bob and Mary Goulding. See also McNeel (1982). P

McNeel, J.R. (1982). Redecisions in Psychotherapy: A study of the effects of an intensive weekend group workshop. *Transactional Analysis Journal 12*, 10-26.
Comment: Found positive effects of the marathon after three months. P

Meager, J. (1981). Identification of ego states in transactional analysis as a function of intelligence, professional training and psychodynamic factors. *Transactional Analysis Journal 11*, 260-269. E

Millar, F.E. (1973). *A transactional analysis of marital communication patterns: An exploratory study*. Ph.D. dissertation, Michigan State University. O

Millard Nims, M. (1981). Hemisphere lateralization and specialization and transactional analysis concepts of ego states. *Transactional Analysis Journal 11*, 213-221. O

Mills, R. (1986). Psychological variables related to life satisfaction of older people. *Transactional Analysis Journal 16*, 132-136. O

Mink, E.B. (1979). *The effectiveness of a group intervention based on transactional analysis in modifying locus of control expectancy of high school students*. Ph.D. dissertation, University of Mississippi. E

Morris, G.L. (2006). Altered states: Using transactional analysis education to prevent conflict escalation and violence. *Dissertation Abstracts International 37. Section A: Humanities and Social Sciences 67*, (4-A), 1186.
Comments: Simple group comparison study.. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). E

Moses, J. (1984). Part-time mental health technicians: A special fields study in an intermediate care facility. *Transactional Analysis Journal 14*, 199-204. O

Murphy, J.L. (1981). *A comparison of the differential effects on resident assistant job effectiveness of transactional analysis and didactic/discussion training methods.* Ed.D. dissertation, Mississippi State University. O

Nabrady, Maria (2002). The impact of racket feelings on the recognition of emotions: Research report I. *Transactional Analysis Journal 32*, 76-85. O

Nabrady, Maria (2002). The relationship between racket feelings, coping strategies, and emotional intelligence: Research report II. *Transactional Analysis Journal 32*, 86-91. O

Nance, T.J. (1982). *Perceptions of self and of spouse for high and low marital adjustment couples as assessed by an empirical measure of transactional analysis ego states.* Ph.D. dissertation, Duke University. O

Niblett, J.O. (1979). Measuring the effects of a training sequel in transactional analysis, self awareness and values clarification for educators. *Dissertation Abstracts International 40* (6-A), 3029. E

Niemeier, D.L., Douglass, Howard J. (1975). Transactions and self-actualization. *Transactional Analysis Journal 5*, 152-157. O

Nir, D. (1990). *A framework for eclectic group intervention.* Ph.D. dissertation, The Union Institute. C

Noce, J.S., Noce, S.F., McClellan, A.T. (1981). The parenting function of therapeutic communities: Test of a model in an alcohol rehabilitation program. *Transactional Analysis Journal 11*, 236-240. P

Noriega Gayol, G. (1995). Self-reparenting with female delinquents in jail. *Transactional Analysis Journal 25*, 208-210. P

Noriega Gayol, G. (1997). Diagnosis and treatment of ego state boundary problems: Effects on self-esteem and quality of life. *Transactional Analysis Journal 27*, 236-240. P

Noriega Gayol, G. (2004). Codependence: A transgenerational script. *Transactional Analysis Journal 34*, 312-322. O

Novey, T. (1999). The effectiveness of transactional analysis. *Transactional Analysis Journal 29*, 18-30. P

Novey, T. (2002). Measuring the effectiveness of transactional analysis: An international study. *Transactional Analysis Journal 32*, 8-24. P

Nykodym, N. (1978). Transactional analysis: A strategy for improvement of supervisory behavior. *Transactional Analysis Journal 8*, 254-258. E

Nykodym, N., Nielsen, W.R., Christensen, J.C. (1985). Can organizational development use transactional analysis? *Transactional Analysis Journal 15*, 278-284. O

Nykodym, N., Ruud, W., Liverpool, P. (1986). Quality Circles: Will transactional analysis improve their effectiveness? *Transactional Analysis Journal 16*, 182-187. O

Nykodym, N., Longenecker, C.O. *et al.* (1991). Improving quality of work life with transactional analysis as an intervention change strategy. *Applied psychology: An International Review 40* (4), 395-404. O

O'Brien, M.H., S.K.W., Beal, V.A. *et al.* (1982). Incorporating transactional analysis into a weight loss program. *Journal of the American Dietic Association 81* (4), 450-453. P

O'Donnell, W.E. (1978). The relative effectiveness of transactional analysis group counseling vs. gestalt group counseling in effecting change in male junior high school students. Ph.D. dissertation, The Catholic University of America.
Comment: Study excluded from Khalil (2007). Ej relevant. C

Ohlsson, T., Johnsson, R. (1994). Korsaröd: Utvärdering 1994. Malmö: Institutet för livsterapi. Comments: Result of this project incorporated in Ohlsson (2001, 2002). P

Ohlsson, T. (2001). *TA i missbruksarbete – transaktionsanalytisk psykoterapi som behandlingsmetod för drogmissbrukare i miljöterapeutisk vård.* Ph.D. dissertation, Lund University.
Comments: Original work – see also Ohlsson (2002). P

Ohlsson, T. (2002). Effects of transactional analysis psychotherapy in therapeutic community treatment of drug addicts. *Transactional Analysis Journal 32*, 153-177.
Comments: Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). P

Ojala, T. & NyyssOnen, O. (1999). The effect of transactions on the identity of refugees in the Finnish classroom. MA thesis in Education, University of Jyväskylä, Finland. E

Olson, R.P., Ganley, R., Devine, V.T., Dorsey, G.C. (1981). Long-term effects of behavioral versus insight-oriented therapy with inpatient alcoholics. *Journal of Consulting and Clinical Psychology, 48,* 866-877.
Comments: Compares effects of TA with behavioral therapy and combined therapy. RCT-design. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). P

Pasternack, T.L., Fain, J.L. (1984). An empirical test of the drama triangle. *Transactional Analysis Journal 14*, 145-148. O

Patton, E.R. (1973). Comparison of transactional analysis group-counseling and client-centered individual counseling of admission risk college freshmen. Ed.D. dissertation, Duke University. C

Payton, O.D., Morriss, R.L., Beale, A.V. (1979). Effects on TA instruction on empathy, self-esteem, control. *Transactional Analysis Journal 9*, 200-204. E

Pearson, C.J. (1975). *An experimental marriage enrichment program for navy personnel and dependents using transactional analysis.* D.Min. thesis, Eastern Baptist Theological Seminary. E

Peek, J.H. (1975). *The effect of transactional analysis upon the self concept of adjudicated delinquents.* Ph.D. dissertations, Georgia State University. P

Phillips, P.L. (1975). Transactional analysis: A tool for increasing the functional adequacy of John Dewey's educational value assumption. *Dissertation Abstracts International 35* (5-B), 4632-4633. E

Pichel, C.H. (1975). A ten-year follow-up study of 216 clients seen in marriage and family counseling. *Marriage and Family Counseling Quartery, 9* (4), 49-60. P

Piliarik, C.E. (1984). *Interrelationship of individual symbiotic characteristics, couples symbiosis and marital satisfaction.* Ph.D. dissertation, The Fielding Institute. O

Peterson, D.W. (1975). *The identification of games in transactional analysis.* Ed.D. dissertation, University of Arkansas. O

Pinsker, E.J., Russell, H.L. (1978). The effect of positive verbal strokes on fingertip skin temperature: Objective measurement of interpersonal interaction. *Transactional Analysis Journal 8*, 306-309. O

Price, D.A. (1975). A paper and pencil instrument to measure ego states. *Transactional Analysis Journal 5*, 242-246. O

Prothero, J.C. (1978). TA with problem drivers. *Transactional Analysis Journal 8*, 173-175. P

Rachelson, J.H. (1984). *Cognitive stress management based on transactional analysis.* Ph.D. dissertation, Georgia State University. P

Rizzuto. M. (1996). Edonismo, centralità dell'impegno lavorativo e desiderio di paternità Psicologia, *Psicoterapia e Salute, 2*, 67-84.
Comments: Autocratic and self-destructive ego states were found to relate negatively to the desire to father a child in 116 unmarried childless men. O

Roark, M., Vlahos, S. (1983). An analysis of the ego states of battered women. *Transactional Analysis Journal 13*, 164-167. P

Rodriguez, R.F. (1982). *A comparison of teacher teaching style with student learning style through the use of transactional analysis.* Ph.D. dissertation, University of Nebraska. E

Rosenthal, P., Novey, T. (1976). Measurement of stroking behavior in couples. *Transactional Analysis Journal 6*, 205-208. O

Rosenthal, P., Rosental, V., Blakeney, R.N. (1977). Changing stroking behavior in married couples with transactional analysis education. In Blakeney, R.N. (Ed.) *Current issues in transactional analysis*, 181-193. New York: Brunner/Mazel. E

Roth, R. (1977). A transactional analysis group in residential treatment of adolescents. *Child Welfare Journal 56* (1), 776-786. P

Salole, R.M. (2001). Case formulations: Comparison of transactional analysis script analysis and the patient's plan diagnosis method. *Transactional Analysis Journal 31*, 114-121. P

Schiff, J, Erb, J.L., Warner, K., Schiff, S., Kline, D., Bowman, D. (1977). Biochemical evidence of cure in schizophrenics. *Transactional Analysis Journal 7*, 178-182. P

Schiff, J.L. (1990). *A Programme for schizophrenia*. Upton-upon-Severn: The self publishing ass. P

Schreier, J.W. (1984). Ego state components in help wanted advertising. *Transactional Analysis Journal 14*, 83-87. O

Schroeder, D.W. (1990). *The modification of achievement, behavior, locus-of-control, and self-esteem of behaviorally disturbed adolescents using a structured brief transactional analysis group.* Ph.D. dissertation, Brigham Young University. Comment: RCT-design. P

Scilligo, P., Coratti, B. (1987). Effetti della psicoterapia di gruppo sulla percezione di sé nella formazione degli psicoterapeuti *Polarità, 1*, 1-15.
Comment: Groups with more than 120 hours of TA/Gestalt therapy showed significant increase in positive self-perception and self-integration compared to control groups. P

Scilligo, P., De Luca M.L. (1997). Copione del terapeuta e alleanza terapeutica. *Psicologia Psicoterapia e Salute, 3*, 1-20.
Comment: Study of affective and working alliance in long term psychotherapy. P

Scilligo, P., D'Aversa, C., Liverano, A., Schietroma S, Guglielmotti, F. (1999). Il questionario ESPERO: la misurazione delle ingiunzioni e delle contro- ingiunzioni. *Psicologia Psicoterapia e Salute, 5*, 137-166.
Comment: Introduces scales to measure injunctions and counter-injunctions. O

Scilligo, P., Bastianelli, L. (1999). Le dimensioni fattoriali di secondo ordine delle ingiunzioni. *Psicologia Psicoterapia e Salute, 5*, 1-10.
Comment: Explorative factor analysis of the ESPERO questionnaire. O

Scilligo, P. (1999). Aspetti epistemologici in Analisi Transazionale. *Psicologia Psicoterapia e Salute, 5*, 245-257.
Comment: Analysis of epistemological positions followed in doing TA psychotherapy and counseling. P

Scilligo, P. (1999). Gli Stati dell'Io Sé e le dimensioni ingiuntive. *Psicologia Psicoterapia e Salute, 5*, 277-305.
Comment: Relates some aspects of the redecision model to Bowlby's developmental model through factors derived through factor analysis of the ESPERO questionnaire. O

Scilligo, P. (2000). Il questionario ANINT-A36: uno strumento per misurare la percezione di sé.*Psicologia Psicoterapia e Salute, 6*, 1-35.
Comment: Psychometric data is presented for a questionnaire to define operationally Self Ego States as described by Scilligo. O

Segeler, E.E. (1986). Effectiveness of transactional analysis training in improving mathematics achievement, reducing math anxiety, and changing associated negative attitudes and attributions for failure. Ph.D. dissertation, University of Pittsburgh.
Comment: RCT-design. P

Sharpe, K.M. (1975). A study of the influence of transactional analysis on ego structure. Ph.D. dissertation, University of South Carolina. O

Shaskan, D., Moran, W., Moran, O.M. (1981). Influence of group psychotherapy: A thirty year follow-up. *Transactional Analysis Journal 11*, 270-274. P

Shaskan, D., Moran, W. (1986). Influence of group psychotherapy: A thirty-eight year follow-up. *Transactional Analysis Journal 16*, 137-138. P

Simpkins, M.D. (1976). An Experimental Investigation of script theory in transactional analysis. Ph.D. dissertation, Oklahoma State University. O

Smith, M.L., Glass, G.V., Miller, T.I. (1980). The benefits of psychotherapy. Baltimore: The John Hopkins University Press.
Comment: Meta-study of 475 controlled psychotherapy studies, including 9 TA studies. P

Smith, S. (1989). A study of clinicians who use regressive work. *Transactional Analysis Journal 19*, 75-79. P

Sinclair-Brown, W. (1982). A TA redecision group psychotherapy treatment program for mothers who physically abuse and/or seriously neglect their children. *Transactional Analysis Journal 12*, 39-45.
Comment: Simple group comparison design. TA/Redecision group found effective. P

Singh, D.K. (1977). What happens when people change: An experiment in transactional analysis. *Nursing Journal of India 86* (5), 127-130. P

Sisson, P.J., Arthur, G.L., Carpenter, N. (1977). Transactional analysis and gestalt therapy used in conjunction with group counseling for married couples. *Together 2*, 16-23. P

Solomon, C. (1980). *Establishing the reliability of the injunction and early decision in transactional analysis script theory.* Ph.D. dissertation, Pacific Graduate School of Psychology. O

Sowder, W.F., Brown, R.A. (1977). Experimentation in transactional analysis. *Transactional Analysis Journal 7*, 279-285. O

Spencer, G.M. (1977). Effectiveness of an introductory course in transactional analysis. *Transactional Analysis Journal 7*, 346-349.
Comment: TA was usful in everyday life after the course. E

Stanizzo, M.R., Scilligo, P. (2000). Immigrati magrebini in Italia: come cambia il sistema dei valori. *Psicologia Psicoterapia e Salute, 6*, 37 – 60.
Comment: 90 Maghrebin immigrants were examined in this study of transformation of cultural scripts. O

Stasiw, J.R. (1977). *The effects of intensive, short term transactional analysis training and group therapy on affective states and locus of control with adult male offenders.* Ph.D. dissertation, University of Georgia.
Comment: RCT-design. P

Steere, D., Tucker, G., Worth, A. (1981). Change in two settings. *Transactional Analysis Journal 11*, 222-228. P

Steere, D. (1981). Body movement in ego states. *Transactional Analysis Journal 11*, 335-345. O

Talob, E.R.C. (1994). Using transactional analysis to enhance adjustment in Filipino college students. *Transactional Analysis Journal 24*, 197-205. E

Tamm, R. (1972). Self-acceptance and acceptance-of-others: An exploration into personality syndromes. *Transactional Analysis Journal 2* (3), 43-51. P

Tassone, E., Scilligo, P. (1990). Un'esplorazione sul legame affettivo tra l'uomo e gli animali domestici. *Polarità, 4*, 1-23.
Comment: Preferences for dogs or cats were structured in 12 prototypical ego states. O

Thomas, R.W. (1978). *A group comparison of teaching transactional analysis relative to internalizatio, knowledge, an communication skills.* Ed.D. dissertation, Idaho State University. E

Thomson, G. (1971). *The identification of ego states in transactional analysis.* Ph.D. dissertation, Georgia State University. O

Timmons-Haas, D. (1977). *The effect of transactional analysis on self-concept an achievement level of institutionalized children.* Ph.D. dissertation, University of South Carolina. E

Vickers, M.I. (1977). *Transactional analysis as a sociological model: A contribution to the interpersonal view of children's symptomatic behavior.* Ph.D. dissertation, Boston University Graduate School. O

Thunnissen, M., van Delft, S., Smolders, M. (1998). Transactional analysis in nursing homes. *Transactional Analysis Journal 28*, 210-215. P

Thunnissen, M., Duivenvoorden, H.J., Trijsburg, R.W. (2001). Experiences of patients after short-term inpatient transactional analysis psychotherapy. *Transactional Analysis Journal 31*, 122- 128. P

Thunnissen, M., Duivenvoorden, H.J., Bussbach, J., Hakkaart-van Roijen, L., van Tilburg, W., Verheul, R., Trijsburg, W. (2008). A randomized clinical trial on the effectiveness of reintegration training program versus booster sessions after short-term inpatient psychotherapy. *Journal of personality disorders 22,* (5), 483-495. P

Turner, R.J. (1990). *Validation of the Parent-Adult-Child (PAC-D) projective drawing test.* Ph.D. dissertation, Ohio State University. O

Van Rijn, B., Sills, C., Hunt, J., Shivanath, S., Gildebrand, K., Fowlie, H. (2008). Developing clinical effectiveness in psychotherapy training: Action research. *Counseling and Psychotherapy research 8* (4), 261-268. P

Varni, J.W., Katz, E.R. (1997). Stress, social support and negative affectivity in children with newly diagnosed cancer: A prospective transactional analysis. *Psycho-Onchology 6* (4), 267-278. P

Walters, D.W. (1983). *The effect of transactional analysis training on certain aspects of the feminine female sex-role orientation.* Ph.D dissertation, University of Southern Mississippi. E

Weisman, G. (1981). *Effects of a transactional analysis-based internalization strategy on high risk college students.* Ph.D. dissertation, Georgia State University. E

Williams, K.B., Woodmansee, D.B., Williams, J.E. (1977). Sex stereotypes and transactional analysis theory. *Transactional Analysis Journal 7*, 266-274. O

Williams, J., Watson, J., Walters, P., Williams, J. (1983). Construct validity of ego states. *Transactional Analysis Journal 13*, 43-49. O

Wilmouth, E.B. (1989). *The effect of transactional analysis workshop on levels of self-esteem and anxiety in adult women.* Ed.D. dissertation, University of San Francisco. E

Wilson, B.D. (1981). Doctoral dissertations on TA 1963-1980. *Transactional Analysis Journal 11*, 194-202.
Comment: Lists and discusses 124 doctoral dissertations produced 1963-1980, almost all from the U.S. "Effectiveness" was the most studied topic. O

Wilson, T.E., White, T.L., Heiber, R. (1985). Reparenting schizophrenic youth in a hospital setting. *Transactional Analysis Journal 15*, 211-215.
Comment: RCT-design. P

Windell, J.O., Woolams, S. (1976). The effects of training on marriages. *Transactional Analysis Journal 6*, 209-212. E

Wiseman, G. (1982). Effects of a transactional analysis-based internalization strategy on high risk college students. *Dissertation Abstracts International 42*(10-A), 4306. E

Wissink, L.M. (1994). A validation of transactional analysis in increasing self-esteem among participants in a self-reparenting program. *Transactional Analysis Journal 24*, 189-196. E

Woods, N.N. (1983). *Preference for modality of therapy as a function of level of ego development.* Ph.D. dissertation, University of Arkansas. P

Woodward, R.B. (1974). *The effects of transactional analysis on the self-concepts, social adjustment and grade point averages of intellectually advantaged, intellectually normal and intellectually disadvantaged sixth grade students.* Ph.D. dissertation, Mississippi State University.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. CT-design. All three groups of students improved significantly in self-concept, social adjustment and grade point (two groups). "TA…is a beneficial training tool for elementary school students". E

Yang Mei (2010). *The Influence of "Transactional Analysis" on College Students' "Locus of Control" – an empirical research.* The psychological counseling center of Beijing Capital University of Economy and Trade. Original: 杨眉 (2009)."人际沟通分析学"在影响大学生"心理控制源"上的实证研究. 北京 首都经济贸易大学心理咨询中心.E

Zerin, E., Zerin, M., Zhang C.R. (1997). A comparative study of Chinese and American High school students' responses to stress under pressure. *Transactional Analysis Journal 27*, 241-255. E

Part II – remaining studies from Wilson's list (1981)

Academic prediction

Predicting Academic Achievement in Ninth-Grade and Twelfth-Grade Males with the Kahler Transactional Analysis Script Checklist. 1972. Purdue University. Order No.:73-06052. O

Composition and Communication

An Analysis of Communication Patterns Between Students-Teachers and University Supervisors with Training in Transactional Analysis. 1976. University of Oregon. Order no.: AAD77-04765. E

Communication Dimensions of Transactional Analysis. 1976. United States International University. Order no.: 76-19767. O

The Adaptation of Transactional Analysis as a Means to the Teaching of Written Expression in High School. 1972. University of Minnesota. Order no.: 72-277226. E

Transactional Analysis and Related Psychotherapeutic Techniques in the College Composition and Communication Classroom. 1975. University of Michigan. Order no.: 76-09316. E

Consultation

An Evaluation of Transactional Analysis as a Strategy of Organization Development. 1976. University of Nebraska. Order no.: AAD77-14682. Or

An Evaluation of Transactional Analysis Process as a Tool in Staff Relations. 1977. University of Minnesota. Order no.; AAD77-26139. E

An Experimental Study of Transactional Analysis as a Vehicle of Organizational Development. 1975. Order no.: 75-19119. O

Transactional Analysis: A Model for the Identification of, and Training in, Variables which Facilitate the Consultative Process. 1976. Order no.: 76-22121. C

Transactional Analysis (TA) As a Model of Mental Health Consultation for Schools. 1978. University of Tennessee. Order no.: AAD79-03433. C

Education

An Application of Transactional Analysis to a Model of Teaching. 1975. University of Utah. Order no.: 75-23823. E

An Evaluation of an Experiential Educational Project: To Develop a Model of Evaluation for Use in Field Education in a Seminary. Using Transactional Analysis to Analyze Data Relating to Interpersonal Interaction; and to Describe the Experiential Education Received by Students Participating in the Project. 1978. Northwestern University. Order no.: AAD79-07943. E

Application of Adult Education Learning Principles and Procedures to a Transactional Analysis Workshop: A Prescriptive Study. 1974. Indiana University. Order no.: 75-05658. E

Learning Environment Preferences of Managers Utilizing Nonverbal Communication Factors Associated with Transactional Analysis. 1976. Iowa State University. Order no.: 76-18277. E

The Development of a Communications Strategem for Intern Teachers Based on Transactional Analysis Theory. 1975. Northwestern University. Order no.: 75-29647. E

The Relationship of the Perceptual Orientation of Effective and Ineffective Teachers and their Functioning Ego States According to Transactional Analysis. 1974. University of Northern Colorado. Order no.: 74-24489. E

Systematic Observation of Teacher Behavior Using the Ego State Categories of Transactional Analysis. 1977. University of Northern Colorado. Order no.: AAD77-22366. E

Transactional Analysis and Meditation Training as Interventions in Teacher Education. 1978. Temple University. Order no.: AAD78-12269. E

Transactional Analysis Time Structures in Classrooms. 1974. University of Utah. Order no.: 75-09558. E

Effectiveness

A comparison of Transactional Analysis Group-Counseling and Client-Centered Individual Counseling of Admission Risk College Freshmen. 1973. Duke University. Order no.: 74-07588 C

A Study of the Effects of Instructions in Transactional Analysis on Selected Teacher Behaviors. 1977. University of Arkansas. Order no.: AAD77-23363. E

A Transactional Analysis Group Program Designed to Increase the Self-Actualization of Adolescent Males in a Residential Camp Setting as Measured by the Personal Orientation Inventory. 1977. The George Washington University. Order no.: Not available from University Microfilm's Int'l. E

Change in Adolescent Self-Esteem As a Function of Transactional Analysis in the Schools. 1976. The University of Nebraska-Lincoln. Order no.:AAD77-14646. E

The Effect of Transactional Analysis Upon the Self-Concept of Adjudicated Delinquents. 1975. Georgia State University. Order no.: 75-17549. P

The Effects of a Transactional Analysis 101 Course on an Individual Knowledge of and Interest in Transactional Analysis and an Individual's Self-Acceptance and Acceptance-of-Others. 1975. University of Pittsburgh. Order no.: 75-28702. E

The Impact of Transactional Analysis Workshops on Personal Values and on the Ability to Examine Hypothetical Interpersonal Relationships and Communication. 1974. University of Georgia. Order no.: 75-08134. E

The 'OK' Classroom: Some Effects of Lessons in Transactional Analysis in the Fifth Grade. 1975. Brigham Young University. Order no.: 76-00687. E

Transactional Analysis Training for Faculty: The Effect of the Self Concept of Students. 1978. Brigham Young University. Order no.: AAD78-13824. E

Higher Education

Institutional Tensions: A Multiple Case Study of Four Campuses Using the Transactional Analysis of Personality and Environment (Tape). 1975. Claremont Graduate School. Order no.: 76-15770. E

Literature and Drama

A Transactional Analysis of the Plays of Edward Albee. 1975. Loyola University of Chicago. Order no.: 75-14513. O

Theatrical Transactional Analysis: A Model for the Director-Actor Communication Process. 1978. Temple University. Order no.: AAD78-12183. O

Transactional Analysis and Literature. 1973. University of Nebraska. Order no.: 74-13034. O

Transactional Analysis in Drama Criticism. 1968. Tulane University. Order no.: 69-03802. O

Transactional Analysis of Character in Drama for the Actor. 1977. Indiana University. Order no.: AAD78-00150. O

Marriage and Family

Application of Transactional Analysis Theory to the Measurement of Marital Happiness. 1973. California School of Professional Psychology. Order no.: 74-07918. O

Transactional Analysis: A Help for Parents and Teenagers. 1976. Southwestern Baptist Theological Seminary. Order no.: Not available from University of Microfilms Int'l. E

Transactional Analysis with Children. 1975. University of Alberta. Order no.: Not available from University of Microfilms Int'l. E

Political Science

A Transactional Analysis of Interstate Cooperation: The United States/Latin American Example. 1974. University of Denver. Order no.: 75-27617. O

Psychotherapists

An Investigation Into How Therapists Perceived Themselves Combining Transactional Analysis and Gestalt Therapy. 1977. California School of Professional Psychology. Order no.: Not available from University of Microfilms Int'l. P

Therapeutic Schools, Styles, and Stereotypes: A Questionnaire Study of Behavioral, Gestalt, Psychoanalytically Oriented, and Transactional Analysis Psychotherapists. 1977. University of California. Order no.: AAD78-12650. P

Redecision Therapy

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Religion

A Dialogue Between the New Testament and Transactional Analysis. 1975. Lousville Presbyterian Theological Seminary. Order no.: Not available from University of Microfilms Int'l. O

A Study of Transactional Analysis and its Value for Pastoral Counseling. 1972. Nee Orleans Baptist Theological Seminary. Order no: Not available from University of Microfilms Int'l. C

Pastoral Counseling for Liberation: Transactional Analysis As a Method for Christina Liberation in the Context of the local Congregation. 1976. Unite Theological Seminary Ohio. Order no.: Not available from University of Microfilms Int'l. O

Selected Seminary Student Pastors and Their Churches: A Transactional Analysis. 1971. Southern Baptist Theological Seminary. Order no.: 72-21625. O

Transactional Analysis and Some Religious Applications. 1974. Vanderbilt University Divinity School. Order no.: Not available from University of Microfilms Int'l. O

Transactional Analysis Applied to Scripture Reading and Sermon Delivery in a Seminary Preaching Class. 1978. New Orleans Baptist Theological Seminary. Order no.: Not available from University of Microfilms Int'l. O

Test Development

A Measure of Ego States in Transactional Analysis. 1977. Georgia State University. Order no.: AAD78-10166. O

An Empirical Procedure for the Assessment of Ego States Illustrated by Egograms as Described in Transactional Analysis Theory. 1978. The Fielding Institute. Order no.: AAD79-27964. O

An Experimental Investigation of Script Theory in Transactional Analysis. 1976. Oklahoma State University. Order no.: Not available from University of Microfilms Int'l. O

An Instrument for the Measurement of the Transactional Analysis Life Positions. 1977. Oklahoma State University. Order no.: AAD79-03677. O

An Instrument to Determine Basic Ego States as Defined by Transactional Analysis. 1973. University of Southern Carolina. Order no.: 74-05374. O

Construct Validity of the Personal Response Questionnaire for Transactional Analysis. 1973. University of Alberta. Order no.: Not available from University of Microfilms Int'l. O

The Construction of Scales for Measuring Ego States in Transactional Analysis. 1975. Florida State University. Order no.: 75-21428. O

The Construction of the Ego State Profile: An Instrument to Objectively Measure the Functional Ego States of Transactional Analysis. 1976. California School for Professional Psychology. Order no.: AAD77-02791. O

The Development and Validation of a Test to Determine Life Position in Transactional Analysis. 1978. The American University. Order no.: AAD78-23661 O

The Ego State Inventory, It's Construction and Validation. 1971. University of Alberta. Order no.: Not available from University of Microfilms Int'l. O

Two Measures of the Transactional Analysis Concept of Stroking. 1977. Georgia State University. Order no.: AAD78-10182. O

Theory

A Model for the Combined Psychotherapeutic Use of Transactional Analysis and Movement Therapy: A Movement Analysis of Ego States. 1977. Ohio State University. Order no.: AAD78-06216. P

A Primer on Transactional Analysis. 1977. University of Northern Colorado. Order no.: AAD78-22383. G

A Theoretical-Educational Approach of Developing Positive Self-Esteem in Children by Implementing the Theories of Transactional Analysis in the Context of the Family. 1977. New Orleans Baptist Theological Seminar. Order no.: Not available from University of Microfilms Int'l. E

An analysis of the Relationship Between Transactional Analysis Miniscript Position and Creativity in College Students. 1977. Georgia State University. Order no.: AAD77-29333. E

An analysis of the Relationship of Selected Ego State Frequency Patterns to Selected Task and Social Leadership Styles in Participants in Problem-Solving Groups. 1975. The University of Texas at Austin. Order no.: AAD75-16757. E

Berne's Ego Stats and Accurate Perception of Content of Information Conveyed by an Instructional Film. 1976. New York University. Order no.: AAD77-05328. E

Identification of Ego States in Transactional Analysis by a Group of Adolescents with High and Low Conceptual Levels As a Function of Two Presentation Modes. 1978. Syracuse University. Order No.: AAD78-23604. O

Psychotherapy and Philosophy: A Whiteheadean Critique of Transactional Analysis. 1970. Graduate Theological Union. Order no.: 72-01160. O

Relationship of Spontaneous Amnesia, Ego States, and Hidden Observers to Post-Hypnotically Dissociated Task Interference. 1978. University of Montana. Order no.: AAD78-19146. P

The Application of Transactional Analysis to the Contemporary Educational Scene. 1973. University of Massachusetts. Order no.: 74-08636. E
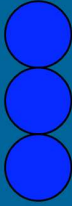
The Identification of Life Script Elements by Persons Possessing Varying Levels of Training and Experience in Transactional Analysis Principles and Life Script Theory. 1979. University of Illinois at Urbana-Champaign. Order no.: AAD80-09135. E

The Identification of Transactional Analysis Ego States and Nonverbal Behavior Within Counseling Subroles. 1979. Oklahoma State University. Order no.: AAD80-13048. C

The Role of Ego State Distress in the Development of Self-Analytic Groups. 1969. The University of Michigan. Order no.: AAD70-21678. P

Transactional Analysis as a Method of Content Analysis of Counselor Interview Behavior. 1977. University of Missouri-Columbia. Order no.: AAD78-03690. C

Transactional Analysis as a Theoretical Change Model with University Students. 1979. The University of Michigan. Order no.: AAD79-25151. E

Scientific evidence base for transactional analysis in the year 2010

Annex 2 – the Psychotherapy List: References to research on Transactional Analysis psychotherapy effects 1963-2010

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60 of the 88 references found in this list were found to be unique studies of treatment effects of TA psychotherapy. They are marked *.

Arnold, T.J., Simpson, R.L. (1975). The effects of a TA group on emotionally disturbed school-age boys. *Transactional Analysis Journal 5*, 238- 241.
Comment: School study, no significant effects after 6 weeks. 0*

Bader, E. (1976). *Redecisions in family therapy: A study of change in an intensive family therapy workshop.* Ph.D. dissertation, California School of Professional Psychology.
Comment: CT-design. See also Bader (1982). +*

Bader, E. (1982). Redecisions in family therapy: A study of change in an intensive family therapy workshop. *Transactional Analysis Journal 12*, 27-38.
Comment: CT-design. TA with redecision techniques found effective. 2

Baker, R.L. (1984). *Evaluating treatment changes that occur during psychotherapy as measured by the T-JTA (effectiveness, treatment).* Ph.D. dissertation, United States International University.
Comment: CT-design, Groups of TA/Gestalt and behavior modification both tested sign. better than control groups after 12 sessions in private outpatient psychotherapy +*

Beckstrand, P.E. (1973). TA as a means of teaching writing in high school. *Transactional Analysis Journal 3*, 161-163.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. CT-design. Sign. change in locus of control but not in writing skills. School study, not therapy. +*

Bekaouche, A. (1974). *A study of the effectiveness of transactional analysis and transactional analysis modified on juvenile delinquents.* Ph.D. Dissertation, The American University.

Comment: One of nine TA-studies in meta analysis by Smith et al 1980. No information about results. ?

Bledsoe, S.E., G.N.K. (2006). Treating depression during pregnancy and the postpartum: A preliminary meta-analysis. *Research on Social Work Practice 16* (2), 109-120.
Comment: Meta-analysis, TA effective as a group therapy, not as good as CBT or medication, but better than IPtherapy (Khalil). In Kahlil's(2007) master list of 19. +*

Boholst, F.A. (2003). Effects of transactional analysis group therapy on ego states and ego state perception. *Transactional Analysis Journal 33*, 254-261.
Comment: CT-design. Unclear if it is TA-therapy by a qualified TA-therapist. 5 day student workshop on TA gave more FC, A and NP. Probably E, not P. In Kahlil's(2007) master list of 19. +*

Brown, T.A. (1973). *Change of self-concept with an intact group by a transactional analysis approach.* Ph.D. Dissertation, Southern Illinois University.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. TC-design. 8 months TA group therapy for hospital sisters, post measure one year after finish. Sign. differences in self esteem and self satisfaction in experimental group. +*

Chance, G.R. (1981). *The effects of group psychotherapy on the self-actualization of male inmates in a federal penitentiary.* Ph.D. dissertation, University of Missouri.
Comments: RCT-design. 12 weeks of Rational Behavior Therapy, Psychodrama, TA, discussion or testing only. Self-actualization or behavior did not change in any group. 0*

Childs-Gowell, E. (1977). A study of schizophrenics in transactional analysis treatment report of ethnographic research. *International Journal of Nursing Studies 14* (4), 215-221.
Comment: One year TA community treatment for 12 schizophrenics. Significant results for lower depression and schizophrenia. In Kahlil's(2007) master list of 19. +*

Collins, J.H. (1985).*The assessment of pre-posttest changes in selected personality variables among incarcerated felons participating in a therapeutic community at a maximum security federal penitentiary.* Ed.D dissertation, The George Washington University.
Comments: Focus in TC program was TA, sample population 58 federal prisoners involved in the Askelepion Therapeutic Community for a minimum of 12 months. TA effective, significant changes in self concept as measured by variables from MMPI and CPI. +*

Craig, R.J., Olson, R.E. (1988). Changes in functional ego states following treatment for drug abuse. *Transactional Analysis Journal 18*, 68-72.
Comments: 68 heroin addicts tested with Adjective Checklist (ACL) prepost 18 days of hospital based treatment (not TA-oriented). Ego state changes from AC to A could be verified, and ACL can be used to measure ego state changes. NA

De Vincentis, M.D. (1974). *The relative effectiveness of transactional analysis and human relations training on modifying interpersonal orientations.* Ph.D. Dissertation, Mississippi State University.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. No information on results. ?

Dumas, J.E., LaFreniere, P.J., Serketich, W.J. (1995). "Balance of power": A transactional analysis of control in mother-child dyads involving socially competent, aggressive, and anxious children. *Journal of Abnormal Psychology 104* (1), 104-113.
Comments: RCT-design for study on aggressive children. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). Study not mentioned in Khalil (2007). Doubtful from abstract if it is a study of TA at all, seems to be a communication (transactional) study of mother-child relationships. NA

Elmore, C.B. (1976). *A study of the effects of a transactional analysis learning model in group counseling with couples experiencing marital maladjustments.* Ph.D. dissertation, University of South Carolina.
Comment: CT-design, 13 couples, 6 in TA and 7 in "eclectic" group marital counseling. No significant changes in self concept and some other variables. 0*

Emerson, J. (1990). *Use of the transactional analysis ego state concept to measure client change in psychotherapy.* Ph.D. dissertation, Utah State University.
Comments: 56 therapy clients tested prepost with ACL and Brief Symptom Inventory (BSI). Predicted changes in most ego states occurred at significant levels. Study tests the ego state construct, not therapy effectiveness. +*

Erskine, R.G., Maisenbacher, J. (1975). The effects of a TA class on socially maladjusted high school students. *Transactional Analysis Journal 5*, 252-254.
Comment: 12 "worst problem" high school students participated in TA "personal growth" class one semester. Significant drop in discipline referrals and truancy, sign. Improvement of grade average. Study supports that TA can be used as an effective educational approach with socially maladjusted high school students. +*

Falkowski, W., Ben-Tovim, D.I, Bland, J.M. (1980). The assessment of the ego states. *British Journal of Psychiatry 137*: 572-3.
Comment: Ego states were found to be highly significant phenomena when tested on 10 TA therapists. NA

Fanger, M. (1978). *A study of autonomy and client-subjects' expectations in a transactional analysis group therapy marathon.* Ed.D. dissertation, Boston University School of Education.
Comment: RCT design, 11 in experimental group and 17 in control. Changes were not significant. 0*

Fargo, S.L. (1979). *Ego states and psychopathology.* Ph.D. dissertation, Georgia State University.
Comment: Study found a significant relationship between ego states and psychopathology. NA

Fetsch, R.J. (1979). *A Comparison of the psychological effects of running and transactional analysis stroking for the relief of reactive depression in adults.* Ph.D. dissertation, University of Wyoming.
Comment: RCT design, 8 in each group. Both treatments equally effective beyond 0.01 level in reducing depression, TA also increased NC and NP scores. +*

Fetsch, R.J., Sprinkle, R.L. (1982). Stroking treatment effects on depressed males. *Transactional Analysis Journal 12*, 213-217.
Comment: See above. In Khalil's (2007) master list of 19. 2

Francisco, A. (1975). *Therapeutic alleviation of psychosomatic headaches through an integrative method of biofeedback and transactional analysis.*
Comments: RCT-design. Significant reduction of intensity and frequency of headaches in experimental group (those who received bio-feedback and TA training). +*

Glick, I.D., Hargreaves, W.A., Raskin, M., Kutner, S.J. (1975). Short versus long hospitalization: A prospective controlled study. Results for schizophrenic inpatients. *American Journal of Psychiatry 134*, 385-390.
Comments: RCT-design. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). Not mentioned in Khalil (2007). A TA group once a week was (a small) part of both the long term and the short term treatment program, and there was no effort in the study to identify the effectiveness of the TA group. It was not the purpose of the study to evaluate TA, and the study is not relevant as a TA effectiveness study. NA

Goodstein, M. (1971). *A comparison of Gestalt and Transactional Analysis therapies in marathons.* Ph.D. dissertation, Illonois Institute of Technology.

Comment: RCT design. Results supported that treatment method produces differential results: Less anxiety for TA and higher creativity for Gestalt were some significant findings. +*

Green, G. (1988). Analysis of research on the effectiveness of transactional analysis for improving marital relationships: Towards close encounters of the single kind. *Transactional Analysis Journal 18*, 238-248.

Comment: All quantitative studies on the effectiveness of TA for improving marriages were reviewed. "…it cannot be said that TA is effective or ineffective in producing positive changes in the relationships of married couples. The only possible conclusion is that the jury is still out, and the burden of proof is on the proponents of TA." In Khalil's (2007 master list of 19. 0*

Grünewald-Zemsch, G. (2000). The "Small project": First results, first perspectives. *Transactional Analysis Journal 30*, 58-72.

Comment: Describes development of instruments to measure psychotherapy. A small pilot study (n=17) shows usefulness of instruments but no significant results. In Khalil's (2007 master list of 19. 0*

Horwitz, A. (1982). The relationship between positive stroking and self-perceived symptoms of distress. *Transactional Analysis Journal 12*, 218-221.

Comment: 79 counseling clients in a study with "descriptive – correlational" design. Study confirmed significantly that positive stroke acquisition has inverse relationship with symptom distress. +*

Intarakumnerd, T. (1976). *The effects of transactional analysis on the self-concept of Thai students who are enrolled in Mississippi universities.* Ph.D. dissertation, Mississippi State University.

Comment: One of nine TA-studies in meta analysis by Smith et al 1980. N=50, RCT design, 4 weeks of TA training (6 hours altogether). Some significant effects on self concept were found. +*

Jennings, W.S., Kohlberg, L. (1983). Effects of a just community programme on the moral development of youthful offenders. *Journal of Moral Education 12*, 33-50.

Comments: Simple group comparison study. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.) Study not mentioned in Khalil (2007). No mention of TA in abstract. ?

Jensen, S.M., B.M.S., Koepp, A.H. (1980). TA in brief psychotherapy with college students. *Adolescence 15* (59), 683-689.

Comment: Study classified in Khalil (2007) as "school study" and excluded from review. Results of a survey of students treated with TA support that TA in brief psychotherapy with university students is an effective learning and therapeutic tool. +*

Jesness, C.F. (1975). Comparative effectiveness of behavioral modification an transactional analysis programs for delinquents. *Journal of Consulting and Clinical Psychology 43*, 758-79.

Comment: One of nine TA-studies in meta analysis by Smith et al 1980. Simple group comparison study. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). Mentioned but excluded from review in Khalil (2007). Large study over four years of 983 juvenile delinquents sentenced to treatment at institutions. TA treatment program compared to behavior modification program. Both programs were significantly better than other similar programs. +*

Johnsson, R., Stenlund, G. (2010). *The affective dimension of therapeutic alliance in transactional analysis group psychotherapy.* Lund University, Department of Psychology.

Comment: Part of doctoral dissertation. Shows importance of the affective component of the therapeutic alliance in TA group therapy. NA

Kahn, F. (1973). *Transactional analysis and gestalt therapy: A comparative study.* Ph.D. dissertation, California School of Professional Psychology.

Comment: TA and Gestalt were compared in literature and through questionnaires to practitioners. Both were found to be existential and process oriented incomplete systems. NA

Kapur, R., Miller, K. (1987). A comparison between therapeutic factors in TA and psychodynamic therapy groups. *Transactional Analysis Journal 17*, 294-300.

Comment: Study asked clients in TA groups and psychodynamic groups to identify helpful therapeutic factors. Both groups ranked self-understanding highest. TA was high on interpersonal learning and psychodynamic participants on universality and cohesiveness. NA

Knox, T. (1973).*The effect of transactional analysis groups on the internal-external locus of control.* Ph.D. dissertation, University of Arkansas.

Comment: One of nine TA-studies in meta analysis by Smith et al 1980. Excluded from Khalil (2007). Groups of students with different ways of learning TA (workshop, class) were compared with students that did not learn TA. Both TA group members and TA class members made significant changes from "externals" to "internals" (in charge of own feelings and destiny). +*

Krauft, V.R. (1973). *Transactional analysis group interaction with sixth-grade behavioral problem boys.* Ed.D. dissertation, University of Arkansas.
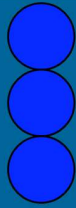
Comment: I have no content information. ?

Kynaston, L.B. (1982). *The effect of centering techniques on self-esteem, openness to experience, an anxiety.* Ph.D. dissertation, The University of Arizona.

Comments: TA was one of two control groups to centering experimental group. Significantly higher self-esteem in TA group than in centering group and in no-treatment control group. +*

Leamon, J.L. (1981). *Effects of two psychological experiential treatments on anxiety, self-concept, and locus of control.* Ph.D. dissertation, Memphis State University.
Comment: RCT-design, 54 college students in 3 groups, TA, desensitization/relaxation, placebo. Both treatment groups significantly better in reducing anxiety, shifting locus of control to internal, improving achievements. TA also significantly better in improving low self-esteem. +*

Lieberman, M.A., Yalom, I.D., Miles, M.B. (1973). *Encounter groups: First Facts.* New York: Basic Books.
Comment: Large study of 10 group therapy forms, n=210, in 17 groups. RCT-design, TA included with two groups, one of which was led by Bob Goulding and had best results while other TA group was the second worst group (personal inf. from Bob Goulding) +*

Masiak, M., Kopacz, G., Oles, P., Welcz, H. (1998). Assessing the egograms of neurotic inpatients during psychotherapy. *Transactional Analysis Journal 28*, 168-170.
Comment: After 10 weeks of TA therapy FC was significantly strengthened. +*

May, R.J., Tierney, D.E. (1976). Personality changes as a function of group transactional analysis. *Journal of College Student Personnel 17* (6), 485-488.
Comment: N=16. "Inconclusive" results. In Kahlil's (2007) master list of 19. 0*

McClenaghan, J.C. (1976). *The effects of transactional analysis workshops on interpersonal relationship and communication behaviors.* Ph.D. Dissertation, University of Colorado, 1976.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. RCT-design. N=74. No significant results. 0*

McNeel, J.R. (1975). *A study of the effects of an intensive weekend group workshop.* Ph.D. dissertation, California School of Professional Psychology.
Comment: Study of marathon with Bob and Mary Goulding. See also McNeel (1982). +*

McNeel, J.R. (1982). Redecisions in Psychotherapy: A study of the effects of an intensive weekend group workshop. *Transactional Analysis Journal 12*, 10-26.
Comment: Found significant positive effects of the marathon after three months. N=15. In Kahlil's (2007) master list of 19. 2

Noce, J.S., Noce, S.F., McClellan, A.T. (1981). The parenting function of therapeutic communities: Test of a model in an alcohol rehabilitation program. *Transactional Analysis Journal 11*, 236-240.
Comment: Explored the applicability of the Collective Parenting Function (CPF) Model to a TC for alcohol dependent clients. Was confirmed. NA

Noriega Gayol, G. (1995). Self-reparenting with female delinquents in jail. *Transactional Analysis Journal 25*, 208-210.
Comment: n=28, one week workshop. No standard instruments, no controls. No measurements reported. Positive changes reported. +*

Noriega Gayol, G. (1997). Diagnosis and treatment of ego state boundary problems: Effects on self-esteem and quality of life. *Transactional Analysis Journal 27*, 236-240.
Comments: N=21, one week workshop by Mary Goulding and Muriel James. Instruments used but results not given in numbers. Significant positive short time changes claimed. In Khalil's (2007 master list of 19. +*

Novey, T. (1999). The effectiveness of transactional analysis. *Transactional Analysis Journal 29*, 18-30.
Comment: Therapy results by transactional analysts were compare to results of psychiatrists, psychologists, social workers, marriage counselors and physicians in earlier large survey (n=248 for TA, 2900 for earlier study). Found significant better results for TA than other groups, and more than 6 months of therapy sign. better. In Kahlil's (2007) master list of 19. +*

Novey, T. (2002). Measuring the effectiveness of transactional analysis: An international study. *Transactional Analysis Journal 32*, 8-24.
Comment: Previous study replicated for TA's part with 27 international therapists and 932 clients of TA therapy. Results the same as in previous study. In Kahlil's (2007) master list of 19. +*

O'Brien, M.H., S.K.W., Beal, V.A. *et al.* (1982). Incorporating transactional analysis into a weight loss program. *Journal of the American Dietic Association 81* (4), 450-453.
Comment: "Unobtainable" study in Khalil (2007). ?

Ohlsson, T., Johnsson, R. (1994). *Korsaröd: Utvärdering* 1994. Malmö: Institutet för livsterapi.
Comments: Result of this project incorporated in Ohlsson (2001, 2002). TA rated as main treatment ingredient in TC for drug addicts with psychotic problems by both clients and staff. +*

Ohlsson, T. (2001). *TA i missbruksarbete – transaktionsanalytisk psykoterapi som behandlingsmetod för drogmissbrukare i miljöterapeutisk vård.* Ph.D. dissertation, Lund University.
Comments: Original work – see also Ohlsson (2002). +*

Ohlsson, T. (2002). Effects of transactional analysis psychotherapy in therapeutic community treatment of drug addicts. *Transactional Analysis Journal 32*, 153-177.
Comments: Simple group comparison study. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). 67 clients in TC with TA psychotherapy followed in all therapy over 20 months. Follow up average 2 years after. Significant results: >80 therapy sessions better, complete therapy process better, more competent therapists better. 2

Olson, R.P., Ganley, R., Devine, V.T., Dorsey, G.C. (1981). Long-term effects of behavioral versus insight-oriented therapy with inpatient alcoholics. *Journal of Consulting and Clinical Psychology, 48*, 866-877.
Comments: Compares effects of TA with behavioral therapy and combined therapy. RCT-design. Rated as one of the seven best TA-studies in Elbing, U. (2007). A search for transactional analysis studies according to Evidence Based Medicine (EBM) criteria, *EATA Newsletter 90* (Oct.). n=113, about 30 days of treatment. Behavior therapy significantly better than TA, but combined TA/behavior group best of all. No significant differences after 1 ½ years. Study written by behavior therapist in study. Abstinence was criterion. In Kahlil's (2007) master list of 19. + (-)*

Payton, O.D., Morriss, R.L., Beale, A.V. (1979). Effects on TA instruction on empathy, self-esteem, control. *Transactional Analysis Journal 9*, 200-204.
Comments: N=38. CT-design. 58 hours of TA course. Significant improvement in internal locus of control and empatic discrimination. In Kahlil's (2007) master list of 19. +*

Peek, J.H. (1975). *The effect of transactional analysis upon the self concept of adjudicated delinquents.* Ph.D. dissertations, Georgia State University.
Comments: RCT-design. N=48. TA did effect significant positive change in self concept. +*

Pichel, C.H. (1975). A ten-year follow-up study of 216 clients seen in marriage and family counseling. *Marriage and Family Counseling Quarterly, 9* (4), 49-60.
Comment: No information ?

Prothero, J.C. (1978). TA with problem drivers. *Transactional Analysis Journal 8*, 173-175.
Comment: n=358, RCT design. TA group had significantly better results than control group. In Kahlil's (2007) master list of 19. +*

Rachelson, J.H. (1984). *Cognitive stress management based on transactional analysis.* Ph.D. dissertation, Georgia State University.
Comment: Participation in 2½ hours groups produced no significant changes. 0*

Roth, R. (1977). A transactional analysis group in residential treatment of adolescents. *Child Welfare Journal 56* (1), 776-786.
Comment: Study excluded from Khalil (2007). ?

Salole, R.M. (2001). Case formulations: Comparison of transactional analysis script analysis and the patient's plan diagnosis method. *Transactional Analysis Journal 31*, 114-121.
Comment: n=8. Study found agreement between clinicians using TA and clinicians using psychoanalytic ideas in diagnosing. NA

Schiff, J, Erb, J.L., Warner, K., Schiff, S., Kline, D., Bowman, D. (1977). Biochemical evidence of cure in schizophrenics. *Transactional Analysis Journal 7*, 178-182.
Comment: n=24 . Biochemical changes in of tryptophan uptake significantly different in recovery of schizophrenia using TA treatment (Schiff). +*

Schiff, J.L. (1990). *A Programme for schizophrenia.* Upton-upon-Severn: The self publishing ass.
Comment: n=86. Found drop in tryptophan uptake in schizophrenics treated at Cathexis Institute compare to Lafayette Clinic in Detroit. 2

Schroeder, D.W. (1990). *The modification of achievement, behavior, locus-of-control, and self-esteem of behaviorally disturbed adolescents using a structured brief transactional analysis group.* Ph.D. dissertation, Brigham Young University.
Comment: RCT-design. N=60. Both groups improved over time in grades and behavior. +*

Scilligo, P., Coratti, B. (1987). Effetti della psicoterapia di gruppo sulla percezione di sé nella formazione degli psicoterapeuti *Polarità, 1*, 1-15.
Comment: Groups with more than 120 hours of TA/Gestalt therapy showed significant increase in positive self-perception and self-integration compared to control groups. +*

Scilligo, P., De Luca M.L. (1997). Copione del terapeuta e alleanza terapeutica. *Psicologia Psicoterapia e Salute, 3*, 1-20.
Comment: Study of affective and working alliance in long term psychotherapy. NA

Scilligo, P. (1999). Aspetti epistemologici in Analisi Transazionale. *Psicologia Psicoterapia e Salute, 5*, 245-257.
Comment: Analysis of epistemological positions followed in doing TA psychotherapy and counselling. NA

Segeler, E.E. (1986). *Effectiveness of transactional analysis training in improving mathematics achievement, reducing math anxiety, and changing associated negative attitudes and attributions for failure.* Ph.D. dissertation, University of Pittsburgh.
Comment: CT-design. TA group significantly better in "usefulness of math" +*

Shaskan, D., Moran, W., Moran, O.M. (1981). Influence of group psychotherapy: A thirty year follow-up. *Transactional Analysis Journal 11*, 270-274.
Comment: Describes a group where Berne was leader that met for more than 6 years, and where a questionnaire follow up was made 30 years later. Positive experiences, group add something that wasn't there before any didn't harm. N=17 +*

Shaskan, D., Moran, W. (1986). Influence of group psychotherapy: A thirty-eight year follow-up. *Transactional Analysis Journal 16*, 137-138.
Comments: Same group, n=9. Participants felt that what happened was important and interesting. +*

Smith, M.L., Glass, G.V., Miller, T.I. (1980). *The benefits of psychotherapy.* Baltimore: The John Hopkins University Press.
Comment: Meta-study of 475 controlled psychotherapy studies, including 9 TA studies. TA found to have an effect size of 0.67, close to the average of the study, placing TA as about as effective as psychodynamic therapy, behavior modification and client centered therapy. Study in Khalil's (2007) master list of 19, but none of the individual studies were included. +*

Smith, S. (1989). A study of clinicians who use regressive work. *Transactional Analysis Journal 19*, 75-79. +*

Sinclair-Brown, W. (1982). A TA redecision group psychotherapy treatment program for mothers who physically abuse and/or seriously neglect their children. *Transactional Analysis Journal 12*, 39-45.
Comment: Simple group comparison design. TA/Redecision group found effective.+*

Singh, D.K. (1977). What happens when people change: An experiment in transactional analysis. *Nursing Journal of India 86* (5), 127-130.
Comment: "Unavailable" in Khalil (2007). ?

Sisson, P.J., Arthur, G.L., Carpenter, N. (1977). Transactional analysis and gestalt therapy used in conjunction with group counseling for married couples. Together 2, 16-23.
Comment: No information. ?

Stasiw, J.R. (1977). *The effects of intensive, short term transactional analysis training and group therapy on affective states and locus of control with adult male offenders.* Ph.D. dissertation, University of Georgia.
Comment: RCT-design. N=30, 3 groups., 5 weeks of treatment (40 hours). TA groups had significant decrease in anxiety and depression as well as increase in developed internality. +*

Steere, D., Tucker, G., Worth, A. (1981). Change in two settings. *Transactional Analysis Journal 11*, 222-228.
Comment: Marathon TA therapy was found to produce greater initial change and ongoing TA group therapy was shown to produce greater change latter 2/3 of the treatment period. +*

Talob, E.R.C. (1994). Using transactional analysis to enhance adjustment in Filipino college students. *Transactional Analysis Journal 24*, 197-205.
Comment: n=146 college students, randomized Solomon four-group experiment. Significantly better adjustment in TA groups. In Khalil's (2007) master list of 19. +*

Thunnissen, M., van Delft, S., Smolders, M. (1998). Transactional analysis in nursing homes. *Transactional Analysis Journal 28*, 210-215.
Comment: Research on effectiveness of TA as communication method in nursing homes. N=30 staff members. After 9 months of coaching after 101 experimental group had better insight into communication between staff and residents. In Khalil's (2007) master list of 19. +*

Thunnissen, M., Duivenvoorden, H.J., Trijsburg, R.W. (2001). Experiences of patients after short-term inpatient transactional analysis psychotherapy. *Transactional Analysis Journal 31*, 122- 128.
Comment: Interview with 14 subjects 4 years after short term in-patient TA therapy. 12 received more therapy after leaving, good results of first therapy did not hold for some. 0*

Thunnissen, M., Duivenvoorden, H.J., Bussbach, J., Hakkaart-van Roijen, L., van Tilburg, W., Verheul, R., Trijsburg, W. (2008). A randomized clinical trial on the effectiveness of reintegration training program versus booster sessions after short-term inpatient psychotherapy. *Journal of personality disorders 22*, (5), 483-495.
Comment: RCT-design, n=128. Compliance in booster session, which included TA, was significantly better than in reintegration training +*

Varni, J.W., Katz, E.R. (1997). Stress, social support and negative affectivity in children with newly diagnosed cancer: A prospective transactional analysis. *Psycho-Onchology 6* (4), 267-278.
Comment: Excluded from Khalil(2007). NA

Windell, J.O., Woolams, S. (1976). The effects of training on marriages. *Transactional Analysis Journal 6*, 209-212.
Comment: n=149, questionnaire study, descriptive. 84% found TA training improved marriage. In Khalil's (2007) master list of 19. +*

Wissink, L.M. (1994). A validation of transactional analysis in increasing self-esteem among participants in a self-reparenting program. *Transactional Analysis Journal 24*, 189-196.
Comment: n=22, volunteer university students and staff, CT-design, 15 hours TA self reparenting (6 weeks). Significant increase in self-esteem etc. In Khalil's (2007) master list of 19. +*

Wilson, T.E., White, T.L., Heiber, R. (1985). Reparenting schizophrenic youth in a hospital setting. *Transactional Analysis Journal 15*, 211-215.
Comment: Matched CT-design., n=26. A TA reparenting group performed significantly better than a psychoanalytic group in adaptive functioning and changed positively in mental status. +*

Woodward, R.B. (1974). *The effects of transactional analysis on the self-concepts, social adjustment an grade point averages of intellectually advantaged, intellectually normal and intellectually disadvantaged sixth grade students.* Ph.D. dissertation, Mississippi State University.
Comment: One of nine TA-studies in meta analysis by Smith et al 1980. CT-design. All three groups of students improved significantly in self-concept, social adjustment and grade point (two groups). "TA…is a beneficial training tool for elementary school students". +*

Yang Mei (2010). The Influence of "Transactional Analysis" on College Students' "Locus of Control" – an empirical research. The psychological counseling center of Beijing Capital University of Economy and Trade. Original: 杨眉 (2009)."人际沟通分析学"在影响大学生"心理控制源"上的实证研究. 北京 首都经济贸易大学心理咨询中心.E.
Comment: n=81 university students decreased significantly in external locus of control after taking part in one semester of TA class. NA

Mathematical Calculation Procedures and Drivers in Action in the Learning Environment

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Abstract

The paper reports on the qualitative results of the experimental phase of a study to examine the links between children's learning experiences associated with two digit division and the transactional analysis concept of drivers. The author presents results obtained from a process that used a questionnaire developed during a prior heuristic phase of research, combined with undergraduate student observations of the children, drawings produced by the children, and teacher observations on permission transactions used. Examples are provided for each of the five drivers.

Keywords

Mathematical learning environment; procedures for calculation of two digit division; drivers; permission transactions

Study Objectives

The aims of the research were to:

- investigate how different mathematical calculation procedures for two digit division, with increasing levels of difficulty, might activate drivers (Kahler 1975) with different levels of intensity;

- to explore the impact on the children's learning results of permission transactions (1966) used by teachers.

The Research Context

This paper reports on one part of a research process that has been developed over a period of about 7 years and will conclude in 2010. The heuristic phase ran from 2003 – 2005 and involved development of a questionnaire, originating with one devised by Klein (1984), and including

pictures and a structured interview guide, plus a grid and associated training in direct observation of driver behaviour. In the heuristic phase, four 4th year Primary school classes (98 children) and two 3rd year Primary school classes (46 children) were involved.

The Experimental Phase, which is the focus for this paper, ran from 2005 to 2007. During this phase, experiments were carried out according to the following procedures:

1. Administering evaluation entry tests.

2. Administering driver questionnaires

3. Starting up the didactic interventions, which included 5 activities in sequence; these were courses in class and study of drivers in action by means of the observation grid for: division with successive subtraction; division with the repeated addition method; division with the traditional method; division with simplified traditional method; division with traditional method.

4. Administration of final examinations and production by each child of a drawing of themselves during the test.

5. Organisation of recordings and observations in order to indentify suitable describers and relations between the data.

In the experimental phase, four 4th year primary school classes were involved with a total of 93 children.

The Diffusion phase is now running from 2008 to 2010 and relates to the presentation of the first qualitative results and diffusion of the research.

The theoretical background

We may consider predominantly the structural characteristics of mathematics learning such as the processes of

abstraction, generalisation, transfer (Gagné R. 1985), and the method of representation using specific codes defining a language that requires an evolved and complex formalisation process. (Piu A., Fregola C., 2010).

As the concepts, rules, constructs and structures can be organised through mathematical language, the cognitive and meta-cognitive processes which enter into the area of the mathematics didactic influence are based on the evolved ability of thought, either that of procedural or declarative knowledge (Gagné E, 1989), requiring mechanical and elaborative activities whether it be knowledge that requires an already mastered know-how but that has to be reconfigured using the capacity for understanding, intuition, analysis, synthesis, decision-making and problem-solving (Resnick, 1987).

The aspects relative to the emotional sphere are connected to the fear of mathematics and to the common conviction that mathematics is a subject for a chosen few who are gifted with remarkable intelligence. It may be possible to intervene on some emotional-relational experiences, cognitive and meta-cognitive, which are connected to the history of each child and prevent, facilitate or influence the learning process of mathematics and motivational aspects. Bloom (1979) starts with the supposition that every subject matter can be understood as aimed at a *quality of instruction* that considers both cognitive and affective-interactional variables. Bloom separates affective suppositions from cognitive ones and demonstrates, by means of transversal and longitudinal studies, that there is a component of variability in scholastic progress given by such suppositions.

Emotions, feelings and moods which often cause frustration, do not always steer behaviour towards planning how much effort to make in order to achieve learning objectives in mathematics. Rather than being a resource for motivation, fear, which should represent the emotion of defence from danger or threats from the environment and anger, which should represent the emotion of the solution to those dangers and threats, reinforce the most common convictions about oneself when learning mathematics, about mathematics itself, the maths teacher and the teaching – aspects that make three convictions evident:

• inadequacy and inability, referring to oneself;

• inaccessibility, referring to mathematics

• inadequacy or incompetence, referring to the teacher and her/his teaching

In the didactic relationship there is the risk of perpetuating a vicious circle amongst these three factors which grow more and more apart and then go on to influence the motivation for learning mathematics.

If one enters "fear of mathematics" into a search engine, there are about 2,500,000 pages where the two words are present. Other words are also used which define a classification of the intensity of the fear, as an emotion, such as – anxiety, terror, anguish, panic. At the other extreme one would expect to find the emotion of joy as a reaction to successfully learning but instead there is a kind of "syndrome of the man in disguise" (Novellino 2003) a syndrome that affects students who are skilled in maths and is manifested by making them feel like supermen, intelligent and alien. In literature the fear of mathematics has been the subject of numerous studies which, in particular, can be traced to negative, unsuccessful experiences. Tobias (1993) introduces the expression Math Anxiety, pointing to the fear of making a mistake as one of the most important factors reported by students, to the method of reinforce/punish by the teachers, partial results attained by students and, again, the myth that the ability to learn is a special gift that cannot be affected by the method of learning

From the point of view of social communications this consequently introduces the adaptation of the students, the teachers and the parents to a model of behaviour which can tends to make the children justify themselves and yield to their lack of ability. Anne Siety (2003), psychopathologist and specialist in psycho-pedagogy of mathematics, focuses on the emotional aspect of mathematics and its consequences on the individual. The block in mathematics is not always caused by failing to understand the subject or a problem, that can be resolved with a little explanation and work, but the entire world of mathematics remains relentlessly closed and all this can result in panic or something more serious which is based on fear. According to the author, the origin of this fear in pupils is caused by their perception of mathematics as something unpleasant, incomprehensible since anyone who does not have a good head for maths will never be able to do it.

According to the constructivism theory, convictions are the fruit of a continuous process of interpretation of the reality effected by children and they develop with the implicit purpose of giving a sense to experiences with mathematics. Op'T Eynde (2002), describes the convictions of students relating to mathematics as those subjective conceptions which are possessed, implicitly or explicitly, that students consider as real, that is that influence their mathematical understanding and the solution to problems. Schoenfeld (1983) adds the importance of the environment in the generation of convictions. McLeod (1992) examines a classification that is different to that of Schoenfeld because it contains convictions on teaching mathematics rather than on convictions on the task.

Di Martino P. (2007) and Underhill (1988), take into consideration the convictions about oneself in a social context, and that of teaching and learning mathematics. Lewis (1990 divides the categories according to the ways

in which they can originate. However this criteria presents some problems because the same conviction can be found in different categories if held by two different people and it is not clear who stipulates the origin of a conviction in that not everyone is aware of them.

It is clear that these convictions can influence motivation and behaviour because from these come the convictions on what doing well in maths means, and what behaviour is required in order to be successful. However almost all studies on convictions are based on the research by Bandura and his Social foundations of Thought and Actions (1986). The author maintains that the convictions about oneself condition a certain form of control of thought and action. Bandura also underlines the importance of what he calls outcome expectations, or what the subject thinks will be the consequences of actions. Usually with the expression theory of success convictions about success and failure in mathematics are involved. These convictions have been the subject of psychological studies converging in the attributive theory: "Attributions can be defined as perceptions which individuals have concerning the causes of events which happen to themselves (self-attribution) or to others (hetero-attribution)" De Beni R., Moè A., (2000). Studies carried out by Fennema (1985) pointed out that males attributed their success to their own ability and their failure to lack of effort. In a different way, subsequent studies carried out by Schoenfeld (1989) demonstrated that, irrespective of gender, students who had less consideration of their own ability in mathematics tended to attribute any success to luck, and any failure to their own ability/inability.

Attitudes are understood to be internal, or mental and have a (favourable/unfavourable) direction and varying intensity and are connected to a predisposition to act (Zan. 1996). According to the simplest explanation, attitude is the level of positive or negative emotion associated with a particular object, and hence attitude to mathematics is simply a positive/negative inclination towards it. (McLeod 1989, Haladyna e al., 1983). A more articulated explanation sees three components in an attitude – an emotional reaction, convictions about the subject and behaviour towards the subject. From this perspective attitude towards the subject of mathematics is defined in a more articulated way than simply emotions which one associates with mathematics (that however retain a positive/negative value,) to include convictions which are held and behaviour which is triggered. (Hart. 1989) Therefore, the behaviour of a subject depends on more than one factor, into which concepts relating to perception of oneself can be integrated, including self-effectiveness (Bandura, 1993, 1997) and self-esteem (Convington, 1998).

Hackett and Betz (1989) quote evidence that self-effectiveness in mathematics is a predictor for results and performance. Schunk and Lilly (1984) emphasise the influence of self-esteem on results and performance in mathematics; perception of their ineffectiveness causes

pupils to lower their motivation for, and effort in, mathematics. Norwich (1987) showed similar results.

Linking the above to transactional analysis concepts led us to focus on two in particular – drivers and permission transactions. For the benefit of readers who may be unfamiliar with transactional analysis terminology, Kahler (1975) described drivers as behaviours that last from a split second to no more than seven seconds and reinforce an existential position of "I'm OK if". He linked this to Berne's (1972 p 344) notion that our script is "driven" by repetition compulsion so that drivers are microscopic repeats of our overall life pattern. Crossman (1966) identified permissions as transactions that effect a change in the direction of the recipient's behaviour; Stein (1971) referred to a permission as an attempt to realign the recipient with their original script-free state; and Woollams & Brown (1978) used the term permission transaction to indicate a message that "It's OK to.." Brook (1996) reviews the concept and provides a categorisation of permissions into affective, behavioural, cognitive and physiological.
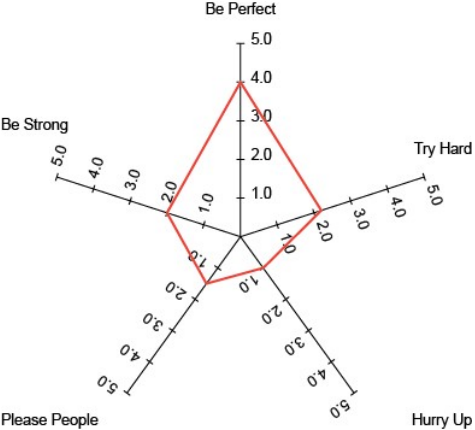
The results of the study

A report has been tabled for each child showing identification of the driver through the grid, the profile of the driver obtained by means of the questionnaire, the drawing of themselves, intervention of the teacher with the permission transactions, and results attained.   In the following pages are 5 typical tables, one for each prevalent driver, representing one of the most important results of the research.
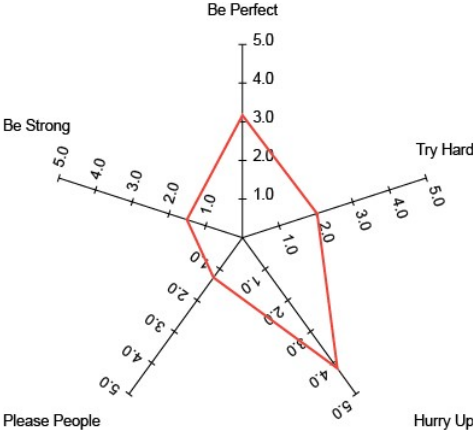
Verbal behaviour

Some examples from the work carried out in the fourth year primary school; identification of drivers from analysis of verbal behaviour:

1.   Mathematics is written in an exercise book with small squares and I like small squares because they help me to write well, neatly and precisely. Be Perfect Driver.

2.   When I do division I can't find the number I need straight away and I start thinking that I am a bit crazy. Hurry Up Driver.

3.   I try my best, but then everything seems so difficult, I have to try harder and then the numbers go missing and the sums never come out. Try Hard Driver.

4.   I now just let things bounce off me, even if I can't do division I think it's pointless worrying about it because lots of my schoolmates can't do it either. Be Strong Driver

5.   The teacher hasn't checked my maths exercise book, and I haven't done my homework because I only learned division for her. Please Others Driver.

Child 1

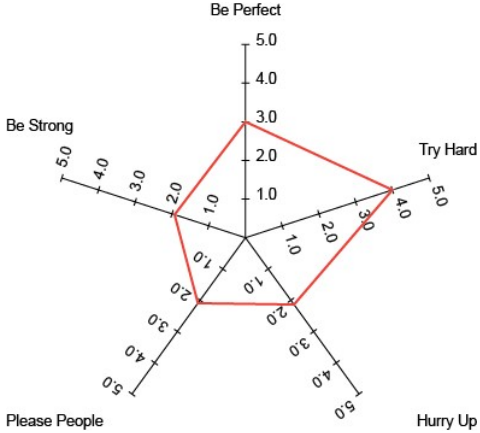| Observations and grid	Questionnaire and Driver Profile	Drawing of myself	Behaviour before intervention of the teacher	Intervention of the teacher	Learning results
Words: "of course", "I'll do it again, I don't like it like this". *Tones:* well modulated. *Gestures:* brings the hand towards the chin. *Positions:* upright and well balanced. *Facial Expressions:* severe. *Result:* **Be perfect**	*Driver*		▪ Becomes agitated when a new activity is suggested. ▪ Concentrates on details and loses the thread. ▪ Conscientious	▪ Turned to the Normative Positive Parent. ▪ Transmitted confidence in pupil's ability: emphasised the correct results achieved and at an appropriate time ▪ Praised the moments of concentration on the process rather than on the activity and unessential details. ▪ Gave permission to "be worth" something even though something is still missing ▪ Stimulated intuition.	▪ Attention time and functional concentration increased ▪ Accepts mistakes. ▪ Does not get lost in details. ▪ Accuracy means being able to deal better with the task ▪ More intuitive.

Child 2

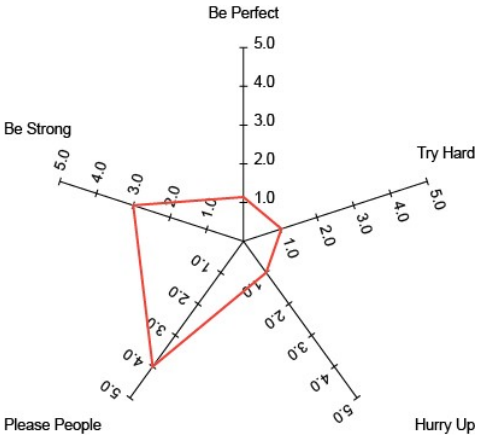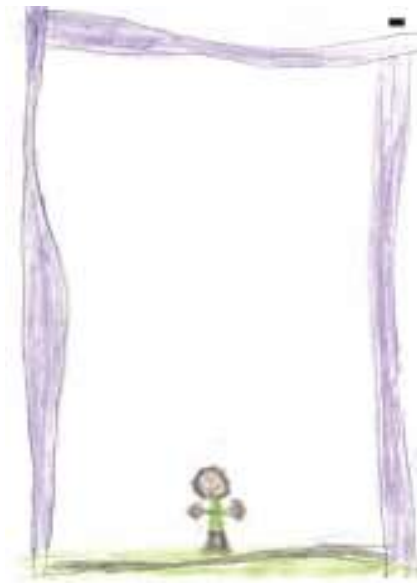| Observations and grid	Questionnaire and Driver Profile	Drawing of myself	Behaviour before intervention of the teacher	Intervention of the teacher	Learning results
Words: "come on". *Tones:* up and down. *Gestures:* brings the hand towards the chin. *Positions:* continually fidgeting. *Facial Expressions:* "inattentive" *Result:* **Hurry Up**	*Driver* 		▪ Very competitive. ▪ Asks questions "for the sake of it" in the hope of getting useful information to arrive at the results. ▪ Is confident of never making a mistake. ▪ Skips steps ▪ Writes untidily	▪ Encouraged the pupil "to take his/her time". ▪ Pointed out that at the end of the process a better result is obtained and in less time if "accuracy is displayed and the time necessary is made use of ▪ Reinforced attitudes to attention, accuracy in writing down the steps and operations.	▪ Compares self with others on specific subjects. ▪ Distinguishes the mistake from the error. ▪ Admits difficulties and has learnt to ask pertinent questions.

Child 3

Observations and grid	Questionnaire and Driver Profile	Drawing of myself	Behaviour before intervention of the teacher	Intervention of the teacher	Learning results
Words: "it's difficult", "I can't do it", "I'm not capable" *Tones:* muted. *Gestures:* moves tightened fists *Positions:* bends forward, placing hands on knees. *Facial Expressions:* frowns and screws up eyes *Result:* **Try Hard**	*Driver*		▪ Becomes agitated when a test is suggested. ▪ Freezes up when a mistake is made. ▪ Concentrates on the effort and not on the activity ▪ Asks for confirmation and Reassurance. ▪ Resists and interrupts the test.	▪ Used many positive strokes conditioned by event of activation and positive results ▪ Transmitted confidence in pupil's ability: encouraged the commitment/result ▪ Relation ▪ Encouraged concentrating on the activity instead of saying "I can't do it".	▪ Stays calm when activities are suggested. ▪ Accepts mistakes and carries on. ▪ Concentrates on the task. ▪ Asks for help.

Child 4

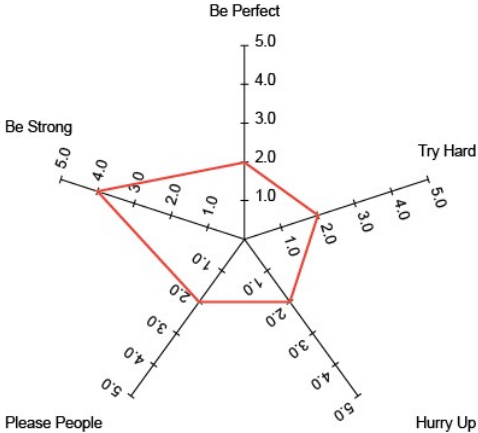| Observations and grid	Questionnaire and Driver Profile	Drawing of myself	Behaviour before intervention of the teacher	Intervention of the teacher	Learning results
Words: "come on", "…will you help me?", "is that right" *Tones:* alternates between high and low. *Gestures:* taps fingers and fidgets with legs. *Positions:* moves continually. *Facial Expressions:* sullen, tries to catch teacher's eye. *Result:* **Please Others**	*Driver*		▪ Keeps on asking for confirmation of correctness of operations ▪ Easily changes method of attention	▪ Encouraged to think about a single operation. ▪ Pointed out the difficulties and mistakes of the child and discussed them with the child to make up for the prerequisites. ▪ Encouraged the child to express *real* feelings.	▪ Accepts and overcomes difficulties by discussing and asking for confirmation on the strategies adopted and no longer on the "correctness of what s/he has done" ▪ Expresses feelings without expecting the teacher to confirm them. ▪ At times is more connected to carrying out the task than getting approval of adult ▪ Faces criticism without getting offended. ▪ Depends less on opinion of others.

Child 5

Observations and grid	Questionnaire and Driver Profile	Drawing of myself	Behaviour before intervention of the teacher	Intervention of the teacher	Learning results
Words: does not use feelings. *Tones:* flat, monotonous. *Gestures:* rigid. *Positions:* rigid. *Facial Expressions:* hard, cold.. *Result:* **Be Strong**	*Driver*		▪ Does not express feelings. ▪ Does not ask for help. ▪ Very competitive	▪ Encouraged the pupil to ask the teacher for help ▪ Made sure pupil cooperated with the other children, asking her/him to help anyone who was left behind.	▪ Pupil opened up and expressed feelings (laughs and jokes), both towards classmates and the teachers. ▪ When in difficulty asks for help. ▪ Not so competitive.

Relationship between learning results and drivers

The Be Perfect driver is what caused the greater number to abandon or temporarily halt the test.

The children with the Be Strong driver - and this surprised many - on the whole achieved excellent results, that is to say when anxiety is controlled one is more ready for mathematics. Less positive results were obtained in cases where, even though they have doubts or queries they do not ask or do not want help when the teacher approaches them. The Hurry Up and Try Hard drivers were noticed to be more frequent during the standard procedures for two digit division and it was noticed that in ninety per cent of the cases with low percentages of failure, only one or both were present. Finally, regarding the Hurry Up and Try Hard drivers, there is not always a correspondence between observations in the field and results of the questionnaire and this made us reassess the role of the questionnaire whilst not abandoning it.

The children with the Please Others driver are those who asked for more explanations and assistance, even pointing out their own deficiencies (signs of wooden leg game and clumsy idiot game – it wasn't for want of trying).

Discussion

We are still working on these results because we have felt it necessary to carry out a qualitative analysis of the research to be done on a wider range of children and, above all, to train the teachers to handle the instruction course themselves.

On the basis of the observations, we have implemented a course which aims at tackling, along with the teachers, the meaning of the drivers from a pedagogical angle. And we have noticed that it will be necessary to deal with the teachers' drivers and their effect on didactic interaction. We have provided the teachers with explanations about drivers and we have directed their attention to the fact that some aspects of the mechanism which characterise drivers involve very significant emotional characteristics.

The work has permitted us to observe essential aspects that are relevant when creating environments for learning mathematics (and also other subjects), within which the transactional analysis competence can be a deliberate part of the didactic activity and, at the same time, to consider to what extent some of these competences can become an integral part of the basic training for Primary School Teachers.

We feel that the method of managing the didactic relationship, and intervening at the right moment in emotional experiences, opens new perspectives for mathematical didactics and for didactics in general.

The author is a Certified Transactional Analyst (Educational), Mathematics Didactics for Integration Professor in Degree Courses in Science of Primary School Teaching at University of Aquila and Lecturer in Mathematics and Psycho-pedagogy Didactic Masters Mathematics Art Science and Reality at Science of Teaching faculty University of Roma Tre. He can be contacted at fregola@uniroma3.it; cfregola@mathetica.it.

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The Relationship between Teaching Transactional Analysis Theory and College Students' Locus of Control: an Empirical Research

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Abstract

An investigation, through empirical research, of the relationship between education in Transactional Analysis theory and the Locus of Control of college students. Two questionnaire surveys were conducted before and after the Transactional Analysis classes, and personal narrative reports by the students were collected. It was found that psychology education in Transactional Analysis correlated with a reduction in scores for the External Control proclivity of the 81 students, and their assignments displayed similar proclivity. Transactional Analysis knowledge was shown to help students discover and explore their own potentials and liberate their creativity. It is proposed that an increase of transactional analysis theory in the education of college students should be considered.

Keywords:

Locus of control, college students, Transactional Analysis, psychology education, empirical research, ANSIE.

The problem

The term "locus of control" was first proposed by J. B. Rotter in 1966 to express the generalized expectancy or belief of the relationship between one's personality and behaviour and event results. It includes internal control and external control (Wang 1993a).

Those with a high internal control believe that the outcome is closely related to their actions, and they tend to attribute the results to individual control. Hence, they are responsible for their behaviour, they work hard, devote themselves to social activities and influence others, and usually feel more happiness. On the other hand, those who have a high external control, due to their belief that "the result is regardless of one's efforts", tend to attribute results to the outside environment, such as powerful others, fate or chance. Thus they are more negative in dealing with matters and more liable to feel anxious or depressed, and have difficulty tackling intense living environments (Hunt 1999).

As an important variable that influences a person's psychology and behaviour the locus of control is significant in its predictive functions of a person's psychology and behaviour. It has attracted attentions of foreign researchers since it was first proposed. Researchers in China began to focus on it in the 1990s.

The author searched the China Academic Journals Full-text Database, from 1981 to 2009, with the descriptors "locus of control" and "college student", and got 20 results of publications. Most of the articles researched the locus of control from a perspective of its relationships with psychological health, sense of happiness, altruism, time management, social expectations, etc.

The sense of control has a significant influence on the mental health of the normal population. "Plenty of research has confirmed that the external control is related with anxiety, depression and other emotions. Those with a strong external control have more difficulty dealing with intense living environments. However, a person with a strong internal control will be more positive in seeking valuable goals, participate in more social activities, and has more flexibility, self-assertiveness and sense of happiness" (Zhao et al 2007).

Among the normal population, college students are also under significant influence of locus of control. In order to consolidate their mental health, their internal control may be strengthened by means of counselling or psychology education.

So far, there are very few reports of empirical research on counselling or educational prevention concerning locus of control in China. One article mentioned that mental health education in one particular university effectively increased the internal control points of 78 students, but did not specify the content and time of such psychology education (Zhu 2008).

In previous research on a cognitive-behavioural-emotional management training group concerning college students' anxiety of tests, the author utilized the Adult Nowicki-Strickland Internal-External Control Scale as research instrument. Results of the pre-test and post-test showed that the 7 students that participated in the group had significantly lower scores in external control. Because the Adult Nowicki-Strickland Internal-External Control Scale is calculated in terms of the score in the external control, the decrease of the external control means the increase of the internal control (Yang 2002).

In 1999, the author taught a Personality Psychology course to 99 sophomore students every week; each class session lasted two hours, for 17 weeks and amounting to 34 hours in total. One of the research instruments that the author employed in the class was the Adult Nowicki-Strickland Internal-External Control Scale, and the results showed that the students had significant decrease (P<0.001) of their external control after the Personality Psychology course (Yang 1999).

Over recent years, the author has become increasingly aware of the exceptional potential that Transactional Analysis has to enhance people's mental health, and thus decided to conduct empirical research in her own classes of the effect of TA training on college students' locus of control.

Transactional Analysis (TA) is a personality theory as well as a systematic method of interpersonal communication. In terms of personality theory, TA has a set of specific and easy-to-understand means of expression, which is suitable for people's self-awareness and growth. On the other hand, TA also contains a set of highly operable analytic approaches to communication, and can thus help people communicate in a more effective way.

Hypothesis:

Education in transactional analysis psychology will correlate with an increase in internal locus of control in college students.

Ethics

All students were invited to opt in to the research and were advised that failure to do so would not have any impact on their status in the class, the marking of their assignments or their course results. The four who were not included did not complete the pre-post tests.

The participants were assured that all information collected, through the tests and also from their assignments, would be treated as confidential and their identities would not be revealed.

Subjects and Methods

Subjects

85 full-time students from the Capital University of Economics and Business in Beijing, who voluntarily selected the course of Transactional Analysis.

Data was collected for 81 students, 17 male and 64 female.

Methods

Psychological Education

Introduction of Transactional Analysis by means of psychology classes covering seven areas of TA: the three ego states of personality, contamination and decontamination, the four life positions, strokes and discounts, means of interpersonal communication and analysis, psychological games, life scripts, early decisions, and redecisions.

Measurements

The Adult Nowicki-Strickland Internal-External Control Scale (ANSIE) designed by Nowicki and Duke in 1974 was adopted in the research (Wang 1993b).

The ANSIE Control Scale assesses the generalized expectancy of locus of control with internal control and external control as two ends of the continuum. It comprises 40 self-rated items, and the score ranges from 0 (internal control) to 40 (external control).

Narrations

Parts of the students' home work assignments were selected and excerpted. The students' writings speak for themselves, and allow concrete glimpses of the students' changes and growth.

Time

From February to June 2009, the time amounted to 17 weeks, among which two weeks were holidays and one was examination. There was thus 14 weeks' time of class sessions, or 28 hours. Classes were given once a week for two hours per week.

Analysis

Two surveys were conducted using the ANSIE Scale in the first and last class. Results of the two surveys were processed and analyzed with SPSS statistics software and corresponding significance tests were made.

Results

Note: Because the questionnaire was calculated in terms of the scores of external control, the higher the scores, the higher the external control.

Comparison of differences of external control between the pre- and post-test by all the students that attended the class.

Table 1 Means and SDs of the Pre- and Post-test

n=81	Mean	SD
Pre-test	12.16	4.16
Post-test	11.02	4.14

Table 2 Comparison of differences of external control between the Pre- and Post-test

n=81	Mean	SD	t	p
Pre-test – Post-test	1.14	3.64	2.8	0.01**

It is shown in Table 1 and 2 that the mean score of the Post-test is significantly lower than that of the Pre-test, so students' external control has significantly decreased (P<0.01).

Comparison of differences of external control between the pre- and post-test by students of different genders

Table 3 Comparison of differences of students of different genders between the pre- and post-test

	Male（n=17）		Female（n=64）			
	Mean	SD	Mean	SD	t	p
Pre-test	9.76	3.29	12.80	4.16	-2.78	0.01**
Post-test	9.59	4.06	11.40	4.11	-1.63	0.11
Pre-test – Post-test	-0.177	3.89	-1.39	3.56	-1.62	0.11

It is shown in Table 3 that the female students' external control in the pre-test is significantly higher than the male students', but in the post-test and in the difference between the two tests, no such significant difference exists. This illustrates how the participating female students originally were more dependent, but after studying transactional analysis their outside dependency decreased to levels not significantly different from those of the male students.

Narration: Changes shown in the students' assignments

During the classes, students had two assignments and one examination. Below follow some illustrative excerpts from the students' written assignments. A fuller account of the students' reports appears in Yang (2009).

Assignment 1

"I want to be a free child within boundaries, bring out my strong qualities and have control of my behaviour. I'll do my best to refrain from impulsive behaviours that may embarrass others, and improve my mind in this way." (Class of 2008, Humanities College, Guo Hao)

"After learning Transactional Analysis, I often reflect on myself, about how different ego-states change in me, and I ask questions like why haven't I found a combination of them most suited to myself. I think, the most important ego-state that is lacking in me is an adult ego-state. I used to be quite emotional and impulsive in dealing with matters, and lacked rational understanding and judgment, thus couldn't analyze things objectively. And all those are my drawbacks. From now on, I'll try to treat others with the nurturing parent ego-state, caring and giving away warmth to others. As for myself, I'll switch to the child ego-state sometimes, so as to release my mind. In a word, I need to adopt an appropriate ego-state at the right time and place. Since these ideas dawned on me, I have felt quite relieved and less harsh in doing things. Although I cannot live up to this objective at the present moment, I will try my best. And this totally lightens my life up, just like opening a window in a dark room." (Class of 2008, Electronic Business, Business Administration College, Lu Sisi)

Assignment 2

"I have never been so concerned as now about the things that happen, about the people around me, and, of course, about myself. Paying attention to the strokes others give to me, to the communication between us, and to the games we play, seems to have coloured up my life in one blow, and there's always a reason for everything… There was the moment when I saw myself change. And that moment was beyond happiness." (Class of 2008, Humanities College, Li Yan)

"There has always been self-denial in my heart, and most of my orientations of life are 'I am not OK, you are OK' or 'I am not OK, and you are not OK either'. This is inferiority, dependence, powerlessness, self-abandonment, and diffidence, and this way of life is a retiring one and always begging for others' compliments.

Thinking of TA theory, I think my present situation is closely related with the living environment of my childhood. When I was a kid, my parents liked to compare me with other kids, which might have a positive side of prodding me to pursue a certain goal. However, it also had negative influences, in that it made me feel that there are always people doing better than I. As soon as I have made some achievement out of painstaking efforts, there would always be someone that did better than me. Such endless comparisons have worn out my confidence, and I have gradually retired into a state of self-denial. I dare not keep a high profile. Even if I really excel at what I do, I always fear that there's someone better, and I have just gradually developed this inferior attitude.

After learning this theory, I try to change my way of thinking and alter my conception that others are superior to me… Although everyone's script is determined by their own experience with their own hands, they can still rewrite the script if they want to, or they can rewrite their roles in the script, changing the victim (V), the rescuer (R), or the persecutor (P) to the role of constructor." (Class of 2008, Urban College, Yang Zhe)

Discussion

The present study needs, of course, further improvement. For instance, the study didn't have a comparative group, and participant subjects were those who voluntarily attended the TA course. If the entire class is selected as subjects, future research is desired on whether the new sampling scheme will have the same positive effect. Lack of comparison group limits results to establishment of correlation rather than causality.

It is also possible that factors other than TA influence the results, like personality and skills of the teacher, the relationship between the teacher and the students, and the teacher's wish to help the students increase their locus of control. Factors like these could be better controlled by studying several groups taught by different teachers.

The distinction between transactional analysis and other forms of psychological knowledge also needs to be further studied. In Yang (1999) positive correlations were also found, even though the content at that time was not TA, so research comparing TA with other psychological courses is also called for.

Conclusion

The application of Transactional Analysis in systematic psychology education for the students correlated with an increase in their internal control. Previous studies have confirmed that the increase of the internal control has positive influence on the students' mental health, sense of happiness, the concept and ability of time management, sense of self-value, altruism, and others (Zhao et al 2007, Zhang 2009, Ding & Zhang 2008, Zhang 2003, Yao 2009).

At present, the psychology education for college students in China usually consists of different topics of education, such as motivation, emotion, learning methods, interpersonal relationship, psychology of love, life planning, etc. This knowledge and associated methods play an important role in the strengthening of college students' psychological health and their sense of happiness. At the same time, college students' characteristics should be considered, and specifically their strong curiosity for knowledge, and their strong understanding and analytic capability. Hence, the above-mentioned patchwork of different topics for the education can hardly answer to the needs of college students, and may fail to have enduring effects on them. Theories characteristically may have enduring bearings, so an increase of systematic psychological theories should be considered in the psychology education for college students.

Although causality has not been proved, it seems highly likely that the inclusion of TA theory within such teaching can significantly help college students discover and explore their own potentials and liberate their creativity.

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The affective dimension of alliance in transactional analysis psychotherapy

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Abstract

The study describes an investigation of the significance of the affective dimension of the therapeutic alliance (Bordin 1979), in a psychodynamic form of transactional analysis therapy after the style of "Redecision therapy" (Goulding & Goulding, 1979). We explored the client's pattern of affective relationships by use of CCRT (the Core Conflictual Relationship method, Luborsky & Crits-Christoph, 1990, 1998) and examined how the therapist responds to the client's affective messages ("tests") by use of the Plan Diagnosis method (Weiss & Sampson, 1986). We found that "emotional" aspects play a more decisive role than has been envisioned in the TA redecision method and similar approaches of TA psychotherapy that emphasise contracts, tasks of therapy and a rational approach.

Key words

alliance, transactional analysis psychotherapy (TA), process research, affective communication, CCRT, therapeutic relationship.

Background to the Study

In psychotherapy research, interest has been shown in identifying process variables that affect the therapeutic outcome (Hill & Lambert, 2004). These include both variables having specific effects consistent with the theory of the therapy involved and variables having effects *common* to most forms of therapy. The latter, termed "common factors" (or sometimes *non-specific* factors), are seen as having general curative effects (Wampold, 2001) that influence the outcome in a positive direction (Lamberts & Ogles, 2004). How they are defined is by no means universal, however. Lamberts and Ogles link such effects to factors in the therapeutic relationship. The therapist "invites" the client to "believe" both in their working together toward solving the client's problems and in the efficacy of the methods employed.

Carl Rogers (1961) has described such factors as genuineness, acceptance and empathy, which he sees as being conductive to establishing a therapeutic relationship. Jerome Frank has emphasized the importance of the therapist's ability to "convince" the client (Frank & Frank, 1991). One factor often studied, which applies to the therapeutic relationship generally, is that of "alliance". Two large metastudies (Horvath & Bedi, 2002; Horvath & Symonds, 1991) have shown a link between alliance and positive results of therapy. Although transactional analysis psychotherapy was not examined, we assume this would apply to that method as well.

The concept of alliance

The concept of alliance is often used to denote a close working relationship between the client and the therapist. Despite the concept being anchored within most forms of psychotherapy, there is no universal definition of it. Views regarding the question of whether alliance is a rational or an emotional phenomenon differ (Henry, Strupp, Schacht & Gaston, 1994). These authors emphasize the importance of anchoring the concept within a theoretical frame of reference. With this in mind, Stenlund (2002) investigated use of the term in both a theoretical and an empirical sense within the psychoanalytic and the psychodynamic tradition. Her findings suggest that alliance can be defined in affect-theoretical terms (Tomkins, 1962, 1963 1991, 1992).

In the present study we decided to adopt such an approach, viewing alliance as being primarily an affective phenomenon reflecting the relationship between the client and the therapist. The affective communication involved – how the therapist responds to affective messages from the client – is thus a central

interest of ours, determining how we investigate alliance and its development in the course of the therapeutic relationship.

The alliance concept in transactional analysis group therapy

Transactional analysis (TA) originated in the works of Eric Berne (Berne, 1958, 1961, 1963, 1964, 1966, 1972), in which the "official" theory and the therapeutic approach and methods were described. Since then, various schools have developed within the framework Berne established. The form of transactional analysis group therapy studied here is one consistent with the "Redecision Therapy" described by Goulding and Goulding (1979). The approach can be described as involving individual therapy in a group in which interaction takes place primarily between the client and the therapist with the group mainly providing support.

In this form of group therapy the therapist does not work directly with transference. Instead reduction of transference is sought through use of different experiential directive techniques such as experimenting tasks, role-play and "two-chair work". The last mentioned technique (Goulding & Goulding, 1979) involves contracting with the client to regress to an earlier stage in his/her life to re-experience a conflict-filled situation together with a parental figure he imagines to be present and to be sitting in a chair facing the client, this being the basis for use of the term "two-chair". The resulting discussion between "chair characters" is seen as creating new possibilities for curative changes to develop. In a variety of studies of Gestalt therapy (e.g. Clarke & Greenberg, 1986; Greenberg, Rice & Lietaer, 1993), this two-chair approach has been shown to deepen the emotional understanding of the client. Regression of this sort differs from the spontaneous type that comes about when the therapist listens and develops a "holding relationship" with the client (Lundh, 2009). These two different routes to regression-work (Ohlsson, 1998) should not be seen as mutually exclusive. Contained in TA, based as it is on a psychodynamic approach, is the view that transference and counter-transference are unconscious processes always found in a relationship. The transference concept has been discussed extensively within the TA literature and it is generally acknowledged (Berne, 1964; Moiso, 1985; Hargarden & Sills, 2002; Erskine, 1991; Novellino, 1984). At the same time, Berne's original critique of a traditional psychoanalytic approach has contributed to efforts to reduce the role of spontaneous regression in therapy and thus the time it requires as well. This has been accomplished by use of various techniques and approaches that encourage active, conscious choices on the part of the client, choices leading to treatment goals expressed in the treatment contract. The emphasis in the TA method has thus shifted from that of long-term efforts involving what are often unarticulated, emotional and chaotic

transference relationships to that of observable patterns of behaviour and manifest signs of unconscious communication processes.

The treatment contract achieved represents an important element in the alliance between the client and the therapist. In drawing up such a contract, emphasis is placed on structure, order, clarity and stability so as to give the client a sense of security and a feeling of being able to work effectively with the more deep-lying problems he or she is faced with.

According to Bordin (1979), there are two aspects of alliance, the one an agreement between the client and the therapist regarding the goals and the task of therapy, and the other a special emotional bond between them. Some types of therapy, including TA, place emphasis upon the first, more "rational" aspects of alliance, whereas others emphasize the more "emotional" aspects of it. Our interest here was to study the affective dimension that the second author has described as a "relational technique and relational approach" (Lundh, 2009; Stenlund, 2002) of TA.

Aims of the Study and Questions Posed

The major goal of the study is to investigate the therapeutic alliance in TA-therapy with the intention of contributing to TA's methodological development. This is done through examining, in the case of transactional analysis group therapy, the affective interaction and the alliance between the therapist and the client. The investigation makes use of both the CCRT method (Core Conflictual Relational Theme method, Luborsky, 1990) and the plan-diagnosis method (Weiss & Sampson, 1986) – two methods developed within psychodynamic therapy. The questions of central interest are the following:

▪   How can the affective relational patterns of different clients be characterized?

▪   To what extent do these patterns manifest themselves in the relations and interactions between the client and the therapist?

▪   How does the therapist deal with the client when the latter displays behaviour reflective of such relational patterns?

Methods

Investigative material obtained

The investigative material obtained concerned 10 clients, who took part in transactional analysis group therapy, which they had sought voluntarily, and in which the first author served as therapist. The therapy continued for a year and was divided into 24 sessions. The sessions were videotaped and a transcribed protocol of each session was made. A strategic selection of 10

sessions was carried out in terms of the phase of therapy involved (beginning, middle and end). In addition, a random selection of 5 of the 10 clients, whose therapy was to be examined in detail, was made.

Because the research was conducted after the therapy had taken place, there were no ethical issues to be considered. The analysis conducted as part of the study had impact on clients only to the extent that the therapist became more aware of client relational patterns and hence ore skilful in future work with those (and other) clients. The clients gave permission for the publication of the transcripts; the names have been changed to maintain confidentiality.

The ethical basis for this study has been examined and approved by Forskningsetikkommittén, Lunds universitet/ The Ethical Research Committee at Lund University (2002).

Instruments

CCRT method

Luborsky constructed the CCRT method in 1976 on the basis of the concepts of transference and alliance. A basic conflict theme (a core conflict relational theme, CCRT), according to Luborsky, is an emotional approach or pattern having its roots in the early experiences of the individual in relation to meaningful others. A CCRT can be called forth in any relational situation that reminds one of early childhood experiences of this sort (Luborsky, 1984; Luborsky & Crits-Christoph, 1988, 1990). Luborsky considers there to be parallels between CCRT and "nuclear script" in Tomkins' (1991) use of that term.

The method involves identifying and analyzing, in the transcripts of tape-recorded therapy sessions, spontaneous accounts by the client of longer or shorter interactions with others, including those with the therapist. Such accounts are termed relational episodes (RE), and those that describe interactions with the therapist are termed enactments. Relational episodes are used to disclose the client's wishes (W) in relation to others, how the client expects others to respond to these wishes (response of others = RO) and how the client deals with these wishes (response by self = RS). W, RO and RS are called components, and typical signs of each are identified and grouped into categories. Categories are first described in a manner similar to how the client tends to express him/herself generally. In this way individual, tailor-made categories are created, specific to each client.

On the basis of sixteen separate studies, Luborsky and Crits-Christoph (1990) put together a list of *standard categories* for each of the three components (Standard Category Edition 1), in order to make it possible to compare the accounts of different clients with each

other, as well as to make the method applicable to studies dealing with therapies of different types. In a second edition of it (Barber, Crits-Christoph & Luborsky: Expanded Standard Categories Edition 2, 1990), the earlier list was expanded to include 35 W, 30 RO and 31 RS categories altogether. In the present study, this second edition served as the basis for translating the tailor-made variations into standard categories. The most frequently encountered combinations of the W, RO and RS components constitute nuclear-conflict themes.

Studies have shown that a client's way of relating to others is similar to his or her way of relating to the therapist (Fried, Crits-Christoph & Luborsky, 1990). W has been found to be rather stable over time, in contrast to RO and RS, which can change considerably (Crits-Christoph & Luborsky, 1990, 1998). Changes in the latter two components have been shown to correlate with changes in the client's general psychic status. A positive therapy outcome has been found to be coupled with a moderate to high level of agreement between the content of the W and RO components in the client's CCRT results and the therapist's assessment of the patient in these terms (Crits-Christoph & Luborsky, 1988; Crits-Christoph, Cooper & Luborsky, 1990).

Plan-diagnosis method

A method for characterizing both the relational pattern of a client and the interaction between the client and the therapist was developed by the Mount Zion Psychotherapy Research Group and Weiss and Sampson (1986). This method is based on the idea that the client's problems can stem from negative experiences in encounters with meaningful others, leading to feelings of guilt, shame, fear and helplessness (=anxiety). Those feelings caused the client to develop what the authors term pathogenic expectations, which in adulthood tend to limit the person's interactions with others. According to Weiss and Sampson, the client "tests" these negative expectations in the therapy situation with the hope that they will not be confirmed, the client having an "unconscious plan" for how his or her pathogenic expectations can be dispelled by being refuted.

This method involves one or more independent observers identifying the pathogenic expectations of the client and his/her "plan" for "testing" them. In the present investigation, situations in which the client implements and "tests" these expectations in working with the therapist are examined. An assessment is made to which extent the therapist confirms or refutes the client's pathogenic expectations being assessed. A variety of studies (Messer, Tischby & Spillman, 1992, Silberschatz & Curtis, 1993, Silberschatz, Curtis, Fretter & Kelly, 1988, Silberschatz, Fretter & Curtis, 1986) have shown that if the therapist's interventions are true to the client's "plan", this results generally in an improvement on the client's part.

Coding of the CCRT results

Coding of the CCRT results was conducted as follows:

- Reading through the results obtained and coding them, this being done by each of the two authors separately;

- Discussing to consensus the final codings to be employed;

- Investigating the reliability of our codings in terms of the degree to which our separate codings agreed (see Interassessment Reliability below).

The overall approach in analyzing the results

The standard procedure for analyzing results obtained by use of the CCRT method was followed. First we identified the relational episodes contained in the therapy protocol of each client. Then, with the help of the coding procedure prescribed, the CCRT (Core Conflictual Relationship Theme) involved in each episode was identified and was coded initially in terms of individual, tailor-made categories applying to the client in question These categories were converted to standard categories (as defined by Barber, Crits-Christoph & Luborsky, 1990). We then compared each client's treatment contract, coded with use of the standard categories, with their individual, tailor-made CCRTs. Thereafter we identified as enactments those CCRTs that we adjudged to represent pathogenic expectations of the sort the Plan-diagnosis method deals with, and coded the therapist's responses to all "tests" of such expectations, noting in each case whether the therapist confirmed or refuted the client's test of the expectation. All assessments were discussed to consensus. Quantitative and qualitative analyses of the results follow below.

Interassessment reliability

To check the reliability of our assessments in the assignment of relational episodes to the W, RO and RS categories, we examined the degree to which the two of us agreed in our initial assignments of this type. We selected randomly five clients (of the 10 who participated) and two of the therapy sessions, one being from an early part of the therapy (session 5) and the other from a later part (session 15). All 10 clients who participated in the study were present in both these sessions.

The procedure we followed was that first the two of us together identified what we adjudged to be relational episodes (RE) for each of these clients in both of the therapy sessions. We then worked independently to assign each of the REs involved to categories of the W, RO or RS component, making use of tailor-made categories of the sort described above. Thereafter, we compared our respective assignments (codings). The results of the codings are summarized in Table 1.

Table 1 shows the total number of categories for 5 clients in two therapy sessions for which both evaluators agree on coding into W, RO, and RS components. Evaluators agreed in 149 out of 162 cases, representing an agreement of 92%.

The first author has extensive experience in use of the therapeutic approach in question and thus possesses a "within" perspective. The second author, although having extensive experience with dynamic psychotherapy, has not worked in a practical sense with transactional analysis group therapy and thus has an "outside" perspective, but was able, through discussions we had, to quickly become familiar with this type of therapy. In view of the fact that the first author served as the therapist for all five of the clients, we decided to carry out the coding of the results in such a way that we discussed each coding to consensus, utilizing both an "inside" and an "outside" perspective constructively in this way.

92% agreement with each other over the respective codings that the two of us perfmerd separately provided strong support for the assumption that the procedure we adopted for the final codings produced no appreciable biasing of the results. We consider the method of coding we adopted to be superior to one in which the two of us simply coded the material separately. It contributed to the understanding both of us had of how the material could best be coded and allowed the codings to be more exact through an "inner" and an "outer" perspective being confronted with each other in

Table 1. Comparisons of Coding

Clients	Session 5 Total	Agreed	Session 15 Total	Clients	Sessions 5 and 15 Total	Agreed
Agneta	17	15	6	6	23	21
Daniel	49	47	6	4	55	51
Erik	5	5	19	15	24	20
Harriet	34	32	-	-	34	32
Barbro	-	-	26	25	26	25
Sum	**105**	**99**	**57**	**50**	**162**	**149**

each case.

Results

Analysis of the CCRT and Plan-diagnosis results in quantitative terms

Quantitative results are presented in tables 2-7. Tables 2-7 all concern the five randomly selected clients that participated in 10 TA therapy sessions.

Table 2 shows, in 176 RE (table 6), the number of codings of standard categories for each of the three CCRT components registered for the five randomly selected clients in the course of the 10 therapy sessions that were studied. Altogether, 539 standard categories were coded, 136 of them being of the W, 131 of the RO and 272 of the RS type. There are no marked differences between the five clients in the distribution of codings of a particular type.

Table 2: Numbers of CCRT standard categories of the 3 components W, RO and RS for each client.

Clients	Wishes (W)	Responses of Others (RO)	Responses by Self (RS)	Total
Agneta	18	19	43	**80**
Barbro	30	29	61	**120**
Daniel	26	28	55	**109**
Erik	45	31	72	**148**
Harriet	17	24	41	**82**
Total	**136**	**131**	**272**	**539**

Table 3: Individual CCRT of most frequently occurring standard categories of the 5 clients components; W, RO and RS (Standard Categories with numberings (NO.) and designations)

	Wishes (W) Standard Categories		Responses of Others (RO) Standard Categories		Responses by Self (RS) Standard Categories	
Agneta	34	To assert myself	20	Are controlling	8	Am not open
	13	To be helped	4	Are rejecting	31	Somatic symptoms
Barbro	34	To assert myself	15	Hurt me	22	Feel depressed
	9	To be open	20	Are controlling	26	Feel ashamed
			6	Don't respect me	27	Feel anxious
Daniel	9	To be open	20	Are controlling	27	Feel anxious
	1	To be understood	8	Are not trustworthy	21	Feel angry
			27	Are angry		
			6	Don't respect me		
Erik	9	To be open	12	Are distant	27	Feel anxious
	11	To be close to others	20	Are controlling	8	Am not open
	1	To be understood	4	Are rejecting	22	Feel depressed
Harriet	9	To be open	20	Are controlling	22	Feel depressed
			26	Are strict	27	Feel anxious
					8	Am not open

The standard categories of a given component for a given client are the two that occurred most frequently for the client in question, or three in the event of a tie.

Table 4: The treatment contracts of the 5 clients who participated in transactional analysis group therapy.

Clients	Contract items
Agneta	Spend at least 1/10 of my time in therapy here in the group
	Express my anger and direct it outwards rather than being submissive
	Put on my raincoat and go out in the woods with my daughter rather than washing clothes
Barbro	Be able to admit the mistakes I've made without feeling guilty
	Assert myself and express my feelings spontaneously
	Stop taking care of others and shielding them from the problems they're faced with, saying "No" to all of this instead
	Recognize the patterns that are connected with my mother
Daniel	I want to participate in this group without being an observer
	Find out what my real emotional needs are rather than being taken upon all the time by my ambitions, my duties and my work
Erik	I want to lead my own life rather than simply showing allegiance to my father and the culture he represents.
	Express my feelings and my views on things to my boss and to my work colleagues rather than to simply withdraw.
Harriet	Feel relaxed and satisfied rather than being tense and being afraid of everything imaginable
	Be conscious of when I'm angry, and express my anger

The treatment contracts the client and the therapist agreed upon during the first three therapy sessions are shown for each of the five clients in Table 4. Table 5 shows the individual, tailor-made CCRT categories contained implicitly in the treatment contracts of the five clients and the standard categories these were adjudged to correspond to. Also indicated are the two or three that occurred most commonly in the therapy protocols of the client in question. Four of the clients had in common the frequent occurrence of the W category no. 9 ("To be open") and two of the clients the frequent occurrence of the RS category no. 34 ("To assert myself"

As can be seen in Table 6, 44 of the 176 REs involved (25% of them) represent enactments, 35 REs of these (80%) agreeing with the clients' individual CCRTs. These 35 REs can be assumed to represent the clients' pathogenic expectations, presented to the therapist as a "test" of the expectation in question in each case. The clients differ in the number of "tests" of this sort they performed, Daniel showing the largest number (11) and Erik the smallest (2).

Table 7 indicates for each client the number of "tests" of this sort for which the therapist's response was unsuccessful (confirming the expectation) and the number for which it was successful (refuting the expectation). The therapist was successful in the majority of the cases (70%), with successful responses being highest in the cases of Daniel (82%) and Erik

(100%), and lower with Agneta (63%), Barbro (60%) and Harriet (62%).

Qualitative analysis of the therapeutic process

Parts of the interpretative procedure employed in obtaining the results reported in Table 7, as well as the affective interaction between the client and the therapist, and both success and failure of the therapist in responding appropriately to "tests" by the client of his/her pathogenic expectations are illustrated in that which follows. Cases in which "tests" by the respective client failed, the therapist's confirming the pathogenic expectation of the client, will be presented first.

Failure: the therapist's responding inappropriately to the client's "test"

Example 1, Agneta

Contract and CCRT. In her contract, Agneta says she wants to learn to express the anger she feels and to create sufficient space for herself. Her CCRT results also indicates her desire to assert herself better and her feeling that others are trying to control her, leading to her isolating herself and experiencing heart palpitations.

Events prior to the test. The therapist turns to Agneta and asks her what she wants to do during the session at hand.

Table 5: Correspondence between the clients CCRT categories contained in the treatment contracts and in the individual CCRT

| | The treatments contracts viewed in terms of CCRT components | | | | Corresponding individual CCRT components | | |
| | Wishes (W) | | Response of Self (RS) | | Component | | |
Clients	Individual, tailor-made categories	Stand. Cat. No.	Individual, tailor-made categories	Stand. Cat. No.		Stand. Cat. No.	Desig-nations
Agneta	Asserting myself	34			To assert myself	34	W
	Express my anger	16	Conforming	16			
	Being liked	7	Performing my duties	16			
	Accept my desires	32	Please others	9			
Barbro	Asserting myself	34			To assert myself	34	W
	Express my feelings	9			To be open	9	W
	Welcoming others	4	Feeling guilt	26	Feel ashamed	26	RS
			Taking care of others	9			
			Protecting others	9			
Daniel	Express my feelings	9			To be open	9	W
	Group participation	11	Meeting my responsibilities	14			
			Observing	8			
Erik	Express my feelings	9			To be open	9	W
	Being independent	23	Withdrawing	8	Am not open	8	RS
Harriet	Being relaxed and contented	9			To be open	9	W
			Tense and frightened	27	Feel anxious	27	RS
	Expressing anger	16					

Table 6: The total number of REs and enactments for each of the clients and the number of enactments ("tests") that agreed in each case with the corresponding individual CCRTs for the client in question.

Clients	RE	Enactments	"tests"
Agneta	35	13	8
Barbro	46	12	10
Daniel	31	12	11
Erik	38	2	2
Harriet	26	5	5
Total	176	44	35

Table 7: The therapist's response to the "test" he was given in each case of a particular pathogenic expectation of the respective client, the numbers of these "tests" that were successful and the number that failed being indicated.

Clients	Number of tests	Number failed	Number successful
Agneta	8	3	5
Barbro	10	4	6
Daniel	11	2	9
Erik	2	0	2
Harriet	4	1.5	2.5
Total	35	10.5	24.5

Quotation (session 4, RE 1). Agneta: "I feel awfully afraid. I'm having heart palpitations. They came from your forcing me to decide what I wanted to take up today….begin… (Therapist: Mm) It feels almost as though I'd decided to make a speech, that I was forced to do something, as though others were dependent on me in some way (.) Earlier in the week, though, I thought a lot about what I could bring up and that sort of thing. I'd still like to, although I feel afraid…"

Therapist: "Will you only try, or do you plan to do it?"

Interpretation. The therapist is maintaining control and is trying to steer. His response is at a rational level. He should instead have acknowledged her anxiety and fear, as well as her heart palpitations – and thus have responded at an emotional level so as to give her the possibility of steering on her own, and in that way have provided her the possibility too of asserting herself.

Events following the test. Agneta responds in an abrupt way, saying she wants to talk about that later on in the therapy. Acting as though she's clenching her teeth, she says,..."I was forced to be strong just now."

Example 2, Agneta

Events just prior to the test. Agneta reports a very disturbing experience she had when she was 14 years old. She was at a maternity clinic where the other women were there to give birth, whereas she was there to have an abortion. She imagined that her father had been there earlier to protect her from disparaging reactions on the part of the clinic's personnel. It turned out, however, that her father had never been there at all and that he himself had spoken disparagingly of her, referring to her as a "whore-devil". Agneta had never had a chance to speak with anyone about this. Two-chair work with Agneta concerned with this experience of hers was begun. Agneta felt herself to have been abandoned and rejected by her father. In this two-chair work the therapist encouraged Agneta to feel anger and express herself openly. At the same time, it appeared that Agneta tended to feel ashamed, rather than to be angry at her father.

Quotation (session 11, RE 7). Therapist: "What do you need to do so as to feel OK, in relation to him, in order to achieve this, in regard to this particular situation? I think you're feeling ashamed, and that it's this that keeps you stuck here, in connection with him, since you don't express…??? As long as you…"

Agneta: "Rationally, so that..."

Therapist: "No, no, we're not talking about being rational. I can hear how you're not expressing at all your being angry at him, but instead you're accepting what he said. It's as though you have guilt that you should atone for. Is that the way you feel it is, can you feel that that's what you're doing, or...? As it is now, you're not

angry at him for his having failed to provide you support in that situation."

Agneta: "Yes…"

Therapist: "What do you mean with Yes, what did you say Yes to?"

Interpretation. The therapist is provocative in his tone, almost teasing her. He's "lecturing" to her. Through simply speaking about how things are in that way, he's tending to exert control over her. He should have helped her to overcome her sense of shame, helping her dare to look at the shame she's experiencing and how she's trying to avoid doing so. The therapist is pushing her, getting her to feel angry rather than getting her to experience the sense of shame she has.

Events following the test. Agneta follows the advice the therapist gave her and begins expressing her anger with the help of a batacka (a foam-rubber club), but she has little to say and gives a closed impression. She says she feels "tired and out of breath", yet she says "it feels all right". The therapy stops here.

Example 3, Daniel

Contract and CCRT. Daniel wants to take part in the group and not simply be an observer. He wants to be in closer contact with his feelings instead of being oriented primarily to matters regarding his duties and his work. A wish to be more open and to be understood is evident in his CCRT. He has expectations of others being angry and of their wanting to maintain control over him, which gives him a sense of anger and anxiety.

Events just prior to the test. Daniel didn't show up at the previous session and failed to notify the group beforehand. He excuses himself, saying he had been mixed up regarding what day it was. Daniel is heckled for this – one of the members of the group saying, "Isn't it usual for it be held on Thursdays?"

Quotation (session 12, RE 8). Daniel: "I got to thinking about this and decided that in any case, even though I've had certain doubts about whether I should continue and that sort of thing, still deep down I've had no serious doubts about wanting to go ahead with it all, and that that's what I want to do. For this reason I was a little nervous when I came, about being criticized for not having shown up last time. Maybe this is how it will be, but I'm ready for it in any case."

Therapist: "You'll manage all right."

Therapist: "Where you missed coming the way you did, I wonder what it is that you reject, what is it that you don't, or what is it that you're discounting when you're in the group?"

Daniel: "I'm not discounting the group, but at the end of…"

Therapist: "But you are."

Therapist: "Now you are here. You're expressing yourself in terms of "possibly" and "perhaps", Maybe there is something in this expressions to consider. You're expressing yourself in a very guarded way."

Daniel: "Yes I think that's true what you said before, and I think I should be doing that."

Therapist: "Should be?"

Daniel: "That's what you said yourself."

Therapist: "Did I do that? I do feel you're listening carefully to what I'm saying." (laughter)

Torgny (a group participant): "We can take a look at the tape."

Daniel: "We can even do that... We can even do that"

Therapist: "Well, do you want to make use of your time here today?"

Daniel: "Yes I do want to do that… but what should I use the time for? I don't have an idea of what I was thinking of before I came, other than the question of why I didn't show up last time. For some time too I've had thoughts about its being on Thursdays, since during the term I couldn't come that day at all, not if it was a Thursday. I'd thought a little bit about what I should say to you, how I should explain that Thursdays aren't possible, why you were such a jerk as to go and change times the way you did…"

Greta (another participant): "We don't need to take that up today. You've gotten the question before, so you don't need, like, to come with arguments."

Daniel: "No that's right."

Therapist: "No it's just a matter of answering the question of whether you want to do something today."

Daniel: "I do want to do something today."

Therapist: "Fine."

Interpretation. The therapist was open and accepting in his tone at the start and tried to help Daniel understand the resistance he was showing, but then he became increasingly demanding and provocative, seeming to be unable to tolerate Daniel's uncertainty and confusion. After the demanding intervention by the therapist, Daniel took up a defensive position in explaining his failure to adhere to what had been agreed upon (his failing to show up the previous time). Daniel probably felt uncertain about how the therapist would react to his not having come the time before. The dialogue took on the character of a fight then. Daniel responds to the

therapist's question finally by saying, "I do want to do something today" and the therapist responds by saying "Fine". Yet immediately thereafter the therapist directs his attention at Greta and her problems and continues to work with her.

Events following the test. Daniel remains silent during the remainder of the session, despite having declared that he clearly wants to participate. At the end of the session he says there are two appropriate themes he wants to take up next time – one of them being his having cried when he had had to put his fiancé's sick dog to death and the other being to discuss further the matter Greta had brought up – of her wanting to be closer to her children and have fun with them, rather than being nagging and unpleasant in interacting with them

Success: the therapist's responding appropriately to the client's "test"

Example 1, Daniel

Events prior to the test. Daniel listened to a tape recording of an earlier session and found he had been angry because he defended himself by overanalyzing things, and at the same time he felt threatened by a comment the therapist had made,

Quotations (session 19, RE 10) (shortened and simplified somewhat for purposes of clarity): Therapist: "What was it I said?" Daniel: "You said there was an ugly incident of mine I could present, and that those in the group felt I should take things up more openly.

Therapist: "Yes."

Daniel: "But I did present the incident."

Therapist: "What did you experience as a threat?"

Daniel: "That I felt, damn it, he has some sort of key or something he can use to break through my defences, if he's nasty enough to do it."

Therapist: "Yes." Daniel: "I keep thinking about how it is I defend myself." Therapist: "Do you know that you're defending yourself?"

Daniel: "Yes, before I've managed to do anything I think of how I'll defend myself when I'm completely prepared for it. I then sometimes think of how I'm easily alarmed and can exaggerate the dangers I'm faced with, but actually I don't think I do."

Therapist: "What is it you're defending yourself against?"

Daniel: "I don't really want to look at what's behind it all, and can't seem to think things through completely. I feel

as though I ought to have something to say about it all, but it's as though I'm faced with a bottomless pit, one that I can't find my way through. It's as though my thoughts simply stop."

Therapist: "Yes."

Daniel: "But it's not completely so. I'm certain that I'm defending myself against something, that there's a very strong wall set up against it all, a wall I can't seem to break through."

Therapist: "Here's how things are, that's what's so fantastic about people. You know everything here, what you're defending yourself against, what you're afraid of, what you feel threatened by, you know all of that."

Daniel: "Yes." Therapist: "But then if you want to talk about it, or express it in some way, or if you want to avoid it, or whatever, that's another matter. There's nothing I can do with you that you don't already know about."

Daniel: "No." Therapist: "I can't break through your defences, there's no way." Daniel: "I become frightened when I realize, as I've tried to say, that I even defend myself against defence."

Therapist: "I understand your feeling threatened by the fact that, when I'm about to do something, you can feel forced to let go of or to reveal certain things."

Interpretation. The therapist first failed to realize the depth of the feeling Daniel had of being threatened and was close to trying to make him feel ashamed of having described the therapist as threatening, by teasing him about it a bit, but in the end the therapist comprehended how things were and repaired their alliance.

Events following the test. Daniel continues to take up his difficulties in opening himself up in the group. After a time, he says he feels less nervous than before, remarking "my nervousness has begun to flutter away". He expresses in the current session his feeling of being completely there and a sense of being genuine in what he does.

Example 2, Daniel

Quotation (session 19, RE 11). (Slight simplifications were made here too for purposes of clarity.) Daniel: "Yes, but I'm wondering why you're smiling the way you are."

Therapist: "How do you feel?"

Daniel: "I was set back a little by the way you smiled. I don't know what it was, but I felt a little bit irritated at it."

Therapist: "Yes, I smiled feeling that it was somewhat exaggerated, and realizing that you were experiencing it that way."

Daniel: "That's what I felt, that it wasn't completely as it should be."

Therapist: "I was being ironic. What do you think of that."

Daniel: "About being ironic in general?"

Therapist: "No, about what I did." (laughter)

Daniel: "No, it was okay…" (laughter generally and small talk).

Daniel: "It was dirt-cheap too. It didn't cost much of anything. In that connection, I like it a lot, if it gets me to stand up for what I want. I realize very much that I need to do that, and take advantage of the little bit I've gotten here, things aren't neutral any more, but I feel something for it all. That's really important, as I see it. Feeling for things..."

Therapist: "I don't want to seem rejecting of you to make you feel that way." Daniel: "That I understand perfectly well. It doesn't seem that way at all. I sensed that I understood the meaning of feeling for things generally."

Therapist: "Good. How do you feel now?"

Interpretation. Daniel dares to question the approach the therapist takes and to test him still further, possibly because the therapist, in connection with Daniel's earlier testing of him, repaired and thus strengthened the alliance between them. In the case considered here, Daniel becomes upset at the therapist's smiling at him, making him feel that he was being mocked. The therapist again repairs the alliance through admitting he had done it in ironic intent. The therapist is able to show that even this seeming triviality is meaningful – that Daniel dared to open himself up in connection with it. The repair the therapist performs then makes the contact between them still closer than before.

Events following the test. Daniel continues to explore and to give outward expression for feelings of different sorts that develop within him. He tells both of being fearful and of being sad, but also of being curious about the various feelings he experiences. He also dares to engage in two-chair work. When that has been completed, he says "I feel alert and full of energy, like a young horse that kicks up its legs, at the same time that I'm a little nervous, but that's not so important...then I feel very much surprised, I can hardly believe that the whole thing works, that it really functions, but it does."

Example 3, Barbro

Contract and CCRT. Barbro describes in her contract her wish of being more receptive of others without feeling any sense of guilt for that, of asserting herself better and of expressing more openly what she feels. In her CCRT one can note, just as in her contract, her wish to assert herself and to be more receptive of others, and in addition a fear she has of others trying to control her and of their failing to respect her and possibly harming her, this leading to her feeling depressed, ashamed and fearful.

Events prior to the test. Barbro reports on her relationship with her mother, whom she feels strongly bound to and at the same time fearful of. She tells of her efforts to do what her mother expects and of her endeavoring to be liked by her mother. In the therapy sessions she is encouraged to work on this in a two-chair situation, yet she finds this uncomfortable, saying she experiences it as being foolish and more like a theatrical performance, and that in doing so it is as if she were trying to be a good client and nothing else. Accordingly, the two-chair work undertaken is broken off. She continues then on her own initiative in taking up a dream she had, in which she imagined herself as a small child seeking help. Her reporting of the dream has a strong emotional tone.

Quotation (session 4, RE 4). Barbro: "I need someone to take care of me." Therapist: "Mm" Barbro: "I'm unhappy, I feel so lonely."

Therapist: "Mm. What's happening around you?"

Therapist: "You don't need to hide." (Barbro cries) "I'm saying to you again: You don't need to hide. You're free to ask for whatever you want."

Barbro: "The best way to get her (her mother, that is) to like me is to hide." Therapist: "Say: I don't need to hide. I want to say to you that..."

Barbro: "I don't need to hide."

Therapist: "I want to say to you that..."

Barbro: "I want you to, I want you to take care of me. (she cries).I want to be a small child too."

Therapist: "You have a right to demand that. When you're a small child you have the right to demand that. To be allowed to be small and…How do you feel?"

Barbro; "I don't know. I do feel calm, though."

Therapist: "I believe you. It's good that you're speaking about what you need. Is there anything you need right now?"

Barbro': "I need someone who..."

Therapist: "Is there someone you want to ask something of, ask for something?" Barbro: "It's so difficult..." (she giggles)

Therapist: "Yes it can be."

Barbro: "Yes, I want to sit with you for awhile."

Therapist: "With me? Mm...I'll come over to you instead, it's easier. I'll come over to you so that we can…Is it time for the pause now? That means I won't get any coffee then."

Interpretation. At the beginning the therapist had tried to push a little to get her to do two-chair work, but she experienced it as being foolish (ashamed), feeling it was like a theatrical production. When the therapist then affirmed and responded to Barbro's suggesting, on her own initiative, that she report on a dream she had, she gets the opportunity to assert herself and steer the work with her therapy herself. Her reporting on the dream leads to her expressing her unhappiness openly, The therapist responds in a concrete way to her wish of closeness by sitting down next to her. He helps her "bite the head off of" feeling ashamed, upholding the desire she had expressed, instead of withdrawing.

Events following the test. Barbro expresses a sense of relief. She says: "It feels good now. I didn't think I'd dare to ask that of you, I'd been so afraid of you before."

Discussion

On the basis of our results in investigating client-therapist interactions in transactional analysis group therapy we conclude that the affective dimension in the therapeutic alliance in this form of therapy plays a considerably stronger role than is stated in our assumption that TA mainly is emphasising the rational dimension of the alliance. Also, despite the efforts being made in the use of some TA methods to limit or avoid the occurrence of transference phenomena, the results we obtained showed transference to take place to a degree comparable to that which can be observed in a study in psychodynamic therapy by Stenlund (2002), where achieving transference is aimed at.

Each of the clients "tested" the therapist. The 5 clients who were studied appeared to differ considerably in the degree of transfer that occurred. Daniel, for example, "tested" the therapist many more times than Erik did. An explanation for this can be that there were marked differences between them, as reflected in their respective CCRTs, in their manner of dealing with a stressful situation, in terms of fight or flight. Daniel's CCRT results point to a strategy characterized by fight, his critically observing and questioning things very much, whereas Erik appeared to avoid confrontations and to endeavour to adjust to things as they are, a strategy in this sense of flight.

To a large extent, the therapist appears to have responded appropriately to the "tests" in the therapy situation that the clients made of their pathological expectations. How things turned out, both in connection with the therapist's responding appropriately and with his responding inappropriately emphasize the importance of the affective dimension in the therapeutic alliance. The therapist, who had knowledge about transference but also had the intention to reduce it, appears to have worked intuitively with transference in a way that strengthened the alliance with some clients. This is in line with Tomkins (1962, 1963, 1991, 1992), who regards affects as the primary motivational force. The results of the study point to the fact that affective communication is so basic in human communication that it's not possible to exclude or reduce.

The qualitative analysis of portions of the therapy protocols that were presented here suggests there to be a conflict between different therapeutic approaches, one that can be related to Lundh's (2009) reasoning in considering the therapeutic relationship to represent a "technique". Lundh regards this aspect of the therapeutic relationship as always being present, though its content can vary. He contrasts an empathetic-validational approach with a steering-influencing approach, considering the former to concentrate more on the inner world of the client and to emphasize listening and the achieving of empathetic understanding more than the latter approach does, which aims at encouraging thinking and concrete behaviours of particular types. In our study the therapist appeared to have certain difficulties in balancing the use of these two differing approaches, where the TA technique, as conventionally described, is more in line with the steering-influencing than with the empathetic-validational approach. Employing the TA technique as a strategy for driving the therapeutic process forward was found to sometimes lead to a setback for the process intended and even to a stoppage of it.

Agneta exemplifies this. In her CCRT she expresses the wish of being more open rather than being reserved and inhibited, as she often tends to be. In two-chair work she obviously has great difficulties in letting go, turning to the therapist and saying that what she is doing does not seem natural and seems somewhat foolish. The therapist does not take heed of this, brushing aside her sense of embarrassment, and thus not helping her to deal with the situation. His efforts to get her to continue with the two-chair work result finally in her discontinuing it entirely.

Sandell (2009) takes Lundh's line of reasoning regarding the therapeutic relationship constituting a technique a step further, maintaining that the distinction should also be made between surface and depth – i.e. between what is manifest, readily visible and obvious, and what is latent, subtle or implied. Sandell terms the more superficial aspect 'interactions" and the deeper one "relationships". Sandell thus emphasizes the subjective and individual or personal aspects of the

interaction between the client and the therapist, whereas Lundh focuses on the more technical or professional aspects of it. It seems sensible to assume that an "empathetic-validational" approach places greater emphasis on "relationships" and a "steering-influencing" approach greater emphasis on "interactions".

In the long run there can be a risk of a largely exclusive schooling in the use of a single therapeutic approach being disadvantageous to therapeutic work. A therapist who places one-sided emphasis upon the therapeutic relationship, i.e. on feelings at the more unconscious level, can lose interest in concrete changes in manifest behaviour. In contrast, a therapist who employs a directive goal-oriented approach and lays emphasis on the client's concrete and more conscious behaviours, and on the purely interactional side of contact with the client, can lose interest in the tacit inner processes involved. Although one might easily assume these two approaches to by nature be contradictory, this need by no means be the case, provided the therapist has sufficient simultaneous attentional capacity and the ability to attend to contradictory elements in the therapy situation.

Considering again the case of Agneta, in which the therapist fails to take account of the inner thoughts of the client and to interpret them properly – their interaction with one another and her conceptions of things – so that their "relationship" is not taken adequate account of, one can note that their "interaction" gets nowhere. There the more superficial relationship involved, though aimed at promoting a process of change, is largely a hindrance to their effective interaction and thus to the success of both the inner and the outwardly manifest process of change which is sought. In the case of Barbro, the therapist lays emphasis on the "relationship" between them through responding appropriately to her emotional message. She speaks of feeling calm, but the therapist asks her nevertheless whether there is anything she feels in need of just then, acting on the basis of his conception that she feels in need of something. Barbro responds by declaring her wish of sitting next to him, but at the same time, by giggling, delivers the message of her being embarrassed at this. The therapist then takes the initiative and performs the concrete act of approaching her. In so doing, he acts in line with his understanding of what Barbro was communicating, that she was embarrassed and wanted him to take the initiative. In psychotherapy generally, particularly within the dynamic school of it, but also within TA, one is often schooled in not taking such initiative, the therapist being advised to wait and let the client take the initiative needed to satisfy his or her needs.

Use of an integrative multidimensional rather than a strict method-true approach in the therapeutic encounter is something we like to recommend. An important therapeutic skill can be seen to be that of the therapist's having knowledge of a variety of different methods and approaches, particularly when this is combined with a high degree of flexibility and simultaneous attentional

capacity, which can also contribute to the therapist's ability to repair mistakes and misunderstandings (Safran & Muran, 1998, 2000). This latter ability is an important and perhaps necessary one for the therapist to possess, regardless of what therapeutic method or approach he or she employs. This allows hindrances and breaks in alliance to be bridged over and to be avoided.

Obtaining knowledge of the curative mechanisms that are effective in the therapeutic process is a challenge for research in psychotherapy generally. The complexity of the interaction between the therapist and the client makes this area of research a difficult one in methodological terms. The investigative material can readily become so extensive that quantitative limitations need to be placed on it. The data basis for our study is very limited as it only included one group therapy involving five invested clients and one therapist. Although this places very definite limits on the generalizability of the results, it does provide the possibility of examining in some detail the interaction between the client and the therapist and of gaining considerable insight into the therapeutic relationships involved. The alliance between the therapist and the client is important in all forms of therapy. Our results can be seen as contributing to an understanding of the dynamics between the rational and emotional alliance, as well as to the knowledge of psychotherapy generally and to the methodological development within it.

In the present investigation we examined details of therapy sessions that were studied with qualitative methods, involving interpretation of the content of what the therapist and the client said. These methods are well adapted to clinical practice and thus to use by therapists in a clinical context.

Methods for investigating the phenomenon of alliance have been developed primarily within the area of dynamic psychotherapy research. Our having investigated TA therapy here with use of methods having a psychodynamic reference is of clear advantage in that our results are able to show that the affective dimension found in alliance is of relevance not only to psychodynamic but also to TA therapy. Alliance can thus be considered to represent a "common" and curative factor in both forms of therapy, perhaps too in therapies in general.

We decided in our study to take up specifically the interaction between the individual client and the therapist without examining the effects the group has on the client's interaction with the therapist. We have assumed that, since in TA therapy of this type the therapist concentrates on the individual client and not on the group, the group dynamics within the group which was also there played no more than a subordinate role in determining how alliance between the therapist and the client developed. This may be an area for further study.

It is worthy of note that that the group in question had a male therapist and that the clients consisted of eight women and two men. In a group-dynamic perspective, this should be relevant both to the interactions between clients and to their relation to the therapist, and may also be an area for further study.

The aim of our study was to investigate whether emotional aspects of the alliance between the client and the therapist play an appreciable role in a form of therapy in which such aspects are not generally considered to represent a factor of particular note. This applies for the investigated TA therapy, in which rational aspects of alliance are emphasized. The results of our study showed affective dimensions of alliance to play a considerably stronger role than would be expected if alliance were based on a predominance of rational considerations. It appears that emotional aspects of the alliance between the client and the therapist represent an important factor in TA therapy. Results of the study thus appear to be of clear clinical relevance to transactional analysis psychotherapy.

Further research on the psychotherapeutic process is needed to obtain more adequate insight into the complex phenomena involved. Alliance is important in this connection. Its importance may often be underestimated.

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The Empirical Basis of Medicine in search of Humanity and Naturalistic Psychotherapy in search of its Hermeneutic Roots

Introduction

Neurobiological research in the medical field, the regulation of psychotherapy and the vigorous quest for recognition of the profession of counselling are some of the many factors that may directly affect people's well being. These factors on one hand offer new ways of changing our lives for the better, with less pain and open to hope, and on the other they are steps of a progress that may actually worsen the conflict of interest between the medical, psychological and helping professions.

The entire population would benefit from a strong collaboration between those professions and from a better appreciation of their respective areas of competence. The benefits could be financial too, as cooperation would improve the efficiency of the existing structures and the recuperation of the assets currently employed in power and competency struggles. The capital saved could then be used to distribute responsibilities and professional knowledge on the basis of their suitability and effectiveness for prevention, treatment and cure.

In this article I will be evaluating some basic assumptions that guide the medical field and the social sciences and that, when satisfied, improve the usefulness of therapeutic or preventive interventions, allowing the individual to access and function in a mutually supportive social network.

1. Empirical evidence in medicine and dissemination

Thanks to the empirical research it is possible to discover new ways of intervention and to improve those already existing. Many types of intervention believed to be useful and effective can be tested and evaluated through highly reliable methodological procedures; as a result of this close examination they can be declared not useful or even harmful in spite of their being widely used. An example coming from the medical field is the use of Hormonal Replacement Therapy (HRT) that had been a popular choice for the cure of post menopausal osteoporosis. After a careful scientific analysis this therapy turned out to be not only ineffective for preventing coronary disease (Manson *et al.*, 2003), but was correlated also with a 26% increase in the risk of breast cancer (Chlebowski *et al.*, 2003). Unfortunately the illuminating results of scientific research are often not adequately divulged and so the corrective interventions are not applied or are accepted only after many years. As an historical example, in an experiment carried out by a ship captain in 1601, sailors of one ship on a long trip to India were given three spoons of lemon juice daily in addition to the regular diet, and on the other three ships on the same trip the sailors had an identical diet but no lemon juice. During the first half of the journey, 40% of the sailors, 110 out of 278, died on the ships where the lemon was not given, while on the experimental ship, where the lemon was consumed, nobody died. Despite this astonishing result it took 264 years before it became compulsory to add vitamin C to the diet of sailors of the English merchant fleet (Berwick, 2003).

Today the implementation of changes suggested by research evidence is much faster, on average ranging from 15 to 17 years (Institute of Medicine, 2001). However there are instances that show a rapid circulation and recognition of the results of research; an example is the case of arthroscopic surgery, an operation for osteoarthritis and commonly practiced until a few years ago. The efficacy of this procedure was tested in the late nineties in a controlled experiment involving studying 2 experimental groups of patients who had an arthroscopic operation of either 'shortening' or 'washing', and 1 control group of patients who were led to believe they had had the surgery but hadn't. The surprising results showed no significant difference between the conditions of patients of any of the groups, either immediately after the operation or later at follow up. As a consequence of this study the arthroscopic procedure was abandoned altogether (Moseley *et al.*, 2002).

There are diverse factors influencing why information coming from results of scientific research is being used in practical application much more quickly today than in the past. Three prominent factors were presented by Barlow (2004), the foremost being the rapid growth of and depth of the understanding of the nature of much pathology, and the consequential adoption of new and more effective interventions. The second factor seems to be the substantial improvement in the quality of clinical research. In fact the external and internal validity of experiments is now stringently controlled; the introduction of analysis plans has allowed more advanced data analysis, and nowadays research is carried out in various environments so that the generalization of the results can be wider and the effects of the theoretical bias of the researchers becomes better controlled. The last factor influencing the dissemination of research is that worldwide there is a new awareness of the ineffectiveness of many health interventions, accompanied by the vertiginous increase of their costs, which together fuel the motivation to find new treatments of sound value.

2. Evidence-Based Medicine, EBM

The improved quality of the research on the effectiveness of treatments and its rapid circulation are also a derivative of the recent innovative approach to medicine defined as Evidence-Based Medicine (EBM). This approach in fact aims at using in clinical practice only those treatments that have been tested empirically.

One important purpose that underlines the spirit of EBM is articulated in its definition, as it does not only include the literal meaning of medicine based on empirical proof, but goes well beyond, especially if we take into consideration the intent that inspired it. David Sackett (Straus *et al.*, 2005), one of the most important promoters of EBM, defines it as the integration of the doctor's personal and clinical competences with the results of external clinical evidence obtained by systematic

research (Sackett *et al.*, 1996). Three aspects are fundamental to this definition:

a. clinical proficiency, understood as the accumulated experience, training and clinical skills of the doctor;

b. what the person being treated brings to the relationship with the practitioner: their own preoccupations, their expectations, their own individual desires or values;

c. external clinical evidence attained by research that employs scientific methodology (Sackett, 2003).

Hence EBM maintains that the research evidence in itself is not enough to determine the process of the cure of the patient but it is the full integration of the above three components in the clinical interventions that can improve the patient's quality of life and the best clinical result. The practice of EBM begins with the encounter with the person who asks for the intervention; such encounter generates an evaluation of the effects of therapy, the usefulness of diagnostic tests, the prognosis and the etiology of the complaint. Hence the cure is determined by the complex process of accounting for and interpreting every single aspect that may take part in it.

3. Empirical evidence of effectiveness in the psychological field

In the psychological field important steps have been taken with the aim of identifying models of psychotherapy treatment that are scientifically proven, or EST (Experimentally Supported Therapies), to become the interventions of choice. Identifying such therapies has put many experts of psychological research on the defensive (Westen *et al.*, 2004; Scilligo, 2004; see also Scilligo, 1994) for they maintain that such choices lack a wider vision and attempt to apply medical criteria to psychology without considering the substantial differences between them (Scilligo, 2004). Moreover, according to Sackett *et al.* (2003), EBM involves attention to empirical verification as well as the use of the doctor's own human experience and openness to the person wishing to be cured, to understand them, welcome them and establish a strong collaboration.

The issue of the substantial difference between medical interventions and psychological ones will be discussed below, but I will now examine the research in the psychotherapy field and how data from such work struggles against economic pressures and the lack of a timely distribution.

One intervention aimed at distributing the results from empirical research on mental health is the allocation of funds for their diffusion to the public. In 2003 the Department of Health and Social Services in the United States granted 3.2 billion dollars to the SAMHSA (Substance Abuse and Mental Health Services Administration) to be used in the dissemination of

information on physical and mental therapeutic interventions based on research; in the following 3 years, 8.5 billion dollars were allocated to 9 states for the same purpose. Here in Italy, perhaps we can see the recognition of private training institutions for psychotherapy as an instrument of diffusion of scientific knowledge in the sphere of psychological interventions.

However, it has emerged that these allocations of funds do not necessarily ensure an increase of information about the impact that psychological interventions can have on the public. For example, the results of a study carried out by Olfson *et al.* (cited in Barlow, 2004) on the use of psychotherapy leave us perplexed. Analyzing the available therapies for depression, they found that between 1987 and 1997 a growing number of people turned to treatment. However the number of people using antidepressants grew from 37.3% to 74.5% while the number of those who used psychotherapy diminished from 71.1% to 60.2%. However, these percentages should be taken with due care as their definition of psychotherapy included all sorts of counselling, including drug counselling to encourage compliance.

Even more surprisingly, another statistic relative to the same period shows that the proportion of people suffering from depression who received psychotherapy from doctors grew from 68.9% to 87.3%, while the proportion of treatments carried out by psychologists fell from 29.8% to 19.1%. In addition, the number of psychotherapy sessions diminished notably. It is likely that this is partially due to a desire for immediate effects, which may be short lived, and not considering that the combined use of psychological and medical treatments together ensures longer term positive results and a lower risk of relapse (Barlow, 2004).

Below is a short synthesis demonstrating that psychological intervention is more effective in the long term than medical intervention.

4. The health service and the impact of psychological treatment.

The Journal of the American Medical Association and the New England Journal of Medicine are two publications well known for the rapid dissemination of innovative treatments based on sound empirical research. These two scientific journals publish psychological research evidence with the same stringent criteria of scientific rigor as it is found in the research of arthroscopic surgery. The analysis of evidence in these two prestigious journals shows that for a given disturbance, psychological interventions which use innovative procedures are more effective than current pharmacological or alternative therapy interventions. Several studies of stress-induced incontinence in women showed that psychological treatments were more successful when compared with medication or alternative therapies (Burgio *et al.*, 1998; Goode *et al.*, 2003). Another study on insomnia also

shows the marked effectiveness of psychological treatment, compared with medical therapy or a placebo, either in terms of immediate effect or follow-up (Morin *et al.*, 1999). A more recent study carried out in communities of Alzheimer's disease sufferers, similarly shows an improvement of their depressive states and physical health; the intervention also had a positive effect in delaying institutionalization (Teri *et al.*, 2003). Yet another research reports an improvement of psychological interventions compared to traditional medical and alternative treatments in those who show Gulf War Veterans' Syndrome, a complaint with multiple symptoms and characterized by persistent pain, fatigue and cognitive impairment (Donta *et al.*, 2003).

Considering more common psychological disturbances, a major study of the treatment of chronic depression has shown that psychological interventions and interventions using antidepressant medication are equally effective; moreover the combined use of both psychotherapy and medication gave results that were better than for each intervention alone (Keller *et al.*, 2000). A study on panic by Barlow, Gorman, Shear & Woods (2000) showed that psychological therapy was as effective as drug-based interventions when recorded immediately after treatment and at follow up, but the psychological treatment had a longer lasting effect as it involved less frequent relapses. Yet another study, on the treatment of depression among marginalized young women, shows that the psychological intervention produced better results compared to the services offered by the community agencies and showed equal effectiveness compared to pharmacological treatment. For this research, medical treatment had a certain advantage over the psychological as the latter was received by the women with some resistance (Miranda *et al.*, 2003); for this study there is no follow-up data available yet.

However it is important to note that each of these studies has a different complaint as focus: from depression to incontinence and panic, thus the psychological interventions were necessarily of diverse nature.

Over the last decade hundreds of studies have tested psychological interventions using the stringent criteria of scientific research (amongst others, Baskin *et al.*, 2003; Westen & Morrison, 2001; Westen, Novotny, & Thompson-Brenner, 2004). Such criteria include advanced effect measurements, inclusion of the subjects with and without co-morbidity, often utilizing plans of analysis that involve testing different treatment centres, and careful control of the theoretical bias of the experimenters (Luborsky *et al.*, 2002). These studies have also been reviewed, including meta-analysis, by the US National Institute for Mental Health and by the UK's National Institute for Mental Health (Roth & Fonagy, 1996), by national associations (Chorpita *et al.*, 2002) and by professional

bodies such as the American Psychiatric Association. These studies concerning psychological and physical

disturbances in adults or in children, from fears to vascular disease and cancer, have been subjected to

 critical review (for example, Barrett & Ollendick, 2003; Gatchel & Turk, 2002; Gatz *et al.*, 1998; Kazdin & Weisz, 2003; Nathan & Gorman, 1998, 2002; Roth & Fonagy, 1996, 2004; Smith, Kendall, & Keefe, 2002). From all the collected evidence it often emerges that for any specific complaint it is possible to obtain highly positive results when their treatments include combined interventions.

A clear conclusion that can be safely drawn from this research is that psychotherapy of various theoretical approaches is effective when compared with any other treatment, including alternative psychological ones. In clinical practice, for major depression both drug therapy and psychotherapy produce similar effects and both are more effective than the placebo.

However for major depression most well planned treatments produce positive effects or the depressive condition disappears on its own, almost always to returns some time later (Judd, 1997). An effective treatment, whether medical or psychological, should eliminate the reappearance of depressive states. On the basis of the most recent research, psychotherapy produces long-lasting effects on its own, even when used for major depression (for example, Fava *et al.*, 1998; Hollon & Beck, 2004; Hollon, Thase, & Markowitz, 2002; Paykel *et al.*, 1999; Teasdale *et al.*, 2000).

Barlow (2004) concludes the evaluation of these studies claiming that any analysis that aims at comparing results relative to different pathologies will not provide conclusions that make sense.

Also, most protocols used in the psychological treatments studied come from the laboratories of psychological sciences, more specifically the cognitive and behavioural sciences that are strongly linked to social psychology and interpersonal processes. Such protocols have been adapted to be used in clinical practice for psychological disturbances (Bourton, Mineka & Barlow, 2001).

Furthermore, the psychological interventions studied are a collection of psychotherapies based on different theoretical approaches, which are not static. In fact such approaches are becoming less and less distinguishable between each other as they have started to borrow sections of different theoretical justifications based on scientific verification of their efficacy. For example, one of the preferred treatments for drug and alcohol abuse based on empirical research

derives partly from the non-directional Rogerian model of counselling (Burke, Arkowitz, & Mencola, 2003; Miller & Rollnick, 2002).

Finally, from recent analysis of treatments for mental health issues, it is clear that such issues are quite serious so the findings may not be applicable to milder disturbances (Stirman, DeRubeis, Crits-Christoph, & Brody, 2003).

5.   Towards which future?

Scientific evidence has led to the adoption of new interventions deriving from different theoretical psychological approaches; these are the community assertion treatments, community support interventions, motivational interviewing, parent education (with the aim of identifying disturbances in children), stress and pain management, and some with names that evoke a more deliberately psychotherapeutic aim, such as interpersonal systemic therapy, family therapy, cognitive-behavioural therapy, dialectic behavioural therapy. All these treatments are based on the establishment of the therapeutic alliance and on building a positive attitude towards change; they use counselling skills in order to support the suffering individual in learning to make a better use of his/her own resources. Barlow (2004) suggests that all these interventions should come under the generic name of "Psychological treatments".

These new evidences bring to the fore the importance of the collaboration between the professionals, whether psychologists or not, who deliver the scientifically based interventions in the real and human world.

If the successes of these collaborations between practitioners of different orientations and competencies were widely and publicly known, perhaps we would see an increase in the use of psychological therapies as it is common knowledge that given the choice, the public prefers psychological interventions to medication (for example, Hazlett-Stevens *et al.*, 2002; Hofmann *et al.*, 1998; Mitchell *et al.*, 1990; Wilson & Fairburn, 2002; Zoellner *et al.*, 2003).Sometimes scientific research has seemed to encourage interventions that are heavily reliant in the use of techniques, as in the case of EST (Westen, *et al.* 2004). However, recent data shows that psychological treatments require clinical competency and a solid therapeutic relationship to increase their effectiveness, especially for serious psychopathologies (Klein *et al.*, 2003; Norcross, 2002).

The outcome of the treatment depends on important variables such as the experience of the therapist (Huppert *et al.*, 2001). Psychotherapists with longer experience are able to use tailored interventions to adapt to the different patients styles, with proven efficacy of the results (Beutler, Moleiro, & Talebi, 2002; Castonguay *et al.*, 1996). For example, the experienced psychotherapists who had adopted less directive

communication with non motivated patients got better results than the psychotherapists who remained directive in their interventions (Beutler & Harwood, 2000), within the remit of the specific patient psychopathology.

In cases of mild disturbances, the competence of the psychotherapist found a good complement in the use of self-help books (Ehlers *et al.*, 2003) and in the use of purpose-built computer programs (for example, Kenardy *et al.*, 2003; Norcross *et al.*, 2003).

In synthesis, Barlow (2004) maintains that there are three basic principles to evaluate the effectiveness of psychological treatments:

a. The appropriateness of the psychological inter-vention for the disturbance or the medical or psychological problem;

b. The necessity of accounting for the charact-eristics of the therapist and the patient in the treatment plan;

c. The evaluation of the treatments must take into account the specific situation within which treatment is carried out.

In his conclusions, Barlow (2004) makes recommendations on who should carry out the interventions for mental health. Scientific research offer rich and differentiated indications that show that the specialist who is best trained is the psychologist. Special consideration should be given to the clinical experience of those who provide psychological help, as it seems to imply clinical qualities which affect their effectiveness in ways not predicted by empirical research.

Barlow himself underlines the need to consider each specific context and the variables of the psychotherapist; it is important to consider in what measure the results of controlled clinical trials carried out in laboratories can be directly applicable to different, real environments. This is the same criticism made of experimentally validated therapies: as well as giving an important widening of the horizon, they risk imparting a restricted vision of problems that are humanly complex rather than technical issues.

The rich scientific research has shown that the factor of "clinical competency" of the therapist is not reducible to technical competence, but includes some very complex aspects of alliance, motivation and understanding of a variety of specific contexts and pathologies. Thus the need to consider how to measure and describe this interconnected complexity of factors that seem exquisitely human, perhaps not detectable by empirical research methods. Nevertheless, even in this view that recognizes the complexity of interventions on human problems, there is the risk of becoming experts of 'nails' because we hold a very good 'hammer', ignoring that people don't live on nails, however useful they may be. It is not by chance that EBM gives importance to the

dialogue between the practitioner and the patient, a dialogue that becomes the creative source to understand the nature of the intervention in its complexity.

The evaluation of the psychological interventions with the three conclusions of Barlow (2004) shows that issues of meaning appear on the edge of the world of scientifically proven interventions.

This is what I am going to look at, to show that the intervention, in human circumstances, needs a wider understanding which includes both the empirical verification and the subjective understandings of the person.

6.   The Horizon of psychology in the western world

The enthusiasm for empirically validated interventions is a derivative of Anglo-American psychology, which seeks to emulate the approach and methodology of natural sciences and medicine in general, in the hope of achieving the same levels of success. Such a vision is usually referred to as naturalism (Taylor, 1989, Scilligo, 2004). A basic tenet of naturalism is that human life is essentially one of the manifestations of nature, therefore to be studied and explained according to science. Science is a rigorous and objective discipline that mostly uses controlled experiments producing, as far as is possible, strictly objective descriptions of the human phenomena, independent from value judgements and neutral respect to them and to culture (Christopher, J.C., *et al.* 2000).

A key aspect of naturalism implies, using a famous quote from Max Weber, the "disenchantment from the world" or its secularization through objectification. In this view, the world is made of objects without meaning, in a causal relationship between them; often such a world is seen as the real and only world, even if the world of human encounters, shared intentions, moral struggles and quest for meaning continue to exist. One consequence of this objective vision of the world is a limitless subjectivity, in which values and meanings are seen as being constructed by the individual and projected onto the world.

Human identity lives inside each person and there is an infinite gap between individuals and the world, either natural or social. In this perspective people are seen as separate individuals, as discrete atoms of experience and action, linked in various ways to social groups competing against each other and trying to overcome the inevitable conflicts with others through negotiation and alliances.

In this type of world, freedom is conquered at the cost of alienation and emotional isolation, partly because such a world eliminates the possibility of deep sharing of values and lasting social bonds coming from human experience (Bellah et al, 1985; Cushman, 1990; Etzioni, 1996;

Sandel, 1996).

Epistemology and scientific research develop reliable methods that guarantee a completely objective knowledge of reality, without the contamination of subjective desires and evaluations. Random sampling and double blind trials are necessary to anchor the knowledge in the objectivity so as to be able to make accurate predictions that structure reality in preferred modes. It is a matter of having the world represented in the mind to coincide with the world that is objectively out there, which has determined properties, independent from the cultural practices and beliefs. Knowledge, in this vision, essentially means the correspondence between internal beliefs and external reality. The person is seen as a subject who knows, thanks to the method of questioning, for which the only certain knowledge is of their own self that can potentially be known. The self is an isolated spot, completely cut off from a world of rough objects (Taylor, 1995).

The subject-object ontology and its representational epistemology has become the cornerstone of the social sciences of the twentieth century and they permeate wide sections of modern culture and thought. Objectivism has become "the belief that an a-historical permanent matrix exists, to which we can refer, to determine the nature of rationality, knowledge, truth, reality, of the good and the right" (Bernstein, 1983, p.8 cited in Christopher *et al.*, 2000). In this objective vision the scientist is a detached and neutral observer, able to uncover social and psychological universal truths that are a-historical and timeless.

7.   Objectivism is a problem for the social and psychological sciences

A first difficulty encountered by objectivism applied to social and psychological sciences is that "objective" research, despite great efforts, is still a long way from achieving the levels of scientific rigour of the natural sciences. The aspiration to develop well constructed theories, able to predict and control, as with the natural sciences, remains a dream (Christopher *et al.*, 2000). Even the most sophisticated knowledge, that describes various configurations of correlated variables, does not allow any instrumental control over events that comes close to what has been obtained in the physical, biological and engineering sciences. Faced with such a vast failure, many academics maintain that research on human sciences is using a methodology that does not suit them, or only approximately.

For example, Gergen (1982) claims that there is a fundamental difference between the phenomena which interest the natural scientist, and those studied by the social-behavioural scientist. There is no real justification for the immense effort being made to prove empirically the fundamental laws of human behaviour. It would seem that there are very few regularities in human behaviour

that are not subjected to significant changes. Secondly, it could be argued that the efforts of the social sciences to emulate natural sciences are based on an un-real and distorted understanding of the natural sciences themselves. Post-positivist philosophers, such as Feyerabend (1978), Kuhn (1970), Laudan (1977; 1984), Shapere (1984), Kitcher (1993) and Suppe (1977) convincingly argue that the positivist philosophies of science, with their belief in objectivism, are unable to present and understand what actually happens in the process of the natural sciences. The revisionist thinkers today insist on the deeply interpretative and hermeneutic dimensions of sciences; according to them, observation is dependent on the theory and the confirmation or refusal of the theory can be seen as a convention influenced by values such as usefulness or parsimony. These changes in the philosophy of the natural sciences invite us to think that the social sciences are constructed on the basis of false assumptions. Thirdly, objectivism has led to a paradoxical and dangerous idealisation of method, actually an idolatry of method. The social sciences usually treat theorization as separate and subordinated to scientific method, used to obtain knowledge (Slife and Williams, 1995, Scilligo 2009). The theories and predictions of the scientific hypotheses, wherever they are coming from, are valid and acceptable only in as much as they are tested and validated by methods that have been devised independently from any theory.

However, the methods are in fact applied according to theoretical and philosophical beliefs concerning the nature of things and how we can know them. So, the method itself is a theory, a philosophy that is based on assumptions about the world and from such assumptions emerge important implications. Such assumptions ignore some factors and evaluations while others are accepted without any proof, and smuggled in by 'philosopher's magic' and disguised as "scientific method" (Slife and Williams 1997). Finally the unrealistic and distorted position that objectivism proposes, paves the way to a thinking that is all or nothing, where the only alternative to objectivism remains relativism, a relativism that puts the thinker into a condition without a way out.

Examples of this relativism are found in constructivist and postmodern social theories, which completely abandon the concept of knowledge as representation and undermine any efforts to anchor understanding (Gergen, 1985, 1994; Rorty, 1979, 1982). For example, Gergen (1985) maintains that social constructionism goes beyond the traditional objective-subjective dualism, because psychological research ignores the notion that experience is the touchstone for objectivity. The so-called descriptions of one's own experience would be nothing other than "linguistic constructions guided and formed by historically contingent conventions of discourse". So truth can not be derived from the method; there is no right procedure to guarantee the objectivity of results and theories. Instead, social constructionism offers "accounts of success mainly linked to the ability of

the academic to invite, convince, stimulate and thrill spectators and not to criteria of veracity" (Gergen, 1985, p. 270).

8.   Towards an integrated vision of the human situation

Notwithstanding the clear limits of a representational vision of objectivity in empirical research applied to human sciences, the current trend is to remain with scientific reductionism instead of finding ways that respond to the needs of a world that is in need of opening itself up to the subjective without the excesses of constructionism or constructivism. It is not hard to see that today the alienated person, detached from the world in which he/she lives, in reality is at the same time a moral and scientific idealization.

The modern self, without important links to the natural and social world, in fact connects with it through the central moral ideals of the modern world, such as freedom as autonomy of the self, individual responsibility, and the use of one's own judgment to find one's fulfilment within the self (Taylor, 1995). This self is well equipped with freedom and rationality to deal with its own structure and the world around, to change them both at will or resist pressure to conform and to pursue self-actualisation.

Representational philosophy is well suited to Western culture, where the ability to obtain freedom is at the cost of alienation, and where there is such an emphasis on possessing and controlling nature and the self, even at the expense of other types of social, moral and spiritual values. Even the aspiration to know an independent reality in science is well adapted to the anti-authoritarian and emancipatory moral vision of modern times (Richardson, 1989). Such a vision promotes and protects individual autonomy as a priority, tending to ignore other values and virtues such as the "redemptive power of suffering, the acceptance of one's own destiny, and adhesion to tradition, self limitation and moderation" (Frank, 1973, p.7 cited in Christopher et al, 2000).

The search for certainty through representational epistemology and exaggerated individualism is also connected to modern urban life which leads to a weakening of state support and the dissolution of human bonds and shared obligations (Berger, 1977; Berger, 1979). Hence the illusion of an impregnable individualism and of an invincible knowledge. Dunne (1996) sees this self with its appearance of separateness and ability to manage nature as a disguise for a sense of failure and precariousness of the modern condition of people uprooted and emotionally isolated. For him, it is the result of Cartesian angst which requires the human being either to find an Archimedean point or to be unable to escape the dark forces of intellectual and moral chaos (Bernstein 1983, cited in Christopher et al, 2000). In other words, the application of the principles of clear separateness and independence of the subjective and objective world,

as seen by the naturalistic philosophy, transforms the human agent into a subject that knows the world through a correct representation and aims at theorizing and controlling it by technology. According to many studies this produces an inordinate individualism, alienation, the dissolution of social bonds, an exaggerated preoccupation with possessing and controlling and the incapacity of tolerating healthy limits. The ontology of the subject-object, according to which the modern individual is detached and de-contextualised, guarantees some important values, such as personal autonomy, basic human rights, and a critical position towards tradition. But at the same time there is the risk of totally eliminating the notions of community, tradition and ethical values that go beyond the rights of the individual as well as the possibility of implementing procedures aimed at making absolutes of the ideals of liberty and technical control (Sandel, 1996).

Contemporary hermeneutics can open up an alternative landscape. It offers the promise of promoting a post-Newtonian understanding of the social sciences and psychology, without undermining the post positivistic orientation within the natural sciences; such opening of horizons sees knowledge as essentially interpretative and indicates the substantial differences in the explanations of the human sciences and the natural sciences. The hermeneutic conception does not exclude the use of abstraction and objectivization of the natural sciences. It is possible to stand back, through abstraction, from the meanings and the significant relationships of life and consider them, including human behaviour, as processes or neutral events, or structure them in terms of cause-effect, a dynamic momentarily detached and objectified. This neutral distancing and abstraction favours the development of a quantitative and fragmented cognitive style in the individual, commonly found in the business and industrial world. But in the social and psychological field when this cognitive style is made the only choice it leaves out the experiences and emotions that are spontaneous and contemplative and leads to the destruction of relatively cohesive communities where people have always found support, solidarity and meaning throughout history (Berger, 1977). The momentary objectified detachment should be reinterpreted within a wider interpretive framework.

Different factors intervening in the broadening of the horizon

Gadamer (1975) claims that precognition is the basis of any knowledge; knowledge is an interpretation always embedded in a lived tradition. According to this view, the effort to reach an objective knowledge, a-historical, free from values, is not only impossible but also flawed.Today a postmodern hermeneutic exists and shows that there are cultural values that penetrate it from every side, despite the efforts of psychology to be neutral and objective (Christopher, 1999; Christopher, Christopher & Dunnagan, 2000; Cirillo & Wapner, 1986; Cushman,

1995a; Hogan, 1975; Kirschner, 1996; Richardson, Fowers, & Guignon, 1999; Sampson, 1977, 1988; Spence, 1985; Woolfolk, 1998).

A second reason that knowledge can be objectified, if not parenthetically and in non-absolute terms, is due to our historical nature. The human subject is always placed within a particular horizon based on personal and cultural factors. From this viewpoint, hermeneutics is not only a method to guide interpretation but is also a social ontology that explains how the human agent is necessarily embedded in a social and cultural context. Heidegger (1962), in conceiving the being in an interpretative activity, proposes an alternative ontology to that of the isolated and unconnected so central to the Newtonian and Cartesian conception. For Heidegger being-in-the-world is a vision of the person that is neither dualistic nor individualistic: human existence is a becoming (Heidegger, 1962, p.426); the lives of individuals have a temporal and narrative structure, a developing and extending from birth to death.

For hermeneutic thinkers the language of science applied to the study of human beings is relatively poor. In science human beings are studied from a distance (Slife & Williams, 1995) while the only imaginable human agent is born of the "logic of asking and responding" (Gadamer, 1975, p.333) within a space of questioning. This is a space for a critical dialectic of values and ways of acting in the context of other commitments and moral intuitions which are a part of the living-out of traditions by people in dialogue. Lives and traditions are in continual flux about religious and scientific contents, and even the defects and meanings of the Enlightenment tradition that permeates us are widely discussed.

9. Hermeneutic Dialogue

This widening of horizons needs a hermeneutic dialogue that consists of a process in which meaning is given to significance, to interpretations, to the tasks of self and of others when they differ from our own. Genuine understanding will be found in the fusion of horizons.

The first step in hermeneutic dialogue is that of understanding what the people in the dialogue hope, mean and intend. It is a circular game between opening and application. The initial phase of opening (Gadamer, 1975) is based on the presupposition that nobody has an advantage in truth and that the other could have something important to communicate to us. Genuine openness implies giving the other momentary authority to challenge the beliefs and prejudices of the partner in dialogue (Warnke, 1987), in an effort to understand how the interlocutor can have their own belief and way of living with its own fullness of truth and meaning. The "fusion" happens when we are able to take a respectful position, open to the other, when we concede to the other the authority to put into discussion our own assumptions and deepest values. According to Gadamer (1975), this is the most authentic way to put ourselves in relation with others. A second phase of dialogue, application, implies critical testing of the intuitions and viewpoints that emerge from the opening, to see if they offer a better vision for the current situation and for the new circumstances and new challenges possible: what is learned is always modified by one's own circumstances and historical situation, never blindly accepted.

There are risks in the use of openness and application. The main risk of openness is conservatism (Warnke, 1987), which implies blind obedience to authority and rationalization of the status quo. One remedy for such non authentic rationalization is a later application of the new discoveries to one's own historical situation. The main risk of application is the opportunistic inter-pretation of the events and principles in a self-referential egotistical manner. The remedy for such arbitrary tendencies is again a later, often painful, opening to the challenges of others in which creative initiative and cognitive information continue their dance. Gadamer (1981) thinks that this continual process of challenge and response underlies not only the understanding of texts and other forms of discourse, but is also a factor of the game of tradition being played out.

In Gadamer's view we are always engaged in a continuous dialogue between the meaningful and historical preconceptions in which we are immersed and the continual control of what is assumed in the light of what the texts and interlocutors have to say. The human being is placed in an everlasting dialogue, in which the voices of the past are critically heard to find the truth applicable to the present. In this way, the horizon and the questions we raise are constantly transformed through ongoing dialogue (Gadamer, 1981).

10. Psychology between objectivisation and interpretation

From what we have see above it clearly emerges that the social sciences, including psychology, cannot limit themselves to the methodology of detached observation, so central to the naturalistic traditions. The philosophical, humanistic and religious traditions of the West see the social sciences impregnated with assumptions about the nature of people, society and relations between people and society. Even underneath the concepts of good society and good person there are assumptions (Bellah, *et al.*, 1985). The presence of normative assumptions motivated Bellah *et al.* (1983) to claim that the social sciences are better described as a sort of moral inquiry. In this light the social sciences that intend to explain human action in a daily, concrete cultural context cannot be understood as a formulation of hypotheses and their confrontation with independent facts, for in this case the "facts" are lived-out exper-iences, mainly made up of the evolution of self-understanding and significance.

Experimental, correlational, qualitative and other methods can be very useful to identify configurations or let hidden reality emerge from the human experience and the world. However, such methods cannot remain the only explanations or "objective" descriptions to which our way of thinking is accustomed. Their importance and their significance is a function of a wider interpretative effort, to give meaning to the human situation, under the control of a perpetual dialogue.

So one important conclusion is that the interpretative approach is not an alternative substitute for rigorous empirical research, indeed it complements it; hermeneutic is a meta-theory that gives a better explanation for the applications and discoveries of empirical sciences, fully aware that the interpretations reached are never definitive or certain. The interpretative vision sits well with methodological pluralism. In other words, we can say that a fundamental point of the theory and research of the psychological and social sciences is the clarification of meaning according to which we live and is not limited to the pure and simple precise prevision, but is a critical use of it. Sometimes the theory and research confirm and validate lifestyles, but they always interpret anew the social styles of living and so can bring to light errors, inconsistencies and failures and promote a transformation of the life in the present.

The interpretation and understanding of daily life through dialogue implies an inevitable exercise of our evaluation, an application of lived life (Christopher *et al*., 2000). For this, Bernstein (1978) maintains that the social sciences should be at the same time empirical, interpretative and critical. The theory and research of the social sciences essentially contains ethical and political aspects and is a particular way of seeking justice, love and wisdom in the practice of daily life.

11. Conclusions

This article has shown the trend in medicine, faithful to its empirical research and the principles of naturalism, to move towards a method of care which involves in a dialogue the person asking to be cured. We have shown how health psychology is moving in a direction that seeks to have a similar scientific basis as medicine. Through a short overview of research we have shown how the psychological sciences, adopting a naturalistic medical vision are able to demonstrate results that are comparable to those of medicine for the success it obtains and which are better over the long term. Success is put under post-positivist criticism for the negative effects of naturalism on the conception of the person and on the social network of human community. A proposal is made to enrich it by adding on an interpretative approach as a meta-theory that can create enough space for the empirical scientific approach and enhance it by establishing boundaries to an exaggerated and fictitious objectivism and an uncontrolled subjectivism. Moreover, it introduces an interpretative encounter with each

person's historical experience and their links with tradition and culture, neutralising the pretences of absolute detachment from the great values of human life of the naturalistic approach and attributing the task of a moral hermeneutic debate to science.

Pio Scilligo PhD died on July 3rd 2009, after many years of making major contributions to the development of transactional analysis. This article is published posthumously because of its relevance to the aims of IJTAR to stimulate high quality research.

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