IJTAR

International Journal of Transactional Analysis Research

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Contents

Note: because several of the papers were provided by those whose first language is not English, there are some references that use the male pronoun to mean he/she, him/her etc. Rather than conduct extensive editing work, we ask readers to interpret these in the way they are intended, as referring to humans of any gender or sexual orientation.

Editorial

Julie Hay

On 12-13 November 2012 the 2nd EATA TA Research Conference was run in the UK.

Run as a collaborative initiative between 3 of the EATA-affiliated Associations in the UK – the Institute of Developmental TA (IDTA), the Institute of TA (ITA) and the Scottish TA Association (STAA), and with financial support from several UK training institutes and academic support from a UK and a Swedish university, this drew in presenters from Austria, Italy, the Netherlands, Serbia and Sweden as well as the UK.

Presentations were run in 2 streams over 2 days and the 15 papers produced for the Conference Proceedings are now published here as a special issue of IJTAR.

This conference showed that TA research is alive and well, with a great range of papers that spanned all fields of TA application.

EATA has now decided to run future research conferences combined with development events every 3 years so it will be some time before we see the next Proceedings – but in the meantime there is plenty here to stimulate your interest and inform your practice.

2nd EATA TA Research Conference ran 12-13 November 2012 at Putteridge Bury Conference Centre, Luton UK

2nd EATA TA Research Conference 2012

This conference was run on behalf of EATA

as a co-operation between:

the IDTA, the ITA and the STAA

It had the academic support of:

Department of Psychology, Lund University, Sweden

Profession Development Foundation, Middlesex University, UK

It relied on financial sponsorship from:

Psychological Intelligence Foundation CIC

Wealden Psychology Institute

Manchester Institute for Psychotherapy

The Link Centre

The Berne Institute

and had the support of training institutes:

Triangle Partnership

Mountain Associates

Élan Training

The Organising Committee

Julie Hay (Chair), Bob Walton (IT, Speaker Support),

Lynda Tongue (Reception)

Claire Tharmaratnam (Materials), Jude Sellen (Publicity)
.

The Scientific Committee

Professor Julie Hay MPhil DMS CFCIPD TSTA Organisational & Educational

Julie has over 50 years experience in industry, government and the public sector, and has been teaching developmental TA around the world for more than 30 years, including leading programmes in Romania, Ukraine, Turkey and Poland as well as the UK.

Julie has post graduate qualifications in management and for research into leadership qualities, and international trainer certification in neuro-linguistic programming. She is a Visiting Professor at Middlesex University, under whose accreditation she leads an MSc Professional Studies based on the application of developmental transactional analysis.

She is a past president of the European and International Transactional Analysis associations, and was a Founding Director and President 2006-2008 of the European Mentoring & Coaching Council. She is the author of numerous articles and books, developer of various TA-based questionnaires that are being researched by others, and a regular presenter at national and international conferences.

Julie is Editor of IJTAR - International Journal of Transactional Analysis Research – and her current research interests are about making TA research more widely accessible.

Valerie Heppel PhD TSTA Psychotherapy

Valerie is a psychotherapist, trainer and supervisor and independent crop consultant in South-west Scotland. She has a background in both arts and sciences and enjoys finding connections between apparently disparate subjects. Her research background is in agronomy, which involved field and glasshouse trials with barley leading to a PhD in 1980 at The University of Edinburgh. Subsequently she carried out a wide range of field trails with different crops for her role as a trials officer and specialist advisor with the Scottish Agricultural College. Since then she has broadened her knowledge of research techniques to include qualitative approaches and teaches a research module for CTA and MSc trainees.

Cathy McQuaid DPsych MSc (Psychotherapy) Dip Clinical Supervision CTA (P) TSTA (Psychotherapy)

Cathy is UKCP Registered is a psychotherapist, trainer and supervisor in Bodmin, Cornwall, UK. Her first experience of qualitative research was whilst undertaking an MSc when she used Transactional Analysis and Interpretative Phenomenological Analysis (IPA) to analyse teenage women's experience of a termination of pregnancy. Her findings were used to enhance the services available at a local young people's sexual health clinic. Cathy's interest in research developed after this and she formulated a number of ideas for different research projects, one of which was to explore trainees' experience of TA psychotherapy training which she began in 2006 as part of a doctoral programme. Since completing this research in 2010 she has become ever more enthusiastic and passionate about the wealth of information, knowledge and indeed enjoyment that can be gained from research activities whether they are small single case study projects to larger scale projects involving a number of researchers. Cathy is currently under contract with Routledge to write a book for prospective counsellors and psychotherapists as a result of her most recent research. In addition to writing Cathy runs a therapy and training centre and a low cost counselling and psychotherapy clinic where she uses a number of research tools to monitor the progress and process of the clinic and is interested in developing tools to further research the training of psychotherapists.

Thomas Ohlsson, PhD (psychology), MSc (psychology), MSc (psychotherapy), BA (Chinese) TSTA Psychotherapy

Thomas is a Clinical psychologist and licensed psychotherapist in full time private practice at IFL, Institutet för livsterapi, in Malmö, Sweden since 1975. He was co-founder and is co-director of IFL, which offers psychotherapy, psychotherapy research, supervision, and training for professionals in the health care sector, including a full international program of transactional analysis training. Thomas trained in TA at Western Institute for Group and Family Therapy in California in 1975, and took part in forming EATA the same year, serving on the first board of EATA in 1976.

His research training was at the Psychological Institution of Lund University, and his Dissertation in 2001 was on the effects of transactional analysis psychotherapy for abusers of heavy drugs. He has served on the editorial board of the *Transactional Analysis Journal* and has been a member of the Editorial Board of *IJTAR – International Journal of TA Research-* since IJTAR was launched*.*

Thomas's research interests are primarily about psychotherapy effects, his scientific orientation is humanistic, existential, and relational, and he is the author/editor of four books and several articles. He is particularly interested in cultural psychology and in East-West dimensions in psychotherapy and counselling. Thomas is a regular presenter at national and international conferences and has practical experience of transactional analysis training in US, N. Europe, Ukraine and Asia (Malaysia, Taiwan, Mainland China).

Salma Siddique PhD, MA, CTA Psychotherapy PTSA Psychotherapy

Salma is a clinical anthropologist, lecturer and the Co-Director (Clinical Research) at Edinburgh Napier Research Initiative for Complementary Healthcare (ENRICH). She also works as a volunteer clinician at the Freedom from Torture charity.

The teaching and research in her present post as lecturer at Edinburgh Napier University builds on her experience of working in mental health settings, national policymaking agencies and voluntary agencies; her teaching/research is informed by her studies in anthropology especially the research for her PhD – an ethnographical exploration for women with mental ill-health from diverse communities and living in psychiatric settings through myths, narratives and misunderstandings.

She has skills and experience in teaching research methodology and therapeutic practice, supervising undergraduate projects, MRES and PhD students. She has adaptability in teaching across courses and with other professionals. She has published several papers in the area of reflexivity, inter-subjectivity and story making and presented at international conferences. She is on the editorial board for the Transactional Analysis Journal and contributes to a regular column in the ITA professional journal. Her interest and research in ethnomedicine builds on the historical exploration of healing beliefs and rituals across cultures and can contribute to anthropological methodological inquiry of cross-cultural knowledge of embodied experience.

Sandra Wilson MProf CFCIPD MCC TSTA Organisational

Sandra is an organisation development consultant specialising in the systemic implementation of coaching in large organisations. She works nationally and internationally with a wide and diverse range of clients. Sandra is Director of The International Centre for Business Coaching and Principal of The Scottish Centre for Developmental TA.

Sandra has a Professional Masters in Coaching and is one of only 18 professional coaches in the UK accredited by the International Coach Federation as a Master Certified Coach. Sandra is currently in the research phase of a Professional Doctorate and the subject of her research is "The impact of the coach's unconscious mind on the coaching process". Her key research interest is in understanding how organisations live within us, are a part of our identity, are bound up with our inner emotional life and how this impacts on professional relationships and performance.

Sponsor information

Psychological Intelligence Foundation CIC www.pifcic.org is a non profit educational organisation set up by Julie Hay to provide pro bono and low cost training, supervision, counselling, coaching and psychotherapy. It is subsidised by Psychological Intelligence Ltd and the latter's trading name of A D International, and PIFCIC in turn supports ICDTA – International Centre for Developmental TA www.icdta.net and ICES – International Centre for Developmental Super-Vision www.icdsv.net. Most of what is offered counts towards international TA accreditations by EATA and T&CC/ITAA. Some also operate as MSc programmes accredited by Middlesex University; the Super-Vision programme goes beyond TA and has provisional approval under the new EMCC –European Mentoring & Coaching council – Quality Award. Recognition/qualifications are also provided via ILM, CMI and ICF.

PIFCIC programmes are run in various parts of the UK and much of Eastern Europe, with China pending. Skype coaching, supervision, counselling and psychotherapy are provided. Webinars are increasingly used, interspersed with face to face contacts. Programmes are run as multi-level, multi-application and can be joined at several times during the year. There is provision for recognition of prior learning, of TA and other disciplines.

For more information, without obligation, see www.pifcic.org or email pifcic@pifcic.org.

Manchester Institute for Psychotherapy are proud to be one of the Sponsors for the Second European Association of Transactional Analysis Research Conference, November 12th & 13th 2012.

I am sure the Conference will be a wonderful and exciting event and it is really fantastic to see that it has been organised in the United Kingdom.

The Manchester Institute for Psychotherapy was established in 1987, and has a long history of training people to become competent Psychotherapists in their own right.

For the last six years we have included a Psychotherapy Research Component into our four year training programme.

In order for Trainees to complete the four year psychotherapy training programme they have to complete an 8000 – 10,000 Psychotherapy Research project.

The Institute, as you can see above, has always had an interest and passion in the area of Research.

To that end it has been wonderful to see the Research Department grow and evolve within our own Training Institute - www.mcpt.co.uk

It has been exciting and stimulating, to see the evolution of Research within Transactional Analysis Psychotherapy, and this Research Conference is very much central to the development of Research in the United Kingdom.

The Institute for Lifetherapy is a TA Psychotherapy, Supervision, Teaching/Training and Evaluation Institute, founded in 1975 and led by Thomas Ohlsson TSTA (P), Roland Johnsson TSTA (P) and Annika Björk TSTA (P).

They are connected to the Department of Psychology at Lund University, Sweden, where their academic training and TA research projects are linked.

The Link Centre www.thelinkcentre.co.uk is a training centre based in East Sussex. Founded in 2004 by Leilani Mitchell and Mark Head it has grown year on year and now offers a range of personal and professional development courses. The Link Centre's core offering is as a TA Psychotherapy training, whereby it seeks to facilitate individuals in developing into the competent TA practitioners they wish to be, whilst remaining safe and ethical in their practice. Furthermore the Link Centre aims to offer a training that effectively positions its graduates in the marketplace both in private practice and applying for psychotherapy positions. With these factors in mind the Link Centre sees research as integral to the role of being a TA practitioner. Firstly, this is concerned with measuring the effectiveness of a practitioner's individuals practice, and whilst recognising the value of individual choice and autonomy in developing personal style, would encourage those practices that research has indicated have been most effective. Secondly, this involves the evaluation of TA as an approach to therapy; to provide a firm foundation from which to market TA and seek parity with other more widely researched models of counselling and psychotherapy. We are happy to be supporting this EATA research conference.

The Berne Institute was founded in Nottingham in April 1993. The Institute's aim is to promote excellence in the fields of psychotherapy, counselling, training, supervision, and related research. The core model we use is transactional analysis (TA); related humanistic approaches and neuro-linguistic programming (NLP) also contribute to our work.

The Institute's training activities incorporate an existing training programme in TA psychotherapy which has operated successfully since 1984. The leaders of that training programme, *Adrienne Lee TSTA(P)*and *Ian Stewart TSTA(P),* are now joint directors of The Berne Institute. They are among Britain's most experienced TA trainers. Joining Ian and Adrienne on the resident training faculty are *Mark Widdowson TSTA(P)* and *Frances Townsend PTSTA(P).*

Our CTA training is validated by Middlesex University for the award of an MSc degree in Transactional Analysis Psychotherapy, and our Diploma course for the Postgraduate Clinical Diploma in Transactional Analysis Counselling.

As well as our training courses in psychotherapy and counselling, we run a lively and varied programme of workshops and seminars. The Berne Institute is a welcoming and friendly place to meet people, learn about TA and train professionally. Our central location and easy accessibility draw members and trainees from all over the UK and beyond.

Wealden Psychology Institute is an independent private organisation, established in 1986, and dedicated to the provision of excellence within the psychology and psychotherapy fields.

Wealden College is an independent college providing excellence in professional development for the Psychotherapy & Counselling professions. Fully accredited courses. Short course and CPD programme.

Wealden Psychology Services offer the direct provision of psychology services, with specialist services for the legal profession. Also including treatment services for individuals, couples and groups.

Wealden Counselling & Psychotherapy Service provides help for men and women, children, couples, families and groups. Counselling, Psychotherapy and Coaching for a range of difficulties.

Wealden Organisational Services provide Executive Coaching & Development, Optimum Performance Technologies, Development & Training, Management Consultancy, Employee Assistance Programme. Psychological and Psychometric testing & assessment.

Wealden France - 'Le Sarment Psychologie' is our international centre in south west France.

Day 1					
1030-1100	Registration/Coffee				
1100-1115	Opening/Welcome Professor Julie Hay TSTA Organisational & Educational & Magdalena Sekowska EATA Vice President				
1115-1215	Keynote : Roland Johnsson PhD TSTA Psychotherapy Transactional Analysis Psychotherapy Research: Three Methods describing a TA Group Therapy.				
1215-1245	Presenter Introductions				
1245-1345	Lunch				
	Main Room			2nd Room	
1345-1515	Mark Widdowson TSTA Psychotherapy Case Study Research: A Primer	A1	1350-1520	Susannah Temple PhD CTA Educational Mastering 'The Tolstoy Effect' – a research exercise in linguistic philosophy	B1
1515-1545	Coffee				
1545-1645	Biljana van Rijn DPsych TSTA Psychotherapy Research Clinic: Development, Outcomes and Challenges	A2	1545-1645	Continued - Susannah Temple PhD CTA Educational Mastering 'The Tolstoy Effect' – a research exercise in linguistic philosophy	cont
1650-1750	Moniek Thunnissen PhD TSTA Psychotherapy TA Psychotherapy, Personality Disorders and Continuity of Care	A3	1650-1720	Professor Cesare Fregola PTSTA Educational & Adele Lozzelli Transactional Analysis in relation to one's own learning process and strategical study	B2
			1725-1755	Kristina Brajović Car CTA Psychotherapy & Professor Marina Hadži Pešić CTA Psychotherapy Development of a Psychodiagnostic Instrument Based on Ego state, Impasse and Drama Triangle Concepts (ZESUI)	B3

Day 2					
0900-0910	Opening/announcements				
0910-1010	Keynote: Mark Widdowson TSTA Psychotherapy Three Positive Outcome TA Psychotherapy Cases: Hermeneutic Single-Case Efficacy Design Research in Action				
	Main Room			2nd Room	
1015-1045	Rosa C Nowak PhD The effects and effectiveness of being trained in Transactional Analysis: An empirical study	A4	1015-1045	Maria Teresa Tosi TSTA Psychotherapy & Carla de Nitto TSTA Psychotherapy A social-cognitive definition of ego states to implement TA research	B4
1045-1110	Coffee				
1110-1240	Roland Johnsson PhD TSTA Psychotherapy The mutually beneficial process of research and practical work	A5	1110-1140	Laura Bastianelli TSTA Psychotherapy & Davide Ceridono PTSTA Psychotherapy Drivers and Self Ego States in Social Cognitive TA: a research on drivers as protective strategies.	B5
			1145-1245	Carla de Nitto TSTA Psychotherapy & Maria Teresa Tosi TSTA Psychotherapy Theory, research, clinical practice and training: a virtuous circle through Social Cognitive Transactional Analysis	B6
1245-1345	Lunch				
1345-1425	Davide Ceridono PTSTA Psychotherapy & Daniela Viale PTSTA Psychotherapy Ego States in the therapeutic relationship and pre- to post- change in Self Ego States				A7
1430-1510	Mark Widdowson TSTA Psychotherapy Perceptions of psychotherapy trainees of psychotherapy research				A8
1510-1530	Open slot : Maria Teresa Tosi				
1515-1535	Coffee and Networking				

KEYNOTE: Transactional Analysis Psychotherapy Research: Three Methods describing a TA Group Therapy

©2012 Roland Johnsson TSTA Psychotherapy

Abstract

The overall aim of the thesis was to enhance and revive the practical understanding of the active ingredients in Transactional Analysis Psychotherapy (TA) and to define and lay down elements of TA that make it a distinct and replicable method of treatment.

The thesis includes three empirical studies of a videotaped one-year long TA Group Therapy with 10 clients. Three different key areas of Transactional Analysis have been investigated with support of three different approaches.

The first study (Johnsson, 2011 a) was a diagnostic client assessment with TA Script Analysis made as a reliability study. The second study (Johnsson, 2011 b) dealt with identification of different components in TA psychotherapy method with the use of Discourse Analysis and the third study (Johnsson & Stenlund, 2010) investigated the Therapeutic Alliance with a psychodynamic approach, using the CCRT method (the CORE Conflictual Relationship method) by Luborsky & Crits-Christoph (1990, 1998) and the Plan – Diagnosis method by Weiss & Sampson (1986).

Study I: A script questionnaire and associated checklist developed by Ohlsson, Johnsson & Björk (1992) was used by the author and two professional colleagues to independently assess ten clients of a year-long transactional analysis therapy group conducted by the author. Ratings based on written responses at start of therapy were compared to ratings based on videotape interviews conducted by the author six years after termination of therapy. Moderately high inter-assessor reliability was found but intra-assessor reliability was low for the independent assessors; agreement increased for script components 'primary injunction from father,' 'racket feeling', 'escape hatch', 'driver from father' and 'driver from mother'.

Study II: Operational definitions of categorisations by McNeel (1975) were developed and applied by the author and an independent assessor to complete discourse analysis of 72 hours of transactional analysis group therapy in the style of Goulding & Goulding (1976, 1979) conducted during 1984/85. Results showed that the therapist used an average of 42% of the discourse

space and that the therapy did indeed contain TA components, with the two main categories being 'Feeling Contact' and 'Contracts', and with particular use of TA techniques of 'talking to Parent projections', 'make feeling statement', 'mutual negotiation' and 'specificity/clarity'. Inter-rater reliability was 46.2% (Araujo & Born 1985), Cohen's (1960) kappa coefficient shows a spread from slight to moderate agreement, and the Odds Ratio (Viera, 2008) is above 1.0 for most categories. One intervention, "mutual negotiation", with moderate reliability could be identified as "TA typical".

Study III: 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 by 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.

Project Structure and Aim

The dissertation is based on a one-year Transactional Analytic group therapy. Using three different approaches, three different parts of TA are investigated. The areas studied were:

• Diagnosis / Client assessment (Study I). The assessment of the 10 clients in the group therapy has been made with TA diagnostics (Script Analysis). The author and two in- dependent observers have performed these analyses, on two occasions, from a Script questionnaire. The analyses have been compared in a reliability study. The aim was to examine the reliability of making diagnostic Script analyses from a Script questionnaire.

- Psychotherapy Approach (Study II). Categorization and identification of TA as a psychotherapy method, where the method of investigation was a modified discourse analytic approach, combined with reliability testing. The aim was to study whether the therapy conducted was consistent with what TA as a method prescribes.
- Therapeutic alliance (Study III). The affective dimension of the therapeutic alliance, where the CCRT method and the Plan-Diagnosis method were used. The aim was to develop the TA method by investigating the affective dimension of the therapeutic alliance.   These three projects do not provide the whole answer to what Transactional Analysis psychotherapy is, but the study discusses the major therapeutic areas of diagnosis, treatment and therapeutic relationship. Overall it provides a better overview of TA's content, approach and form.   The overall aim of the examination of the three selected aspects has been, with relation to the theoretical concepts of TA, to improve and renew the practical understanding of the active ingredients in TA. In addition, there has been an aim to define and determine elements in TA, so as to make it a distinct and replicable method of treatment.

Method

Selection

Study Materials

The basic data collection for the three projects was based on a video recorded TA group therapy with 10 clients and the author as psychotherapist. The therapy lasted over 24 sessions during the years 1984-85, and each session lasted three hours with a half-hour break in the middle. A professional documentary filmmaker did the recording with a variable camera and a sound engineer with a microphone on a rod.

The therapy sessions were transmitted from the original professional U-matic format to the more accessible VHS format. In total there were 66 sixty-minute tapes available of the total of 75 therapy tapes. The shortfall was due to technical problems and loss of tapes (see Table 3). The project's ethical starting points have been examined and approved by the Research Ethics Committee at Lund University (2002).

A strategic selection of 13 sessions was made according to the phases in therapy, where the beginning was represented by sessions 1-8, middle by 9 - 16 and the end by 17 - 24. The purpose to choose a strategic selection was to investigate whether different results could be linked to different phases of the therapy process. In each phase a random sample was then made. These sessions then became the basis for two of the studies (Study II and III) and they were recorded over to audiotapes. Based on the audiotapes the sessions were transcribed entirely to a word program

(Word) and were roughly transcribed from a transcription key (Appendix A in published article). The total transcription of the material was 813 pages.

Ten of the 13 strategically selected sessions constituted the basic data material in the studies II and III (ordinary study). These were the sessions 2, 4, 6, 9, 11, 12, 16, 19, 23 and 24. Of the other three sessions 5, 15 and 21 the first two formed the basis for a reliability test in Study III and the last one as a pilot study in Study II.

Therapist

The therapist was the author and no selection of therapist had been made. The therapist was at the time of the therapy, 1984-85, thirty-seven years old and since 1979 a licensed psychologist and had graduated in 1977 as a Transactional Analyst (Certified Transactional Analyst, CTA, in the psychotherapy field) authorised by ITAA, the International Transactional Analysis Association. From 1975, he was a full-time practitioner as a psychologist in private practice. At the beginning of therapy, 1984, he was recently graduated through ITAA as a supervisor and trainer in transactional analysis (Teaching and Supervising Transactional Analyst, TSTA).

The official TA training covers all directions in Transactional Analysis. The therapist had his main reference in the Redecision therapy approach in TA and was trained in the U.S. by prominent figures in this approach, Bob and Mary Goulding and Ruth McClendon.

Clients

The therapy group consisted of 10 clients. Recruitment to the group therapy was done through the client's volunteer request of therapy to a private practice in Malmo (Institute of Life Therapy - IFL). The selection of clients was based on the temporal order of registration (waiting list). A secretary managed written and verbal information about the therapy and applications to the group. Before the beginning of therapy clients were contacted by the therapist over telephone. The call was a brief check that the conditions for therapy were Ok. Concerning the conditions from a diagnostic perspective, only clients with severe disorders like schizophrenia and manic-depression would have been denied. All of the 10 clients who were first on the waiting list were accepted. Their therapy was self-funded and they had in writing consented to the therapy being recorded on video for research purposes. All of them participated for the entire process of therapy except for Janet, who completed the therapy after half the time.

Prior to the third study (Study III) a random sample was done with five clients, consisting of Amanda, Barbara, Daniel, Eric and Harriet.

Description of the Client Group

Based on a compilation of clients' social background variables (see Tables 23 and 24), one can conclude that the group has a heterogeneous profile in terms of variables such as gender, age, parenting, siblings, education, housing and employment.

Table 3: The basic study material from the TA group therapy 1984-85.

Session	Date	Tape no.	Number	Comments	Umatic	V-HS	Audio tape	Word pages	Excel
1	24/9-84	2-5	4	No. 2-5 lost					
2	3/10-84	6-8	3	Ordinary study	Yes	Yes	Yes	60	Yes
3	8/10-84	9-11	2(3)	No 10 lost	Yes	Yes	Yes		
4	15/10-84	12-14	3	Ordinary study	Yes	Yes	Yes	66	Yes
5	22/10-84	15-17/18	3(4)	Reliability test Study III	Yes	Yes	Yes	66	Yes
6	29/10-84	18-21	4	Ordinary study	Yes	Yes	Yes	72	Yes
7	5/11-84	22-24	3		Yes	Yes	Yes		Yes
8	12/11-84	25-27	3		Yes	Yes	Yes		Yes
9	19/11-84	28-30	3	Ordinary study	Yes	Yes	Yes	71	Yes
10	26/11-84	30	1	No. 31-33 lost	Yes	Yes	Yes		Yes
11	21/1-85	34-36	3	Ordinary study	Yes	Yes	Yes	60	Yes
12	28/1-85	37-39/40	3	Ordinary study	Yes	Yes	Yes	78	Yes
13	4/2-85	40-42/43	3		Yes	Yes	Yes		
14	11/2-85	43-45	3		Yes	Yes	Yes		
15	18/2-85	46-48	3	Reliability test Study II	Yes	Yes	Yes	64	
16	25/2-85	49-51	3	Ordinary study	Yes	Yes	Yes	69	Yes
17	4/3-85	53-54	2	No. 52 lost	Yes	Yes	Yes		Yes
18	11/3-85	55-57	3		Yes	Yes	Yes		Yes
19	18/3-85	58-60	3	Ordinary study	Yes	Yes	Yes	62	Yes
20	23/5-85	61-63	3		Yes	Yes	Yes		Yes
21	1/4-85	64-66	3	Pilot study Study II	Yes	Yes	Yes	65	Yes
22	15/4-85	67-69	3		Yes	Yes	Yes		Yes
23	22/4-85	70-72	3	Ordinary study	Yes	Yes	Yes	52	Yes
24	6/5-85	73-75	3	Ordinary study	Yes	Yes	Yes	28	Yes

Note: Ordinary study marks the strategically selected sessions that were the basic data basis of the Studies II and III.

Summarizing the 11 variables in Tables 23 and 24, the following can be noted:

- Gender: Of the 10 clients in the group 8 are women and 2 are men.
- Age: Half of the group is between 30-35 years. Three clients are younger and two are older. The median age is 34 years.
- Marital status: 6 persons are single and four are married or living together with a partner.
- Children: 6 clients have no children, while four have one or more children.
- Current housing: 9 clients live in an apartment in the city. One client is living in a house in the countryside.

- Education: 6 persons have an academic education. Of all clients nine are in human service programs. One client has a technical education (engineering)
- Employment: 7 persons are working in the caring professions. One person works as a maid, one as an arts secretary and one as a civil engineer.
- Parents: 9 clients grew up with both biological parents and one client with adoptive parents.
- Parental employment: 8 clients had mothers who were housewives. Fathers have had various non-academic professions (9 of 10)
- Siblings: 7 clients have had 1-2 siblings while three clients have grown up without siblings.
- Childhood Environment: 7 clients have grown up in

Table 23: Current background variables for 10 clients participating in a TA group therapy.

Client no	Clients name	Age	Gender	Marital status	Children	Current housing	Education/ employment
1	Agneta	25-30	F	Married	1	House Countryside	Cook/ nurse
2	Barbro	25-30	F	Single	None	Apartment Town	University student/ maid
3	Carolin	30-35	F	Single	None	Apartment Town	Master of Engineering / civil engineer
4	Daniel	30-35	M	Partner	1	Apartment Town	Lic. Psychologist/ counsellor
5	Erik	30-35	M	Single	None	Apartment Town	Social worker/ treatment ass.
6	Fanny	20-25	F	Single	None	Apartment Town	Nursery nurse/ Juvenile ass.
7	Greta	35-40	F	Married	3	Apartment Town	Sports coach/ nurse
8	Harriet	30-35	F	Partner	None	Apartment Town	Social Worker/ Arts secretary
9	Ingegerd	30-35	F	Single	None	Apartment Town	Social worker/ treatment ass.
10	Janet	55-60	F	Single	3	Apartment Town	Social worker/ nurse

Table 24: Background variables related to childhood environment of 10 clients participating in a TA group therapy

Client no	Clients name	Parents/ Custodians	Parents employment	Siblings	Current housing
1	Agneta	Biological grandparents	Waitress and mechanic	One older sister	House, countryside
2	Barbro	Biological	Housewife and caregiver	Two older sisters	Apartment, town
3	Carolin	Biological	Housewife and Engineering	One older sister	House, town
4	Daniel	Biological	Housewife and captain	No siblings	House, small town
5	Erik	Biological	Housewife, utility workers	Two younger brothers, one older sister	Apartment, town
6	Fanny	Biological	Housewife and small business owners	One younger brother, one older brother	Apartment, town
7	Greta	Adoptive	Housewife and workers	No siblings	House, small town
8	Harriet	Biological	Housewife and small business owners	No siblings	Houses, town
9	Ingegerd	Biological	Housewife and farmer	No siblings	House, countryside
10	Janet	Biological	Housewife and farmer	One older brother	House, countryside

a house or a villa, while 3 persons have grown up in the countryside and four in urban areas. Three clients have grown up in an apartment in a city.

The significance of the group's profile has not been investigated in this study. The clients' social conditions seem generally, however, to be "safe" but that it is not about high status or high material standard. From an individual perspective, these different background data about the clients gives a special and particular meaning for each of them in their individual therapeutic work.

From the information in the videotaped follow-up interview it appeared that six of the clients had received help with their problems by a psychiatrist or a psychologist. Four did not receive any help earlier. Three clients had been medicated for their problems, but, at the time of therapy, all clients were medication-free. All of the clients had had their problems for a long time (> 5 years).

At the beginning of therapy, all of the clients together with the therapist formulated therapeutic goals in the form of a treatment contract which formed the basis for the therapy work. They were evaluated at the end of therapy and in the follow-up interviews six years after the end of the therapy. All but one expressed that they had fulfilled their contracts.

Instruments, codings and statistical processing

Study I

In the study material of the first study one of Ohlsson, Björk and Johnsson (1992, pp. 178-184) designed Script questionnaire was included. This consisted of 43 questions with the possibility of open responses (Appendix A Johnsson 2011 b). The questionnaire was based on similar structures done by Berne (1972), James (1977), McCormick, (1971) and Holloway (1973). Response Data from this form were collected on two occasions from all 10 clients. The first time was before the beginning of therapy and this consisted of written answers. The second time, six years after completion of the therapy, the material consisted of individual video recorded follow-up interviews. The author instructed the clients and coordinated the collection of data on both occasions and also served as an interviewer during the video recording.

As an analytical instrument, connected to the Script questionnaire, a Script checklist (Appendix B Johnsson 2011 b) was used. This form, made up by Ohlsson, Björk and Johnsson (1992), was based on Script checklists like Berne's "Script Apparatus" (1972) and Steiner's "Script Matrix" (1966, 1975) and described the various major components of the Script.

In the comparison in Table 1, you can see that the Script component "Program" is not included in the form used. Experience in clinical work has shown that this component has been of minor use.

The author and two independent observers made the analysis of the Script questionnaire. Inter-assessor reliability and intra-assessor reliability was calculated statistically where the agreements in percentage and kappa values (Fleiss, 1971) were determined.

Study II

In the second study a coding key (Appendix A Johnsson 2011 a) was designed from McNeel´s (1975) categorization of the structural elements in the Redecisional approach of TA group therapy. McNeel's dissertation was primarily an effectiveness study using Shostrom's (1964) personality test, the Personal Orientation Inventory (POI) and interviews. He noted that the intensive therapy over a weekend (marathon) resulted in measurable personal changes of the clients. McNeel's secondary interest was to see what factors in the therapy led to changes in the client. It is this part that is the starting point of this study. In an article in Transactional Analysis Journal (1982), where his dissertation is summarized, McNeel writes:

One aim of this research was to establish how workshops such as these provided benefits to those involved. In pursuing this goal the researcher and an assistant studied the transcript with an eye toward discerning repeated types of questions, theoretical points of view, confrontations, instructions and techniques. Various components were consistently noted and labelled. At the end of this process the researcher had isolated 42 of these components, which were then divided into seven categories (p. 45).

McNeel's seven main categories with 42 sub-categories (components) are described in his dissertation (McNeel, 1975), in the article *The Seven Components of Redecision Therapy* (McNeel, 1977) and in TAJ (1982).

A revised version of McNeel's categorization was developed for this study and it was tested in the pilot study to provide the two assessors with a common understanding of the basic content of the different category definitions. In this revision process principles for the coding emerged and also classification and operationalisation of the main and sub categories. The definitions of all these categories can be found in the coding key in Appendix A in Study II Appendix A Johnsson 2011 a).

The descriptions of the main and sub categories were given TA headlines, but were defined in general psychological terms in order to be used by an independent observer, who was not trained in Transactional Analysis. The coding key was designed with the categories classified and defined in seven major categories and 42 subcategories.

The transcribed text from the 11 strategically selected sessions was put into a calculation program (Excel) simultaneously with the code key headlines for the 42 sub-categories in the form of a so-called "Pop-up menu". With access to both the transcribed text and the 42 coding categories the assessors could code the

therapist's interventions. After a pilot study of one therapy session, the assessors developed a joint assessment of the classification of categories and a common understanding of the existing coding principles:

- The coding is based on 42 sub-categories, which are, grouped under seven main categories. The main categories serve as general headings and are not coded
- Only the therapist's statements or interventions are coded.
- Up to three of the individual narratives relevant to the categories are coded for each intervention.
- Unclear (not heard) statements are excluded from coding.

The author and an independent assessor performed the codings. Inter-assessor reliability for the main and sub categories were calculated statistically both from percentage agreement (Araujo & Dearborn 1985), Kappa ratio (Cohen, 1960) and Odds Ratio (Viera, 2008).

Study III

In the third study the affective dimension of the alliance between therapist and client was examined. The study was carried through using the CCRT method, CORE Conflictual Relational Theme method, (Luborsky & Crits-Christoph, 1990) and Plan-Diagnosis Method (Weiss & Sampson, 1986) - methods specifically developed within the psychodynamic therapy.

The CCRT method was applied to the transcribed therapy sessions with the aim to formulate the client's core conflictual theme (individual CCRT). In the therapy transcripts first shorter or longer sequences that were expressions of the client's spontaneous "stories" about the interaction with others, including the therapist, were identified. These stories are named Relational Episodes (RE). The REs where the client interacts with the therapist are referred to as "enactments". Based on various Rees the client's CCRT is described by identifying three components. These are the client's "Wish" (W) in relation to others, the client's expectation of the response to this request (Response from Others = RO) and the client's own response to RO and his Wish (Response from Self = RS). First tailor-made components were described, which are variants close to the language used by the client. They were then transformed into so-called standard categories (Barber, Crits-Christoph & Luborsky: Expanded Standard Categories Edition 2, 1990). These include 35 W, 30 RO and 31 RS categories. A coding sheet for each client and session was constructed, where all the CCRT data was inserted. The client's two or three most frequent combinations of W, RO, and RS determined his individual CCRT.

The next step was to use the Plan-Diagnosis Method according to Weiss and Sampson (1986). The basis for this method, is that the client's perspective is rooted in negative experiences of encounters with significant others, which has led to the foundation of feelings of guilt, shame, fear and helplessness (= anxiety). This, in turn, has led to the client developing, as Weiss and Sampson puts it, pathogenic expectations, which in adult life affects and limits his interaction with others. According to the authors, the client "tests" the negative expectations in the therapy situation with the hope that they will not be proved or confirmed (Confirmation). The client really has an "unconscious plan" for how his pathogenic expectations must be rebutted or refuted (Refuting)

Using this method the REs in the coding sheets, coded as interactions with the therapist (enactments), and which also corresponded to the client's individual CCRT, were examined. These were called "tests". Finally, how the therapist challenged these "tests" was coded, and in accordance with the method it was marked when he was able to confirm (= "failed") or refute (= "was successful") the clients "test".

Assessors codings in the study consistently followed the principal to first conduct an individual reading and coding of the transcribed sessions, and then jointly discuss, interpret and assess the codings up until a common consensus decision was made.

A reliability test from two separate sessions was made, by calculating the percentage of agreement in the evaluators' codings.

Summary of Results

Study I

Client Assessment in Transactional Analysis – A Study of the Reliability and Validity of the Ohlsson, Björk and Johnsson Script Questionnaire. (R. Johnsson)

Script analysis, as described in a number of categorized conflictual themes from childhood, is used by Transactional Analysts to make client assessments as a basis for treatment contracts and treatment planning.

Based on a standardized questionnaire, three experienced psychotherapists and trainers in the TA method have independently analysed the clients Scripts on two different occasions, first at the initiation of therapy and then at the follow-up interview six years after the termination of the therapy.

The results of the survey were calculated and reported by a number of correlational analyses of the similarity between assessor's analysis (inter-assessor reliability) of the clients overall script, and also by their individual scripting components on the two occasions. Furthermore, in a comparison between the two occasions, a study was made if the initial assessments were stable over time (intra-assessor reliability).

Different assessors show (at least 2 of 3) with an agreement of 67 % that they can define the central conflictual motives (the total Script) in the client's life situation. Focusing on the 11 primary components increases the percentage of agreement to 78 %. With compensation for the chance factor, reliability was assessed, according to Fleiss method (1971), to an average Kappa coefficient of 0.48, which corresponds to a "moderate" reliability (Landis & Koch, 1977). More

specific Scripts (individual Script components) did not show equally high agreements. In a ranking of the Kappa ratios and percentage agreements of the Script components, the categories "primary Injunction from father", "Racket feeling", "Escape hatch", "Driver from father" and "Driver from mother" have values corresponding to a "moderate" reliability.

Conflict motifs with fixed alternatives were generally more consistent than those formulated freely by the assessors. No clear stability over time could be found. The therapist's own assessments were more consistent over time than the two independent assessors.

Study II

Transactional Analysis as Psychotherapy Method - A Discourse Analytic Study. (R. Johnsson)

The results show, that the therapist used 41.7 % of the discourse space. Of the remaining space of 59.3% the 10 clients used between 3.8 and 8.3 % each.

Based on a previous study of McNeel (1975), a revised categorization of seven main categories and 42 subcategories was used that were considered relevant to describe the method. Based on this model, codings were made by an assessor who was not familiar with transactional analysis (TA) and by the author, independently of each other. Reliability was compared from the assessor's codings of the subcategories. The results showed an agreement of all 42 sub-categories in an average of 33.4 %. A limited comparison of the seven main categories increased the agreement to an average of 46.2 % (Araujo & Dearborn 1985). The average Kappa ratio (Cohen, 1960) was calculated to 0.32. All Odds Ratio (OR) ratios are > 1, which strengthens the connection between the assessors matching codings (Viera, 2008). The results indicate, according to Landis and Koch (1977) estimates of "fair" reliability.

The conclusion is that the therapy contains the components that are specific in Transactional Analysis group therapy. In a ranking of the main categories, one finds a variation in which "moderate" reliability is measured for categories "Feeling Contact" ($\kappa = 0.48$) and "Contract" ($\kappa = 0.44$). This also applies to six of the subcategories where the techniques "Talking to parent projection" ($\kappa = 0.55$) and "Active use of TA-terminology" ($\kappa = 0.55$) has the highest value. The others are "Make feeling statements" ($\kappa = 0.52$), "Mutual negotiation" ($\kappa = 0.47$), "Refer to contracts" ($\kappa = 0.46$) and "Discrepancies in body language" ($\kappa = 0, 44$).

The results also show a clear variation in the frequency of the various category codings, where certain categories with a high frequency could be identified as more "TA specific". One such specific intervention with "moderate" agreement, could be distinguished, namely "Mutual negotiation".

Study III

The Affective Dimension of Alliance in Transactional Analysis Psychotherapy. (R. Johnsson & G. Stenlund).

According to Bordin (1979), there are two aspects of the alliance, one agreement between client and therapist on therapy goals and tasks, and one special emotional or affective bond. Some therapies emphasize the first, more rational aspect of the alliance, while others emphasize the second. Freud (1912/1958) argued that the irrational, unconscious, positive transference was the strongest motive for the client's cooperation with the therapist, but later added the importance of alliance with the client's conscious and rational reality-based ego. Sterba (1934) termed this observing part "ego alliance". Greenson (1965, 1967) termed it "working alliance" and regarded it as more important than the emotional "therapeutic alliance". In Bordin's definition, alliance is a pan-theoretical, general umbrella term, both in relation to the transference, countertransference, the real relationship and the technology with which the characteristics, qualities and aspects of the therapy relationship can be empirically examined. According to Paul and Haugh (2008), most effect studies of the alliance after 1990 is in accordance with Bordin's conceptualisation. As Sterba and Greenson, Transactional Analysis is coming from the ego-psychological tradition. In this, usually the rational aspect is emphasized, as a contract-oriented approach is an indicative of the therapy. The aim is to reduce the time-consuming affective transference processes, and to accelerate change through a conscious and goal focused alliance with the client. Rational here is not to be understood as emotionally withdrawn. On the contrary, much of the emotional expressions of the real "normal" relationship are intense and genuine.

This study is focusing on "emotional" aspects important for the alliance between client and therapist. The client's affective relationship patterns have been identified with the help of the psychodynamically oriented CCRT method, CORE Conflictual Relationship Theme method (Luborsky and Crits-Christoph, 1990, 1998). How the therapist is responding to the client's affective messages ("test") have been estimated according to the Plan-Diagnosis method (Weiss & Sampson, 1986).

The quantitative results show to what extent the therapist "fail" (confirm) and "manage" (refute) the clients "test". Overall, the therapist "managed" most tests (70 %), where the proportion of positive responses to Daniel's and Eric's test is higher (82 % and 100 %). compared to the therapist response to Agneta, Barbro and Harriet's test (63 %, 60 % and 62 %).

These results have been complemented by a qualitative analysis of the therapeutic process in which the interpretation procedure was clarified. Overall, the

results show that the "emotional" aspect is given more space than can be expected, based on what the TA method prescribes, where contracts and other "rational" techniques and approaches are emphasized.

Discussion

Main results

The three key therapeutic areas diagnosis / client assessment, psychotherapy methodology and therapeutic alliance have been studied with the following main results:

- *Diagnosis / Client Assessment (Study I).* A qualified Transactional Analysts can make an overall assessment of a client's basic conflictual themes with a "moderate" reliability. The result can be achieved by using the TA method Script Analysis, based on the primary elements of the script (Script Components) and made from a Script questionnaire. You cannot just rely on the individual Script components being assessed correctly, except for a few, which have good reliability. The non-verbal information does not appear to significantly affect the analytical results. Validity is not examined and thus the result doesn't give information about Script questionnaires or Script concept's validity.

- *Psychotherapy Method (Study II).* It is possible to identify what in general terms represent a TA group therapy with "fair" reliability. Two individual major categories of the seven, namely the techniques "Feeling Contact" and "Contract" had a slightly higher "moderate" reliability than the other five. This also applies to six techniques of the 42 sub-categories, "Talk to the parent projection", "Active use of TA-terminology", "Make feeling statements", "Mutual negotiation", "Refer to contracts" and "Discrepancy in body language".

Only one of these interventions could be identified as "TA-specific", namely "Mutual negotiation".

- *Therapeutic alliance (Study III).* The "affective" aspect is given more space than can be expected, based on what the "rational" Redecisional TA method prescribes.

The results from the three studies reflect both the general and the specific nature of the TA approach, where both consistency and deviation from the therapy's expected treatment methodology is apparent. The results indicate that TA therapists can use their standard TA terminology "Script" for client assessments. The expected main elements of the TA method can be identified. The affective dimension of the therapeutic alliance was emphasized more in practical work than the TA method prescribes.

The results points to and deepens our understanding of the relationship between the theoretical conceptual descriptions, the use of empirical material and the pedagogical functional skills. By gaining a theoretical overview, categorize and empirically examine the

different parts of the TA method, the results of these studies give both a more complex and more accurate picture of TAs approach, which can form the basis for further modifications and research.

Methodological considerations

All three studies have their starting point in the TA therapy that was video-filmed 25 years ago with the author as therapist. The disadvantage with such a long time perspective is that a recent development in the psychotherapy field, influencing the TA method, has not been included in the study. One such example is influences from Bucci (2008) on how to work and understand the client's Script based on its non-verbal and somatic level (Cornell, 2008). The advantage is that a clear distance to the material has occurred, which can reduce any "allegiance" problems that the author may have, in form of loyalty and trust to his psychotherapy method and therefore a desire for positive outcomes. "Allegiance" is a manifestation of systematic biases in comparisons between the effects of different psychotherapy methods. One may have a preference for one method (positive allegiance) and one can be opposed (negative allegiance). Luborsky et al. (1999) showed that the results of a therapy were in the expected direction that the effect size was higher for positive and lower for negative allegiance. The most important actions to control a positive allegiance have been the use of independent observers in all the studies (research triangulation). In study I, however, all the analysts and colleagues were linked to the TA method, although the assessor's analyses were completely independent. In Study III, the independent assessor had a positive allegiance to "alliance research", even if she wasn't linked to the TA method.

The recording was done with two professional filmmakers present, which guaranteed a good technical management. But their presence also constituted a variable with a possible group dynamic influence. This, as well as how the video recording influenced the therapist and the clients, has not been investigated.

In all of the studies the analytical method, triangulation, has been used. The dissertation in itself is an example of triangulation, both theoretically and methodologically; three different methods are used to study the different parts of TA. In Study III the methodological triangulation of quantitative and qualitative interpretive methods were used to document the clients studied. In Study II a combination of discourse analysis and statistical reliability calculations was used. In study I data triangulation, where both questionnaires (list of Script questions) and interviews, was used.

In studies II and III video material has been transcribed from audiotapes, which has given material based only on verbal printed transcripts. A transcription key has been used where auditory but not visual impressions could be shared, which limits the interpretation of process variables. In study I these visual components were used when observing the videotaped follow-up material. This was not interpreted to have any

significant effect compared with the analysis of the written answers to the interview questions. Based on what has been learned by Tomkins (1962, 1963, 1991, 1992), the expression in the eyes is important to affective communication and attachment, and therefore a review of the video material was expected to strengthen and complement the set view of the variables. Although the assessors agreed on the non-verbal significance for the analysis, this didn't result in any significant difference. This may be because the interviews were well structured and didn't invite to any direct emotional expression.

In study II a strategic selection to study if different phenomena could be linked to different stages of the therapy process was used. The motive was to study if the distribution of the therapist's interventions shifted over time, as the clients' needs were changing. One may expect that the professional progress of the change process follow certain generally predictable steps, even if individual differences in the therapist and client (the therapeutic relationship) is essential. Berne (1961, 1972), Erskine (1973), Woollams and Brown (1978), Ohlsson, Björk and Johnson (1992), Goulding and Goulding (1979) and Hewitt (1995) have described these phases of TA therapy. It can also be found in contemporary research e.g. Prochaska and Norcross (2010). The result in the study confirmed this thinking.

Reliability and validity

Reliability and validity are concepts, which in their original definition, are designed for studies with quantitative approach, but which later have been applied in studies with qualitative approach. The dissertations naturalistic studies are basically qualitative with additional quantitative elements. The data collection in study I consisted of questionnaires, interviews and video observations. In studies II and III independent assessments of the transcribed video sessions have served as the base material. In study II, assessors used a classification of the TA categories according to McNeel (1975) as an instrument for their coding, while assessors in Study III has coded from a psychodynamically oriented categorization, according to Luborsky and Crits-Christoph (1990, 1998). The quantification has consistently been based on pre-specified categories (script components, TA-therapy categories, CCRT standard categories), which systematically has been coded by different observers, been compared and statistically calculated. These quantifications of qualitative material brings with it known methodological problems, because the qualitative research method wants to find the essence and aims to provide qualitative empirical evidence, while the quantitative method is primarily looking for statistical and quantifiable results.

The study's naturalistic approach in combination with a limited number of clients partly reduces the possibility to generalize the results to other therapies. The ambition has generally not been to determine the outcome, but to qualitatively distinguish the categories that best describe the phenomena that are studied, and to determine the key categories in a TA-therapy. Using distinct statistical analysis while maintaining the authentic connection to a complex reality is a delicate balance between taking into account both the external and partly internal validity.

Reliability Problems

In study I raw data have consisted of responses from the Script interviews partly in the form of written responses, and partly in the form of observations of videotaped interviews. Three specially trained assessors carried out the assessments and interpretations, which consisted of Script Analysis. Sources of error with human beings as measuring instruments are many and create known reliability problems (Armelius & Armelius, 1985, p. 23-26). By using multiple assessors (inter-assessor reliability), making independent assessments on several occasions (test-retest reliability or intra-assessor reliability) and using assessors who are well trained and experienced Transactional Analysts, the ambition has been to increase the scientific consistency in terms of both reliability and validity.

By having the therapist leading the video interviews himself you can have a clear, confident and trusting situation created for the client. In addition, the same questionnaire is used on both occasions. The time interval between the two sessions is 6 years, which means that the result has probably been influenced by the client's maturation, development, and possibly other treatments. At the same time the client's memory of previous measurement responses have diminished, which stabilises the reliability in a classical sense. Perhaps stability is a better term than reliability.

This is not a reliability study in which the therapist is largely responsive to a specific manualised treatment procedure (adherence). The therapist's adherence to his methodology has been linked to positive outcomes by particularly Luborsky et al (1985), but his research also demonstrated that the therapist more easily was responsive to his techniques, when the client is motivated and cooperative and develops a "working alliance" with the therapist. The theoretical and operational definitions of the script and its various components are qualitative and diverse, which creates adherence problems related to the therapist's way of practicing the therapy. As it is based on clinical practice, it requires a clinical and constantly modified observation of the process. Consequently, the concepts will be less well defined to allow the inter-assessor reliability to be expressed in simple statistical terms (coefficients). The logical-deductive model has been used to quantify Script impressions, well aware of the subjective and qualitative elements of the definitions and observations. The aim has been to not let the assessors' prior understanding colour the final assessment results, but at best it will be a reliable measure of inter-subjectivity where the analysis in principle is the same, no matter who makes them.

In Study II the therapist's adherence to his method is an important part of the result, since the therapist's interventions are connected to a categorized method. It becomes critical how "purely" the therapist can stay with the "official" school training. That said, with the risk that it will be the therapist's adherence to the method that will be studied and not the TA method. Canestri (2006) argues that there is a possibility that therapists develop, through further education, practical applications and personal experiences, "private" adaptations of the "official" method. Despite this, it may nevertheless be claimed that probably the "official" method forms the basis for any new development that can be observed and identified. In all the studies analytical data has been used to make correlational analyses of the assessors' agreements (inter-assessor reliability). Primarily, percentage agreement has been calculated, but in Study II and III Kappa coefficients has been set to compensate for the chance. In Study III, the assessors have used an individual interpretation procedure followed by a consensus discussion and a mutual agreed upon decision. The reliability of the coding has been supplemented by a simple percentage reliability assessment and with a qualitative analysis to emphasize the quantitative result.

Validity Problems

Cook and Campbell (1979) discuss problems that may occur with different types of validity. High reliability does not guarantee that the study has high relevance (validity). The validity in Study I is about to which extent the questions and answers in the interview are relevant to make an assessment of the Script, its components and its significance. The operationalisation of the theoretical definitions of the concepts are not precisely described but rooted in clinical practice. This means that the concepts validity (construct validity), i.e. how well the Script questionnaire leads to the Script concepts is complex. The content validity (content validity), how well the script questionnaire covers the different script components, has never been tested empirically, but has been assessed from face validity by different TA therapists. The interviews and assessments indicate that the "face validity" was good, since the motivation, confidence and knowledge about the interview was high among the interviewers and interviewees. The therapy room where the interviews are made and the direct contact between the therapist / interviewer and the client, may in this context be regarded as an authentic environment with good ecological validity (Shadish, Cook & Campbell, 2002). The video observations can be assessed to see how clients react and respond to the interview questions. This on-line validation is built into the interview dialogue, and has been used in other studies such as family therapy (Gustl et al, 2007; Sundell, Hansson, Andree Lofholm et al., 2006).

In a predominantly qualitative study, it becomes important to describe how to collect and process data in a systematic way (internal validity). The Script interview in the study is compiled by the assessors and has been

used in a clinical context during a 25-year period. It can be considered relevant and reliable for its intended purpose.

Through a careful and detailed description of how this and other important parts of the research have been carried out, communicative validity (Malterud, 1998), and in the final results and changes in the Scripts, the reader is provided with good opportunities to determine how transferable this approach is to other similar situations (external validity). My assessment is that the reader is given good opportunities to determine the level of generalization.

The Script questionnaire is not standardized and there is no study in the literature in which the form has been validated against an independent standardized and statistically assured personality interview. Two effectiveness studies, McNeel (1975) and Bader (1976) have been made, where the Script changes were compared with assessments based on POI, Personal Orientation Inventory (Shostrom, 1977). Script Analysis has here been made from the various Script components, although no direct use of Script questionnaires has been reported. The results were based on measurements before and 3 months after therapy, and showed measureable changes in the clients' personality orientation, for example in self-acceptance and spontaneity.

The difficulty in the clinical research method, to use the criteria for validity that follows the positivistic science approach has been discussed. In the clinical research method, the "truth" is, to a large extent, linked to the practical consequences. A widening of the validity concept, which takes into account the therapeutic movement or process, may therefore be appropriate. Kvale (1987) and Polkinghorne (1983) have presented two validity criteria that are relevant in a clinical context, namely the communicative and pragmatic validity.

The communicative validity is about scientific reasoning where you continually reflect and logically weaves together theory and practical implications to a discourse that gives a credible and relevant impression. The different components of Script theory are tested partly internally (how they are logically linked) and partly externally (how they are related to other theories). The internal rationale has been put forward in the section about the Script and its components and the external has been examined in several studies in which TA was compared with other treatments (Goodstein, 1971; Ohlsson, 2002; Novey, 1999; Shaskan, Moran & Moran, 1981), where Script application of TA therapy gave a positive outcome. The pragmatic validity is linked to the prolonged use of the method and an experience that it has been effective in clinical work.

Finally, it should be mentioned, that the internal validity of this study is strengthened through triangulation, where three different non-TA-related methods have been used to study different aspects of TA- therapy.

Conclusions

Discussion of Results

By studying Transactional Analysis therapy with three different research methods, the combined results from the investigated areas (diagnosis, treatment method and therapeutic relationship) provide an overall view of the Transactional Analytical psychotherapy.

The conclusion (Study II) is that the psychotherapy under study follows what generally constitutes TA psychotherapy. Of the 42 subcategories coded, "Mutual negotiation" is clearly the most frequent one and was assessed to be a TA-specific category. It is included under the main category of "Contract". TA is consistently described as a contract therapy in which the mutual negotiation is an important ingredient in the therapeutic collaboration. The idea of contract is also referred to in the cognitive behaviour therapy (Beck, 1976, 1995), but is not pervading the therapy and the therapist's attitude in such a profound way as in TA. Even if this TA-specific intervention is shared with other therapies it is practiced in a TA-specific way. Another common category in the study is "Specification-clarification". This category tends to be represented, more or less, in all therapies and therefore it can be assessed as a non-specific or common factor. Holmqvist (2006) and Lundh (2006) have discussed the difficulties in distinguishing theory related characteristic ingredients from common and temporary ones. Messer and Wampold (2002) and Luborsky et al (2002) showed that the differences between methods were small and that many "psychotherapy-interventions" are shared by most therapies. The TA method also has an integrated or eclectic focus, which complicates the realignment from other therapies.

Methodologically, the study demonstrated that several of the 42 categories could be deleted. In future research, such a reduction of non-relevant TA categories can function as a basis for specification and development of TA-specific elements in the theory and method.

The qualities of the therapeutic alliance are usually mentioned as an important common mechanism of effect. In study III, one can conclude, that the affective dimension of the alliance has received more space than is ascribed to the TA method. The result is interesting, because the specific design of the treatment method is less important and the focus is directed to the psychotherapist and the client. Rönnestad (2006), Sandell (2004, 2009) and Armelius (2002) have shown that the variance in the therapist factor is more important than the method. The therapist's relational approach is partly given through his studies of the methods literature, training and supervision, but also by the therapist's personality and personal development. There is a conflict between different therapeutic approaches that can be linked to the Lundh (2006) discussion of "relationship as technology". He concludes that the relationship as a technique always is included in therapy, but it can have different meanings. He

contrasts an "empathic-validating" approach to a "steering-influencing" approach. The first attitude is focused more on the inner world of the client's by emphasizing empathy and listening, as compared to the latter method, which is more encouraging concrete behaviours and thinking. It appears that the therapist in the study has some difficulty in balancing these different approaches, where the TA technique is more in line with the steering-influencing approach, compared to the empathic-validating. The therapist applies the techniques as a strategy to push the process forward, but instead it sometimes generates setbacks and lockups in the process. In connection with the resulting conflicts, it seems that the therapist follows a general methodological factor that repairs or balances the situation and that may rather be linked to the therapist than to the method.

Based on Bordin's definition of alliance (1976) the affective part of the alliance has been focused, to contrast it to the rational part. In line with psychodynamic tradition (Luborsky, 1976) the affective level is seen as following an irrational and unconscious process, while the rational level stands for the conscious and the reality-based one. In both parts, there are expressions of feeling and thinking. The use of the Plan-Diagnosis method according to Weiss and Sampson (1986) examines the client's affective "plan" to confirm his "pathological expectations". The study shows that the affective level is important in a TA therapy, even if the rational level is emphasized. To open up for the affective level, TA needs to develop both its theory and its method. TA's conceptualization is mainly rooted in a useful "methodology theory", that is close to practice. TA theory is based on the Ego state theory that focuses on the conscious ego, which leads to rational treatment content. A practical method theory is not available in psychoanalysis, but there is a consistent theory that opens up for further speculation and depth, without the direct need to be linked to clinical usefulness. Johnsson and Ohlsson (1977) described in a model four different scientific levels, from a meta-perspective of the therapy's underlying view of man and society, via theory I (psychology theory), theory II (psychotherapy theory) to practice (psychotherapy). All levels are essential, and it seems like TA needs to deepen its "psychology theory" in the future without abandoning its "psychotherapy theory". Treatment wise, knowledge of the affective level should lead to an approach where the use of techniques is put in its relational context.

In study I a "moderate" high inter-assessor reliability (78% and κ = 0.48) was given to client diagnoses, based on the primary components of Script Analysis. The reliability is lower than what practitioners averagely reach when diagnoses in the DSM axes are used. According to Hägglöf (2008) the reliability varies between Kappa values (κ) 0.65 to 0.85. The problem with TA diagnoses is that there is no standardization, or precision in the concepts, and because of this you don't know for sure if the Script diagnosis is valid in relation to its treatment method. TA diagnoses are not regularly tested to achieve consistency between the TA and non-

TA practitioners, which, can be added, is often not the case in other therapies either.

On the other hand communicability to the client and usefulness is considered to be satisfactory, even if this is not confirmed in a research context. Widdowson (2010) has shown that many TA therapists use the diagnostic system DSM-IV or ICD 10 as a supplement to their TA diagnoses. ICD has a vague classification, while DSM has clear behavioural criteria and may serve as a symptom-sorting instrument. In addition, TA uses many different diagnostic concepts and systems as for example analysis of Ego states, Transactions, Games, Racket feelings, Life positions and Impasses, which are not represented in other diagnostic systems.

Stewart (1996) concluded that the DSM and ICD classifications are not appropriate for TA practitioners, because of contrasting views on how to describe health problems and the tight focus on the client's symptoms. The diagnoses are usually not only following a formally structured method, but the therapist also draws his conclusions from the informal process-oriented dialogue he has with his client (Cornell, 2008). This is a dialogue in which the therapist emphasizes the observation of himself, his feelings, memories and thoughts, also known as his countertransference. (Novellino, 1984; Hargaden & Sills, 2002). The diagnosis is then initially used in a wider sense. The psychodynamically developed OPD-2, Operationalized Psychodynamic Diagnostics (2008), has been identified as a suitable well-developed diagnostic instrument, which has become well tested in a series of reliability and validity studies.

Also PDM, the Psychodynamic Diagnostic Manual (PDM Task Force, 2006), prepared by the five major psychoanalytic organizations in collaboration with leading researchers in neuroscience and effectiveness research, emphasizes the whole by linking the subjective inner experience to the externally observable symptom. PDM is considered a good complement to DSM and ICD diagnosis. It would be important for TA practitioners to link to other systematic classifications, and pragmatically create congruence between systems. The knowledge that it is possible to describe bad health in several ways is basically fertile. It can weigh up the risk that the diagnosis has a negative effect of becoming a self-fulfilling prophecy, especially for those who believe that a diagnosis always has an organic base and is a disease. Stewart and Joines (2002) have made an attempt to combine the diagnostic descriptions based on TA and DSM where they have made classifications of different personality adaptations. It has been widely spread among TA practitioners, but has not been researched closer.

There seems to be a need for an official standardized diagnostic system that can increase the reliability in the psychotherapy assessments made. There is a legal security aspect in that people can get the same assessment regardless of analysts. Different analysts cannot have different criteria. With explicit criteria it becomes easier to design and evaluate tools that facilitate problem formulating diagnosis (like estimates and structured Script interviews) and treatment follow-ups (contract fulfilment). Explicit criteria also facilitate communication between researchers, psychotherapists and clients. Finally, a clear categorical system functions as a decision support for mutual contracts, interventions, and a well planned therapy. Hopefully, the TA method will increase its research and based on specific descriptions and evaluation measurements, you can gradually develop an alternative diagnostic classification system that builds on DSM / ICD or PDM and OPD and where TA's pragmatic concepts becomes meaningful.

TA has to meet many challenges in the future if it is going to survive as a theory and psychotherapy. There is a lot of creativity linked to observations from clinical practice. Theories are created which are directly related to an observable reality, which are useful for both therapist and client. These "methodological theories" are unique to TA and ought to be described in terms where it is fully possible to test their scientific validity. Moreover, the therapy needs to specify with which clients and which conditions it works best. The need for a constant current empirical research is crucial to complement the wide number of literature studying articles that explain and revise various TA concepts. In addition, the previous TA research could be summarized in different meta-analyses.

A strength in TA is its integrative and multi-dimensional approach, as pointed out by Prochanska and Norcross (2010). Unlike the therapies that are "faithful" to their method, this opens up for variety, flexibility and an ability to stay with the therapeutic relationship process. There is an outspoken interest in combining different directions and perspectives, and thereby develop and enriches the therapy and the therapist's skills. The additions from other directions should be supplemented together with a deepening of the theory. This can be a depth study that could lead to a simplification in clarifying TA's basic concepts in verifiable stringent theoretical postulates.

Berne (1971) wrote, "…there is only one paper to write which is called "How to Cure Patients" – that's the only paper that's worth writing if you're going to do your job". This book can hardly be written without roots in empirical academic research. It is therefore a delicate task for TA, in various ways, to ensure that the research is stimulated and maintained. Then TA's survival as a psychodynamic, integrative and relational methodology to humanistic foundation can be secured.

Concluding Remarks

By discussing the three areas of diagnosis, method and therapeutic alliance with the use of three different approaches, the following aims have been achieved:

• A better understanding of TA's strengths and weaknesses in terms of diagnosis, treatment method and therapeutic relational attitude.

• A clearer view of what is TA-specific and what is common to all psychotherapies.

- To add and provide the benefits of academic research for practicing TA psychotherapists.

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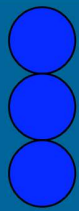
KEYNOTE: Three Positive Outcome TA Psychotherapy Cases: Hermeneutic Single-Case Efficacy Design Research in Action

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Introduction

The background to the research I have been involved in was my frustration with the dominance of CBT within statutory therapy services within the UK and a continued lack of recognition for TA. To me, as to most TA therapists, I could see in my day to day practice that TA was indeed an effective approach, but was afraid that that unless we as a community start to quickly accumulate research evidence supporting our convictions that TA would continue to be marginalised. As a result of an informal conversation with Professor John McLeod- a respected counselling and psychotherapy researcher- I was inspired to engage in research and to enrol with the University of Leicester to begin a PhD investigating the process and outcome of TA psychotherapy. I am now four years into my doctoral research, and have found it to be a deeply enriching experience which has brought me a great deal of personal and professional satisfaction. As my research has developed, I have become clearer in my vision and aim. My vision is to see TA recognised as an Empirically-Supported Therapy by the year 2020. This is an entirely realistic vision, and I hope that in reading this that many of you will be encouraged to join in and make this vision a reality.

At this point, it is perhaps worth exploring a little bit about what research means to many within our community. My sense is that many of you will be able to identify with the following statement;

'I know research is important… to help us to understand how therapy works, to improve how we do therapy, to contribute to our profession and to promote wider acceptance of TA and psychotherapy'

Is this true for you? I also suspect that many of you will be able to identify with the following statement;

 'My negative impression of research is that it… Isn't for people like me, it is complex, boring and time consuming, it is not relevant to the practice of therapy and is an ethically dubious activity'

Is this statement true for you also? I would imagine that many of you will be able to identify with much of the second statement. I am basing my speculation about

your views of research on some recent research which I conducted which investigated the perceptions that 16 TA psychotherapy trainees had of psychotherapy research. (for more information on the results of this research, see; Widdowson, M. (2012a).

As I see it, if this second statement is common amongst members of the TA community, then unless this is addressed, the vision I described above will not become a reality. It is part of my intention in writing this article to highlight that research does not need to be complex, boring or time consuming, can be conducted by people like you and can produce findings which are highly relevant and applicable to the realities of the consulting room.

Types of Psychotherapy Research

Essentially, psychotherapy research falls into two main categories; Outcome Research which investigates the efficacy or effectiveness of a particular therapy and Process Research, which investigates issues such as what actually happened in the therapy or what were the key factors which produced change. In the case series I describe below, I attempted to investigate both the outcome and process of TA psychotherapy with clients who had depression.

A common criticism of psychotherapy research is that too often it appears to be irrelevant or too far removed from the realities of clinical practice. Indeed, even as a psychotherapy researcher, I often come across research articles which may be interesting and well-designed but which do not appear to me to have any direct or easily applicable relation to the work I might do with my clients.

'Although a series of well-designed studies might establish the efficacy of an intervention, unless it is effective in real-life clinical settings, it will not be useful' (Nathan, Stuart and Dolan, 2000: 974)

A challenge for me in designing the research was to examine how it would be possible to conduct well-designed research which demonstrated the effectiveness/ efficacy of TA and which would generate findings which are relevant to and easily transferred into routine clinical practice. Furthermore, I wanted to use a

research method which is accessible enough that it can be replicated easily, one which draws on the skills which we already have within the TA community and is both rigorous and scientific.

Systematic case study research - an answer to the challenge?

At the suggestion of my research supervisors, Professors Sue Wheeler and John McLeod, I decided to conduct my research as a case series, primarily using Hermeneutic Single-Case Efficacy Design (HSCED) (Elliott, 2011, 2002) for the data analysis. HSCED is a mixed-methods research approach (one which uses both quantitative and qualitative data) and is based on a detailed case study which accounts for the unique features of the case. A unique feature of HSCED is the use of a quasi-legal method of cross-examination of data and independent adjudication to determine the conclusions in each case regarding outcome factors such as whether the client changed substantially over the course of therapy and whether that change was due to the effects of therapy. Process aspects are also investigated by considering factors associated with the therapy or therapist and client factors which contributed towards the change (for more information, see Widdowson, 2011, 2012b, 2012c, 2012d)

Summary of the case series

All of the clients in the cases summarised here had 16 sessions of individual TA psychotherapy with therapists working in private practice. It is important to consider this context when evaluating both the findings and the factors which the judges concluded were relevant in facilitating change. The full research article of each of these three cases can be downloaded from the IJTAR website www.ijtar.org . A brief summary is provided here, although I would recommend you to read the full article for each case to get a clear sense of the process and the findings of the research.

Case One- 'Peter'

Peter was a 28 year-old, unemployed and somewhat socially isolated British male with severe depression. He had been bullied throughout school and his mother died when he was 13. He had some awareness that he was holding onto some repressed emotions and felt that these were driving his depression. He was an intelligent, articulate and psychologically-minded young man. At the outset of therapy he had severe depression and moderate global distress and functional impairment. By the end of therapy he was demonstrating clinically significant change on two of the three outcome measures used and reliable change on the third. His improvements were maintained at the one month and six-month follow up periods and in   post-therapy interview he identified five changes which were important to him and which he felt unlikely to have come about without therapy. The judges who adjudicated the case concluded that Peter had experienced clinically significant changes although had not fully resolved all his problems, and that these changes were substantially due to therapy. The verdict

of the judges was that this was a good outcome case with client changing considerably-substantially and these changes were substantially due to therapy.

The judges also considered the therapy process and concluded that the aspects of the therapy which were helpful included Peter's experience of the therapist as empathic, genuine, honest, accepting and caring, and the therapist's emotional engagement with Peter. It was also considered important that the therapist had used and shared TA theory when relevant with Peter had been helpful. Factors which were associated with Peter (as opposed to the therapy or therapist) which were considered helpful were his commitment to the therapy process and apparent determination to overcome his initial discomfort, his level of motivation for change, his belief in the effectiveness of therapy (hope) and the close match of therapist and type of therapy with his preferences.

Case Two- 'Denise'

Denise was a 46 year old, white, British social worker with severe depression. She had had some previous therapy and some counselling skills training and so was well-informed about therapy and had a clear sense of what to expect from the therapy process. Denise was unhappy at work, and also finding the many demands placed on her by her family to be difficult to manage. At the point of entry into therapy she had severe depression and was experiencing moderate global distress and functional impairment. At the end of therapy she had achieved clinically significant change on two outcome measures and reliable change on the third. She also continued to improve throughout the 6 month follow-up period. In her post-therapy interview, she identified ten changes which were 'extremely' important to her and which she felt unlikely to have come about without therapy. The unanimous verdict of the judges was that the case had a clearly good outcome, that Denise had changed substantially and that this had substantially been due to therapy. The judges concluded that the empathic, non-judgmental and encouraging stance of the therapist had been important in this case, as was the therapist's willingness to use TA theory to provide a rationale for the therapy and to help Denise in making sense of her experiences and process. It was also considered that the therapist's continued challenging of Denise's script, their attentiveness to how it might be manifesting in the therapy and avoidance of reinforcing her script had also been a significant factor.

Additionally, Denise's sense of hopefulness at the outset of therapy and the fact that she was well-informed about therapy and TA and so made an informed decision in choosing the right therapist was considered to have been important. Other important factors included the fact that Denise was clearly well-motivated, had clear goals for the therapy and a degree of insight from the outset. Furthermore, her courageousness and willingness to address difficult and painful material and her continued attempts to integrate the insights gained in therapy into her everyday life were all identified as additional key factors in the change process.

Case Three- 'Tom'

Tom was a 38 year-old, white, male builder with mild depression and social anxiety. Tom had experienced very harsh parenting which had left him feeling 'stupid' and 'useless' and with a strong self-critical process. Prior to entering therapy, he had become very interested in TA and had read several books about TA and had been active in use of TA-based self-help strategies. At the point of entry into therapy he had moderate depression with mild global distress and functional impairment. Tom achieved clinically significant change on all outcome measures by session 8 which was maintained at end of therapy and up to the three-month follow-up period although he did show some decline at the 6 month follow-up. In his post-therapy interview he identified eight changes which were 'extremely' important to him and which he felt unlikely to have come about without therapy. The judges' majority verdict was that this was also a good outcome case and that Tom had changed substantially and that this had substantially been due to therapy. The judges concludes that the empathic, non-judgmental and highly active approach of the therapist had been important in this case and that the use of two-chair methods had been highly effective at helping Tom to overcome his self-critical process, express emotions and re-evaluate his perspectives. Furthermore, it was considered that Tom greatly benefitted from developing practical strategies for improving communication and from the use of TA concepts to help him understand his process. The judges also identified that Tom's pre-therapy reading, his level of motivation readiness to change and his willingness to engage with painful emotions and experiences and actively make use of the therapy were all also important factors in his change process.

So, what is the conclusion so far?

Using criteria defined by Chambless and Hollon (1998), it is possible from the findings of these three cases to put forward a claim that TA therapy is *Possibly Efficacious* for the treatment of depression, and TA now meets basic criteria for consideration for 'Empirically Supported Therapy' status for the treatment of depression. This is a wonderful result for the TA community, although the key to ensuring that we gain the recognition which we feel we deserve is through replication of research. It is perhaps clear from this that we do not need to conduct large-scale Randomised Controlled Trials to gain recognition, and that with further positive replication of research we can meet criteria to have TA recognised as *Demonstrably Efficacious* and as an Empirically Supported Therapy.

It is my view that the resources of the TA community can be most effectively used by many researchers or research groups focusing on gathering evidence for the effectiveness of TA therapy in one specific clinical area. My recommendation is that for maximum strategic impact we focus in the short-term on depression, moving into other clinical areas in a systematic way over the coming years. It is perhaps worth saying here that the 'active phase' of my research, including the analysis

of the cases took place over a period of 18 months, so if over the next three years we see a focus on depression, we can secure our position and gain wider recognition, and then broaden our research horizons to gain evidence for the effectiveness of TA for other clinical areas.

Ideas for Research Projects

As stated above, I propose that we focus initially on research investigating the outcome of TA therapy for depression. As a starting point, I make the following suggestions. I am happy to discuss any of these with those who may be interested in taking these ideas forward.

• Two small studies involving at least three cases each which replicate my procedures for people with depression

• A series of single systematic case studies of TA therapy for depression

• My research protocol is available if you want to replicate the procedures in my research!

• A large sample group (minimum 20 clients) measures at pre-therapy and post-therapy (plus follow-up) of impact of TA therapy as measured using several outcome measures, including one measuring depressive symptoms (note: a Practice Research Network would quickly accumulate this data)

• TA therapy for post-partum/ perinatal depression (can be small-scale project e.g. 3-6 cases)

• TA therapy for depressed older adults (can be small-scale project e.g. 3-6 cases)

• TA therapy for depressed adolescents (can be small-scale project e.g .3-6 cases)

• TA therapy (short term) for students (over 18 years) with depression/ depressive symptoms

• TA therapy for depression with (specific medical condition) (can be small-scale project e.g. 3-6 cases)

• TA counselling for carers and impact on self-esteem and depressive symptoms

• TA group therapy for depression

• TA psychoeducational group for depression (with or without waiting-list control group)

• TA psychoeducational group for sub-threshold depression (measuring impact on PHQ-9 scores, CORE scores and self-esteem scores) (with or without waiting list control group)

• TA Couples therapy for depression (can be small-scale project e.g 1-3 'couple cases')

• TA therapy for depression with non-caucasian groups- both within and outside 'Western' countries

• TA therapy for depression with adult survivors of abuse (or other demographic)

• The effect of 'maintenance' therapy on reducing relapse or reduction in residual symptoms

- A two-site study (with a small number of clients) investigating TA therapy for depression and having two different frequencies of supervision (for example weekly versus monthly)
- A study investigating effectiveness of trainee TA therapists (again, only a small number of clients needed)
- A study comparing outcome of TA psychotherapy with another therapy, or with medication or 'waiting list group' or control group
- A series of small-scale qualitative studies (3-6 clients, perhaps) which investigate what aspects of TA therapy clients with depression have found to be helpful (and also unhelpful factors)
- A qualitative study in which clients describe the changes they experienced as a result of TA therapy

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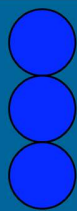
Drivers and Self Ego States in Social Cognitive TA: a research on drivers as protective strategies

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Abstract

The work presents a synthesis of a set of studies of a correlational research conducted by Scilligo and co-workers on drivers and their relationship with the developmental Self-integration. Drivers are examined in the light of their historical development in TA. A definition is adopted that sees the drivers as normative protective strategies that can acquire dysfunctional connotations both when they are absent and when they are present in a rigid and "out of context" way. Self-integration is defined in term of self-perception of Self Ego state according to Social Cognitive TA. Subjects (N= 700) were adults, mostly university students and trainees in clinical psychology. The five drivers (Hurry Up, Please Me, Try Hard, Be Strong, Be Perfect) were measured with the Espero self-report questionnaire (Scilligo, 2005) and Self Ego States were measured with the Anint self-report questionnaire based on SASB (Benjamin, 1974, 2000; Scilligo & Benjamin, 1993, Scilligo 2005) by which 12 prototypical Ego states are operationally defined according to SCTA (Scilligo, 2009; De Luca e Tosi, 2011).

Different studies were conducted for men and women, concerning Ego states for three levels of each of the five drivers. Results show, for all the drivers, that an average level of the driver is related with Self Ego State profiles indicating good integration both for men and women. High level of the driver is related with less integration of Self, except for Be Strong and Be Perfect in men, which result is associated to a functional profile of Ego states. Low level of the drivers is related to less integration of Ego states except for Be Strong in women, and for Hurry Up both for men and women. Results support the hypothesis of a non-linear relationship between drivers and Self-integration, with better levels of integration in subjects with average levels of drivers.

Introduction

Over the years the concept of counterinjunction has assumed a certain importance in Transactional Analysis. Berne (1970) wrote "*Man is born free, but one of the first things he learns is to do as he is told, and he spends the rest of his life doing that. Thus his first enslavement is to his parents. He follows their instructions forevermore, retaining only in some cases the right to choose his own methods and consoling himself with an illusion of autonomy*' (p. 177).

Berne often seems to consider the individuation process as a courageous exception and not as a natural process as claimed by several developmental theories. In his mind there was the idea of a dominant self-limiting adaptation rather than of an adaptation allowing the growth of the child: he did not always recognize the ability of the child to influence the parents and the surrounding environment. In his view, the person is seen as tending to perpetuate dependency, and almost all the power of psychological development comes from parents and goes to the child, who has a limited range of choices and is shaped by these external forces. In contrast with this, elsewhere he talks of autonomous individuals as under the influence of Physis in the sense of a "general creative force" (Berne, 1968). In his theory, counterinjunctions are verbal and culturally well accepted messages, given with good intentions but reinforcing the script, thus limiting autonomy.

Kahler (1974) developed the concept of miniscript to describe the very short behavioural sequences through which people carry out their script. The process sequence from which the event script begins is called "drive" and not counterinjunction to show how each person performs regular behaviours associated with a specific drive linked to internal dynamics. Focus is on the observable behaviour, not on the limiting messages incorporated in the Parent (counterinjunctions). When the individual is under the drive influence, he carries out a grandiose process supported by the illusory idea that *if* he only sacrifices (his wants and needs) devaluing himself, *then* he can get love, respect, consideration, and acceptance by the significant other. Then by drives people live and feel seemingly OK, even if conditional, avoiding isolation and the fear of abandonment, but without realizing how this always involves a major sacrifice that hinders their autonomy and independence.

Kahler outlines five main categories of behaviour or drives which start off not-OK behaviour: Please Me, Be Perfect, Try Hard, Hurry Up and Be Strong. Each of them can be easily detected through the observation of some indices with which they occur: verbal expressions, tone of voice, gestures, body postures and characteristic expressions of social events and dysfunctional intrapsychic and relational dynamics.

Goulding & Goulding (1979) offer a perspective that significantly differs from the theory of Berne and is a turning point in the theory and practice of Transactional Analysis. They promote a vision of man as an active agent, capable to choose through a never-ending creative process, making decisions about himself and his life and structuring himself while searching for a dialectical adaptation.

The Gouldings contrast the vision of the child as passive and under external pressure, first of all by the parents, and propose a new framework of reference in which the child has the power to write his own script, deciding and choosing what to believe and what messages to join; in this perspective, the child begins to plan his life and build his script (including counterinjunctions) on the basis of a primary decision that he takes about himself and he can, in the course of life continue to take additional decisions and broaden his view.

Clarkson (1992), says that sometimes the concept of counterinjunction is misunderstood and misused in practice, with the risk of blocking behaviours by opposing, in fact, the natural tendency for people to grow, develop and break free from the constraints of the script. This happens when the parental messages (which invite you to be strong, perfect, fast, etc.) are connected to the "*You Are Ok if*...": in this context, the messages become destructive. This distinction is important if you want to avoid saying that there is something wrong in the "autonomous aspirations" (Berne, 1972) to be fast, energetic, strong, able to please and excel.

Being fast, energetic, strong, able to please and excel is not the same as being in driver behaviour. Clarkson also points out that the child can either decide to accept drivers as limitations that affect his feeling OK, or decide to get them as values that support the expression of his personality. In summary, drivers need not to be diagnosed by content, but by a combination of behavioural, physical and psychological indicators, tied to oppressive messages, limiting a full sense of self and opposed to Physis. In her words, "*The aspiration to be fast, energetic, pleasing, strong, and excellent are fine goals, profoundly compatible with a value base that places the fulfilment of human potential as a cornerstone of all its efforts, knowledge, practice, epistemology, and ethics*" (p. 19).

Hazell (1989) considers drivers as the manifestation of habits used to meet the challenges and stresses of life. Many of these habits are useful when moderated, but counterproductive when they are poorly controlled. He sees the habits related to drivers as positive when they

are used to achieve a goal or an objective and negative when used to avoid it. The difference is subtle: it can be a double face of the same coin. Thus, the Kahler "Please Me" is redefined as "Be nice, or pleasant or nice" and "Be Perfect" as "Be specific," to describe a goal that is desirable and possible to achieve.

Other authors (e.g., Caper and Goodman, 1983) reported that negative drivers behaviours have an immediate survival value, although they may be threatening. Conway (1978) considers drivers as resources for coping: they help us to maintain an illusion of control over our lives. Gellert (1975) believes that drivers have a survival value, all linked to the fundamental self-realization driver. Mescavage and Silver (1977) believe that "Please Me" and "Try Hard" are not to be considered as counterscript drivers, but as "necessary conditions for the acculturation" and as such, they are more generalized and associated with early stages of psychosocial development. Johnson (1997) suggests a conceptual revision of the counterinjunctions model emphasizing the work made by Clarkson (1992).

Scilligo's perspective.

Scilligo had a conception of the person that is far from deterministic interpretations and took a position similar to that of Goulding & Goulding (1979) going even further: he gave the person will and orientation towards the future without ignoring genetic and contextual constraints. For Scilligo an individual can be described as "*…a web of potential meanings, values, and norms of action with emotional valence, creatively emerging from experience, in view of a core tendency of the person who projects self into the future, in the context of his genetic endowment, as well as the present and past context of his physical, interpersonal, social, and cultural world*." (Scilligo, 2009, p. 64) This definition clearly implies the presence of normative aspects deriving from context, including normative aspects called counterinjunctions. From this perspective, counterinjunctions can be due both to messages by important persons and to creative processes to manage and solve the problems of existing, surviving and reproducing. The main point is that people adopt counterinjnctions to protect themselves in ordinary daily contexts, and often automatically apply old decisions even when contexts are changed. Counterinjnctions are useful, and can be seen and defined as protective strategies. They can be observed in specific behaviors, called drivers, the "counterinjunction in action". When drivers are absent if the context requires them for functional well-being or they are present for irrational requirements as pure automatism and decontextualised habit, this can be harmful.

Social-cognitive Transactional Analysis and Ego States model

In Social-Cognitive Transactional Analysis (SCTA) Ego states are considered especially in their relational aspects that can be observed in intrapsychic and interpersonal processes.

SCTA explains Ego states (ES) with the concept of schemas: structures of meaning that integrate knowledge.

Ego states are organized by schemas (Scilligo, 2009) that are the bases of representations of self, others, and relationships between self and others.

Social-Cognitive Transactional Analysis (Scilligo, 2009; Ceridono, Gubinelli and Scilligo, 2009; De Luca and Tosi, 2011) has developed operational definitions of the concepts of Ego states and instruments of observation based on Structural Analysis of Social Behavior SASB (Benjamin, 1974, 1996, 2003) that permit empirical research and orientation in clinical work.

Using the two orthogonal dimensions of SASB, Affiliation (Friendly v Hostile affectivity) and Interdependence (Give v Take away power), Ego states can be described in their functional aspect.

The crossing of Affiliation and Interdependence generate four categories of relationships that delineate four types of Ego states: Free, Protective, Critical, and Rebellious. This way of describing the Ego states can be represented as in Figure 1. Hence, every Ego State is characterized by four sub-Ego States:

- Parent Ego State: Free Parent, Protective Parent, Critical Parent and Rebellious Parent;
- Adult Ego State: Free Adult, Protective Adult, Critical Adult and Rebellious Adult;
- Child Ego State: Free Child, Protective Child, Critical Child and Rebellious Child;

The 12 ego States can be put in a circumplex defined by the two dimensions: Affiliation (Friendly v hostile affectivity) and Interdependence (Give v Take away power; see Figure 2).

People with good Self integration should show high levels of Self Ego States related to wellbeing (FA, FC, PA, PC), average levels of FP and PP, low levels of Self Ego States related to pathology (CA, CC, RC, RA) and average-low levels of CP and RP (Scilligo, 2003).

Hypothesis

On the basis of theory overview on counterinjunctions and drivers the authors investigated the relation between protective strategies (drivers) and self-integration.

According to the SCTA theory, drivers are normative protective strategies that can acquire dysfunctional connotations both when they are absent and when they are present in a rigid and "out of context" way. The authors formulated the hypothesis that average levels of each driver are associated with Ego State profiles indicating personal integration of Self and well-being, and high or low levels of driver correlate with dysfunctional Ego States profiles.

To test this hypothesis the authors made a correlation research that studied the relationship between drivers and Self Ego State profile.

Method

Subjects and instruments

Subjects were adults (N=700), males(N=284) and females (N=316), aged between 25 and 35, mostly students and graduates students in clinical psychology.

Drivers were observed with Espero, a self-report questionnaire (Scilligo, 2005), created to measure 5 drivers and 15 injunctions. The questionnaire is composed by 120 items that are self-descriptions of how the person behaves or perceives the situations. Item examples are: *I do what people say, not to seem different.* (Please Me); *I feel uncomfortable when I do things slowly* (Hurry Up); *If I start a job I complete it even after hours* (Try Hard); *It is better to swallow the tears rather than letting them out* (Be Strong); *You have to let go and be sweet* (Be Strong, reversed); *You have to do things well or nothing* (Be Perfect). Each item consists of a statement that the subject evaluates on a Likert scale with four levels: 1 (false for me), 2 (slightly false for me) 3 (mostly true for me), 4 (true for me). Each driver is measured with a scale composed by 6 items. The score of each scale is the sum of the responses to the items that constitute the scale, and ranges from a minimum of 6 to a maximum of 24. Item analysis (Scilligo, 2005) showed a good Cronbach's Alpha: .73 (Please Me); .77 (Hurry Up); .70 (Be Strong); .77 (Try Hard); .73 (Be Perfect).

Self Ego states were studied with Anint A, a 36 items self-report questionnaire based on Introject surface of Structural Analysis of Social Behavior, SASB (Benjamin, 1974, 2000; Scilligo & Benjamin, 1993, Scilligo 2005) that we use to measure the operationally defined Ego States, according to Social-Cognitive TA (Scilligo, 2000; Scilligo, 2009; Ceridono, Gubinelli and Scilligo, 2009; De Luca and Tosi, 2011). Anint A has 12 scales to measure the 12 prototypical Self Ego states, also called Developmental Ego States of Integrated Self (De Luca and Tosi, 2011). Crossing the two orthogonal dimensions of SASB, *Affiliation* (Friendly – Hostile) and *Interdependence* (Individuation/Give power – Enmeshment/Take away power) allows four categories of Ego states to be defined: Free, Protective, Critical and Rebellious. In each of these categories prototypes of Parent, Adult, and Child Ego States are described.

Analysis

Five studies were conducted, one for each driver, using the same sample and the same methodology. Two way ANOVA was performed with 12 Self Ego states as dependent variables. Independent variables were gender (male and females) and level of driver (1=low, 2=average, 3=high). The presence of interactions between gender and driver suggested considering the results in distinct way for men and women.

The measures of the 12 Ego States were organized in a profile that corresponds to an egogram for each group of the plan of analysis. To evaluate the integration of Self, absolute values of the 12 scales were considered, and also the whole shape of the profile, in particular assessing the relationships between the four categories

Figure 1: Ego States in Social-Cognitive TA

Give power

Rebellious | Free

Hostile | Friendly

Critical | Protective

Take away power

Parent Ego State:

Free Parent **FC**
Protective Parent *PP*
Critical Parent CP
Rebellious Parent RP

Adult Ego State:

Free Adult **FA**
Protective Adult *PA*
Critical Adult CA
Rebellious Adult RA

Child Ego State:

Free Child **FC**
Protective Child *PP*
Critical Child CP
Rebellious Child RP

Figure 2: 12 Ego States in the circumplex

Individuation
Give power

Rebellious
Ego States

Free
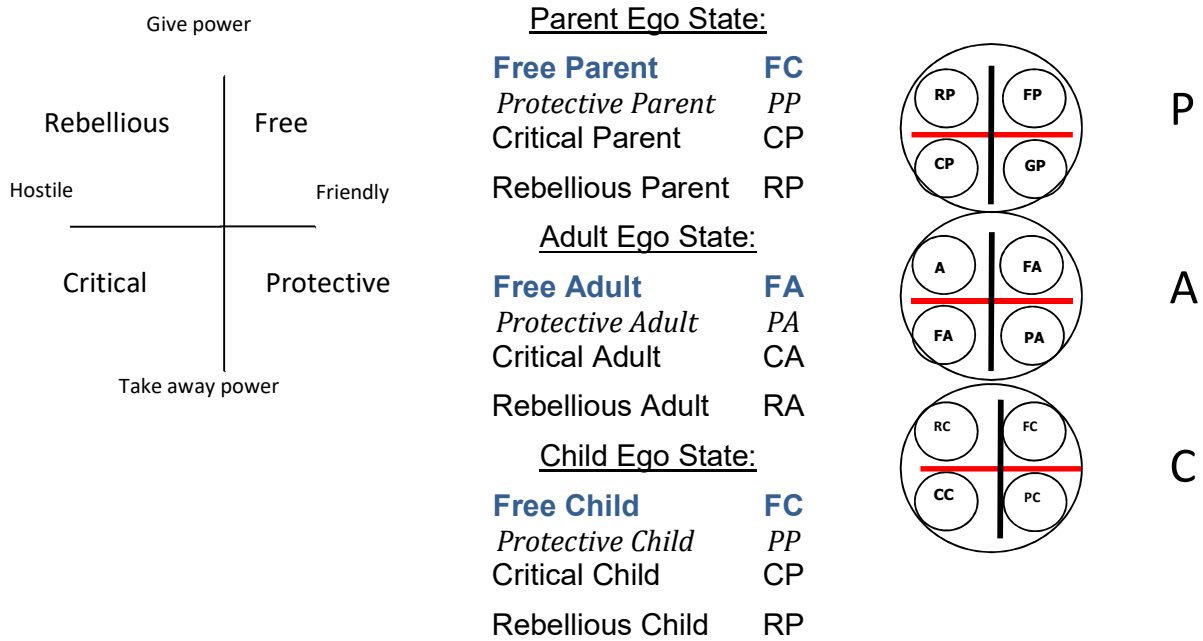Ego States

Hostile — Friendly

Critical
Ego States

Protective
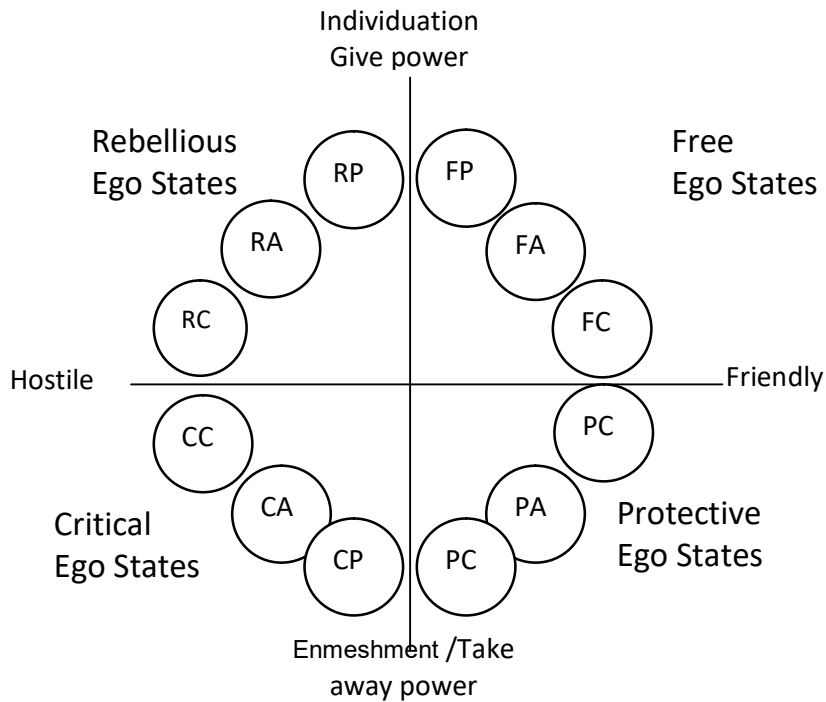Ego States

Enmeshment /Take
away power

Figure 3 shows an example of a Self Ego state profile typical of wellness and suggesting a good Self-integration. When the Self is well integrated, Free and Protective Ego states are well developed, and Critical and Rebellious Ego states are poorly developed. Free Adult (FA), Free Child (FC), Protective Child (PC), and Protective Adult (PA) are the most developed, Free Parent (FP) and Protective Parent (PP) are moderately developed. This profile suggests the activation of health processes, characterized by love toward self, together with freedom (Free Ego States) or with control (Protective Ego States). Moreover, in a good Self integration there is a balance between Free and Protective Ego states that suggest that the person can integrate in a flexible way the processes of Free and Protective Ego states. The development of Critical and Rebellious Ego states suggests the activation of dysfunctional processes characterized by hostility toward self together with control (Critical ES) or freedom (Rebellious ES). When these Ego states are very developed and/or there is an imbalance between Free and Protective ES, Self-integration is poor, wellness is limited and there is pathology of Ego states: Free, Protective, Critical and Rebellious.

Results

Means and detailed results of ANOVA can be found in the five original works.

ANOVA results of the five studies are summarized in Table 1, that shows the p for the 12 Self Ego states (columns) for the factors Gender and Driver, and the Interaction between the two factors (rows). All these data are presented for each driver.

The factor Driver is related to significant difference ($p < .05$) in five or more Self Ego states for every driver.

The factor Gender is related to significant difference ($p < .05$) in five or more Self Ego states for four drivers and only in two Ego states for Please Me.

The interaction Gender x Driver is significant ($p<.05$) in two or more Self Ego States for four drivers, except Be Perfect (no interactions).

Figure 3: Self Ego state profile of wellness
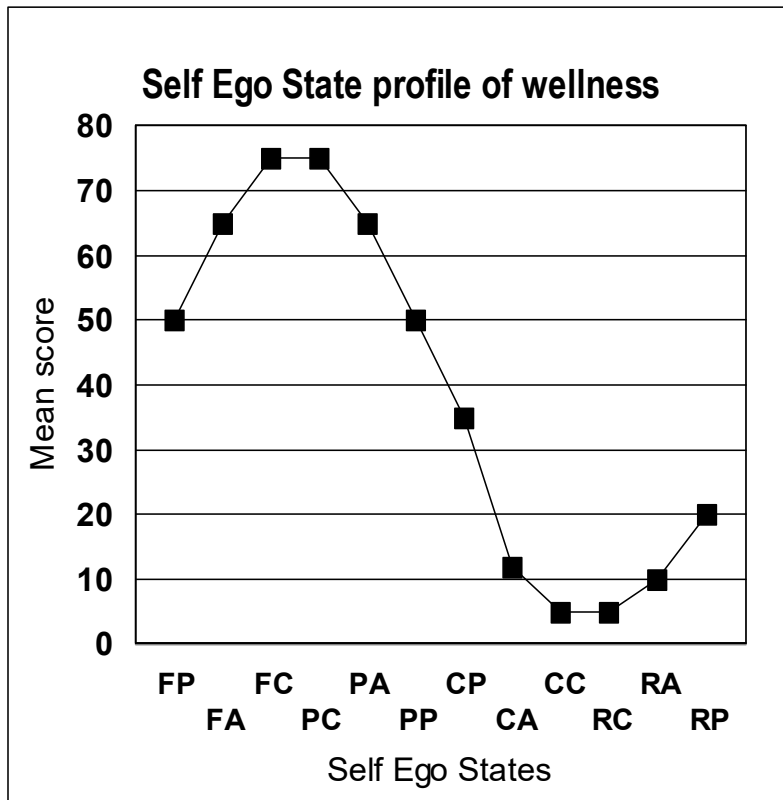
Table 1 – Summary of significant variance in factorial ANOVA from the five studies.

DRIVER	Significant Variance In factorial ANOVA	SELF EGO STATES											
		FP	FA	FC	PC	PA	PP	CP	CA	CC	RC	RA	RP
Hurry Up	Gender	.008	.000				.012		.000	.003			
	Driver	.020	.000	.000	.001		.000	.002			.048	.002	
	Inter. GxD	.029	.041										
Please Me	Gender								.000	.014			
	Driver	.000	.000	.000			.001	.000	.000	.000	.001	.000	.048
	Inter. GxD	.005			.011								
Try Hard	Gender	.015	.001			.001		.007	.000	.000			
	Driver					.000	.000	.000	.016	.000	.015		
	Inter. GxD		.000	.000	.000			.015	.000	.000	.000	.000	
Be Strong	Gender	.048	.000	.006					.000	.008			
	Driver		.002	.004	.000		.005	.016					
	Inter. GxD		.003	.051			.008				.033	.028	
Be Perfect	Gender	.018	.000			.023		.019	.000	.000			
	Driver	.000					.000	.000			.028	.008	.000
	Inter. GxD												

In color p<0.05 in factorial ANOVA. **Ind.Var**.: Gender, Driver (three levels); **Dep.Var**.: 12 Self Ego States

Below is a summary of the results of the five studies.

Hurry Up

Bastianelli, Centofanti e Scilligo (2004) found that *average levels* of Hurry Up driver (Male M= 14,59; Females M=14,45) was associated with Self Ego state profiles in which Free and Protecting ES were well developed and Critical and Rebellious ES were low, indicating good self integration both in males and females. In general the result suggests the capacity to act quickly to maintain the competence to limit themselves and consider both self and the environment, integrating feeling and thinking.

In *high levels* of Hurry Up (Male M=19,11; Females=19,74) Self Ego state profiles were similar for females and males, and showed a poor developing of Free ES, suggesting poor self-confidence and poor self contact, and high levels of Protecting Parent and Critical Parent, indicating an excess of self control, and a rise on Rebellious Child and Rebellious Adult suggesting some self neglect.

Low levels of Hurry Up (Male M=9,89; Females=10,08) presented profiles with high Free and Protective ES and Low Critical and Rebellious ES suggesting a good Self-integration both for females and males. In males with low levels of the driver Free ES were more developed than in males with average levels. This result suggests that males with low levels of Hurry Up have a better self contact than males with average levels.

The hypothesis that average levels of Hurry Up are associated with a Self Ego state profile indicating good Self-integration, and the hypothesis that high and low levels of the driver are associated with dysfunctional Self Ego state profiles was partially confirmed, because not only average levels, but also low levels correlated with a good self integration.

Please Me

Guglielmotti, D'Aversa, Scilligo, and Schietroma (2004) observed that *average levels* of Please Me driver (Males M= 11,81; Females M=12,13) both in females and males show an Ego states profile typical of good Self integration: high levels of Free Adult, Free Child, Protective Child and Protective Adult; low levels of Critical and Rebellious Ego states, and average levels of Free Parent and Protective Parent. This profile is related to a good capacity to be flexible, having initiative and also taking into account others.

High levels of Please Me (Males M=15,90; Females M=16,58) is associated with Self Ego state profile indicating poor self integration, both in males and females. In particular males were low on Free Adult and Free Child, high on Protective Parent and on Critical and Rebellious ES. This suggests poor self-acceptance and poor self-contact, and protecting strategies based on high self-control, self-criticizing and self neglect. The profile of the females was similar to that of males, and also showed a very low Free Parent and a Protective

Child lower than men, suggesting also poor autonomy and less self love than male.

In *low levels* of Please Me (Males M=8,11; Females M=8,57) Self ES profiles need a careful examination. Male profile presented low Critical and Rebellious ES, like average levels ones and high Free ES and average-high levels of Protective ES. In particular there is an imbalance between Free and Protective ES: Protective Adult is much lower than Free Adult, and Protective Parent is lower than Free Parent. This indicates an excess of self-confidence and poor self-control and self-limitation that may cause problems in interpersonal relations. Males with low Please Me may be too centred on self and poorly capable of adapt to others. Females with low levels of Please Me showed a profile similar to average level ones, but Critical and Rebellious Child were a little higher and Free Parent and Free Adult were higher. Free Parent was higher than Protective Parent suggesting that freedom and self-confidence exceed self-control. This result may be associated with poor flexibility in relation with other.

Results confirmed the hypothesis that average levels of Please Me are associated with a Self Ego state profile indicating good self integration, and high and low levels of the driver are associated with dysfunctional Self Ego profiles.

Try Hard

D'Aversa, Caizzi, and Scilligo (2004) found that *average levels* of Try Hard driver (Males M= 16,72; Females M=16,24) were associated with Self Ego state profiles in which Free and Protecting ES where well developed and Critical and Rebellious ES were low, indicating good self integration both in males and females. This result suggests that subjects are capable of activating protective strategies where they put energy in a balanced way into giving self direction and respecting themselves.

High levels of Try Hard (Males M=21,37; Females M=21,51) presented dysfunctional Self Ego states profiles in males and females, with different characteristics in the genders. Males showed very high Free Adult, Free Child, Protective Ego states, and Critical Parent, suggesting too much self-confidence and too much self control. Females showed low Free Ego states and high Critical and Rebellious Ego states, indicating poor self confidence, too much self control and auto criticism, hostility toward self and self neglect.

Low levels of Try Hard (Males M=11,68; Females M=11,64) showed Self Ego states profiles with dysfunctional aspects, mostly for males, that had low Free Adult, Free Child, and Protective Ego states, suggesting poor self confidence, poor self love and poor self protection. Females had a profile similar to that of average levels, but Protective Adult and Parent were also low, indicating poor self-protection and poor self-control.

Results confirmed the hypothesis that average levels of Try Hard are associated with a Self Ego state profile indicating good self-integration, and high and low levels

of the driver are associated with dysfunctional Self Ego profiles.

Be Strong

Bove, D'Aversa, Scilligo, and Carpineto (2004) found that *average levels* of Be Strong (Males M=13,26; Females M=12,48) were associated with a Self Ego state profile typical of good integration in females and males. Critical and Rebellious ES were low, Free and Protecting ES were well developed and balanced indicating a good self confidence and contact with self combined with good self protection. This suggests the capacity to manage emotions and to use their resources to cope with difficulties, without losing the ability to listen and to ask for help if necessary. *High levels* of Be Stong (Males M=17,17; Females M=16,65) is associated with very different profiles for males and females. Males presented a Self Ego state profile very similar to average level ones. Only Protective Child is a bit lower. This indicates a good integration of Self for males with high levels of Be Strong, even if these subjects may have a lack of tenderness toward themselves. In Females all the Free ES and Protective Child were also low, indicating poor self-confidence, poor contact with self, and poor self-love. Critical Parent was high, indicating a strong self-control, and Rebellious ES were higher than the other two groups suggesting some self-neglect.

Also for *low levels* of Be Strong (Males M=9,45; Females M=8,76) Self Ego states profiles were different in the genders. Males with low Be Strong presented Free Ego state similar to average and high-level ones. Also, Critical Adult and Child, and Rebellious Adult and Parent were similar to other groups. Nevertheless Protective Child, Protective Parent and Critical Parent were noticeably more elevated than in the other two groups. This indicates an excess of self-protection and self-control that may indicate limitation in exploration and sense of vulnerability. Also Rebellious Child was more elevated and suggests some hostility toward self. Females with low Be Strong, different to males, have a Self ES profile just similar to average level one. Thus for females a low Be Strong corresponds to a healthy condition.

Results partially confirmed the hypothesis that average levels of Be Strong are associated with a Self Ego state profile indicating good self-integration, and high and low levels of the driver are associated with dysfunctional Self Ego profiles. In fact subjects with average levels of Be Strong had profiles indicating good integration, but low Be Strong results were associated with poor self-integration only in males, and high Be Strong was associated with poor self-integration only in females.

Be Perfect

Caizzi, Bove and Scilligo (2004) found that *average levels* of Be Perfect (Males M=16,47; Females M=16,54) were associated with a Self Ego state profile typical of good integration in females and males. This result suggests that subjects with average levels of Be Perfect have the capacity to do things well and look for precision, keeping a friendly attitude toward self and a balance between give freedom to self and self control.

High levels of Be Perfect (Males M=19,97; Females M=19,74) showed different profiles in males and females. Males had a Self Ego state profile very similar to average level males. They presented only a little more elevated Protective Parent and Critical Parent in comparison with other groups of males, indicating higher self control, however the profile suggests a good integration of self. In contrast, females showed a profile with low Free Ego states and high Protective Parent and Critical Parent, suggesting poor self-confidence, poor self-acceptance, and also self-control.

Low levels of Be Perfect (Males M=13,16; Females M=13,45) presented some dysfunctional aspect with differences for males and females. Males had Free Adult, Free Child, Protective Child, and Protective Adult a little low, and Rebellious Ego states were elevated. This result suggests too self-neglect. Females with low levels of Be Perfect showed a profile similar to the ones with average levels of driver, but presented an imbalance between Free Parent (too high) and Protective Parent (too low). This result suggests a little deficit in friendly self-control.

Results partially confirmed the hypothesis that average levels of Be Perfect are associated with a Self Ego state profile indicating good self-integration, and high and low levels of the driver are associated with dysfunctional Self Ego profiles. Subjects with average levels of Be Perfect had profiles indicating good integration, the ones with low levels of Be Perfect had less self integration, but high Be Perfect results were associated to less self integration only in females.

The results largely confirmed the hypothesis of a curvilinear relation between levels of drivers and integration of the Self. The results suggest that average levels of drivers are adaptive because they are associated with profiles of Ego States indicating well being and integration of the Self. The part of the hypothesis which states that high levels of drivers are dysfunctional, found support for all drivers except for Be Perfect and Be Strong, where high levels in men are associated with profiles showing good integration of the Self. The part of the hypothesis that even low levels of drivers are dysfunctional has been confirmed for Please Me, Try Hard, Be Perfect, Be Strong (only for women), and was not confirmed for Hurry Up.

In summary Please Me and Try Hard showed an inverted curvilinear U relationship between the levels of driver and the integration of the Self. A similar relationship emerged for Be Strong and Be Perfect, even though it seems that the gender factor can act as a moderator in the relationship between levels of driver and integration of the Self. Therefore driver levels that are adaptive for males may not be adaptive for females, and vice versa. For Hurry Up driver the curvilinear relation is not confirmed because only high levels of Hurry Up are associated with dysfunctional processes in the Self.

Further studies may clarify the relationship between drivers and integration of the self, considering the latter variable also from other perspectives, using measures other then self-evaluation questionnaires, and different clinical samples.

Conclusions

Research like this help us to verify the validity of the theoretical constructs of Transactional Analysis. In this case it largely confirmed the hypothesis of a curvilinear relation between drivers and integration of the Self. The results show that drivers can be protective and adaptive strategies if implemented at moderate levels, and tend to be associated with problematic conditions when they are low or high. We want to emphasize that the hypothesis is consistent with OKness and its empirical test helps us to remove from the concept of drive the "Not OK" connotation assumed over the course of time. Research results urge us to reflect on what attitude to adopt about drivers in therapeutic and educational contexts in order to recognize both maladaptive and adaptive aspects, giving empirical support to TA Authors mentioned in this article (Kahler, Clarkson, Hazell, Conway, Caper and Goodman, Mescavage, Silver, Gellert, Johnson).

In addition, these studies allow us to enrich the knowledge of Anint and Espero which are used not only in research but also in clinical practice. The Anint focuses on a more abstract level of analysis, giving information on the interpersonal dimension of ego states, and the Espero investigates at a lower level of abstraction the protective strategies of activation and inhibition, which in TA are called drivers and injunctions, helping us to get script contents related to the ego states. Therefore, by correlating the results of these instruments we can enrich meanings of the data we get from them.

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The Development of a Psychodiagnostic Instrument Based on Ego state, Impasse and Drama Triangle Concepts (ZESUI)

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Abstract

The process of developing the final version of the Impasses, Ego state and Drama Triangle Role Inventory (in short - ZESUI) presented in this article involved repeated iterations over four years. The scale is based on the Transactional analysis theory of personality, interpersonal styles and pathology. The statistical method used in the process of the instrument development, with specific attempts to increase the factor saturation and items internal consistency is exploratory factor analysis, more specifically methods of principal component analysis. The questions within the inventory include the relevant aspects of the diagnosis (assessment) of the Ego state, Impasses and Roles profiles. It consists of 62 items which measure three types of Impasses: Type I, II and III, nine Functional Ego States and three Drama Triangle Roles: Rescuer, Persecutor and Victim.

Introduction

The most significant objection to Transactional Analysis (TA), as well as to some other therapeutic schools of thought, is the lack of serious scientific and evaluation studies that could serve as guidelines for overcoming former weaknesses of clinical observations. The main difference between TA and other kinds of psychotherapy is that TA explains a person not only structurally, but also functionally.

Transactional Analysis, in a diagnostic and therapeutic sense, in contrast to many clinical theories that deal with the internal world of an individual, puts emphasis on the functional analysis of behaviour (appropriate words, gestures, postures, tones, facial expression) defined in terms of the categories of the "here and now". Research so far has shown that highly accentuated ego states of the Negative Adapted Child and Negative Nurturing Parent correlate with pathological personality tendencies (Thorne & Faro, 1980; Kron, 1988). With the aid of a constructed

egogram, it is possible to further develop a therapeutic strategy, formulate a preliminary change contract with a client and establish clear goals for the treatment. The egogram and the scale of interpersonal exchange can, as research suggests, also be employed to follow the effects of psychotherapeutic work (Petrović, 1981).

The existing TA measure instrument from which we started in this research endeavour towards further redefining and developing indicators and items was ESQ – Revised (Loffredo, 2004), a test for measuring functional personality aspects, the behavioural manifestations of ego states. The ESQ –R instrument, as a measure of the five functional ego states, is characterized by its high construct validity. The application of this instrument in correlational research conducted on the population of Serbia has yielded a reliability coefficient, Cronbach's Alpha, calculated via the method of split-half correlation, which equals 0.73 and represents a satisfactory psychometric characteristic of the questionnaire, considering the heterogeneous nature of the scale itself (Brajovic Car & Hadzi Pesic, 2011).

In light of these facts, we could conclude that an empirical verification of the TA personality model is possible. On the other hand, based on many years of clinical experience and research practice, we as a research team have assumed that the existence of a comprehensive, standard TA clinical test could improve the initial phases of the therapeutic process. A TA clinical test would enable, in a short period of time, the precise definition of treatment goals, the formulation of the contract for change with the client as well as a provisional therapeutic strategy.

The goal of this research project was to create a possibility for uniform and reliable practice of TA clinical evaluation by developing an instrument through which the communication and exchange between colleagues would be considerably facilitated in the future. In other

words, the standardization of a diagnostic procedure improves the quality of clinical evaluation and provides an adequate choice of therapeutic direction. Setting a TA diagnosis by means of questionnaires is independent from practitioners' skills and their personal characteristics. Practising a uniform diagnostic procedure eliminates the possibility of a negative transfer and countertransferential influence in the initial phases of the therapeutic process, especially when the evaluation of a client's present state requires a differential diagnostics competence.

The personality profile, formed on the basis of such a tool, besides psychodiagnostic purposes can also be used in the evaluation and observation of the effects of TA psychotherapeutic treatment or participation in TA psychoeducational groups. For the purpose of a wider applicability of the instrument in the construction of the questionnaire we relied on the functional fluency model (Temple, 2004) which represents a normocentric combination of the structural and functional personality models. According to this model, all functional options are in fact behavioural manifestations of the integrated Adult ego state. Within the framework of these theoretical assumptions, the subscale nine Functional Ego States was developed within the Impasses, Ego state and Drama Triangle Role Inventory (ZESUI for short).

The designed questionnaire consists of questions which integrate three of four aspects in ego states diagnosis (Berne, 1961):

- Current behavioural assessment of the client, as the behavioural clues to the Ego state diagnosis will be incorporated in the questionnaire indicators and items.

- Social diagnosis in terms of most frequently detected ego states in the interpersonal context, and type and quality of provoked responses in others.

- The involvement of intrapersonal, pathological dimensions (Impasses) in this battery of tests enables the practitioner to gain an insight into the internal personality conflict of the client (historical diagnosis) and to briefly establish an initial hypothesis.

The test comprises three types of Impasses - type I, II and III (Goulding & Goulding, 1979), nine Functional Ego States (Temple, 2004), and three Drama Triangle Roles - Rescuer, Persecutor and Victim (Karpman, 1968). Regardless of the testing, during the process of psychotherapy work, the initial hypothesis will be verified and re-evaluated through a thorough phenomenological diagnosis.

Thus, the application of this assessment tool does not exclude but rather supplements the clinical interview oriented to historical and phenomenological diagnostics, as well as an in-depth script analysis with the client. However, in non-clinical settings, such as work and educational environments, communal counselling or crisis intervention centres, behavioural and social diagnostics could represent a sufficient indicator for a quick and reliable analysis and assessment of the client's state preceding the psychotherapeutic relation.

Study Objectives And Hypotheses

The general theoretical goal of this research project was the empirical analysis of the theoretical constructs such as the structural and functional pathology of ego states (Contaminations, Exclusions, Drama triangle roles and Impasses) on the large scale, parametric research. The specific goal was to construct a robust and valid instrument for measuring a person's pathological tendencies based on key TA concepts.

The *primary* research goal is thus the construction, psychometric validation and standardization of a diagnostic tool created in line with the TA theory of personality. This multidimensional clinical test of personality would be able to register both potential personality weaknesses and strengths.

The *secondary* goal of our research is an empirical testing of three key TA concepts, Ego State, Impasse and Drama Roles.

Funding Sources

The construction of this instrument started in 2007 as a SATA research project under the name of *The Development of a TA Diagnostic Tool for the Enhancement of Clinical Application of Transactional Analysis*. The initial funding was provided by the EATA Research Committee. Besides that, additional support was raised from Serbian Universities (Belgrade, Nis and Novi Sad), in terms of technical assistance in the administration of questionnaires. The development began in 2007/2008 and concluded in 2011. The results were publicly presented twice, at the EATA and SATA summer school held in 2009 in Belgrade (the first version of the instrument) and at the EATA conference held in Prague, 2010.

Methodology

Regarding the general methodology, this research is a non-experimental large scale exploratory research on the general public. Its aim is the construction and standardization of a diagnostic battery of TA clinical personality tests.

The sample consists of student population from three cities in Serbia. All interviewees in the sample represent the urban population (citizens of Belgrade, Nis, and Novi Sad). More precisely, the results of the research could be generalized exclusively to the population of urban areas. More comprehensive (normative) results could be obtained by including interviewees from rural areas in a selected sample. Independent variables that are assumed to have a potential intervening influence on the variation of the research results are: gender and age of interviewees. In order to standardize this instrument for a specific culture and to provide norms and a practitioner manual for administration and calculation,

the sample must contain at least 1000 interviewees or more.

The variables in the conducted research objectively expressed the quality and degree of the structural and functional pathology of Ego states, Drama Triangle Roles, and Impasses. These variables, postulated as psychologically dispositional, are examined indirectly by the test battery in order to register and quantitatively represent the measured variables.

The final standardized diagnostic tool consists of *three different scales* within the multi-dimensional test battery.

The scale that measures the functional manifestation of Ego states consists of 38 questions formulated as a five-degree Likert type scale. This questionnaire contains nine subscales. Each of them measures one Functional Ego state: Negative Nurturing Parent (-NP), Positive Nurturing Parent (+NP), Negative Controlling Parent (-CP), Positive Controlling Parent (+CP), Integrated Adult (A), Negative Free Child (-FC), Positive Free Child (+FC), Negative Adapted Child (-AD), Positive Adapted Child (+AC). On the basis of the numerically expressed scores on the scales for –NP, -CP, -AC, -FC, it is possible to set a preliminary clinical hypothesis about structural sources of contaminations, as well as about potential exclusions of certain Ego states (energy distribution among Ego states).

The second part of the battery includes a scale that measures tendencies for acting from particular positions on the Drama Triangle. It consists of 12 questions, also in the form of a five-degree scale. This questionnaire contains three subscales, and each of them measures one of three Drama Roles (Rescuer, Persecutor and Victim), recognized by Karpman's (1968) model of the Drama Triangle as the central theoretical concept in recognizing and understanding dysfunctional interpersonal relations.

The third scale within the battery has as its goal the registration and measuring of the impasses, as indicators of the structural pathology of ego states. Three clinically recognized and theoretically based types of intrapersonal Impasses, classified as type I, II and III, are measured by the five-degree scale within the battery of tests. Each of these three subscales will measure one type of the existent personality Impasses.

Throughout the process of instrument validation, we have applied the Exploratory factor analysis (from hereafter EFA) using the method of principal components first with Varimax rotation applied to the results of Ego states subscales, and later separately for every segment of the questionnaire. The aim of the analysis of the main components is to transform the n measured and interrelated variables into non-correlated main components. The practical aim of this analysis is to retain, from all the main components received on the basis of n original, measured variables, only a limited number of components which will contain as large a portion as possible of the total variance (or amount of information) of all the original, i.e., measured variables. As opposed to factor analysis proper, with which we

attempt to explain connections (i.e., correlations, between manifest, measured variables), we strive with component methods to explain the variances in the measures of the studied phenomenon by discovering its causes.

Steps in the Instrument Development

The instrument is designed as a list of statements that the subjects provide an answer for, based on the extent to which they agree with an item. The applied scale is a Likert scale. The quantifiers offered are 1 – I completely disagree, 2 – I moderately disagree, 3 – I am undecided, 4 – I moderately agree and 5 – I completely agree. The items are constructed based on the indicators of a certain variable. They are written in the form of statements.

In the first two steps, two versions of the questionnaire have been tested on samples of 150 subjects each.

The first version of the questionnaire had 165 items with a five-degree answer scale (from 1 = completely disagree to 5 = completely agree). It was tested in March 2007.

Reliability was Alpha = 0.84. A VARIMAX rotation factor analysis revealed nine primary factors corresponding to the nine Functional Ego states.

The cumulative percent of the explained variances by nine factors was 64.88.

Thus, the factor analysis of this Questionnaire revealed that it does measure nine Functional Ego states (factors), albeit with a varying accuracy.

The next revised version had 112 questions. It was checked in November 2007.

Reliability was Alpha = 0.91. A VARIMAX rotation factor analysis revealed nine factors explained 67.25% of the variance, with accuracy still varying. The improvement in the scale is expressed in the increase of reliability quotient, as the statistical error in measure is smaller, i.e., the percentage of variability among participants has been increased, which can be explained precisely via the scale.

The final version of the part of the questionnaire to do with diagnosing Ego States has 38 questions.

In 2008 and 2009, the items for Impasses and Drama Roles were developed. In 2010, the Impasse and Drama Role factor structures of the questionnaire were checked, 33 questions were kept out of the total of 135 questions.

In the first half of 2011, research was conducted in which the final version of the ZESUI questionnaire was used (ZESUI – Impasses Ego States Roles Inventory - IESRI), consisting of 78 Likert question items.

The content of the questionnaire includes: 18 Impasse items, 45 Ego State items, and 15 Role items.

The participants in the sample were students from several regions in Serbia. The data was collected from 418 participants of various ages and both genders. 111 questionnaires were discarded from the analysis as they

had not been filled out correctly. The analysis was carried out on 307 participants. The mean age of the participants was 21.63 (sd = 3.249). 18.6 % participants were male and 81.4 % were female.

Presentation and Analysis Of Results

The questionnaire Impasses, Ego States and Drama Roles Inventory (in Serbian - ZESUI) consists of three separate parts and contains 78 items. The first subscale contains 18 items and its aim is to investigate which type of Impasse is dominant. The second part contains 45 items and aims to investigate which Ego State is dominant. The third part contains 15 items and explores which Role is dominant. The ZESUI Reliability, measured as Cronbach's Alpha, was 0.84. This level of the reliability indicator suggests a satisfactory psychometric adequacy and validity of the constructed test.

We have excluded from further analysis the items which had significant and high saturation on two factors (i.e. were multi-saturated), so the final analysis was carried out on the total of 62 items. The Impasse subscale had 12 items, the Ego States subscale had 38 items and the Roles subscale had 12 items. When ascertaining the ZESUI Reliability of the 62 items instrument, the measured Cronbach's Alpha was 0.82. After a certain number of items were discarded, the desired reliability of internal consistency was achieved. The Alpha coefficient is in the medium range, which speaks for the reliability of the data gathered in this test.

ZESUI: Description of three subscales in the questionnaire

Scale length: 62 items. These items are split into 3 scales named:

- Impasse (12 items). These items are split into 3 subscales named:
- Impasse I degree (4 items),
- Impasse II degree (4 items),
- Impasse III degree (4 items).
- Ego states (38 items). These items are split into 9 subscales named:
- (-) AC (5 items),
- (+) CP (4 items),
- (+) NP (4 items),
- (-) NP (5 items),
- (+) FC (4 items),
- (+) AC (4 items),
- (-) CP (4 items),
- A (4 items),
- (-) FC (4 items).
- Drama Triangle Role (12 items). These items are split into 3 subscales named:
- Victim (4 items),
- Rescuer (4 items),
- Persecutor (4 items).

Descriptive characteristic of dimension of ZESUI on the Serbian sample indicates the interval of average population result on each subscale, and the dispersion of the individual results around the average. Although it was not the primary aim of the research, based on the above results, it can be concluded that among the sample of Serbian students the dominant ego state is that of the Positive Adapted Child (AC+), the intrapersonal impasse of the third type, as well as the interpersonal role of the Rescuer. We will further comment on the obtained results in the discussion.

EFA Results for the Impasse part

The reliability of the Impasse part (12 items) measured as Cronbach's Alpha was 0.72. This measure indicates a satisfactory validity of the subscale.

The three factor saturation was further analyzed, by the measurement of the sampling adequacy (KMO = 0.751). The three factors obtained explain 52.46 % of the total variance. The obtained factors allow the following reading: factor 1: (24.84 % of variance explained) can be named IMPASSE 2; factor 2: (15.45 % of variance explained) resembles the IMPASSE 3; factor 3: (12.17 % of variance explained) is similar in structure to the IMPASSE 1. Single item correlation with the factor it measures is presented in the table below. The extraction method used for the analysis was principal component analysis. Rotation method was Varimax with Kaiser Normalization. A rotation converged in 5 iterations.

EFA Results for the Ego States part

The reliability of the *Ego States* part *(*38 items) was Cronbach's Alpha = 0.76.

The nine-factor saturation was further analyzed, by measuring the sampling adequacy (KMO = 0.787). The nine factors obtained explain 53.80 % of the total variance. The obtained factors allow the following reading: factor 1: (7.78 % of variance explained) can be named - AC; factor 2: (6.90 % of variance explained) resembles the + CP; factor 3: (6.49 % of variance explained) is similar in structure to the +NP; factor 4: (6.20 % of variance explained) can be named -NP; factor 5: (5.94 % of variance explained) can be named +FC; factor 6: (5.81 % of variance explained) can be named +AC; factor 7: (5.16 % of variance explained) can be named -CP; factor 8: (4.89 % of variance explained) can be named A; factor 9: (4.62 % of variance explained) can be named -FC;.

The extraction method used for analysis was principal component analysis. Rotation method was Varimax with Kaiser Normalization. A Rotation converged in 10 iterations.

Note: * item score reversed

EFA Results for the Role in Drama Triangle part

The reliability of the *Roles* part (12 items) was Cronbach's Alpha = 0.67

The three-factor saturation was further analyzed, by the measurement of the sampling adequacy (KMO = 0.687). The three factors obtained explain 50.49 % of the total variance. The obtained factors allow the following reading: factor 1: (18.56 % of variance explained) can be named Victim; factor 2: (17.24 % of variance explained)

resembles the Rescuer; factor 3: (14.69 % of variance explained) is similar in structure to the Persecutor.

The extraction method used for the analysis was principal component analysis. Rotation method was Varimax with Kaiser Normalization. A rotation converged in 4 iterations.

Table 1: Descriptive Statistics

	Minimum	Maximum	Mean	Std. Deviation
Impasse I	1.00	5.00	2.0136	.89456
Impasse II	1.00	4.50	1.8633	.84288
Impasse III	1.00	4.50	2.6860	.69811
Victim	1.00	4.50	2.0943	.76333
Rescuer	1.00	5.00	3.0534	.89336
Persecutor	1.00	5.00	2.7883	.81701
AC-	1.00	4.80	2.4493	.82805
CP+	1.00	5.00	2.9761	.90227
NP+	1.50	5.00	3.7572	.75984
NP-	1.00	4.60	3.0852	.70112
FC+	1.00	5.00	3.6258	.78616
AC+	1.50	5.00	4.0773	.85149
CP-	1.25	5.00	2.9621	.64098
A	1.33	5.00	3.7689	.79010
FC-	1.00	4.33	2.3295	.79488

Table 2: Rotated Component Matrix – Consummation of alcohol and narcotics

	Component		
	1	2	3
I do not like people who gesture a lot when they speak.			.573
I think that it is in poor taste to be showing one's weakness in front of other people.			.615
I have the impression I often frown when I speak.			.530
I am always in a hurry and I never manage to get things done.			.612
I am angry at my parents because they have let me down.	.635		
Because my parent was critical of me, I found it difficult to make decisions independently.	.707		
As a child, I was often ridiculed and reprimanded over what I did and how I thought.	.766		
I was never getting the support I wanted for being original, brave or for taking risks.	.787		
Alcohol consumption gets me into social and health problems.		.882	
Excessive consumption of medications or other narcotics creates problems for me.		.890	
I have almost no close friends.		.287	
I feel uncomfortable and tense around people.		.237	

Table 3: Rotated Component Matrix – Prevalence of Adult, Positive AC and Positive CP

	Component								
	1	2	3	4	5	6	7	8	9
I very quickly give up things I do not do well.	.609								
I often feel helpless.	.606								
I am angry at myself for being dependent on others.	.604								
* I am satisfied with how I manage my own time.	-.558								
No matter how much I try, I fail to meet the needs of people who are closest to me.	.546								
I am happy to take the role of a leader in solving problems.		.758							
In the circle of my friends, I rule the roost.		.740							
I like to be in the centre of attention.		.629							
I have always had good negotiation ("diplomatic") skills.		.576							
In the interactions with other people, I always try to be aware of my feelings as well as feelings of others.			.716						
I find it easy to successfully communicate with a wide variety of people.			.629						
I think that to maintain a friendship, you must acknowledge needs and feelings of others and yourself.			.604						
People in my surroundings often come to me for help or advice			.575						
I always help others, even when it is not necessary.				.615					
I feel obligated to come to the aid of others.				.608					
It is important for me to actively motivate and inspire people close to me by my own example.				.588					
My friends know how I feel, just by hearing my voice.				.575					
I think other people's mistakes and oversights should always be pointed out to them in a nice way.				.520					
People around me like me because of my sense of humour.					.663				
Based on the behaviour of others towards me, you could say I am a friendly and confident person.					.563				
People in my surroundings see me as optimistic.					.524				
I am not afraid to show my true self in the company of anyone.					.523				
I do not allow someone to impose their views on me when my judgment is that he/she is wrong.						.648			
I pursue my own interest, but I am doing it without detriment to others' rights.						.574			
I try to help my family members at any cost.						.569			

	1	2	3	4	5	6	7	8	9
I always appropriately thank people who help me.						.492			
My parents got me used to letting others deal with responsibility and thinking about consequences.							.640		
It is better for me to do nothing than to make a mistake.							.589		
Like my parents, I always point out other people's and my own mistakes and oversights.							.575		
Because of my need to be dominant, people in my surroundings respond by withdrawing or criticising.							.414		
I like it when people have respect for what I say.								.711	
I make mistakes, but others make them too.								.695	
If it is necessary, I will use threats so that other people would take me seriously.								.473	
I always clearly indicate to others what I expect from them.								.433	
I am drawn to risky situations.									.656
In serious situations, my behaviour usually lacks seriousness.									.522
I never consider in advance the potential consequences of my behaviour.									.490
People in my immediate surroundings often criticise me for immaturity and inappropriate and egocentric behaviour.									.472

Table 4: Rotated Component Matrix – Drama Triangle Roles

	Component		
	1	2	3
I am unable to help myself.	.774		
I often think I am a hopeless case.	.806		
At work, I let others make the decisions.	.615		
I give others too much leeway to control my life (and take care of me)	.714		
It seems to me that I always work more than my fair share.		.688	
Sometimes it seems to me that I look after the people (who I love) who ought to take care of themselves and that I solve problems for them.		.766	
Friends often tell me I am too ready to be of help to others.		.789	
I like to feel needed (- to always help).		.563	
When I am angry, I cannot control myself.			.662
I have the right to be angry and furious over other people's mistakes.			.661
I am prone to frequent criticizing (of others).			.559
It often happens that I interrupt others when they are speaking.			.695

Discussion and Conclusions

The questionnaire developed within the presented research project has certain specificities which should be further discussed. As far as the psychometric evaluation of the test is concerned, an examination of the factor structure of the test on a sample has confirmed that the test possesses a satisfactory level of validity. All the values received for the representability of sample items according to factors, expressed individually for each subscale within the ZESUI instrument, are above the minimum level of acceptability (0.30). The items which are most saturated by the factors they measure are those pertaining to examining the tendencies towards the consummation of alcohol and narcotics within the factor Impasses (see Table 2). Then, the items which measure the prevalence of the ego states Adult, Positive Adapted Child and Positive Critical Parent, are most saturated by the factors separated within the subscale which examines the functional profile of the ego states (see Table 3). Within the Drama roles subscale, the items which are saturated by presupposed, but also empirically confirmed factors, are those we use to examine the tendency to assume the positions of the Victim and the Rescuer (see Table 4). Nevertheless, due to possible cultural differences, before any psychodiagnostic use in other cultures, the items should certainly be adapted via a pilot application of the questionnaire.

Also, when the psychodiagnostic application of the test is concerned, with the goal of determining the norms for evaluating the participants, it is necessary to set a questionnaire on a normative sample, by which a wider demographic range is understood, containing represented categories according to age, education, and social status, representative of the concrete population in question. At the level of Serbia, the project team has just commenced the standardization of the questionnaire. The national sample based on which the norms will be created consists of 600 participants and satisfies the mentioned criteria of representability. The next step which will advance the applicability of the test is creating a manual for practitioners on the basis of which a quick interpretation of the results will be possible in clinical conditions, but also in other areas of applied psychology which involve psychological evaluation. As has already been stressed in the introduction, setting a TA diagnosis by means of questionnaires is independent from practitioners' skills and their personal characteristics.

At the level of correlational studies, in its present version the test is applicable, for example, in cross-cultural research into the connection between parenting styles and family dynamics on the one hand and the dominant ego state, roles and impasses on the other.

During the course of the construction and psychometric validation of the test, several intriguing insights were gathered, which were not the goal of the research in their own right. One of them is a cultural profile that we reached in the process of constructing the ZESUI questionnaire. The dominant ego state is that of the Positive Adapted Child, the drama role is that of the Rescuer, as well as an impasse of the third type. Based on the cited discoveries, we could discuss the psycho-social characteristics of the cultural script which requires a reactive personality type, being decentred, insufficiently introspective, and directed towards the other, as well as an identity crisis (which is typical of societies in a prolonged state of transition).

The research team consists of psychologists in different specialization domains: Kristina Brajovic Car, CTA (P), member of SATA, Marina Hadzi Pesic, CTA (P), member of SATA, and Jasmina Nedeljkovic, the statistics and psychometric consultant on the project.

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Appendix: ZESUI INVENTORY

The translation of items is from Serbian to English. It is advisable to accommodate translation to a culture of a spoken language, before application of the questionnaire.

PLEASE RESPOND HONESTLY TO THE STATEMENTS BELOW BY CIRCLING ONE NUMBER FROM 1 TO 5, DEPENDING ON THE EXTENT TO WHICH EACH STATEMENT PERTAINS TO YOU.

1=the statement does not apply to me at all; 2=the statement is more untrue than true; 3=the statement is half true and half untrue; 4= the statement is more true than untrue; 5=the statement fully applies to me

Statement	1	2	3	4	5
I am angry at my parents because they have let me down.	1	2	3	4	5
Alcohol consumption gets me into social and health problems.	1	2	3	4	5
I do not like people who gesture a lot, when they speak.	1	2	3	4	5
Because my parent was critical of me, I found it difficult to make decisions independently.	1	2	3	4	5
Excessive consumption of medications or other narcotics creates problems for me.	1	2	3	4	5
I think that it is inadequate to be showing one's weakness in front of other people.	1	2	3	4	5
As a child, I was often ridiculed and reprimanded over what I did and how I thought.	1	2	3	4	5
I have almost no close friends.	1	2	3	4	5
I have the impression I often frown when I speak.	1	2	3	4	5
I was never getting the support I wanted for being original, brave or for taking risks.	1	2	3	4	5
I feel uncomfortable and tense around people.	1	2	3	4	5
I am always in a hurry and I never manage to get things done.	1	2	3	4	5
I am unable to help myself.	1	2	3	4	5
It seems to me that I always work more than my fair share.	1	2	3	4	5
When I am angry, I cannot control myself.	1	2	3	4	5
I often think I am a hopeless case.	1	2	3	4	5
Sometimes it seems to me that I look after the people, who I love, who ought to take care of themselves and that I solve problems for them.	1	2	3	4	5
I have the right to be angry and furious over other people's mistakes.	1	2	3	4	5
At work, I let others make the decisions.	1	2	3	4	5
Friends often tell me I am too ready to be of help to others.	1	2	3	4	5
I am prone to frequent criticising of others.	1	2	3	4	5
I give others too much leeway to control my life and take care of me.	1	2	3	4	5
I like to feel needed, to always help.	1	2	3	4	5
It often happens that I interrupt others when they are speaking.	1	2	3	4	5
I very quickly give up on the things I do not do well.	1	2	3	4	5
I am happy to take the role of the leader in solving problems.	1	2	3	4	5
I always try to empathize with other people.	1	2	3	4	5
I always help others, even when it is not necessary.	1	2	3	4	5
People around me like me because of my sense of humour.	1	2	3	4	5
I do not allow someone to impose their views on me when my judgment is that he/she is wrong.	1	2	3	4	5
I never relinquish responsibility to others.	1	2	3	4	5

		1	2	3	4	5
	I expect people to respect what I have to say.	1	2	3	4	5
	I am drawn to risky situations.	1	2	3	4	5
	I often feel helpless.	1	2	3	4	5
	In the circle of my friends, I rule the roost.	1	2	3	4	5
	I find it easy to successfully communicate with a wide variety of people.	1	2	3	4	5
	I feel obligated to come to the aid of others.	1	2	3	4	5
	You could say I am a friendly and confident person.	1	2	3	4	5
	I seek my own well being but I try to do this without detriment to others.	1	2	3	4	5
	It is better for me to do nothing than to make a mistake.	1	2	3	4	5
	I make mistakes, just like others make mistakes.	1	2	3	4	5
	In serious situations, my behaviour usually lacks seriousness.	1	2	3	4	5
	I am angry at myself for being dependent on others.	1	2	3	4	5
	I like to be in the centre of attention.	1	2	3	4	5
	To maintain a friendship, you must acknowledge the needs and feelings of others and yourself.	1	2	3	4	5
	The most important thing for me is to make the people close to me happy.	1	2	3	4	5
	People in my surroundings see me as optimistic.	1	2	3	4	5
	I try to help my family members as much as I can.	1	2	3	4	5
	I am a quick learner and I point out both my own and other people's mistakes and oversights.	1	2	3	4	5
	If it is necessary, I will raise my voice so that other people would take me seriously.	1	2	3	4	5
	I never consider in advance the potential consequences of my behaviour.	1	2	3	4	5
	However much I try, I fail to meet the needs of people who are closest to me.	1	2	3	4	5
	I have always had good leadership skills.	1	2	3	4	5
	People in my surroundings often come to me for help or advice.	1	2	3	4	5
	It is enough for me to just hear somebody's voice to know what they need and how they are feeling.	1	2	3	4	5
	I am not afraid to show my true self in the company of anyone.	1	2	3	4	5
	I can thank people who help me appropriately.	1	2	3	4	5
	People in my surroundings respond to me being dominant by withdrawing or criticising.	1	2	3	4	5
	I always clearly indicate to others what I expect from them.	1	2	3	4	5
	People in my immediate surroundings often criticise me for inappropriate behaviour.	1	2	3	4	5
	I am satisfied with how I manage my own time.	1	2	3	4	5
	I think you should always disregard other people's mistakes and oversights.	1	2	3	4	5

Note:

Impasse (I, II, III, alternately, first twelve items, from 1-12 items).

Drama Roles (Victim, Rescuer, Persecutor, from 13 -24 items).

Ego States (-AC, +CP, +NP, -NP, +FC, +AC, -CP, A, -FC, alternately that way till 60 item; 61. item is –AC, 62. item is –NP).

Ego States in the therapeutic relationship and pre- to post-treatment change in Self Ego states

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Abstract

This study investigates process and outcome of psychotherapy conducted according to Social-Cognitive Transactional Analysis (SCTA); the perception of Self Ego states, pre- and post- treatment, and of Relational Ego states activated in the therapeutic relationship is studied. Subjects (N=288) were adult clinical outpatients who received 21 sessions of psychotherapy in Prevention and Intervention Clinics connected to four training schools in psychotherapy. Therapists were 3rd and 4th year trainees. Perception of Ego states was studied with self-report questionnaires based on SASB (Benjamin, 1974, 2000; Scilligo & Benjamin, 1993, Scilligo 2005) by which prototypical Ego states are operationally defined according the SCTA (Scilligo, 2009; De Luca e Tosi, 2011). The results of the preliminary studies show that clients perceive that Free and Protective Ego states in the relationships with therapist are highly activated, and Critical and Rebellious Ego states are very low. Pre- to post-treatment changes of Self Ego states in clients are observed: a growth of Free and Protective Ego states and a reduction of Critical and Rebellious Ego states. This outcome appears to be related to the therapeutic relationship that stimulates Free and Protective Ego states through complementarity during the sessions, and that promotes the development of Free and Protective Ego states by internalization.

Introduction

This study is a part of a broader line of research that has two main aims: 1) to assess the construct validity of the theoretical model of Social-Cognitive Transactional Analysis (SCTA); 2) to monitor systematically the practice conducted by trainees in the Prevention and Intervention Clinics of the schools of psychotherapy associated with the Institute for Research on Intrapsychic and Relational Processes (IRPIR).

In Transactional Analysis the relational paradigm plays a central role, and we believe that the specific subject of

Transactional Analysis is relationships at interpersonal and intrapsychic levels. Therefore we are interested in psychotherapy research that studies the role of therapeutic relationship on the efficacy of psychotherapy, in agreement with conclusion and recommendation about empirically supported therapy relationship (Ackerman et al., 2001; Norcross, 2011).

The present work is an example of study on process and outcome in psychotherapy in term of Ego states, where the focus is on the quality of relationship with other and with self.

In Social-Cognitive Transactional Analysis (SCTA) Ego states are considered especially in their relational aspects that can be observed in intrapsychic and interpersonal processes.

SCTA explains Ego states (ES) with the concept of schemas: structures of meaning that integrate knowledge (Horowitz, 1991; Andersen and Chen, 2002), Ego states are organized by schemas (Scilligo, 2009) which are the bases of representations of self, others, and relationships between self and others. Social-Cognitive Transactional Analysis (Scilligo, 2004, 2009; Ceridono, Gubinelli, & Scilligo, 2009; De Luca & Tosi, 2011) has developed operational definitions of the concepts of Ego states and instruments of observation based on Structural Analysis of Social Behavior SASB (Benjamin, 1974, 1996, 2003) that permit empirical research and orientation in clinical practice.

SASB is a method to describe interpersonal and intrapsychic behaviour by three dimensions. The first dimension is *Focus* that distinguishes three different foci of the action: two interpersonal (*other* and *self*), and one intrapsychic focus (*introject*). Examples are: the therapist listens to the client (focus on other); the client discloses self with the therapist (focus on self); the client explores himself (focus introject). The second dimension is *Affiliation*, that describes the affectivity of the action on a continuum from hostile to friendly. The third dimension is *Interdependence*, that describes power in

the action on a continuum from giving power to taking power away in the relationship with other and with self. The poles have different names depending of the type of focus: *give autonomy* and *control* for *other* focus; *be separate* and *submit* for the *self* focus; *let self "be"* and *self-control*, for the *introject* focus. The intersection of the Affiliation (affectivity) and Interdependence (power), for each type of focus, generates three surfaces. Each surface has four wide categories of behaviour.

Combining the two dimensions of Affiliation and Interdependence, we distinguish four categories of Ego states: Free, Protective, Critical, and Rebellious Ego states. In each category Parent, Adult, and Child are also distinguished, and the 12 Ego states are represented in a circumplex. Figure 1 shows the 12 Ego States in the circumplex defined by Affiliation and Interdependence. In Free ES power is given to self/or other in a friendly way; in Protective ES power is taken away from self/or other in a friendly way; in Critical Ego state power is taken away from self/or other in a hostile way; in Rebellious ES power is given to self and/or other in a hostile way.

A distinction is made between Self ES and Relational ES. *Self ES* are conceptualized as schemas about self, and are operationally described by SASB *Introject* surface, while *Relational ES* are schemas about interpersonal relations with others, and are operationally described by SASB *Other* and *Self* surface. (Note that the term of the

SASB "Self" expresses a different concept from that of Self Ego state; it refers to a focus of the interpersonal behaviour, while "Self Ego state" refers to intrapsychic processes connected to schemas about self).

The present work aims to analyze process and outcome of psychotherapy conducted according to Social-Cognitive Transactional Analysis (SCTA). We studied the perception of Self Ego states pre- and post- treatment and the perception of Relational Ego states activated in the therapeutic relationship.

In a functional perspective, the goal of the treatment can be defined as developing healthy Ego states (Free and Protective ES) and reducing pathological Ego states (Critical and Rebellious ES). In order to achieve this goal the therapeutic relationship has a central role. In SCTA there is a basic assumption about therapeutic relationship: the therapeutic relationship in which therapist activates Free and Protective Ego states stimulates the activation of Free and Protective Ego states in the patient during the session, and facilitates the development of Free and Protective Ego states in the course of time. This assumption is founded on the concepts of complementarity and internalization, concepts that are common to various theories, like object relations (Greenberg & Mitchell, 1983), interpersonal (Benjamin, 1996), and Transactional Analysis (Berne, 1961). Empirical research, conducted

Figure 1: The 12 Ego States in the circumplex

Give power - give autonomy, separate, let self "be"

Rebellious Parent (RP) Rebellious Ego States

Rebellious Adult (RA)

Rebellious Child (RC)

Free Ego States Free Parent (FP)

Free Adult (FA)

Free Child (FC)

Hostile   Friendly

Critical Child (CC)

Critical Adult (CA)

Critical Parent (CP) Critical Ego States

Protective Ego States

Protective Child (PC)

Protective Adult (PA)

Protective Parent (PP)

Take away power - control, submit, self-control

according to therapeutic models similar to TA, like psychodynamic and interpersonal ones, support the impact of therapeutic relationship on clients' introject. Henry, Schacht, & Strupp (1990) showed that poor outcome cases in psychotherapy were typified by interpersonal behaviour by the therapist that confirmed negative patient introject. Harrist, Quintana, Strupp, & Henry (1994) found that patients' intrapsychic functioning became more similar to therapist-patient relationship over the course of therapy.

Hypothesis

In the present work we hypothesized that post-treatment Free and Protective Self Ego states have higher level and Critical and Rebellious Self Ego states have lower level in comparison with pre-treatment, consistent with the aims of the treatment.

We hypothesized that this outcome is related to a therapeutic relationship in which Free and Protective Relational Ego States are highly activated by therapist and client, and in which there is also a complementarity between Free and Protective ES of therapist focused on client and Free and Protective ES of client focused on self in relationship with therapist.

In particular, we hypothesized that pre- to post-treatment change in Self ES is promoted by introjection of the Relational ES of therapist focused on the client; the client learns to treat himself like therapist treated him. Thus we expected that post-treatment Self ES would be correlated to correspondent Relational ES of therapist more than pre- treatment Self ES.

We choose to assess the process from the patient's perspective because we found that this perspective has the stronger correlation with outcome, as process-outcome research suggest.

We also investigated the relation between the client's perception of Free Adult and Protective Adult Ego states of the therapist focused on the client, and the outcome in terms of Self Ego states. We hypothesized that in clients that perceive high levels of Free Adult and Protective Adult Relational ES in therapist focused on him, Free and Protective Self ES at post-treatment are more developed and Critical and Rebellious Self ES are less developed than in clients that perceive low levels of Free Adult and Protective Adult ES in therapist. These two Adult Relational ES were chosen because they were perceived by clients as the two that were more activated, moreover they had good correlations with post treatment Self Ego state of the client, and they represent two main function of the therapist in relationship with client.

Free Adult focused on client is described by listening, emphatic understanding, and confirming of the client. This ES stimulates the client disclosing and contact with self. Free Adult should be important for client feeling safe and to develop alliance. The interpersonal dimensions of Free Adult are to give power (give freedom) to the client in a friendly way.

Protective Adult focused on the client is described by analyzing and constructively stimulating the client to think. This ES stimulates the client to pay attention to new information and reflect on it. Protective Adult should be important for decontamination. The interpersonal dimensions of Protective Adult are to take away power from the client (a moderate control) in a friendly way.

Subjects and Instruments

Subjects were adults (N=288), male (25%) and female (75%), clinical outpatients from Prevention and Intervention Clinics of four training schools in psychotherapy that are associated with IRPIR.

Subjects received a 21 sessions psychotherapy conducted according to the SCTA model. Therapy had a contractual approach that included a general contract about goal, stipulated with client.

Therapists were psychologists, 3rd and 4th year trainees in psychotherapy that also were CTA trainees, in continuing supervision with TSTAs and PTSTAs.

Perception of Ego states was studied with self-report questionnaires based on SASB (Benjamin, 1974, 2000; Scilligo & Benjamin, 1993, Scilligo, 2005) that we use to measure the operational definition of the prototypical Ego states according to Social-Cognitive TA (Scilligo, 2009; Ceridono, Gubinelli, & Scilligo, 2009; De Luca & Tosi, 2011).

Clients rated 12 prototypical Self Ego states with *Anint A*, a 36 items questionnaire based on *Introject* surface of SASB. Each item was rated on a scale ranging from 0 (never, not at all) to 10 (always, completely).

Clients also rated 24 prototypical Relational Ego states of therapist and of self, perceived in the therapeutic relationship, with *Anint D*, a 144 items questionnaire based on *Other* and *Self* surfaces of SASB. Each item was rated on a scale ranging from 0 (never, not at all) to 10 (always, completely). In the present work are studied the 12 Relational ES of the therapist focused on the client, and the 12 Relational ES of the client focused on self in the relationship with the therapist.

Scores resulting from each set of 12 scales of the Ego states can be represented in graphical form analogous to the classical egogram.

Ethical Issues

Consent. All clients gave consent to use data from questionnaires for clinical and research use.

Confidentiality. Personal data and information about sessions were protected by professional confidentiality and discussed only in the context of supervision.

Privacy. The use of a code system prevented identification of clients to all who accessed the data, and procedures according to national law about privacy were followed.

Principles of respect and protection of the client. We excluded the possibility of creating a control group with a waiting list, to prevent any client waiting too long between the request for help and the start of treatment.

Method

Self perception (Self Ego states) was rated at intake before psychotherapy (pre-treatment) and in the last session of psychotherapy (post-treatment).

The perception of therapeutic relationship (Relational Ego states) was rated by clients after the 8th session (between 8th and 9th). At this time therapeutic alliance should have been established.

To test the hypothesis some preliminary studies were performed. Presented results come from four of them.

In the *first study*, pre- to post-treatment differences of mean scores on scales of 12 Self Ego states were tested with Student T test for dependent samples.

The *second study* were calculated means scores of the scales of 24 Relational Ego states activated in the therapeutic relations, from the client perspective.

In the *third study* correlations (*Pearson's r*) were calculated between Ego state variables.

In the *fourth study* factorial ANOVA was performed for two factors (two-level with cut-off at the median): Free Adult and Protective Adult Ego states of therapist in relational focus on client, rated by client; dependent variables were 12 Self Ego states rated by client at post-treatment.

Results

Pre- and post-treatment Self Ego States

Figure 2 shows pre- and post-treatment Self Ego states profiles of the sample, based on the means of the 12 scales of Anint A.

The *pre-treatment* profile of Self ES indicate a dysfunctional condition where Free ES have too low activation and Critical and Rebellious are too activated, also Protective Parent is a little high.

The *post-treatment* profile suggest a wellness condition with high Free and Protective ES and low Critical and Rebellious ES. In particular Free Adult and Free Child and Protective Child and Protective Adult are high, Free Parent and Protective Parent are middle and balanced. Critical Adult, Critical Child, and Rebellious ES are low.

Nevertheless, Critical Parent has a middle level that suggests there is still some imperative self control that may limit the health functioning.

Table 1 reports means and standard deviation of 12 Self ES pre- and post-treatment for the group, and Student T test summary. The results of the study of pre- to post-treatment difference show a growth of all Free Ego states and of Protective Child and Protective Adult Ego states. Protective Parent decrease, and there is a reduction of all Critical and Rebellious Ego states.

All the changes are statistically significant ($p<0.01$; AP $p=0.01$).These changes suggest an activation of Self Ego states in the direction of treatment goal. The decrease of Protective Parent is coherent with the other changes, because in pre-treatment this level was high.

Figure 2: Profiles of the means of Self Ego state pre- and post-treatment
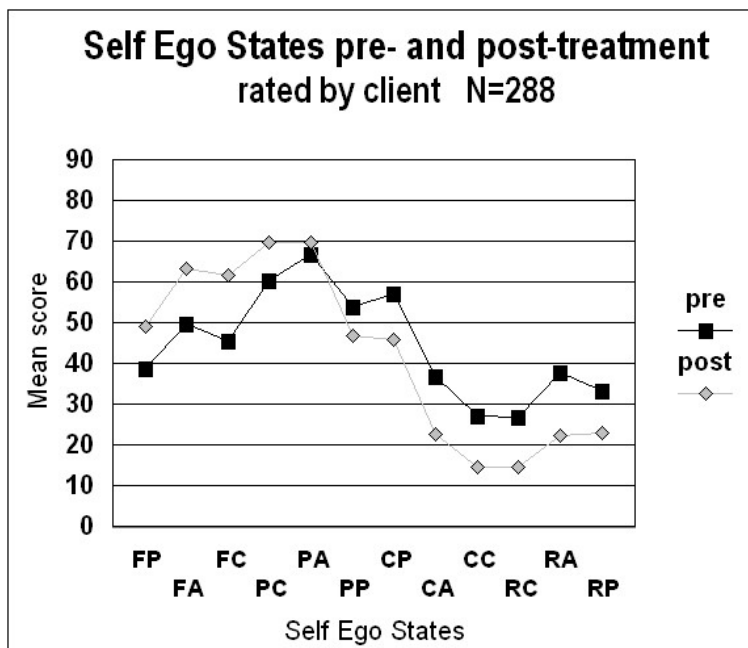
Table 1: means and standard deviation of 12 Self ES pre- and post-treatment, and Student T test summary

SelfES	Mean	Std.Dv .	N	Diff .	Std.Dv .	t	Df	p
FP pre	38.99	19.54						
FP post	49.22	18.44	288	-10.23	21.76	-7.98	287	0.000
FA pre	49.97	19.73						
FA post	63.43	18.29	288	-13.46	21.69	-10.53	287	0.000
FC pre	45.73	20.97						
FC post	61.92	19.83	288	-16.19	21.79	-12.61	287	0.000
PC pre	60.56	17.05						
PC post	69.72	14.58	288	-9.17	16.23	-9.59	287	0.000
PA pre	66.78	16.94						
PA post	69.72	15.24	288	-2,94	19.35	-2.58	287	0.010
PP pre	54.13	20.02						
PP post	46.98	19.19	288	7.15	23.56	5.15	287	0.000
CP pre	57.18	19.68						
CP post	45.94	19.76	288	11.24	24.92	7.65	287	0.000
CA pre	37.00	20.25						
CA post	22.89	18.20	288	14.11	20.61	11.62	287	0.000
CC pre	27.22	22.22						
CC post	14.57	17.96	288	12.65	20.07	10.70	287	0.000
RC pre	26.90	21.20						
RC post	14.68	15.69	288	12.22	19.57	10.60	287	0.000
RA pre	37.84	23.59						
RA post	22.43	18.75	288	15.41	22.21	11.77	287	0.000
RP pre	33.26	20.37						
RP post	23.13	17.69	288	10.14	20.03	8.59	287	0.000

Ego States in the therapeutic relationship

Table 2 reports descriptive statistics of the 12 Relational Ego states of therapist focused on client and of the 12 Relational Ego states of the client focused on self in the relationship with the therapist. Table 3 reports the values of r of the diagonals of matrix of correlations between the corresponding Relational Ego States of therapist and client. Data are collected from the perspective of the client, who rated Ego states with Anint D. Figure 3 shows the two profiles of the means of the Relational ES of therapist and client.

The results show that all Free Ego states, and Protective Child and Protective Adult Ego states, both of therapist focused on client and of client focused on self, have high level of activation (55, 5-81).

Protective Parent of therapist has a low activation (21, 6) and Protective Parent of the client has a middle activation (42, 1). All Critical and Rebellious Ego states of therapist and client are very low. The most activated Ego states are Free Adult and Protective Adult, both in therapist and client. This indicates a relationship in which: therapist listens and understands with empathy (FA) and client discloses self and expresses (FA); therapist analyzes and constructively stimulates (PA) and client accepts stimuli, reflects and learns (PA). Level of ES of therapist and client are almost the same, except for Protective Child and Protective Parent that are higher in the client (PC: +10,5; PP: +20,5). Clients perceive a high satisfaction (PC: 66) in the relationship with the therapist as they perceive the therapist moderately affectionate (PC: 55, 5). Clients perceive also

Table 2: Descriptive statistics of 12 Relational ES of the therapist focused on the client and 12 Relational ES of client focused on self in relationship with therapist

	Relational Ego States of client focused on client											
	FP	FA	FC	PC	PA	PP	CP	CA	CC	RC	RA	RP
N valid	288	288	288	288	288	288	288	288	288	288	288	288
Mean	59.9	81	69.3	55.5	71.4	21.6	7.2	4.7	1.9	4.3	3.3	11.6
Min	0	13.3	0	0	20	0	0	0	0	0	0	0
Max	100	100	100	100	100	100	43.3	56.7	46.7	55	36.7	90
S.D.	21.5	15.2	19.5	22.8	16	24.6	10.2	9.9	6.2	9	7.4	15.6

	Relational Ego States of client focused on self											
	FP	FA	FC	PC	PA	PP	CP	CA	CC	RC	RA	RP
N valid	288	288	288	288	288	288	288	288	288	288	288	288
Mean	58.9	81.5	73.3	66	74.2	42.1	8.7	7	4.9	3.1	8.6	7.4
Min	0	0	0	0	0	0	0	0	0	0	0	0
Max	100	100	100	100	100	100	70	60	46.7	40	66.7	65
S.D.	16.1	14.8	18.4	21.2	19.3	20.1	13.6	11.4	8.9	7.3	12.2	13

Table 3: Correlations between the corresponding Relational Ego states of therapist and client

	FP	FA	FC	PC	PA	PP	CP	CA	CC	RC	RA	RP
r	0.37*	0.42*	0.51*	0.51*	0.49*	0.44*	0.62*	0.46*	0.53*	0.62*	0.60*	0.21*
* p < .05												

Figure 3: The two profiles of the means of the Relational ES of therapist and client
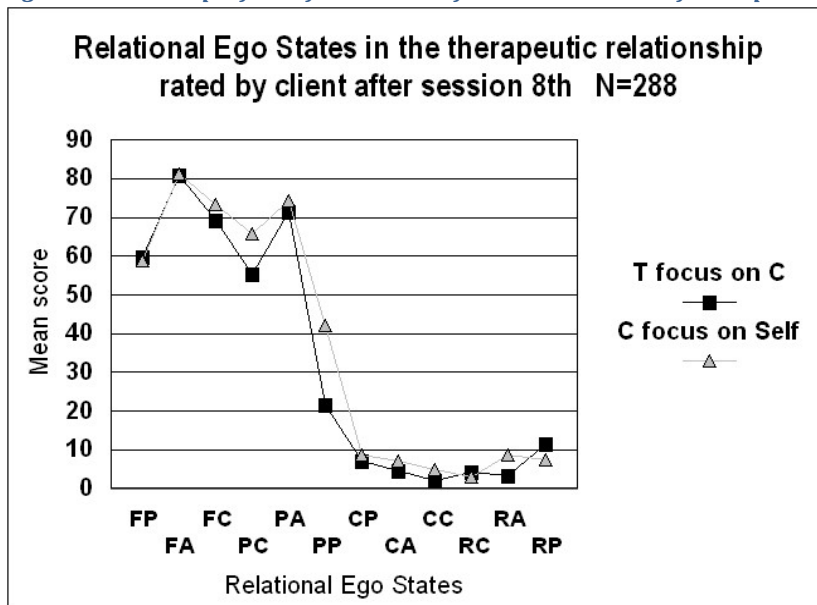
moderate friendly submission (PP: 42, 1), that is more elevated that the corresponding friendly control from the therapist, that is low (PP: 21, 6). All this suggests that clients perceive the therapeutic relationship as characterized by friendly differentiation and moderate friendly enmeshment. Moreover, the little differences and the significant positive correlations between the corresponding Relational Ego states of therapist and client, indicate that clients perceive a strong complementarity in the relationship with the therapist.

Relationship between Relational Ego State in therapy and post-treatment Self Ego State

Relationship between Ego state variables was explored by correlation of scores of Ego State scales. Table 4 reports the values of r of the diagonals of three matrices of correlation (between corresponding Ego States):

a. between pre-treatment and post-treatment 12 Self ES of client;

b. between pre-treatment 12 Self ES of client, and 12 Relational ES of therapist focused on client in treatment;

c. between 12 Relational ES of therapist focused on client in treatment, and post-treatment 12 Self ES of client.

Bold coefficients are statistically significant (p< .05). An overview of r coefficients reveals stronger correlations between pre- and post-treatment Self ES (r is significant for all the Ego states). This result suggests that outcome has a strong relation with characteristics of the client. The clients change, and at the same time maintain coherence with pre-treatment conditions. Nevertheless correlations between post-treatment Self ES of client and Relational ES of therapist are all significant, and are higher than between pre-treatment Self ES and Relational ES of therapist. The latter are significant only for five Ego States. Furthermore correlation between Self ES and Relational ES are lower than correlation

between pre and post Self ES. This result, combined with the analysis of the mean scores of the profiles of Ego states, suggests that post-treatment profiles of Self ES of clients tend to be more similar to the therapist's profile of Relational Ego states, than they were before treatment, in particular for Free ES, for Protective Child, for Critical Parent, and for Rebellious Adult and Parent. In other words, it seems that the more the client perceives the activations of Relational ES of therapist, the more she/he activates the corresponding Self ES with themselves.

Significant relationship between perception of Relational Ego State in therapy and post-treatment Self Ego State emerged from ANOVA.

Means of the 12 Self ES of clients in the factorial ANOVA are reported in Table 5. In columns there are dependent variables: the 12 Self Ego states rated by client at post-treatment. Means are by levels (1=low, 2=high) of the two factors: Relational Free Adult ES (rFA) and Relational Protective Adult ES (rPA) of the therapist focused on client. Results of ANOVA are reported for rFA, rPA and rFA x rPA in Table 6. (In rows dependent variables: 12 Self Ego states rated by client at post-treatment).

Results of ANOVA shows significant difference in nine Self ES at post-treatment for the factor Relational Free Adult. In addition, there are two significant differences for the factor Relational Protective Adult, and no significant difference for the interactions of the two factors. Clients that perceive high level of activation of Relational Free Adult of the therapist, perceive at post-treatment higher Free Self ES and Protective Child and lower Critical Adult, Critical Child and Rebellious Self ES in comparison with clients that perceive low Relational Free Adult of the therapist. The perception of high level of Relational Protective Adult of the therapist is related to higher level of Self Protective Adult and lower Self Critical Child in clients at post-treatment.

Table 4: Values of r of the diagonals of three matrices of correlation (between corresponding Ego States): a) between pre-treatment and post-treatment 12 Self ES of client; b) between pre-treatment 12 Self ES of client, and 12 Relational ES of therapist focused on client in treatment; c) between 12 Relational ES of therapist focused on client in treatment, and post-treatment 12 Self ES of client (significant p< .05 in bold).

	FP	FA	FC	PC	PA	PP	CP	CA	CC	RC	RA	RP
a. S.ES pre & S.ES post	0.34	0.35	0.43	0.48	0.28	0.28	0.20	0.43	0.52	0.47	0.47	0.45
b. S.ES pre & Rel ES ter	-0.01	0.02	0.11	0.09	0.16	0.13	0.06	0.19	0.14	0.26	0.11	0.11
c. Rel ES ter & S.ES post	0.15	0.19	0.23	0.20	0.16	0.22	0.24	0.27	0.24	0.39	0.18	0.24
In bold p< .05												

Table 5: Means of the 12 Self ES of clients at post-treatment in the factorial ANOVA by levels of Relational Free Adult ES (rFA) and Relational Protective Adult ES (rPA) of the therapist focused on client (Levels: 1=low; 2=high)

	Level of		N	FP	FA	FC	PC	PA	PP	CP	CA	CC	RC	RA	RP
Total			288	49.22	63.43	61.92	69.72	69.72	46.98	45.94	22.89	14.57	14.68	22.43	23.13
rFA	1		131	45.90	58.63	56.28	64.87	68.45	49.43	48.19	27.38	19.11	18.80	26.74	26.45
rFA	2		157	52.00	67.43	66.62	73.77	70.79	44.94	44.06	19.15	10.79	11.24	18.83	20.35
rPA	1		149	47.00	61.01	59.49	67.25	67.72	47.28	46.26	25.41	17.96	17.18	23.62	25.00
rPA	2		139	51.61	66.02	64.53	72.37	71.87	46.65	45.59	20.19	10.94	12.00	21.15	21.12
rFA rPA	1	1	91	44.76	56.81	54.98	63.08	67.22	50.05	48.46	28.53	21.21	20.19	26.81	27.36
rFA rPA	1	2	40	48.50	62.75	59.25	68.94	71.25	48.00	47.58	24.75	14.33	15.63	26.58	24.38
rFA rPA	2	1	58	50.52	67.59	66.55	73.79	68.51	42.93	42.82	20.52	12.87	12.46	18.62	21.29
rFA rPA	2	2	99	52.86	67.34	66.67	73.76	72.12	46.11	44.78	18.35	9.56	10.53	18.96	19.80

Table 6: Results of ANOVA for Relational Free Adult, Relational Protective Adult, and interaction of the two factors (significant p< .05 in bold italics).

	Rel. Free Adult			Rel. Protective Adult			rFA x rPA			
	MS	F	p	MS	F	p	MS	F	p	Error
FP	1616.3	4.866	0.028	584.2	1.759	0.186	30.7	0.092	0.762	332.2
FA	3727	11.826	0.001	511	1.623	0.204	604	1.915	0.167	315
FC	5692.2	15.446	0.000	303.4	0.823	0.365	272.4	0.739	0.391	368.5
PC	3814	19.917	0.000	537	2.803	0.095	548	2.862	0.092	191
PA	74	0.321	0.572	924	4.018	0.046	3	0.012	0.913	230
PP	1282.6	3.511	0.062	20	0.055	0.815	432.7	1.185	0.277	365.3
CP	1126.8	2.891	0.090	18.7	0.048	0.827	127.6	0.327	0.568	389.8
CA	3282.1	10.395	0.001	559.4	1.772	0.184	41.3	0.1309	0.718	315.7
CC	2712.31	8.964	0.003	1638.52	5.415	0.021	200.59	0.6629	0.416	302.57
RC	2599.21	11.215	0.001	665.87	2.873	0.091	110.11	0.4751	0.491	231.77
RA	3951.6	11.641	0.001	0.2	0.001	0.982	5	0.0149	0.903	339.4
RP	1789.8	5.853	0.016	317.3	1.038	0.309	35.2	0.115	0.735	305.8

A representation of the mean profiles of post-treatment Self ES of the four groups of clients defined by the two factors is presented in Figure 4. Clients that perceive therapist high in Relational Free Adult and high in Relational Protective Adult have a Self ES profile with Free ES, Protective Child, and Protective Adult more developed, and Critical and Rebellious ES less developed in comparison with client that perceive therapist low on both Free Adult and Protective Adult. The other two groups present intermediate profiles.

The study of client's Self Ego state in post-treatment, in relationship to the client's perception of the two types of Adult ES activated by the therapist, points to the Free Adult ES being associated with more activation of healthy Self ES than the Protective Adult ES. This fact confirms the main importance of the therapist relating to clients in an accepting and empathetic way, being separate and friendly, and also stimulating the clients in a protective way.

Our results are also similar to those of research that used SASB to assess therapeutic relationship and pre-post change in self perception (Harrist, Quintana, Strupp, & Henry, 1994).

Figure 4: Mean profiles of post-treatment Self ES in four groups of client
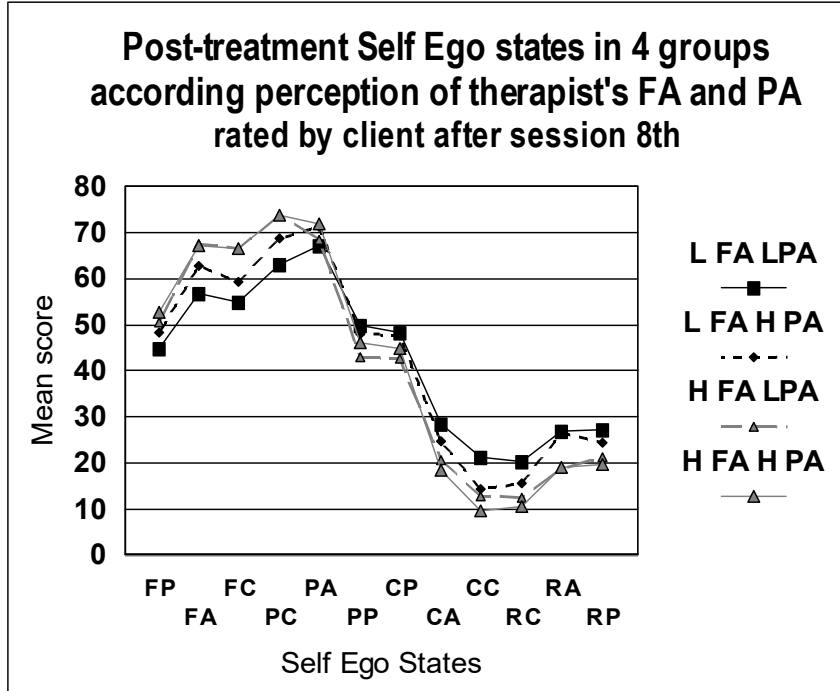
Moreover, results on the client's perception of the therapeutic relationship indicate that psychotherapy conducted in our clinics is consistent with the fundamental principle of SCTA psychotherapy: the therapeutic relationship is a prerequisite preceding any technical intervention. It also seems that the therapist is perceived in an OK-OK position.

In the absence of a control group, our results do not allow it to be argued that the observed changes are caused by therapy. However, this result shows that the changes are consistent with the SCTA basic assumption about therapeutic relationship: the therapeutic relationship in which the therapist activates Free and Protective Ego states stimulates the activation of Free and Protective Ego states in the patient during the session, and facilitates the development of Free and Protective Ego states in the course of time. This assumption finds empirical support in several studies on psychotherapy (Norcross, 2011).

In addition, due to other methodological limitations such as no systematic post-treatment assessments with different instruments and different perspectives, we may question both the validity of the results, and their clinical significance. However, our results are coherent with what we have observed in clinical practice and supervision about the same clients who have been the subjects of research. Furthermore 18% of the sample have also been studied as a case study for the CTA exam.

Conclusion

This group research on Ego states in psychotherapy provides us with information on general phenomena considered at a high level of abstraction, and it adds to other research to provide support for the construct validity of the theoretical model of SCTA. The results obtained and the limitations encountered have supported the idea to continue in this line of research, developing a new protocol that includes the study of the therapeutic relationship from three different perspectives: the client, the therapist, the outside observer. In the new research protocol we included the CORE-OM (Evans et al., 2002) for outcome measure, and the evaluation of Ego states also in the follow-up.

The operational definition of Ego states adopted in SCTA allows us to do research using the same tools we use in clinical practice and supervision to analyze Ego states and transactions, and to describe dysfunctional and healthy relational processes. In particular, the SASB model, allows us to collect both self-report data with questionnaires, and observational data with a method of encoding audio and video recordings. This gives us the opportunity to bridge the gap between research and clinical practice, and to integrate single case research with group research. In this direction we plan to make further studies on the processes of change, at more specific levels of analysis, studying intensive single cases and small groups of subjects.

Despite its limits, this work helps to document empirically Transactional Analytic psychotherapy. Finally, the results have also provided valuable feed-back about psychotherapy conducted by our trainees in the clinics of the schools of psychotherapy training, and allowed us to feed the virtuous circle of practice-research-theory-training.

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Theory, research, clinical practice and training: a virtuous circle through Social Cognitive Transactional Analysis

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Abstract

This presentation describes our view of research, strictly linked to clinical practice, in creating theoretical constructs, forming a virtuous circle within our training model, putting together quantitative and qualitative research. We consider our contribution as a meta-level reflection on research.

The Experiential Learning Model of Kolb and Fry (1975) will be used to explain the circular relation between research, theory, clinical practice and training. The authors state that learning, change and growth empower each other through a circular process based on four different aspects: Concrete Experience, Reflective Observation, Abstract Conceptualization and Active Experimentation. We will describe how these elements impact on the different activities that are part of this virtuous circle.

Introduction

Our presentation aims to underline the value of the circular relationship between theory, research, clinical practice and training, to show how this virtuous circle works and its implications in our training model, starting from the SCTA perspective.

We assume that theory, research, clinical practice and training are four elements that influence each other in a circular way: theoretical knowledge helps to recognize some clinical phenomena and to orient the process of hypothesis construction in order to explain clinical phenomena. On the other hand, hypothesis guides clinical intervention and its result, looking at its efficacy, helps to confirm or not the hypothesis. If the hypothesis is confirmed, we may assume that an aspect of the theory is shaped on the phenomenon we were addressing; if it is not confirmed, we need to look for a new theoretical explanation. Generally, the observation of the relationship among the components of the phenomenon supports the creation of new hypotheses

which need to be validated through the clinical research; if the research confirms a new hypothesis, a new theoretical construct is built and consequently influences clinical methodology. This interdependence among theory, research and clinical practice informs the training model which is focused on training competent psychotherapists able to promote intrapsychic and interpersonal wellbeing. This circularity influences our training, as we will show through our presentation and through an example at the end.

We ground our perspective on the basic assumptions of the experimental method applied to the study of human phenomena, considering the complexity of this special object of study. Considering the two different perspectives of the science looking at the phenomena, the nomothetic and the idiographic perspective, we will demonstrate how to combine them looking at the person through these different glasses. We also ground our training on the Experiential Learning circular model of Kolb and Fry (1975). The description of their model will allow description of the relevant and basic elements that guide our learning philosophy which founds our training model.

In conclusion, we will show the virtuous circle in action, using the concept of Ego State in the Social Cognitive Transactional Analysis perspective, through an example in a supervision setting.

One of our goals for the future is to support theoretical reflections presented in this context with an empirical research, using quantitative and qualitative methods.

Science and the nomothetic and idiographic conception

Science offers two different ways of looking at the people, the nomothetic conception, that looks at similarities between people, and the idiographic conception, that looks at differences between them. This kind of distinction implies different theoretical

views and practical approaches, that need to be clarified before going on, so that we might look at the richness of each of them and create a possible functional synthesis between these conceptual views.

Which kind of resources and limits can each of them offer? We will start by considering the nature of this distinction, looking at the implications for the research, clinical practice and training.

We may state that the nomothetic approach, looking at the similarities between people, allows us to generalize the results coming from a sample to a large group. Those who use the nomothetic approach seek to describe people using a reduced number of general features from which to derive other specific features. For example, in an interpersonal model the researcher may choose to describe all the interpersonal activities as based on three dimensions: affection, interdependence and self-other relationship (Benjamin, 1974) and look at the interpersonal activities from these three dimensions.

Observing the configurations of the qualities found from this perspective, he can derive categorical conceptualizations or personality styles.

The nomothetic conception is clearly represented in scientific naturalism; scientific naturalism mainly studies the observable phenomena, which are "analyzable" in order to gather generalized conclusions. This goal can be achieved through the rigor and stringency of quantitative research. In training and in clinical practice it offers a guide starting from general conclusions that can be applied and gives some structure and a possible path to follow and can be especially useful in the first stages of training/supervision (Erskine, 1982)

This kind of approach is reductive because it does not take into account the subjective experience of the person, his/her willingness, intentionality and freedom. This implies that is not possible to keep the uniqueness and individuality of the human person.

The idiographic approach illuminates the shadows left by the nomothetic approach. The idiographic approach is strongly grounded on the hermeneutics that allow us to study the construction of the meanings of the specific person. Qualitative research is a proper instrument to the study of a "single case": looking at the personal historical life of the person we can discover how some script decisions are the best way to manage the world and to survive in the relational network.

The idiographic conception allows us to keep the richness of the person's biographical history but cannot justify how to generalize to others the knowledge coming from the individual.

From this overview each of these conceptions of the science can be considered as a thorn in the side of the other. Scilligo (2009) handles this dilemma between the advantages/disadvantages of each of them by proposing to distinguish the methodological level from the epistemological one. From this distinction we derive the possibility to use an idiographic epistemology supported by the nomothetic and idiographic methodology. In synthesis, we state the importance of approaching the study of the human person from a perspective that implies the constant dance between the objective and subjective perspective, the quantitative and qualitative dimensions of the research, the data analysis and the hermeneutics.

In our training, the experiential learning theory of Kolb and Fry (1975) allows a combination of the strengths and limits of the two conceptions of the science, the nomothetic and idiographic ones.

The Experiential Learning Theory

Our training model is strongly grounded on the dance among theory, research, clinical practice and the Experiential Learning Theory (Kolb and Fry, 1975) guides us to combine these three didactic moments.

The Experiential Learning Theory furnishes a wide model taking into account the high level of complexity implied in the learning process. It identifies four basic *learning styles,* four *learning modes* and four *learning environments* that we will describe in synthesis below.

The four learning styles are named Accommodative, Assimilative, Divergent, and Convergent. The learning styles are based on four different modes: Concrete Experience, Reflective Observation, Abstract Conceptualization and Active Experimentation. Four different learning environments are most conducive for accommodating the different learning styles and learning modes. They are the Affective learning environment, the Symbolic learning environment, the Perceptual learning environment, and the Behavioural learning environment.

We start by describing the relationship among the learning styles, the learning modes and the specific learning environment supportive for each learning style. Because certain learning modes are incorporated within more than one learning style, we will start defining the four modes and then the four learning styles and the four learning environments. At the end, we will explain how we take into account the relationship among learning styles, learning modes, and learning environments in our training model.

Learning modes

Learning through *Concrete Experiences*(CE) is typical for people who prefer to feel and experience rather than think. Kolb describes them as intuitive decision makers, who value circumstances involving people in real world situations. This learning mode is "…concern[ed] with the uniqueness and complexity of present reality as opposed to theories and generalizations" (Kolb, 1984, p. 68). More often than not, people who prefer the concrete experience learning mode take an artistic-intuitive approach to problem solving rather than an objective approach.

The *Reflective Observation* (RO) mode focuses on the ability to understand the meaning of ideas. Individuals who are characterized by this mode value objective

judgment, impartiality, and patience. They prefer abstract understanding to practical applications, and to reflect and observe rather than act on a situation.

The *Abstract Conceptualization* (AC) mode is typical for individuals oriented toward abstract level of understanding and involved in tasks that require logical investigation of ideas and concepts. Unlike concrete experiences, this learning mode is characterized by a preference to depend on cognitive rather than emotional skills. Commonly, individuals who prefer this mode involve themselves with problems that require the ability to build general theories in order to come up with a solution. They are competent in following tasks that imply "systematic planning, manipulation of abstract symbols, and quantitative analysis" (Kolb, 1984, p. 69).

Finally the A*ctive Experimentation* (AE) learning mode focuses "on actively influencing people and changing situations" (Kolb, 1984, p. 69). In other words, individuals in this learning mode prefer to be involved in peer interactions that allow them to play an integral role in the decisions made in these interactions. This mode amplifies practical applications or solutions rather than reflective understanding of a problem. People who use this mode are more focused on doing rather than observing, they are motivated to manage, to manipulate

their environments in order to produce the attended results.

It is important to underline that some combination of these learning modes are incorporated within the four Learning Styles shown in Figure 1.

Learning styles

The *Assimilative* learning style is characterized by the ability to reason inductively. People who prefer this learning style are competent to "create theoretical models in assimilating disparate observations into an integrated explanation" (Kolb, 1984, p.78).

Assimilators concern themselves with ideas and abstract concepts rather than with people and social interactions and are concerned with abstract, logical rather than practical aspects of theories. Individuals who use the assimilative style incorporate the learning modes of Reflective Observation and Abstract Conceptualization.

The A*ccommodative* learning style is opposed to the assimilative style because people who prefer this learning style excel at accomplishing tasks by following directions, meticulously planning, and ultimately seeking new experiences (Kolb, 1984). They have the ability to adapt themselves to changing circumstances. Unlike assimilative learners, those who are accommodative

Figure 1: Conceptual Schematic of Kolb's Learning Styles, Modes, and respective Learning Environments (Richmond, A. S., & Cummings, R., 2005, p. 49).
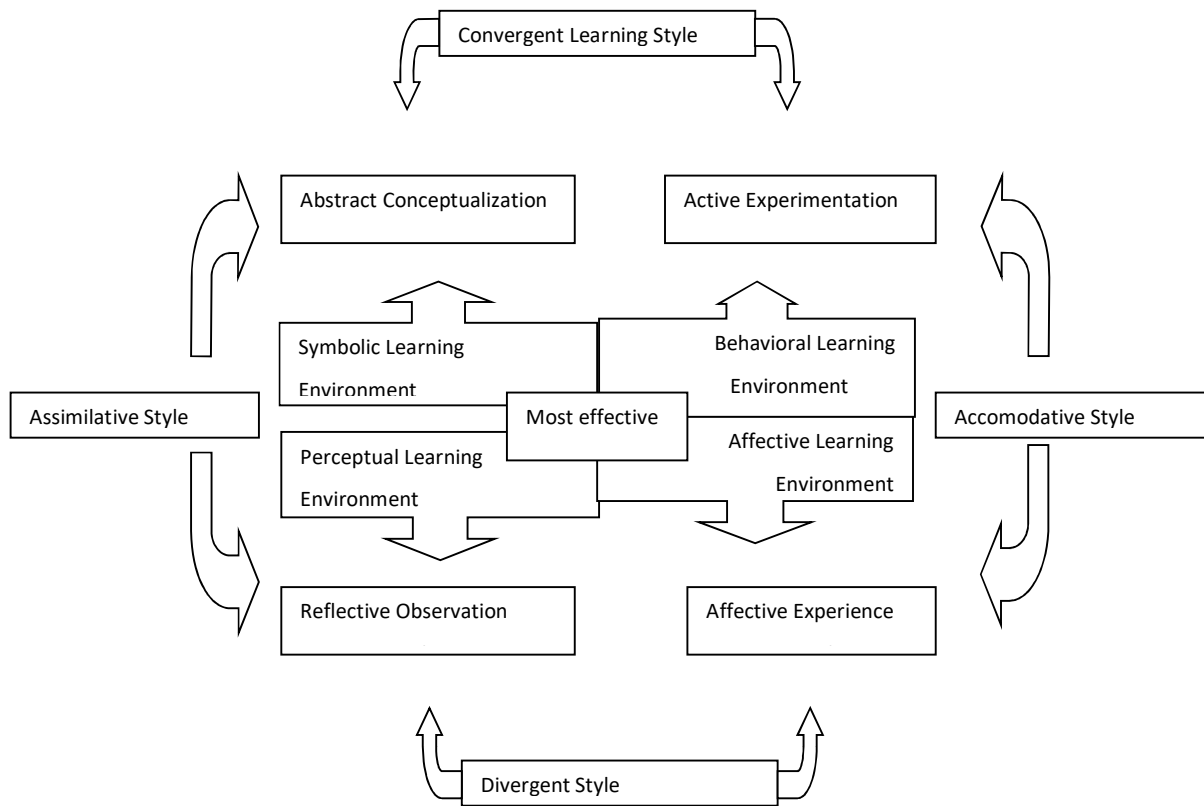
solve problems in an intuitive trial-and-error manner rather than through careful examination of facts, and they rely heavily on other people for information rather than on their own analytic ability. For this reason, the learning modes associated with accommodative learners include Concrete Experience and Active Experimentation.

The *Convergent* learning style is characterized by the ability to efficiently solve problems, make decisions and apply practical ideas to solve problems. Generally, people who prefer this style can organize knowledge by hypothetical deductive reasoning and for this reason they are able to converge on an operational decision. Hudson (1966) suggests that people with this learning style prefer dealing with technical tasks and problems rather than with issues that involve interpersonal and social interactions.

The relational problems have more elements of unpredictability and complexity that sometimes cannot be resolved with choices based only on the operational logical-deductive reason. Convergent learners draw from the learning modes of Abstract Conceptualization and Active Experimentation.

The *Divergent* learning style is particularly suitable to manage tasks that require "imaginative ability and awareness of meaning and value" (Kolb, 1984, p. 77). Individuals with this learning style have the ability to look at concrete examples to identify the same concept; this means that the same concept is recognized from many perspectives. In this way they are competent to generate numerous qualities about this concept and are able to organize these qualities by how each quality interrelates to others. The result consists of a meaningful "gestalt" whole of the concept. They are considered "brainstormers"(ib., p. 77), prefer to observe rather than act, are emotionally-oriented and tend to be very creative. Divergent learners prefer the learning modes of Concrete Experiences and Reflective Observation.

Learning environments

According to Kolb (1984), there are four learning environments that support the various learning styles and their associated modes. These include the *Affective, Symbolic, Perceptual,* and *Behavioural* learning environments.

The *Affective* learning environment enhances concrete experiences so that students actually experience what it might be like to be a professional in a given field of study.

In psychotherapy training, affective learning tasks include activities such as practical exercises and role-play field experiences. Information is usually peer oriented and delivered informally. The teacher is considered as a role model and an exemplar for the particular field of study. Activities are non-competitive, and feedback should not be comparative but personalized to the individual student's goals and needs (Kolb, 1984).

The *Symbolic* learning environment is one in which learners are involved in trying to solve problems for which there is usually a right answer or a best solution. Information is abstract and usually presented in readings, data, pictures, and lecture formats.

Characteristic activities may include lecture, homework, and theory readings. The instructor is acknowledged as the expert, enforcer of rules, regulator of time, and taskmaster. This instructional format is typically didactic with a top-down, hierarchical class structure (Kolb, 1984).

The P*erceptual* learning environment is one in which the main goal is to identify and understand relationships among concepts. Unlike activities in the symbolic environment, the perceptual environment emphasizes the process of problem solving rather than coming up with the best solution. Learners are required to collect relevant information for researching questions and are expected to observe a problem situation through different perspectives.

In this environment, the teacher's role is to act as a facilitator of the learning process, to not be evaluative, and to act as mirror by reflecting back student observations and comments. Learning processes may include reflective exercises such as search for explanatory hypotheses of the client's problem from different theoretical perspectives.

Finally, the *Behavioural* learning environment emphasizes actively applying knowledge or skills to a practical problem. In this environment learning is encouraged through structured feedback (votes, reviews) that may be a reinforcement of the demonstrated competence.

Small group work, interactive projects that apply theory to real-problem settings, and peer feedback are prime examples of student activities in this environment.

In summary, to accommodate all types of learning styles, we should consider how to incorporate each learning environment suggested by Kolb and Fry (1975). Figure 1 depicts a conceptual framework of the four learning styles, learning modes, and learning environments.

The model of Kolb and Fry in action

Kolb and Fry (1975) state that each of the four learning environments is supportive of a particular learning mode with its accompanying learning styles.

This means that it is possible to structure a specific environment applying the learning modes and related styles that we are addressing in order to take into account different moments of the learning process and different styles of the trainees.

Specifically, the Symbolic Learning Environment mainly supports the Abstract Conceptualization learning mode, which is part of both the Convergent learning style and the Assimilative learning style.

The Perceptual Learning Environment is the most effective environment for the Reflective Observation

learning mode that is part of the Divergent and Assimilative learning styles.

The Behavioural Learning Environment best supports the Active Experimentation learning mode, which is part of the Convergent and Accommodative learning styles.

Finally, the Affective Learning Environment is the most effective learning environment for the Concrete Experiences learning mode, which is part of the Divergent and Accommodative learning styles (Kolb, 1984).

Experiential Learning Model and nomothetic and idiographic approach

According to the Experiential Learning theory and the above mentioned two conceptions of the science, we may consider how different styles fit to the different approach.

We assume that looking at the different learning styles and at their definitions, Convergent and Assimilative ones are mainly typical of the nomothetic approach; they imply the ability to use data analysis and theoretical constructs as glasses to approach reality. People who prefer this style look at possible links between data and specific theoretical constructs. They explore the situation in order to look for the similarities between people in order to come to generalized conclusions and to find the way to intervene in a specific situation through pattern yet validated by theory, research and previous learning; for example, they apply techniques according to specific structured modalities founded on theoretical grounds.

Accommodative and Divergent learning styles are mainly involved with the idiographic approach. People with these prefered styles privilege creative thinking and hermeneutics in order to create co-constructed meaning with the person, instead of referring to rigorous constraints of facts and theories.

Both of these approaches help to look at the reality from a proper perspective; the possibility to take advantage from each of them enhances the efficacy of the learning process.

We recognise; in overall view, the basis of the experimental method, which combines the data observation with the creation of hypotheses strongly anchored to theoretical constructs that need to be verified in practice with operational definitions in order to come to general conclusions that offer a map to effectively intervene in a specific situation.

In synthesis, this perspective informs, from one hand, the qualitative and quantitative research, and, from the other, our training model with methodological implications.

Application to our training model

We will show how we apply this frame of reference to train future Psychotherapists and Transactional Analysts.

First of all we consider the richness in training groups: different learning *environments* facilitate the learning process of people that use different *styles* to learn. Different environments contribute to enlarge students' personal *modes* looking from different glasses that are more familiar for different people in the training group. Modelling, so considered in Social Learning theory (Bandura, 2012; 2002) strongly supports the learning process in group.

Different moments of the training program can be considered as Learning *environments,* strongly linked to Learning *modes,* in order to reach different Learning *styles*.

Figure 2 synthetically shows the combination of different modes in different moments of the training.

Our training model is organised in many different activities that address different modes, as we will describe below: experiential personal work in group, teaching, practical exercises on specific theoretical units, supervision, in different settings according to the progressive competence of trainees in different years of training: live supervision (starting from the second part of the first year) audio supervision based on the experiential work/therapy- in peer group of four trainees, in the second year of training and on the therapy with the client, starting from the third year; finally, case supervision, starting from the third year – aimed at planning treatment consistently to case formulation – with the support of tapes and transcription), brief therapy with the client, with the presence of another trainee as Observer.

Because of the complexity of the process and the co-presence of many levels in each of these activities, which imply different *environments*, more than one *mode* is contemporaneously present (Figure 2).

In the *therapeutic setting* one of the trainees is personally involved in the activity – Active Experimentation – while the rest of the group observes the process – Reflective Observation – and may be stimulated after each work to analyze it in terms of Abstract Conceptualization.

In the *teaching setting* Abstract Conceptualization dominates even if is strongly linked with clinical exemplifications that imply Concrete Experience, if trainees are personally involved in it.

During the *practical exercises* on specific theoretical units Active Experimentation and Concrete Experience are mainly involved, while trainees apply theoretical constructs - Abstract Conceptualization and for the observer Reflective Observations.

During the *live supervision*, two trainees are directly involved, one as therapist – Active Experimentation – and one as client – Concrete Experience. The rest of the group, often with specific observation tasks, is stimulated to Reflective Observation and to Abstract Conceptualization. Very often, in addition, some trainee is also personally touched - Concrete Experience.

The *audio supervision*, on tapes, and the *case supervision*, involves all modes, especially considering the group setting. Concrete Experience and Active Experimentation are involved in the process of presenting the case/contract/treatment planning; at the same time the material is usually organized taking into account theoretical concepts (Abstract Conceptualization) and strongly anchored to data (Reflective Observation).

Finally, *brief therapy with the client,with the presence of another trainee as Observer* furnishes a wonderful opportunity to use all modes in different moments. The therapist is involved in Concrete Experience and in Active Experimentation while the Observer is in Reflective Observation, and often is also emotionally involved, implying also Concrete Experience. After each session, both together reflect on data and on their experience, connect it to all the processes and the treatment plan and fill a schedule where they synthesize the session especially at a processual level, taking into account a grid for supervision (de Nitto, 1990, 2006).

From this perspective each activity stimulates, at the beginning, a learning environment (*symbolic or perceptual or affective or behavioural*) and allows the start of a circular learning process in which each student can put forward his learning style (*assimilative, convergent, accommodative, divergent*) and learn from peers.

An example in supervision
We present a didactic moment, choosing to pay attention, specifically, to the four learning modes (Reflective Observation, Concrete Experience, Active Experimentation and Abstract Conceptualization). Our goal is to show how the four learning modes are involved in learning activities and promote a cyclic model of learning.

In a live supervision setting, in the third year of training, one of the trainees, a woman, starts a 20 minutes session, verbally complaining about her sense of isolation; she does not like it and wishes to be part of the group, starting from sharing with the group her difficulty, instead of remaining isolated.

The therapist accepts the contract and starts to explore the problem, looking at possible hypotheses in order to choose specific interventions to work on the contract. She looks at the data in order to understand the process and to identify a possible theoretical concept to conceptualize the problem of the client (Reflective Observation and Abstract Conceptualization).

During the supervision process, after the work, she explains that she was immediately aware of the discrepancy between the verbal language and the non-verbal one, starting from the Reflective Observation. So she decides to explore it. She also notices that the client was talking, sitting in a corner, very slowly and softly so that is difficult to listen to her. She also covers her mouth with her hands so that is not possible to read her lips. She seems to be centred on herself and seems not aware of the impact of her behaviour on the others

(Concrete Experience) while the other members of the group are silently watching her.

The therapist speculates (Abstract Conceptualization) that she remains in an internal dialog rather than in an interpersonal process and chooses to invite her to notice her voice, her attitude and to look outside, to others, in order to invite her to enlarge her own perspective (stimulating Concrete Experience). The client accepts the invitation and opens her shoulders and starts to look at the other people in the group. She continues her work going back and forth between feeling isolated and feeling inside the group, especially when she starts to become aware of the attitude of her colleagues: she is so surprised that they warmly look at her. Through some questions from the therapist, the client realizes that she often isolates herself when she is in a group and chooses to pay attention to this issue.

This example shows the excellent opportunity to stimulate learning in the group context through the cyclic model of learning. Each of the participants, including the client, can communicate how they felt when the client complained and when she accepted the therapist's invitation. Through the Concrete Experience based on self-contact, they can learn something about the issue of isolation in a group context. The participants can also learn by reflecting on the colleague's experience from different perspectives; for example, through behavioural diagnosis looking at verbal and non-verbal signs of the client and so they discover the activation of some ego state. Doing so, they can recognize some theoretical aspect (Abstract Conceptualization) starting from the Reflective Observation.

They can also look at the same situation from different perspectives, guided by specific tasks, so that the supervision process would help them to systematically integrate observations into a coherent theory; for example, the theory of racket system. They may ask the therapist what kind of hypothesis she built about the client's ego state and why she chooses to pay attention to the client's non-verbal language and the therapist can explain what decision she took after the hypothesis and in so doing she is modelling how to learn through Active Experimentation.

Research, training, clinical practice and theory: a virtuous circle through Social Cognitive Transactional Analysis

Social Cognitive Transactional Analysis (Scilligo, 2009) proposes a concept of ego state that helps to see the virtuous circle between research, training, clinical practice and theory in action.

Pio Scilligo started his definition of Ego state from a *theoretical* approach; in continuity of the Bernian conception (De Luca, Tosi, 2012; Tosi, de Nitto, Bianchini, 2012), he created his definition of Ego state, looking at the theory of relational schemata (Baldwin, 1992, 1994, 1997), at the theory of relational self (Andersen & Chen, 2002), at the theory of Distributed Parallel Process (Rumelhart & McClelland, 1986) and at

the Interpersonal model of Lorna Smith Benjamin (1974, 1996, 1999, 2003). He defined Ego state as "…schemas and working models made of constraint networks, typically correlated, that define each specific ego state type. For example there are three types of constraints that involve creativity, normativity and reality analysis and description. In transactional analysis, those correlated networks have been called Child, Parent and Adult" (Scilligo, 2009, p.62).

This theoretical definition allows for an operational definition of Ego states in terms of four different dimensions, coherently with the four dimensions identified by Benjamin: affection, interdependence, developmental and self-other relationship. This definition has been validated by quantitative *research*. Through a factorial analysis Scilligo (2005) individuated three ego states, Child, Adult and Parent, with specific definitions (Free, Protective, Critic and Rebellious) according to the relevant dimensions.

The complexity of the model offers the possibility of constructing case formulation in *clinical practice* around it and trainees are *trained* to recognise the specific Ego state in order to properly interact and to plan treatment.

Trainees are part of a project of research, starting from their first year, contributing to it by filling in questionnaires (ANINT, ESPERO) (a future project, for example, regards validating the hypothesis of changing of the Ego state profile during the four-year training course, through quantitative research).

They also contribute to the research through their clinical practice with the four clients that they see in a brief psychotherapy session. Questionnaires are used also in the intake sessions and the information coming from it is used, combined with qualitative analysis in order to evaluate the possibility of starting therapy and the related treatment plan. At the end of the process the questionnaire helps check change with a quantitative method.

Students are also trained to individuate a specific profile of Ego state for the person, in the interactive process with the client, during the therapeutic session, as an instrument to read each kind of relationship during the training course. In addition, they are trained to combine systematically their clinical experience and the hermeneutic method with the observation of data, to conceptualize their observation and to actively experiment if it fits the specific person, observing data in the process – even through the Ego state activated – to check the validity of the hypothesis.

In synthesis, our perspective of training psychotherapists includes a balance between Learning Styles, the Learning Mode and the Learning Environments. It includes also the construction of a bridge that continuously allows movement from the clinical practice to the research results and vice-versa, so as to consider the uniqueness of each person and the validity of the quantitative approach, in a continuous dance between nomothetic and idiographic conception. In summary, SCTA Ego state's definition is the specific concept that we use as lynchpin of the virtuous circle.

Figure 2: Examples of activities in our training program and related learning modes
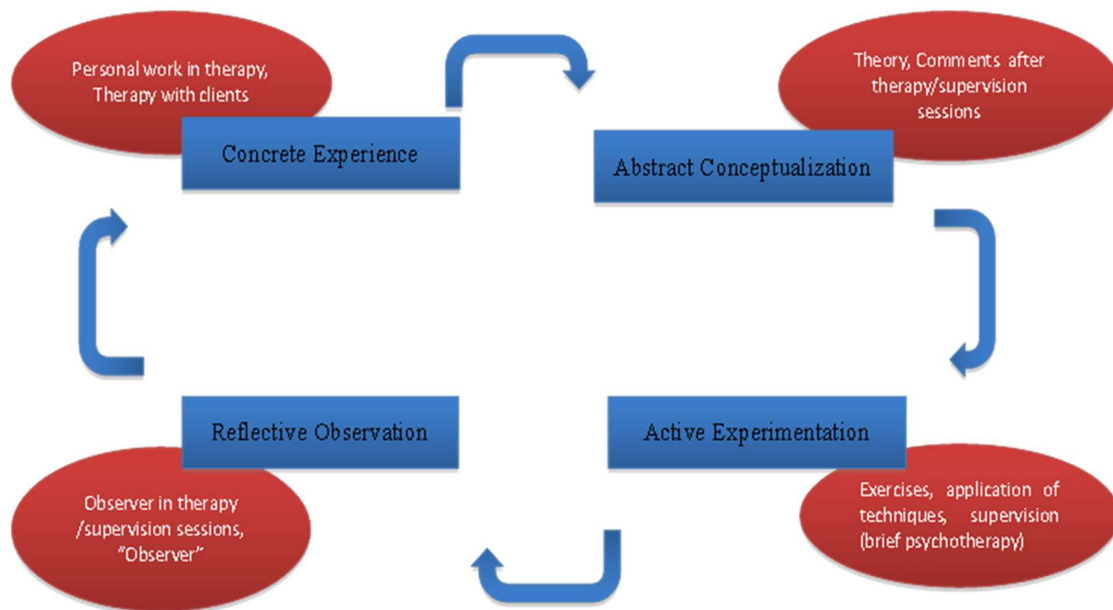
Ethical implications and conclusions

The complexity of the training model, so strongly intertwined with research, theory and clinical practice, and anchored to the Experiential Learning model of Kolb and Fry underlines the importance of considering the wide and serious task of training for future psychotherapy. They will be the instrument through which suffering people who have lost hope may regain their trust in their possibilities, may open their heart to life again, and increase their well-being and personal, interpersonal and community context. We are aware of the deep responsibility and the need for protection for the therapist, especially the new ones.

We think that this perspective in the training process helps in an ethical way by considering the Learning model, taking care of the preferential styles of each person, contributing to promote *respect* of the personal way of being of the trainee. In addition, especially considering the group setting, it contributes to increasing the personal view through different learning environments in order to *empower* the capacity to look at reality and open new perspectives that will help the trainees develop new modalities to be in contact with different people; this means that she *commits herself in the relations*.

The "objective" perspective is powerfully empowered by the "subjective" one. Our main goal is to combine these two perspectives and to take into consideration the circularity among theory, research, clinical practice and training, so that a psychotherapist can become a scientist for each person they encounter, respecting their uniqueness and becoming curious about the spectacular miracle of change through accurate and well informed guidance.

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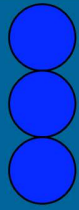
TA, relationship with one's own learning process and strategic studying

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Abstract

Life-long learning is an increasingly relevant need of our time. Educational perspectives currently tend to focus - beside the single subjects (Foreign Languages, Maths, History) - on how, while learning, you can learn to learn. Considering this perspective, we have been integrating Transactional Analysis in the training for future Primary School Teachers. Our objectives are both more traditional applications intended to improve the relationship between teachers and teachers, teachers and families, and to observe, study and intervene in the relationship which children create with their learning process. The writing on emotional drivers, which we presented on IJTAR – International Journal of TA Research - for didactics of Mathematics, has proved very helpful for other subjects and in learning how to learn.

Our experimentation involved 10 classes of a primary school, and enabled us to create several tools (interviews to identify drivers, egogram interview, check lists for the observation of transactions during the lessons). The learning outcomes have been analysed by the teachers according to some against indicators of learning and didactic objectives established within a systematic frame of reference. This model for didactics in TA clearly contributes to the construction of a learning environment, enhancing both the expression of the Free Child and Self-efficacy.

Introduction

I am, we are, honoured to be here today with you, and to have a chance to talk about some research we have carried out in Italy with future teachers of Primary School. Primary School is attended by children between 3 and 11, and their teachers have to attend a five- year Graduate Course at University, in the Department of Science of Primary School Teaching. Students, besides taking exams on the subjects in the curriculum, have to do an apprenticeship in schools. They take part in activities in class with the children and their teachers. In order to receive a qualification for teaching, they have to write a final essay, divided in three parts:

- A project of observation of the interaction among children and between children and teachers
- A didactic project which they have to carry out in the class
- A personal project about their own competences in their future role of teachers

Ferdinando Montuschi, a TSTA in the Educational Field, as some of you may know, was Head of the Department until a few years ago, and some of his lessons focused on some basic TA themes. In that period, working in the Department of General Didactics and Experimental Pedagogy run by Professor Daniela Olmetti Peja, I had the chance to follow some students who were writing their final essay. Inspired by TA, I then started conducting my first researches. To my great joy, research on Emotional Drivers and their influence on the learning process of Mathematics was published in number 1 of IJTAR.

Further experimentations have been carried out which haven't been published yet as they are still being validated:

- Drivers in learning a foreign language
- Drivers in learning grammar and history
- First observations on intuition in Maths and the Little Professor
- Teacher's relational competences and the learning outcomes for reading based on the creation of a Stroke Bank of the Class

Currently, a validated study is: Influence of Emotional Drivers in the development of learning strategies and managing examination anxiety. This study led to a model of integration of Self-efficacy and Permissions for managing Drivers (Fregola C., Olmetti Peja D., 2010).

Three other studies are being completed, and the issues we are exploring are:

- Changes in the Cultural parent due to social, economic and intercultural innovations and to Web 2.0, which developed depending on technological evolution and globalisation process. One study in particular concerns the learning processes involved in a functional use of videogames. Another, the profile of parenthood expected by children starting from their perceptions and experience as "native digitals" (Prensky M., 2009, 2001; Ferri P., 2011; Jenkis H., 2010).sons and daughters.

- Changes in Ego States related to watching a film in class, the egogram of children and profiles of creativity according to assessment fantasia, a valid principle which validates the idea that one's creativity can be educated; children's egogram and the learning outcomes in reading, or in making a perceptive model of the globe

- Observation of the Discount Matrix in a model of simulation games (in this context, the term *simulation games* has a pedagogical connotation. It refers to a game used in a class with 9-year-old children. The game was projected and created to enhance group problem-solving with three main objectives: to have children understand and learn the concept of Isometry of Geometry, to improve Social and School self-efficacy and to improve mnemonic retention a long time after the lesson. (Fregola C., & Piu A., 2010, 2011). This research is lead along with Angela Piu of the Aosta University)

The idea of this paper developed, together with Adele, during the meetings of TA MSc in the Educational Field, in the PerFormat office in Rome. Performat is a Post-Graduate School in Transactional Analysis Psychotherapy formally recognised by the Ministry of Education and Research. It is also a training agency composed of psychologists, doctors, qualified professionals in the area of training and business consultancy who deal with the promotion of health-culture and communication in interpersonal relationships, working places, in the area of training and healing places, in the educational processes.

The quest for a path to follow in a learning-teaching process which enhances learning how to learn in the context of complexity

The considerations in this paper are related to different disciplines. It describes a first embryonic stage of a model for Didactics and Experimental Pedagogy empowered by the contribution from TA, as well as a possible integration of it in the system of competences of future teachers. The need for a frame of reference for teaching didactics has long been experienced by people who work in educational and training contexts.

The reflections we are going to share originate from the different researches described above and, above all, from the methodology that is being followed to carry out such researches. A fortunate circumstance, in this, is that the target students already are digital natives themselves (Mark Prensky) who interact with real

children and expert teachers, in a place, the University of Roma Tre, where providing training for the students' professional future is one of the main objectives.

Why did we introduce the term Strategic student?

In the last century the "store-houses" of knowledge, knowing how to be and do, were filled during the first years of life. Then, the supplies stocked up in there would be enough for one's entire life.

Indeed, the elements stocked up have later evolved, grown and deepened and finally shaped themselves in accordance with one's specialisations. A current tendency is to think that nowadays there is no point in stocking up store-houses with decaying materials, contents and information which may change with time, be replaced or continuously updated. Thus, the main need of basic training currently consists in providing people with minimal knowledge, basic fundamental competencies, necessary in order for social communication to be effective in different roles in different situations of life. Therefore, when stocking supplies, the goods one chooses must be dynamic, thus enabling one to l*earn to build one's knowledge, to define knowledge and learn to build processes* which continuously create a bond between know, know how to do and to be in a dimension where one learns *to belong in society* and *know how to become a person in the context of complexity*. Our research was based on this assumption, and it mainly focused on strategic students, who represent a metaphor of competencies required for life long learning in a society that has been defined Society of knowledge. It also focused on strategic teachers who, in accordance with such a perspective, learn how to provide structure, shape and content in contexts of training and basic education. Strategic student, thus, is a social role inhabited by the trainees in order to lay the foundations for their identity and sense of belonging in the society of knowledge.

The society of knowledge, or of learning, can be considered an image that well describes and evokes the new human condition, a condition which has been and is being determined (Alberici A., 2002). This new or renewed condition can be related to three dimensions:

- Information and communication (TIC), in particular the *Net*. It gave rise to a kind of social communication through real and virtual interconnection (from Facebook to twitter, from email to Internet portals...) which affected places and manners of personal interaction and economic processes;

- Social and individual development in a global village as defined by Marshall McLuhan in which men and women work, live and organise their existences; these people, everyday, meet and clash with a new capital of knowledge and multi-ethnic and intercultural interactions.

- *The relationship of a person with one's own learning process* which can be intended like a connection, a bond established between the

individual, the development of one 's own store-house of learning how to learn during the cycle of life (Erikson, E. H., 1999). All this is related to the roles one is going to play and *inhabit* (Napper R., 2011) while making a *contract* which is explicitly and implicitly determined with the net of relationships one belongs to either directly or indirectly and in relation to the development of the environment, context and situations.

Lifelong learning, thus, marks the passing from knowledge helpful for one's entire life to knowledge helpful to learn for one's entire life, so that unstable behaviours can be related to three principles:

- A conception of human development characterised by dynamic processes within the poles continuity-discontinuity
- A conception of development which is generally used to indicate a process with a beginning and an end during the age of development and which goes beyond and pervades the other phases of life as well
- A conception of change which contrasts with development as means of interpretation of continuous possibility to change in every phase of human life. Accordingly, it defines both complexity and the plastic dimension of adult life in the continuum of existence.

Adult age does not therefore represent a conclusive phase of evolutional development, but one of the phases of a continuous process (Romanini M.T., 1999).

TA and learning relationship

The Educational Field of TA can give relevant contribution, as it can provide support for the generation of contextual and situational knowledge - knowledge of here and now, by which is meant social and cultural current moment. This is possible if we obtain the required knowledge from the external world and turn it into knowledge which can be defined *dynamic knowledge* due to its interaction with the inner world, with the *frame of reference* (Miglionico 2000).

Such interaction leads to integrating tradition and innovation, related to the neo-psyche in action (Novellino M., 2012), personal history and experience, and growth, thus enhancing a reinterpretation of identity in a renewed multicultural perspective. In the TA community, "education and/or growth of personality as well as development within the social frame of reference" is the objective of the educational field (EATA). We accordingly intend to contribute to applying EATA guidelines in our work.

In the educational field new perspectives on how people learn and on how education and training can be more effective are proposed; we have new intuitions on educational approaches, including experiential learning, student-centred education, self-directed learning and learning styles; different styles to follow when things go wrong or are blocked; a fear-free theory which makes teaching and learning more enjoyable.

Figure 1: The learning relationship is a contract between the individual and one's own private, professional, social roles in the interaction between the inner context-Person and the outer context-Social and Cultural Environment.
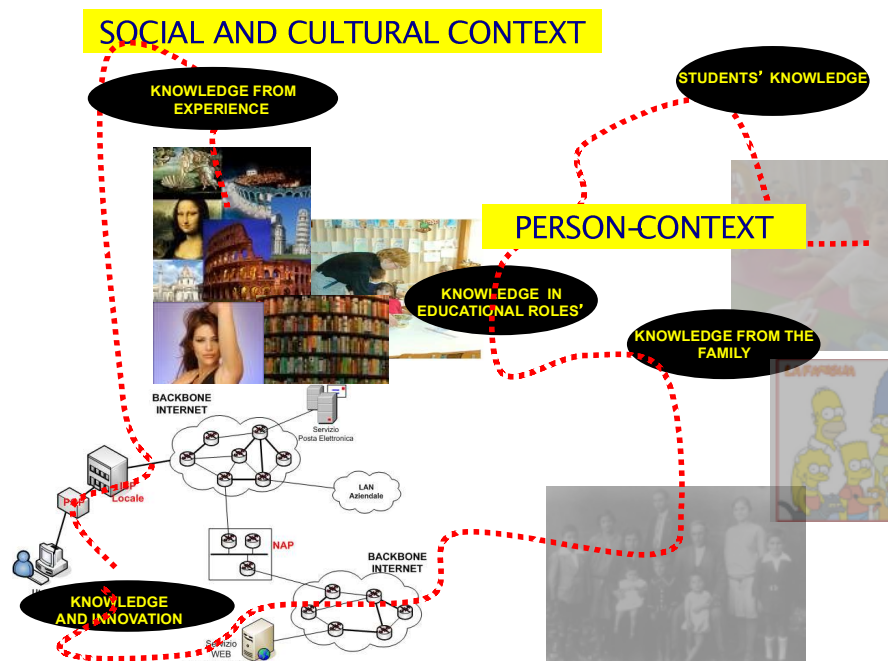
In Figure 2, large scale contents of TA training are integrated with teaching and learning processes, which are being developed in the field of training for educational and training roles.

TA in the Educational Field is not intended by the philosophy underpinning our research as a surrogate of other fields - if it has ever been intended like that. On the contrary, it is a repertoire of competences which enables us to affect learning and therefore didactics (Emmerton & Newton 2004; Tudor, 2010)

TA tools act on different levels. Providing the students with such tools already in their basic training enhances the training of personalities who are less likely to experience *non health*.

Mastering relational instruments to explore and experiment one's own capacities, competences to learn and the possibility to potentiate them in time means to create store-houses for the future in which the seeds of *know how to become* are planted. As far as this issue is concerned, we ask ourselves some questions:

- Does all this provide future teachers with materials that facilitate the creation of tools and behavioural models consistent with the needs of the current world?

- To what extent, in this "equipment", is the culture of remedy disconnected from the culture of well-being?

- How do Self-efficacy characteristics, as intended by Bandura, and the characteristics of Autonomy, as intended by Berne, integrate in a perspective of close-knitted system that is oriented on the one hand to continuous improvement and on the other to the awareness of OKness within a frame of reference of social sustainability of ecology of development (Brofenbrenner 1979).

Figure 2: large scale contents of TA training integrated with teaching and learning processes, which are being developed in the field of training for educational and training roles.

TA CONTRIBUTION from the Educational Field

1. ENHANCING DEI **METACOGNITIVE PROCESSES** THANKS TO METACOGNITIVE DIDACTICS IN CREATING **LEARNING ENVIRONMENTS**

2. DEFINING EDUCATIONAL AND DIDACTIC PLANNING THROUGH BERNE'S **CONTRACTUAL APPROACH**

3. MANAGING THE **EDUCATIONAL AND DIDACTIC RELATIONSHIP** BY INTEGRATING IT WITH RELATIONAL ISSUES

4. SHARING AND DEVELOPING **COMPETENCES** CONCERNING BASIC CONSTRUCTS: EGO STATES, TRANSACTIONS, RULES FOR COMMUNICATION, STROKES, DRIVERS

5. SHARING AND DEVELOPING **AWARENESS AND KNOWLEDGE** ABOUT SCRIPT, GAMES AND DISCOUNTING CONSTRUCTS

6. INTEGRATING **ORIENTATION TO SELF EFFICACY IN THE PHILOSOPHY OF OK-NESS**

Cesare Fregola

A case: Getting on with - TA in educational contexts.

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We have seen how TA provides us with powerful tools that help us make the class a student-friendly environment. This is a reflection about working in a multicultural context, where we, as teachers, must be very careful and considerate in dealing with foreign students.

First of all, not only as teachers, but as TA educators, we hold ethical responsibility to be respectful of different cultures. The Ethics Manual of EATA reminds us that we must "behave in a respectful way towards self and others, including awareness of and sensitivity to different frames of reference, cultures and social norms".

Another important contribution from TA is the philosophy of OKness, which becomes a very precious tool in creating an ethical and enriching relationship with our students. In this paper, I describe a personal experience where an analysis of Existential Positions and Ego-States proved very important in the relationship with one of my students.

An educational relationship based on the principle of OKness has precious implications. Not only does it represent an ethical attitude towards the students, it also contributes to creating well-being in the teachers. It often frees us teachers from a sensation of impotence and distress, and it enhances empowerment both in teachers and students.

A class of eighteen students, third year of Secondary School

Several weeks after the beginning of school, A., a student from Albania, suddenly refused to read aloud in front of the class. I had the chance to reflect on different reactions on behalf of two colleagues of mine and analyse them from a perspective of OKness:

Italian teacher: I don't know why you won't read, but I don't care. Either you read aloud, or I will write it down in my register, and give you a very low grade at the end of the term.

I'm Ok - you're not Ok: I get rid of

French teacher: (speaking to a colleague in the teachers' room): It's too difficult with foreign students, I can't cope, I really don't know what to do, there's nothing to do!

I'm not Ok - you're not Ok: Get nowhere with

I tried to establish an Ok-Ok approach:

A., I have noticed that something is wrong. When I ask you to read aloud, you refuse to do it. If you explain me what the problem is, we can try and find a solution. Your participation is important, both for you, as you learn better, and for the rest of the group.

He replied: D. and M. make fun of me when I speak. They come from a different place in Albania, and they say that my accent is like a girl's. It's important for me to be considered a man. In my country, if you're not a man, you're worth nothing.

From a point of view of Ego-State analysis, the transaction can be thus diagrammed.

On the social level, the interaction is Adult - Adult, but on the psychological level it is Positive Nurturing Parent - Positive Adapted Child:

NP: "I care about you and what is troubling you. I want to take care of you"

AC: "Reassure me and help me, because I have a problem"

The OK-OK attitude enabled me to show my concern for the student and his problem. Besides, he could feel that I considered him perfectly able to identify and describe the problem, which made him feel involved in the process of finding a solution together. On the one hand, he didn't feel he was being left alone and he was offered sincere and empathic support and acceptance. On the other hand, he didn't find a rescuer who offered him a solution, and this protected both of us from games.

OKness with foreign students implies going beyond the tolerant attitude that often characterises the teacher-student relationship. It implies authentically and empathically conferring them dignity as an element of richness as well as complexity in our class. This case shows how the contribution of TA elements - in this case, analysis of Ego-States and principle of OKness - in educational contexts enhances authenticity, thus giving a chance to students and teachers to experience well-being and personal growth in a perspective of empowerment.

A further development of the application of TA in educational contexts is a new definition of "multicultural". Earlier, Cesare mentioned a study about the issue of the Cultural Parent, and we have heard that by observing the relevance of different cultural frames of reference, a multicultural perspective is being explored. Working with TA in multicultural contexts must imply going beyond decontamination - which is clearly the first necessary step for an ethic approach - in order to acquire the required competences to really interconnect cultures. In a proper educational perspective, however, this cannot represent our final goal: it is the continuous analysis, revision and reflection on the *process* that makes up our major, most delicate and important task. As long as we focus on the process, we are sure to be following a methodologically effective educational perspective.

Egogram

Below is an example of our work and is an egogram questionnaire for children in 4th year of Primary School. Developed with the contribution of Francesca Fiordigiglio, a teacher in Primary School, the questionnaire was elaborated by the author on the basis of a questionnaire for teachers, was experimented in class with children in 4th year of Primary School, and then provided the basis for Francesca Fiordigiglio's final TA essay.

Questionnaire

1) I often feel I am a bad son/daughter for my parents

2) It's easy for me to interact with my schoolmates

3) I am a good student

4) If I play a football match with my team, and the match isn't good, it's everyone's responsibility

5) It's important for me to have good marks in school

6) When I come back home, I always tell my parents what I've done at school and I talk to them for a while

7) Every time I have to face a new year at school, my parents reassure me about what will happen

8) When I play with my schoolmates, I'm often aggressive

9) My parents are affectionate

10) I love travelling: when I'm on holiday I leave with my parents and I discover new places

11) I often make my teachers angry

12) I feel at ease with my parents, and I always tell them what I think

13) I spontaneously express my opinions

14) People often envy us children because they say we have a lot of free time. Actually, I spend a lot of time at school or doing my homework

15) My parents don't care about what I do at school

16) When we discuss something in class, I speak as little as possible, and if they ask for my opinion, I stick to what the others say

17) In group discussions, I am very strict, so I can't find justifications

18) My parents are strict and demanding

19) I like having fun with my friends, especially when we're on holiday

20) I am on first name terms with my teachers, but sometimes I'm a little embarrassed when I have to greet them

21) I'm vindictive during group discussions

22) I do not always agree with my schoolmates, even though I think it's important to be supportive

23) I have a group of friends. I often see them and I tell them about what I do in school and with my parents.

24) When I have to tell someone a secret, I carefully choose who to tell it to; most of the times, I speak to my best friend, but sometimes I make exceptions.

25) I don't study very hard for oral or written tests, because I know that my teachers will give me the same mark every time.

26) What I really don't like about school is that I'm being judged all the time by my teachers for assessment.

27) I am a diligent student, and I carefully carry out the tasks I am given

28) It's easy for me to cooperate with my schoolmates; I'm happy to do it

29) My parents care about what I do and help me do my homework

30) When my friends invent a new dance routine, and I have to judge their performance, I give each of them the mark they deserve

31) I often speak ill of my schoolmates.

32) I am a naughty student.

33) When we have to vote about something in class, e.g. to choose an activity, I prefer not to vote, so I won't do wrong to anyone.

34) I'm having a happy and free childhood

35) My study method is good

36) The relationship with my teachers is based on trust. This way, we can work very well.

37) I consider my teachers a bit like my parents. I'm very fond of them

38) When a schoolmate asks me a favour, I can't say no

39) When I organise a football match with my friends and I pretend I am their trainer, I observe their progresses and their behaviour in order to evaluate their actions

40) If I play football in the courtyard, I', the leader of actions in the game because I must win

41) I'm spontaneous with my teachers, and that's ok

42) If I get bored in class during the lesson, I don't listen to what the teacher says and I start drawing

43) If I go to the stadium to watch my favourite team, I shout and sing out loud to encourage the players to do their best in the match.

44) I'm not on friendly terms with my teachers

45) If I organise a dance competition with my friends, I never give them marks lower than C

46) I keep silent during lessons

47) I do everything it takes to be liked by my teachers

48) My goals at school are: listen carefully to the lessons, do well in my tests and keep up with the programme

49) When my teacher asks me to go up to the desk, I always wonder what I've done

50) I am too sincere, and this sometimes causes me troubles

51) I don't like going to school, and I can't wait for holidays

52) The only thing I do with my schoolmates is studying

53) At school it's important for me not to be behind my schoolmates

54) I don't see my teachers outside school

55) Giovanni can't play, so I always take his place. This way, he can rest and our schoolmates don't make fun of him

56) I have a lot of toys: I play with what I want, and school is no longer my priority

57) When I judge one of my schoolmates, I explain to them why I think those things about him or her

58) If some of my schoolmates can't do some activities, I give them advice so they can improve

59) I'm happy to speak ill of the Headmaster

60) I have my own frame of mind, and I apply it to every situation

61) I do what my teachers ask me to do, I don't work really hard

62) I don't poke my nose into my schoolmates' business

63) I really like doing my homework

64) I don't disturb during the lesson, or I won't understand what our teacher explains to us.

65) I defend our rights as students

66) I like sharing my experiences with my teachers

67) When we play a parlour game, and one of my schoolmates loses, I always suggest that he or she should pay the forfeit

69) I come to an agreement with my schoolmates, so we can take turns to play

70) I can't tell my schoolmates what I really think of them

71) During the break, I would like to suggest new funny games, but I know it wouldn't work, as my schoolmates always play the same games

72) During the lesson, I sometimes speak in a low voice with my schoolmates

73) When we train for football in the courtyard, I let my schoolmates play freely, as long as they are ready for Sunday's match

74) It takes me a long time to prepare the games to play with my schoolmates

75) I become shy before my teachers

76) I do everything I can to help my teacher during the lesson, for example I hand out the photocopies

77) When I organise parlour games, I give penalties to those who don't respect the game rules.

78) When I have to explain the rules of a game, I try to be clear and speak slowly, so that every participant can understand

79) I play along with my schoolmates about the rules on taking turn in games

80) My life is well-balanced between family, school and hobbies

81) I'm good at school; I work really hard

82) I express my opinions clearly during group discussions

83) During the holidays I use my free time to improve myself in some subjects and study some topics in-depth

84) I can meet all of my schoolmates; I have no problems with them, and none of them is my favourite

85) If one of my schoolmates talks openly about a problem, I don't feel vindictive, I try to suggest solutions

86) I am diligent in doing my homework; my work is neat and tidy

87) I am free to be myself with my schoolmates, I show my qualities and my defects

88) I can't stand it when my teachers criticise me, and sometimes I answer back

89) School rules must be respected

90) I go along well with my teachers, I have no problems with them

Constructing the Egogram Chart : The three phases:

1. *Administering a questionnaire* made up of 90 true/false questions. Questions are about how children interact, in certain circumstances, both with adults and peers. It is important that children's answers are as "immediate" as possible.

2. Tabulation of the answers in a grid. (Chart 1)

   The grid is made up by 9 columns which comprise the sub-categories of Ego States. In this grid, the corresponding items have been placed in the column with the related Ego State. In order to calculate the points, "quite false" answers must not be considered. One point is assigned to any "quite true" answer, in the columns where the number of the corresponding item is indicated.

   Then, the number of points in each column must to be added up.

3. Graphical realisation of the egogram: (Chart 2)

   After the score has been calculated, according to the grid, the results are transferred into an empty egogram, marking as many boxes as the points made corresponding to each Ego-State column. On this chart, the points for answers are on the y-axis and the Ego-States on the x-axis. The histogram we obtain for each State gives us the energy involved and the energetic difference between states. It also describes the dominant States (Dusay, J. M., *Egograms and the "Constancy Hypothesis"*. TAJ, 2(3), 37-41.1972).

The chart provides a profile for each child; there is no judgement about the person, only the likeliest aspect of his/her transactions with others. Each Ego-State, in this chart, can have both a functional and a dysfunctional aspect.

"Persecutor" Parent
A person who sets unreasonable limits or applies the existing limits with aggressiveness and without protection

"Rescuer" Parent
A person who inopportunely offers his/her help, asks for something in return and limits the other's self-expression

"Controlling" Parent
Positive aspect: A person who takes a stand, guides, reminds rules and values to others; he or she can express his/her opinions in a clear, straightforward and timely way.

Negative aspect: A person who scolds, punishes, criticises and dictates

"Nurturing" Parent
Positive aspect: a person who takes care of himself/herself and others, reassures and advises, gives support.

Negative aspect: a person who has an over-protective attitude, worries excessively about the others.

Chart 1: Tabulation of answers

Persecutor Parent	Rescuer Parent	Controlling Parent	Nurturing Parent	ADULT	Free Child	Adapted Child	Rebellious Child	Over-adapted Child
4	7	5	6	2	12	3	8	1
10	20	17	9	15	13	16	11	14
18	29	27	19	23	24	22	25	26
21	38	30	28	35	34	36	32	33
31	43	44	37	39	41	47	42	40
46	55	53	57	48	63	61	45	49
54	56	58	66	52	72	70	50	62
59	65	68	74	60	82	79	51	71
67	73	83	78	69	87	84	64	75
77	76	89	85	80	90	86	88	81
/10	/10	/10	/10	/10	/10	/10	/10	/10
Total Parent (divided by 4)				tot	Total Child (divided by 4)			

Chart 2: An example of an egogram

	Aspetto disfunzionale			Aspetto funzionale			Aspetto disfunzionale		
10									
9									
8									
7									
6									
5									
4									
3									
2									
1									
0	Persecutor (-)	Rescuer (-)	Controlling (+)	Nurturing (+)	(+)	Free (+)	Adapted (+)	Rebellious (-)	Over adapted (-)
	PARENT			ADULT			CHILD		

Francesca's comment about the results

The picture we obtain from the analysis of this chart is the following:

Dysfunctional aspects:

- The Persecuting Parent increased: in some cases I was too strict because I wanted them to respect the rules
- The Rescuing Parent Ego state wasn't affected
- The Rebellious Child Ego State decreased: the child demonstrated greater initiative and, as shown by the increase in the Controlling Parent, he seems to have developed a greater acceptance of rules. This also led to a decrease in the Over-Adapted Child, and a subsequent increase in the positive Adapted Child.

Functional aspects:

- Nurturing Parent remained constant
- The Adult Ego State increased: I assigned the Child tasks which carried greater responsibility, and, through the activity proposed in the fourth unit, the child developed a greater relational competence and awareness of the consequences of his behaviour
- The Free Child Ego State increased: I encouraged the student to express freely during collective discussions, and this fostered him to speak without shame; this latter aspect actually reached the highest level.

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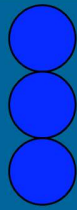
The mutually beneficial process of research and practical work.

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The focus of this workshop will be on the cons and pros of doing research on your own clinical practice.

The workshop will be based on my work with my PhD dissertation titled *Transactional Analysis Psychotherapy – Three Methods Describing a Transactional Analysis Group Therapy*. This is described in some detail in the paper produced to accompany my Keynote Speech, and included at the start of this Proceedings document, so I will not repeat that content here.

My PhD work (2011) was first *developed* through many years of TA training and practical work as TA psychotherapist. Then after 15 years it was *tested* in research work. I want to show that there is a mutually beneficial process between the researcher and the practitioner.

From my dissertation I will invite people to use some of my research classifications, like the CCRT by Luborsky (or the Ohlsson, Björk and Johnsson (1992) script checklist or my revised version of McNeel's (1975) 42 sub-categories (components) as tools for deepening their understanding and efficiency as clinicians. From a researcher point of view I will invite the practitioners to be 'local clinical scientists' (Stricker & Trierweller, 1995; Stricker, 2002) and use a scientific attitude in their work.

Possible outcome of the workshop experiences and discussions will be to:

- Stimulate practitioners to do research
- Understand the practical use of research
- Understand the meaning and benefits of different types of research
- Understand the practitioner's problems and difficulties with research.

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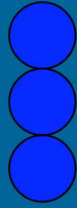
The effects and effectiveness of being trained in Transactional Analysis. An empirical study

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Abstract

An empirical qualitative study on the effectiveness of non-therapeutic TA-training is presented. It was carried out during the period 2008–2010 within the frame of a PhD thesis at Sigmund Freud University in Vienna. The results of this study have been published under the title of "Transaktionsanalyse und Salutogenese" (Waxmann 2011). The present article presents and discusses the research questions, the selection of the study method, the research design and some specific results of the study, such as changes in the Sense of Coherence.

Introduction

How effective and useful is Transactional Analysis? What changes does it generate in the life of those who deal with TA? How can those who undergo TA training in non-therapeutic contexts, that is, in the social, pedagogical and organizational realms benefit from it? These questions were the starting point of an empirical study carried out in the scope of a PhD thesis at Sigmund Freud University in Vienna during the years 2008 – 2010.

Previous studies have already shown that TA-trainings can be of great benefit and they can broaden professional competences (e.g. Beck-Neumann and Huschens 2007). The questions that still needed to be addressed are whether TA-training also affects personal well-being beyond the improvement of professional training; whether it improves the emotional quality of life in any way, and whether it is possible to identify changes generated by TA-training in private life, in the relationship to partners, family and friends.

The second theory that underlies this study is Antonovsky's concept of salutogenesis (1979 and 1987/1997). Being 13 years younger than Eric Berne, Antonovsky produced several publications, especially during the 70s and 80s. He designed a comprehensive model based on stress research and on medical-sociological considerations to explain the origin of health and disease. There is no space here to explain this model in detail, but a compact explanation is provided elsewhere (cf. Nowak 2011, pages 77-91).

The fundamental questions that Antonovsky intends to answer are as follows: How do human beings keep their balance within the turbulences of everyday life? How can they keep their equilibrium beyond the numerous stressors that surround them? What factors contribute to well-being? A core aspect in this theory is the concept of Sense of Coherence or SOC, according to which individuals are likely to be healthy and enjoy well-being (1.) if they understand what happens in their environment, (2.) if they can cope with everyday life challenges and (3.) if they can make sense out of their daily activities. Thus, according to Antonovsky, the stronger the three components of Sense of Coherence are developed, namely comprehensibility, manageability and meaningfulness, the more an individual can experience a strong feeling of confidence, trust and well-being. Numerous empirical studies have validated this hypothesis. However, the influence of SOC on physical aspects of health is not as clear yet as was assumed by Antonovsky. On the other hand, the relationship between psychological condition, emotional well-being, self-estimated health and the SOC components is more evident.

The purpose of the present study is to link the exploration of TA-effectiveness with the concept of sense of coherence and to address the question whether SOC changes and even improves by learning and applying the concept of TA. Furthermore, alongside this special focus, we also want to find out in a broader sense what kind of changes in (private) everyday life in general people are aware of as they intensively deal with TA. The theory of salutogenesis has an additional function in this study: it constitutes the basis for the interpretation of the collected empirical data. That is, the collected data is interpreted in the light of Antonovsky's model.

As a result of an extensive consideration of pros and cons of quantitative and qualitative research, we opted for a qualitative approach (Lamnek 2005), which seemed to be the most adequate method to deal with the present issue. One of the advantages of qualitative research is that semi-structured qualitative interviews – as the ones we carried out - allow not only to get answers to the topics and questions posed by the

researcher, for example by means of a questionnaire, but they also give enough free way for interviewees to address any topic they may consider relevant. Thus, new issues that have not been addressed by the researcher are spontaneously brought up. Besides, a qualitative method makes it possible to go beyond the collection of isolated factors and detect deep interconnections and interrelationships.

Qualitative interviews normally begin with specific introductory questions, as for example in this case: "How long have you been interested in TA? or "What made you choose TA?", "What changes have you noticed?" Although such questions are to be answered concretely, they are also there to stimulate the conversation, to keep up a meaningful dialogue and to encourage interviewees to talk about their personal lives. As a result, very lively stories, vivid reports, pointed quotations and interesting thoughts come up in the course of the interview, providing insight into everyday activities as well as thoughts and feelings of persons that have undergone TA-training.

A total of 12 persons participated in interviews that lasted in part for several hours. The inclusion criteria were defined as follows: Interviewees should live in Austria and they should have completed at least three-year TA training. The only exclusion criteria were personal friendship or professional co-operation with the interviewer. As is usual in qualitative research, subjects were otherwise selected according to heterogeneity of characteristics with respect to age, profession and place of residence. Two thirds were women, one third men; only about one third of the subjects aimed at a higher qualification in TA or had already acquired one. TA-training was in part made in Germany or with Swiss trainers. All interviews were completely transcribed; the resulting text of 326 pages was then analysed and interpreted in detail (Mayring 2010). Rather than mainly distributing answers and assertions in numbers and percentages, this kind of text analysis categorizes contents and looks for diverse patterns of thought, feeling and action that can be unveiled in relation to the research issue. Results are presented in order to show diversity in life (as can be seen in the reports), to compare different statements as such revealing possible contrasts instead of harmonizing them artificially.

In spite of this open approach and despite the divergent opinions expressed by interviewees, partly about TA in general and partly as appraisal of some TA-trainers, there is absolutely common consensus amongst interviewees that TA models are useful and valuable instruments for everyday life. They are considered to be a support for better understanding even highly difficult relationships and communication situations. TA concepts make it possible to identify underlying structures and core aspects that help to understand what happens in one's own psyche and in interpersonal contacts. As a consequence of this awareness process, individuals are able to cope better with themselves and with communication situations, to open up new scopes of action, to be more purposefully active and not to surrender to an unknown fate. It is interesting to note that "to understand something and then be able to cope with it better" is a persistent statement throughout the interviews and constantly appears, almost as a set expression. This means that insight and realization are always intimately related with consequent actual (modified, improved) actions and ways of behaving. Associations of this sort do not always take place in psychological theories and in everyday life. Numerous citations, descriptions and concrete reports from the interviewees' accounts show this growing awareness and improved capacity to act, a fact that clearly corresponds to the first two components of Sense of Coherence, namely "comprehensibility" and "manageability". Obviously, an improvement of these two factors does not necessarily imply that absolutely all incidents in life will now be understood and successfully mastered. Yet Antonovsky defined four areas that, in his view, are of crucial significance for every human being, are essential for a balanced SOC, and should be understood and wisely managed: (one's own) feelings, personal relationships, basic activities, and existential questions (amongst which Antonovsky includes problem solving). To the question as to the contexts in which there was an improvement in understanding and knowing how to handle situations, interviewees spontaneously mentioned one or several of these four contexts defined by Antonovsky. This is especially striking, considering that interviewees were not directly asked about possible empowerment of the SOC (or of its components) for two obvious reasons: on the one hand it was not possible to assume that all participants were familiarized with Antonovsky's model; on the other hand, the intention was to perform the interview in an objective way, leaving free way to different facts and assertions, without providing pre-determined answers. In order to assure this sort of neutrality and objectivity in the collection of data, interviewees were simply asked about changes they had observed that were associated in one way or another with their dealing with TA. It was only during the analysis of the transcribed interview texts that it became obvious that many of the statements corresponded exactly to Antonovsky's definition of the SOC factors and to their stabilization and improvement. In order to give an accurate account of the statements in the texts related to SOC, a template was designed for this analysis (cf. Nowak 2011, p. 113), which connects the three components of Sense of Coherence with the four above-mentioned areas of life. This analysis scheme makes it possible to accurately and contextually identify statements on comprehensibility, manageability, meaningfulness.

According to the interviewees' report, the factor "meaningfulness", the rather emotional factor of experiencing sense in daily life is also improved, although this is not so pronounced and frequent as the empowerment of the other two factors that affect behaviour and, first and foremost, cognitive understanding. A cross connection between TA and the concept of SOC is also possible due to the fact that the three SOC factors are characterized by being cognitive, behaviour-oriented and emotional, which corresponds

to the typical associations made in TA of thought, feelings and behaviour. This study does confirm a clear empowerment of all three SOC components (in different degrees).

In this respect the interviewees also reported to a certain extent an improved general emotional state and an enhanced well-being in general, which they explain as consequence of being able to put things in perspective, to understand incidences and to consciously choose appropriate behaviour patterns. But the real fundamental change and improvement of well-being through dealing with TA indicated by most interviewees was due to a completely different factor: having learned and practiced the okay-position. This position of respect, esteem and acknowledgement to oneself and to others leads even more to a basic sense of safety and confidence, which increasingly influences everyday life. Thus, practising the plus-plus position improves the emotional quality of life in a way that has proven to go deeper than cognitive awareness or new management options. Thus, from a theoretical point of view, the plus-plus-position could actually be incorporated into the concept of SOC and could as such be the basis of a positive attitude towards life. Plus-plus is not only "good" in an ethical sense; it also feels good, both for those who practice it and for their fellowmen. Ethics and emotional well-being are linked together in the plus-plus position, both in theory and practice, and do not stand in contradiction.

A further result of this study that can be briefly referred to here, concerns the interviewee's motivation to undergo TA-training. It is not only the professional background and the motivation to broaden professional skills what plays an important role here. Surprisingly enough, most interviewees indicated personal and private reasons rather than professional goals as their primary motivation to join a training course. Some of them report having exclusively a private motive, such as the need to cope with divorce or the urge to improve communication with the partner and even grieving after the loss of a parent. It is often the case that the actual reason to get TA-training is a critical incident or phase of life combined with professional motives.

Pure professional motivations are in this study the exception. The decision to focus on TA and not on any other psychological theory is in many cases motivated by a first contact with this approach at university, where it is mainly taught in relation to economic studies rather that with psychology. Often, this brief contact with TA dates back many years but it was apparently so influential that it led to opting for TA-training.

Concerning the private life of the interviewees, they extensively explained the way TA was useful for them, how their family, children and partners reacted to the situation that had changed due to TA and the kind of influence exerted by TA in partner relationships in which one of the partners is not interested in TA or in any other psychological theory. Thus, this issue plays a crucial role in the interpretation of the research results (Nowak 2011, pp 169–197). There is not enough space here to go into detail on the different life situations;

besides, it would not make much sense to present synthesized partial results, since qualitative studies are characterized by the plasticity of detailed reports, by the vividness of results and personal reports, in which apparently unimportant aspects become in fact meaningful aspects in the description; not least because the complexity of results can only be accounted for when presented in detail.

This is also valid for other issues that were brought up in the interviews: the different ways and methods in which in each single case TA- concepts were integrated in everyday life; the special way of dealing with preferential TA-models; the search for one or several preferred concepts, the interviewee's relation to world view, ethics and spirituality in the context of TA, and – last but not least – the degree of satisfaction of trainees with their completed training and the question as to what factors they considered to have mainly contributed to success (or lack of success) in their training. All these aspects are given at length (140 pages) in the publication of this research as results, in terms of the results of text analysis and interpretation (Nowak 2011, pp 148–289). Our study also sought to detect those special factors of Transactional Analysis that have rendered in part surprising results in their application. Thus, this study provides information not only for practising transactional analysts but also for readers who are not familiar with TA and are possibly considering TA-training. In this way they can get a picture of what it actually means to "apply TA". The possible empowerment of Sense of Coherence is just one of many aspects, yet it is essential if one considers for example empirical studies that, along with physical well-being, even confirm that there is a relationship between a strong SOC and the human immune system (Lutgendorf u.a. 1999).

So, what is the meaning and contribution of the results of this study? First of all it provides an analysis of successful training processes and their results. Interviewees are in most cases persons with a positive attitude towards TA even long after completion of training and who have had positive experiences and maintain contact with Transactional Analysis in one way or another, even if it "just" means to put the plus-plus position into practice, without having any sort of contact with other transactional analysts. What cannot be derived from this study, however, is the frequency of the collected results in terms of quantities and percentages with reference to all TA-trainees, since this is not intended to be a quantitative study. In principle, qualitative studies are not numerically oriented; still, qualitative research can lead to generalizations in a different sense, a sense that goes beyond their significance for twelve interviewees. Even if the purpose is to represent individual experiences, it cannot be assumed that such studies are exclusively about individual cases that have nothing in common with other people. What can be generalized is a set of patterns of thought, action and experience that can somehow reoccur both in one-self and in others. This is in essence only one special instance of the fact that people are unique in their individuality, but at the same

time they share common features with other people. The second aspect that allows drawing generalizations from results are possibilities that can arise in principle: What was a possibility in particular cases is, from a logical point of view, basically no impossibility. The individual training processes and the achieved successful results cannot be transferred one to one to other people and their situation of life, but they may represent a possible trend in development that may be open to others, at least in part or to some extent.

Frustrated TA trainees who give up their training or who reject TA theory in general are included in this study but they actually represent a minority. Amongst the reasons reported for a negative attitude towards TA are conflicts within the group or trainees. It would be certainly interesting and necessary to carry out an additional study on frustrated TA trainees and to find out other reasons for a subjectively experienced failure or loss of contact.

One of the conclusions that can be drawn from the reports, which are mainly positive, is the fact that TA-training not only broadens competencies but it also enhances personal awareness of whole-being and oneness with oneself, which is otherwise achieved rather with psychotherapeutic efforts (Fäh and Fischer 1998). The changeability of Sense of Coherence by means of TA is not only information of interest for TA-trainers, this being one of the aspects of its effectiveness, but it can also be of relevance for people who consider being trained in TA.

The results of the study suggest that the presence of Transactional Analysis in universities is not to be underestimated, when it comes to the dissemination of this approach. Some interviewees expressed that they would probably not have considered TA-training if they had not had this marked experience during their university studies. A broader inclusion of TA in universities would naturally imply more research in this area, and at the same time it would increase its

dissemination and consequently awaken the interest in TA in potential candidates. Joint efforts between institutions that focus on TA-training and university TA-research would be highly recommendable. It would take account of the fact that training needs research to the same extent to which research could not do without the praxis of TA-application.

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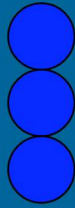
Mastering 'The Tolstoy Effect': a research exercise in linguistic philosophy

Abstract

The research design and methodology are outlined in order to contextualise the key aspects of the process for developing the Temple Index of Functional Fluency (TIFF), namely the harnessing of the creativity of many people and the collaborative style of working with ongoing piloting and evaluation. The social nature of this process is shown to demand linguistic exploration of shared meanings at every stage. The results of the data analyses are presented to demonstrate how the quantitative data provided the essential framework for the qualitative search for the evidence of meaningfulness that supports and illustrates the validity and reliability of TIFF. This search for evidence can be seen to illuminate, and be illuminated by, transactional analysis ego state theory and is characterised by 'The Tolstoy Effect'.

Introduction

Functional Fluency is the art and skill of interpersonal effectiveness. Interpersonal effectiveness is fundamentally about communication and therefore the finding of ways to share meanings through language; hence the title of this paper.

The matters summarised above in the Abstract have been found to have great importance in terms of the positive parallel process between the nature of the research journey and the process of using TIFF for personal development work with clients. Genuine collaboration and sharing of ideas were key characteristics of the former and are the chief factors that fuel the dynamics of the latter. They are key to the empowerment that TIFF offers clients, and evidence of the veracity of McLuan's (1964) famous phrase, "The medium is the message".

This paper takes the form of a structured reflection on the research process to highlight the connections between these matters and their significance for the claim that TIFF is a research-based personal development tool.

Stages of the research

In order to achieve the research aims, i.e. to find out a) if the Functional Fluency model could be validated as the basis for the development of TIFF and b) how well TIFF would work as a personal development tool, it was vital that the model construction was as thorough as possible to provide a sound basis. Any measure of human attributes, including the development of TIFF, requires a particular set of stages (Lanyon & Goodstein 1997):

• Definition of constructs. What psychological constructs need to be measured and why must they be unidimensional? Task - conceptualise the constructs.

• Manifestation of the constructs. What behaviours would evidence them? Task - generate behavioural indicators.

• Construction of the measure. What sort of questions would elicit useful answers? What sort of scaling would provide useful information? Task - decide how the test will work.

• Scoring method. How will the results be relevant and useful? Task - pilot & test the workability.

• Statistical analysis. What do the results show? Task - Analyse the results, testing for validity and reliability.

• Presentation of Results. How can the results be used? Task - Evaluate the usefulness of the measure.

Table 1 shows how the Functional Fluency research study followed this pattern. Stage 1 was particularly important for laying a reliable foundation of unidimensional constructs that were defined both precisely and richly. Choosing the words for these definitions demanded accurate differentiation between subtle meanings and deep understanding of the nature of the constructs of the Functional Fluency model. The collating of many people's ideas and designing and using a logical framework for making the choices took many

Table 1: Functional Fluency Index Project Outline 1997 - 2002

STAGE 1	Conceptualisation of Constructs
1997 to 1999	90 descriptors collected over many years to trial for the 9 constructs
	Descriptor Sort Exercise using 36 expert judges (plus 20 more from Germany)
	Creation of a 6-word picture for each construct (nine 6-word pictures)
STAGE 2	Generation of Behavioural Indicators
1999 to 2000	7 groups made up 2 sentences for each of the 54 words in the word pictures
	Delphi technique used by the groups, to access wide ranging creativity, culminating in voting exercise to indicate preferred sentences
	Creation of a pool of 540 indicators, 60 for each of the 9 constructs
	10 for each of the words in the 6-word pictures
	Selection of the 4 'best' sentences for each of the 54 words
STAGE 3	Creation of Test Items
2000	4 sentences for each of the 54 words converted into 216 test items
	Test Item Validation Exercise using 20 expert judges to test how the items match the constructs
	Selection of appropriate range & number of the items which best indicate the original 9 constructs
	Parallel lists A & B created 108 items each
STAGE 4	F.F.I. Test Construction
2000 to 2001	Questionnaire format designed, including introduction, instructions, examples and item answering layout
	Scoring methodology planned for the 9-scale index
	Results format drafted
	Scoring system & framework for feedback process drafted
	Preparation for Pilot Study with 302 participants
STAGE 5	Pilot
2001	The 302 participants were all people whose work was with people.
	The 20 sub-groups came from a variety of contexts within overall population.
	Aims were: to make a data collection in order to do relevant statistical analyses to demonstrate reliability and validity, investigate the effect of personal variables and refine all materials. Findings were cross-checked with triangulation studies wherever possible.
STAGE 6	Data Analysis
2001 to 2002	Quantitative analysis was followed by rigorous qualitative analysis to explore how the data illuminated TA theory and illustrated psychometric potential.
STAGE 7	Discussion, conclusions & plans for refinement
2002 onwards	Write up was completed, exam passed and full refinement put in place for follow up studies to assess effectiveness in various contexts & with different populations.

months, but was well worth it for the eventual gathering of the Pilot data.

The set of stages for the Functional Fluency doctoral study included a seventh that indicated the follow-up studies undertaken after the main study.

The Methodological Process

The methodological process was designed to proceed in a series of separate stages, each one unfolding from the one before. Each stage evolved according to the findings from each data collection. McGilchrist, Myers and Reed

(1997), Kemnis and McTaggert (1982) and Elliott (1981) have proposed similarly reflexive processes. What these processes have in common is a spiralling flow of action that includes having a general plan to embark on, a study of some sort, then monitoring and analytical procedures from which emerge revised ongoing plans for the next stage. Such a pattern is repeated in order to maintain relevant and well-considered decision-making in the cause of the creation of a high quality project. In this way the study is informed by both theory and empirical evidence, rather than only being driven by the theory (Denscombe 1998). The Functional Fluency Index (FFI) study was also enriched by the involvement of

many people who contributed their knowledge, experience and creativity and thus widened the perspective of the developing instrument. This contributed to its eventual efficacy and its acceptability to a very wide range of users.

The FFI Project Outline above gives an overview of the Project agenda. At every stage of the project process careful attention was given to issues of reliability and validity throughout, following principles cited by Neuman (1994 p 129):

1.   Clear conceptualisation of constructs.

Construct conceptualisation for this study, a vital foundation, in fact took place over some years prior to the start of the project. This entailed the development and trialling of the Functional Fluency model used as the basis of the study (Temple 1990). Similarly the pool of descriptors used in stage one of the study was generated and developed over a period of years using a wide variety of sources.

2.   Use of multiple indicators.

Using information from the initial Descriptor Sort Exercise, it was decided to use twelve indicators to measure each of the nine constructs in the theoretical model.*"Reliability tends to increase as the number of items in a combination increases"* (Nunnally 1978 p 67).

3.   Precise levels of measurement.

Indicators were measured at ordinal level, using six categories of refinement.

4.   Use of pilot tests.

Major pilot tests were a key aspect of the project design. As well as this, the principle of piloting was put into practice whenever feasible to improve effectiveness of instructions, layout, design of exercises.

Nunnally (1978) claims that *"To the extent to which measurement error is slight, a measure is said to be reliable"* (p191). The efforts cited above were intended to reduce systematic error or bias that would produce skewed results. Attention was therefore paid both to the actual structure and matter of the measure - the content - and to the process of creating the measure stage by stage. Random errors can never be completely eliminated, but the attention paid to consistency of organisation and appropriateness of development processes was intended to increase the stability of the final instrument.

Attention was paid throughout the study to the measurement validity, to make as good a fit as possible between the constructs and the operationalised indicators thereof. As Neuman (1994) writes, *"Measurement validity refers to how well the conceptual and operational definitions mesh with each other"* (p130) in the cause of the creation of what he calls a *"true measure"*. Different aspects of measurement validity were given particular attention during different stages of the study:

- Face validity. The design of the Descriptor Sort

Exercise set out to show that the constructs of the model had high face validity, by seeking the rate of consensus amongst a high number and wide range of expert judges as to their description.

- Content validity. As above, the range of consensus of the judges gave a wide and comprehensive description of each construct.

- Construct validity. The factor analysis in part two of the study showed how consistent the multiple indicators were for each construct. Convergent and divergent validities were also demonstrated at this stage.

High internal validity was aimed for through thorough validation exercises and careful item development in order to reduce systematic error.

The FFI is a measurement based on a rational-theoretical strategy of construction (Lanyon & Goodstein 1997). It is, to use their terminology (p 58), *"congruent with a particular theoretical view"* of human psychological functioning, that of Transactional Analysis, and is designed to assess concepts within that theory. The creation and selection of test stimuli adhered consistently to the demands of the theoretical model, while using a combination of rational and intuitive strategies in their development. This was consistent with what Lanyon and Goodstein (1997) call *"state of the art method"* (p 119), in which a measurement instrument employs a rational and/or theoretical basis for initial item development, and follows up with the use of empirical and factor-analytic methods for the process of item refinement.

The behaviour pattern profiling of the FFI was achieved by means of a self-report questionnaire. It measured the usage of the various modes of behaviour featured in Temple's (1999) expanded model of human functioning. This Functional Fluency model acted, according to Nunnally (1978), as *"an internally consistent plan for seeking a good scaling of an attribute"*. Nunnally continues, *"Having a plan increases the probability of finding an acceptable measure"* (p 31).

The 'Tolstoy Effect'

"All happy families resemble one another, but each unhappy family is unhappy in its own way". The opening sentence of 'Anna Karenina' by Leo Tolstoy 1875

Throughout each of the project stages there were linguistic issues to tussle with. The Descriptor Sort exercise in stage one demanded of participants that they choose which Modes the descriptors best described. All had preparation for doing the task, but of course the choice depended on the meanings attributed by the participants to the words, and their understandings of the nature/meaning of each of the Modes. The sorting of the huge matrix created by the exercise was another demand for linguistic discernment that enabled deeper understanding of the Modes. Interestingly, in every case it seemed harder to choose

descriptors for the positive Modes than for the negative Modes.

At this stage and again in stages two and three, generating behavioural indicators and creation of test items, there was a clear difference in understanding and expression of the characteristics of the positive Modes compared with those of the negative Modes. The phenomenon was highlighted again at the data analysis stage, dealing with the hundreds of TIFF pilot profiles. This was the point at which the phenomenon was named the "Tolstoy Effect".

In particular the patterns of human behaviour shown in the pilot profiles provided evidence of the Tolstoy Effect from several perspectives. In each case the positive Modes of behaviour exhibited greater integrated wholeness, while the negative Modes manifested more variance and therefore greater fragmentation. The coherent blending of the positive Modes made it hard to differentiate between their various separate aspects, whereas with the negative Modes the various separate aspects seemed to stand out more clearly. There was therefore a clear pattern of differentiation between the positive and the negative Modes in terms of how easy or difficult it was to identify, understand and express their respective characteristics.

Tolstoy's creative assertion conveys a depth of meaning that speaks poignantly to the human condition. It is a fact that when things are going well there is little motivation to examine the way that this is happening - "If it ain't broke, don't mend it" as we say. It is only when something goes wrong that people want to find out how and why. The urge to diagnose the negative is strong; there may be evolutionary imperatives at work. Noticing and interpreting something untoward in the natural or social environment may always have been an important survival reflex. When this is a very strong cultural habit, however, negative reinforcement is common, but positive reinforcement often gets left out. This was a crucially important factor to understand for the development of TIFF, in which the intention was to reinforce and make familiar the positive options for behaviour by describing and explaining them in as much detail as the negative options. Appreciation for doing

well, and understanding of how to do it, is a serious motivator for behavioural change which was planned as a priority for the use of TIFF.

Data Analysis - Aims and Objectives

Firstly, the overall aim of piloting the FFI Questionnaire with a large enough appropriate sample to provide suitable data for construction of a norm was fully achieved.

There were 302 respondents in the Pilot sample, all human service practitioners of one sort or another. This meant that all could be expected to manifest above average emotional literacy and thus score higher on the positive Modes and lower on the negative Modes. This would be one way to test the validity of TIFF. There were 20 groups within the sample with a wide variety of professional focus. This in turn meant that TIFF could be tested by seeing how the Average Group Profiles varied and whether the variations made sense and could be explained by using TA theory and/or social reality norms.

The main objectives of the range of analyses undertaken were to investigate the results in order to:

- Illuminate how the instrument operationalises the theory behind the model.

- Present evidence of how the instrument portrays respondents' characteristics.

- Examine the effectiveness of the instrument in order to identify ways to improve it. These objectives, though closely linked, were oriented in different directions. The data provided a central source of information illuminating both the world of theoretical ideas and the world of concrete reality.

The data analysis was a "*systematic, in-depth inquiry*" of the sort claimed by Gregory (2000 p 156) to deliver scientific answers through the diligent efforts of researchers to "*distinguish the pattern into which facts (phenomena) fall and their succession, and as every science does, look for hypotheses that give coherence to the pattern* (de Chardin 1970)".

Figure 1: The Dual Orientation of the Data Analysis
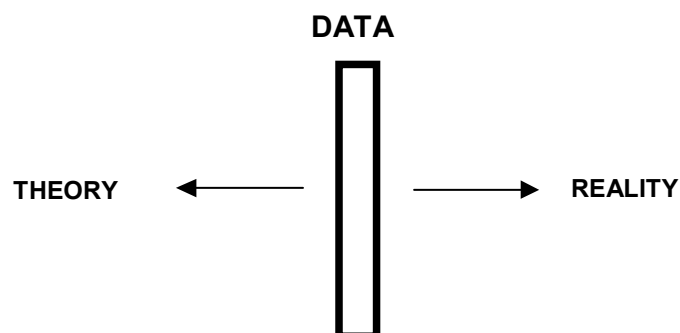
Construction of the Profiles and the Pilot Norm

In order to facilitate these considerations and promote coherence of the analytical inquiry, a decision was made to collate and present the test results using an adjusted version of the profile format used in the instrument feedback materials for respondents. This helped to make the patterns contained in the results immediately visible and comparable, and meant that a comprehensive range of statistics could be displayed simultaneously. The same format was used for both individuals' results and for group average results. To these ends the following Group Profiles were created:

- Average Total Pilot Profile (N=302)
- Average Form A Profile (N=177) and Average Form B Profile (N=125)
- Average Pilot Group Profiles, 3 top-scoring, 3 middling-scoring and 3 bottom-scoring.
- Average Profiles for: 2 Gender Groups, 6 Age Groups, 3 Levels of Prof. Responsibility Groups.
- Highest Scoring Group (N=10) and the Lowest Scoring Group (N=10).

Individual respondents' profiles were also examined and compared when relevant to explore scoring significances, for instance when there were exceptional patterns or anomalies.

The outcome of the systematic qualitative exploration of the quantitative data was that there was considerable evidence to demonstrate the aptness and coherence of ego state theory and its consistency with the Functional Fluency model theory. Group by group and person by person, there was also substantial evidence for claiming the accuracy of the data with regard to how they portrayed the characteristics of the respondents. As intended, the bonus of such a detailed exercise was the information needed for instrument refinement.

The summary descriptive statistics of central tendency and dispersion were used to create the Averages of the Group Profiles in order to express the sum of the scores obtained from the 302 respondents in the Pilot Study. After careful consideration, the mean was judged to be the most suitable choice for expression of central tendency, or average. Key to having confidence in the data so produced, as above, was the creation of the Average Total Pilot Profile and the results of its rigorous testing.

Comparison of the Pilot Data with That of a Theoretical Population Answering at Random

A Monte Carlo method was used to create a theoretical ('phantom') population of 10,000 cases. Computer-generated random scoring on all the 108 variables produced a theoretically random Profile of the nine Modes, the Average Phantom Profile. Using identical scoring mechanisms as in the FFI Pilot, results were produced to show the distribution of the 10,000 phantom FFIs, for comparison with the Pilot results. The figure below shows the difference in the respective means and the amount of scoring overlap.

This exercise provided firm evidence that the questionnaires were producing a genuine result rather than a random one. It can be seen from the above figure that the overlap of Pilot results with the Phantom Population is very small with the FFI mean falling outside the range of the Phantom Population scores, thus indicating that the actual Pilot population was not answering randomly. A t-test for the equality of means showed that the means of the Pilot FFI and the Phantom population FFI were different at p<.001. The fact that the Pilot population's scores clustered round the mean of 2.42 rather than the 1.54 of the randomly generated Phantom Population demonstrated that the phenomenon concerned the Pilot population's characteristics and was not simply a regression effect.

Figure 2: Comparison of Pilot Data with the Phantom Population
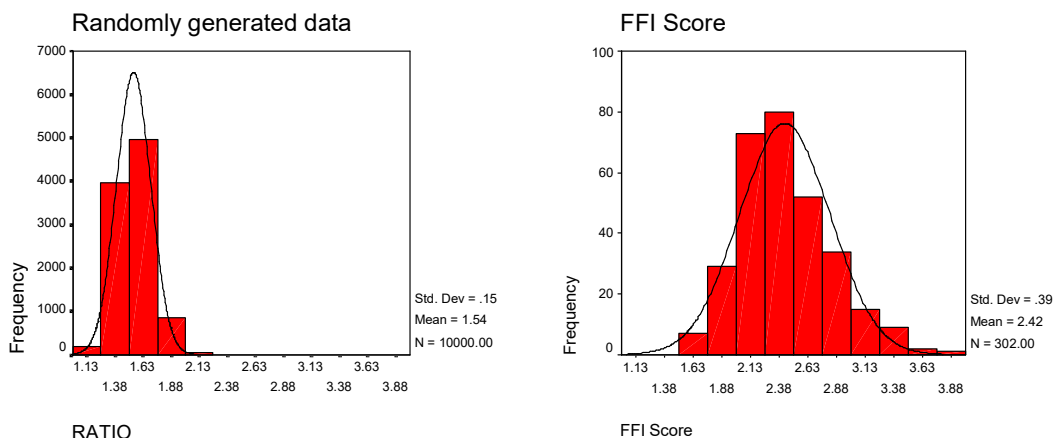
Average Pilot Profile Standard Error of Means

The Standard Error data indicated that the width of the bands within which the means of a population such as that of the Pilot Study would lie were very narrow. This statistic is important because it indicates how much confidence can be had in the accuracy of the Mode means. The results, summarised in Table 2, showed that the means were well captured and did represent a notional 'whole population' such as the one tested. The second table below gives demographic details of the Pilot Study.

Exploring the Pilot Data

Two examples that demonstrate vividly how the Pilot data was explored follow next. Both reveal the theory behind the model and indicate the psychometric potential of TIFF.

First are the mode frequencies. The charts in Figure 3 show the distributions around the mean. They indicate reasonably normal distributions, thus further endorsing the choice of the means to express results. The mode frequencies of the set of nine Functional Fluency modes of behaviour are laid out in the standard pattern of the model. They depict both quantitative and qualitative aspects of the Modes and demonstrate various aspects of theoretical validity of the model, for instance:

The five positive Modes are clearly differentiated from the four negative Modes by their relative positions on the x axis with positives to the right and negatives to the left.

The positive Modes show less variability than the negative Modes, with the exception of SPONTANEOUS Mode which demonstrates its idiosyncratic nature as the manifestation of people's uniqueness. This characteristic was demonstrated elsewhere (another example is below in the cross correlations). An explanation is that the positive modes of behaviour blend together in use. They are learned, with the exception of SPONTANEOUS Mode, which is, however, integrated with the other four in order to 'respond' realistically to situations. Negative mode use demonstrates 'reactions' that lack integration with positive modes, especially ACCOUNTING.

- The squatter shape of the SPONTANEOUS and IMMATURE charts shows their wider variability, as might be expected of the natural element of the Self Actualisation category of social behaviour.

- The simple pairing of the Social Responsibility Modes as roles can be seen in contrast to the complex group of Self Actualisation Modes that relate to the spiral of human development.

- The greater variability of the DOMINATING (Criticising) and MARSHMALLOWING Modes could be explained by saying that this is due to their ego state source being Parent contaminations of Adult.

The second example is the results of the cross correlations of all the Modes with each other using Pearson's R. The most significant aspects of the correlational pattern are illustrated in Table 4. Points of theory illustrated in the patterns are noted in the commentary.

It was possible to take each Mode in turn and track the pattern of correlations with the other Modes, in order to illuminate theoretical implications of the model and demonstrate coherence and consistency. For example, MARSHMALLOWING had a small correlation with other negative Modes and almost no correlation with any positive Modes. On the other hand, IMMATURE had a small correlation with MARSHMALLOWING, a slightly larger one with COMPLIANT/RESISTANT, an even larger one with DOMINATING but negative correlations with the three positive Modes STRUCTURING, NURTURING and ACCOUNTING.

This statistical analysis was important in demonstrating further aspects of the relative independence of the nine Modes, which was in addition to the conceptual independence of the Modes demonstrated by the results of the initial Descriptor Sort exercise at the start of the project. N.B. the statistical significances showed up as high because of the large sample. What was of theoretical/practical significance were the actual values (relatively low though they were) of the Pearson's R coefficients, and the patterns they revealed, which also gave some further evidence of the theoretical validity of the model. For instance:

- There were no high correlations between Modes. In terms of practical significance, this gave some evidence of the relative independence of the constructs, high dependence being an extreme form of relatedness.

- The highest correlations (between 0.4 and 0.6) were found between the cluster of the five positive Modes, giving some evidence of their mutual integration.

- The highest correlation of all was between STRUCTURING and NURTURING (0.59). They are the twin aspects of 'positive parenting' (Illsley Clarke 1979, Baumrind 1991).

- The only other correlation over 0.4 was between DOMINATING and IMMATURE, suggesting that immaturity is connected with negative manifestation of authority.

- The negative correlations in particular indicated key theoretical points, namely that DOMINATING contrasts with NURTURING, and IMMATURE contrasts with the positive Modes of STRUCTURING, NURTURING and ACCOUNTING.

This evidence supported the claimed meanings of all nine Functional Fluency Modes and how they relate to each other.
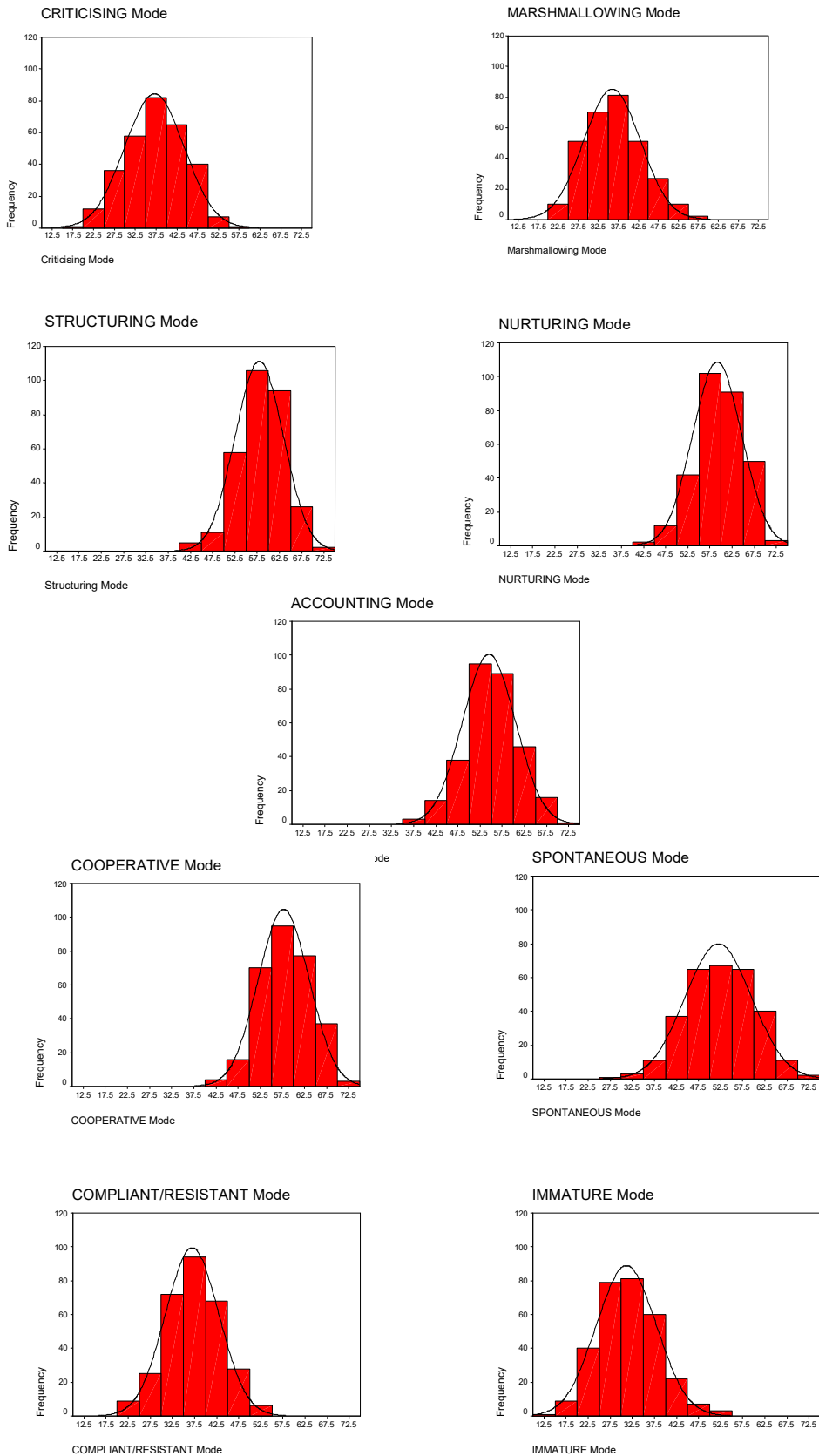
Table 2: Standard Error of the Mode Means of the Average Pilot Profile

Standard Error of the Means of Average Pilot Profile N=302		
Mode	Mean (to 2 dp)	Standard Error
DOMINATING	37.15	0.41
MARSHMALLOWING	36.01	0.41
STRUCTURING	57.99	0.31
NURTURING	59.14	0.32
ACCOUNTING	54.51	0.34
COOPERATIVE	57.80	0.33
SPONTANEOUS	51.99	0.43
COMPLIANT/RESISTANT	36.96	0.35
IMMATURE	31.15	0.39

Table 3: Demographic Details of Pilot Sample & Range of Groups Analysed in Detail

Respondents	N=302	Of the 20 groups in the sample, 9 were chosen for detailed analysis. The choices were based on how high or low the group scores were, and on how much professional contrast they had.	
Gender			
Male	116		
Female	186		
Age		Groups	Professional Focus of Groups
Under 20	44	Lower scoring groups	Local Government Managers Psychiatric Personnel (Institutional Context) Catering Students
20-29	33		
30-39	68		
40-49	91		
50-59	61		
60 & 0ver	5		
Ethnic Origin			
White	272		
Preferred not to say	9	Medium scoring groups	Psychometric Interpreters Mental Health Workers (Community context) Behaviour Support Teachers
Other	8		
Black Caribbean	4		
Black Other	3		
Nil Return	3		
Asian Other	2		
Black African	1		
TA Knowledge			
None	128		
A little (e.g. read a book)	93	Higher scoring groups	Further Education Lecturers Educational Psychology Trainees Police Officers on Advanced Course
Some (e.g. Intro Course)	39		
A lot (e.g. TA Training)	36		
Nil Return	6		
Prof. Responsibility Level			
Director Level (inc. self-employed)	20		
Managerial Level	140		
Basic Level	142		

Figure 3: Total Pilot Mode Frequencies, Showing Distribution Round the Mean

CRITICISING Mode

MARSHMALLOWING Mode

STRUCTURING Mode

NURTURING Mode

ACCOUNTING Mode

COOPERATIVE Mode

SPONTANEOUS Mode

COMPLIANT/RESISTANT Mode

IMMATURE Mode

Table 4: Patterns of Inter-Mode Correlations using Pearson's R

DOMINATING CORRELATIONS 0.43 with IMMATURE 0.25 with COMPLIANT/RESISTANT 0.25 with MARSHMALLOWING -0.22 with NURTURING		**MARSHMALLOWING** CORRELATIONS 0.37 with COMPLIANT/RESISTANT 0.25 with CRITICISING 0.21 with IMMATURE
STRUCTURING CORRELATIONS 0.59 with NURTURING 0.46 with ACCOUNTING 0.45 with COOPERATIVE 0.44 with SPONTANEOUS -0.30 with IMMATURE		**NURTURING** CORRELATIONS 0.59 with STRUCTURING 0.44 with COOPERATIVE 0.38 with SPONTANEOUS 0.32 with ACCOUNTING -0.39 with IMMATURE -0.22 with CRITICISING
	ACCOUNTING **CORRELATIONS** 0.46 with STRUCTURING 0.32 with NURTURING 0.29 with COOPERATIVE 0.24 with SPONTANEOUS -0.23 with IMMATURE	
COOPERATIVE **CORRELATIONS** 0.45 with STRUCTURING 0.44 with NURTURING 0.29 with ACCOUNTING 0.26 with SPONTANEOUS		**SPONTANEOUS** CORRELATIONS 0.44 with STRUCTURING 0.38 with NURTURING 0.26 with COOPERATIVE 0.24 with ACCOUNTING
COMPLIANT/ **RESISTANT** CORRELATIONS 0.37 with MARSHMALLOWING 0.36 with IMMATURE 0.25 with CRITICISING		IMMATURE CORRELATIONS 0.43 with CRITICISING 0.36 with COMPLIANT/RESISTANT 0.21 with MARSHMALLOWING -0.39 with NURTURING -0.30 with STRUCTURING -0.23 with ACCOUNTING

The blending of the Positive Modes in functionally fluent behaviour

The Pearson's R inter-mode correlations, as one of a battery of statistical analyses, gave, and continues to give, insights into the consistent experience of the integrated nature of the five positive modes of the Functional Fluency model. With the help of Accounting Mode, which is that internal cognitive facility for supporting the behavioural choices to be made moment by moment, a person blends the energies of Structuring, Nurturing, Spontaneous and Cooperative Modes to suit the circumstances effectively. Thus the behavioural 'response' can be termed 'functionally fluent'.

Under the influence of Parent or Child contaminations of Adult, Accounting may be inhibited, limited, distorted or irrelevant - not usefully usable in that moment - and the ensuing 'reaction' will use one of the negative modes of behaviour. If the person has actually slipped right out of Adult into a Parent or Child ego state then the Accounting will belong to the ego state slipped into, and the resulting automatic transferential 're-enaction' will give behavioural evidence of the ego state slippage.

Linguistic philosophy in action

Using the terms 'response', 'reaction' and 're-enaction' consistently in this way as 'technical terms', has proved useful for aiding understanding of the way the Functional Fluency model maps social behaviour. Models convey messages simply through their design and terminology (Allen 2002). The development of TIFF, using the validated model (Temple 2004) supported the use of a variety of language registers to name, describe and explain how the model works and how to make use of the TIFF results (Appendices 1 & 2). The registers are flexible and range from the formal, to the colloquial (even slang). What matters is that they are all accurate and consistent with the meanings within the Functional Fluency cognitive map. The application of linguistic philosophy throughout the research project supported the way the theory has translated into practice and is accessible to a wide variety of people. As with other TA conceptual maps, people latch on to the Functional Fluency model with enthusiasm and, as Alison Gopnik explains (2009), they have a natural human urge to use it to make sense of their experience.

Data analysis as enrichment of the research process

In retrospect, it seems that the enrichment and value from the data analysis grew from the combination of quantitative and qualitative analyses undertaken in order to meet the need to combine attention to theoretical matters with attention to pragmatic issues. Charles Desforges (Desforges 2000) stated in a lecture, "*There is enormous synergy in working on the dimensions of both practical use and fundamental understanding*" (p 13). He was referring to the phenomenon named 'Pasteur's Quadrant' (Stokes 1997)

which points up the differences between research focussed solely on either fundamental understanding or the practicalities of use, and research such as Louis Pasteur's which had a dual focus, encompassing both.

Comparative and inferential statistics on the descriptive data enabled the qualitative explorations that revealed information about how personal details and professional contexts affected the scores. Triangulation exercises then helped to deepen understanding of how TIFF worked as a tool for personal development, in preparation for learning how to use it. The further range of analyses included Coefficient of Variation Analysis, Reliability Analysis using Cronbach's Alpha, and Factor Analysis, all of which, as well as giving more evidence of validity and reliability, provided subtle indications of refinement needs with respect to the test items. These indications were added to those already gathered. Often the same need was simply confirmed. 'Rogue items' were identified clearly by this sort of detective work.

Another type of analysis - that of the detailed evaluations collected from the Pilot respondents - was undertaken in order to help improve all the other aspects of the TIFF self-report questionnaire.

These included matters of look and layout, ease of completion and linguistic issues of communication in the introductory instructions as well as the actual test items. This data analysis work, done with help from interested friends and colleagues, meant that the doctoral study could be successfully concluded with the necessary refinement programme planned and ready for preparing TIFF for use in the world outside academia; the world in which it would be discovered just how useful and valuable a tool TIFF would turn out to be.

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Appendix 1: The Functional Fluency Model

The model on which this index is based concerns three categories of human functioning. They are in essence to do with survival and continuation of the species, and could be said therefore to have 'a biological mandate' (Hogan, Hogan & Trickey 1999).

Level 1 The three categories of human functioning

SOCIAL RESPONSIBILITY	About UPBRINGING and the role of BEING IN CHARGE	The use of energy on behalf of others. This includes grown-up responsibility for self; parental responsibility; professional responsibility for others etc.
REALITY ASSESSMENT	About SURVIVAL and being "WITH-IT"	The basis for how realistically we respond to life moment by moment
SELF ACTUALISATION	About GROWING UP BEING & BECOMING MYSELF	The use of energy on our own behalf. To do with identity and expression of self throughout life.

Level 2 These categories divide into five elements

Guiding & directing self and others	SOCIAL RESPONSIBILITY CONTROL CARE	Looking after self and others
	REALITY ASSESSMENT ACCOUNTING	
Relating to and getting along with others	SELF-ACTUALISATION Socialised Natural Self Self	Doing my own thing in my own unique way

Level 3 These elements divide into nine behavioural modes

NEGATIVE CONTROL	NEGATIVE CARE	How well?
POSITIVE CONTROL	POSITIVE CARE	
ACCOUNTING (undivided)		How much?
POSITIVE SOCIALISED SELF	POSITIVE NATURAL SELF	How well?
NEGATIVE SOCIALISED SELF	NEGATIVE NATURAL SELF	

Appendix 2: Level 3 of the model elaborated

Descriptions of the nine behavioural modes

DOMINATING bossy fault-finding punitive	**—** **—** **CONTROL** **CARE** **+** **+**	**MARSHMALLOWING** overindulgent inconsistent smothering
inspiring well-organised firm **STRUCTURING**		accepting understanding compassionate **NURTURING**

DOMINATING
bossy
fault-finding
punitive

CONTROL —

CARE —

inspiring
well-organised
firm

CONTROL +

CARE +

STRUCTURING

MARSHMALLOWING
overindulgent
inconsistent
smothering

accepting
understanding
compassionate

NURTURING

alert, aware,
grounded

ACCOUNTING

assessing inner and outer

current reality

rational, enquiring,
evaluative

COOPERATIVE
friendly
assertive
considerate

+ **+**

SOCIALISED **NATURAL**

anxious
rebellious
submissive

— **—**

COMPLIANT / RESISTANT

SPONTANEOUS
creative
expressive
zestful

egocentric
reckless
selfish

IMMATURE

Appendix 3: Functional Fluency Combination Diagram

Aspects of Ego State Structure and Function Shown Together

Structural Sources of Pathology   Behavioural Modes in Integrating Adult
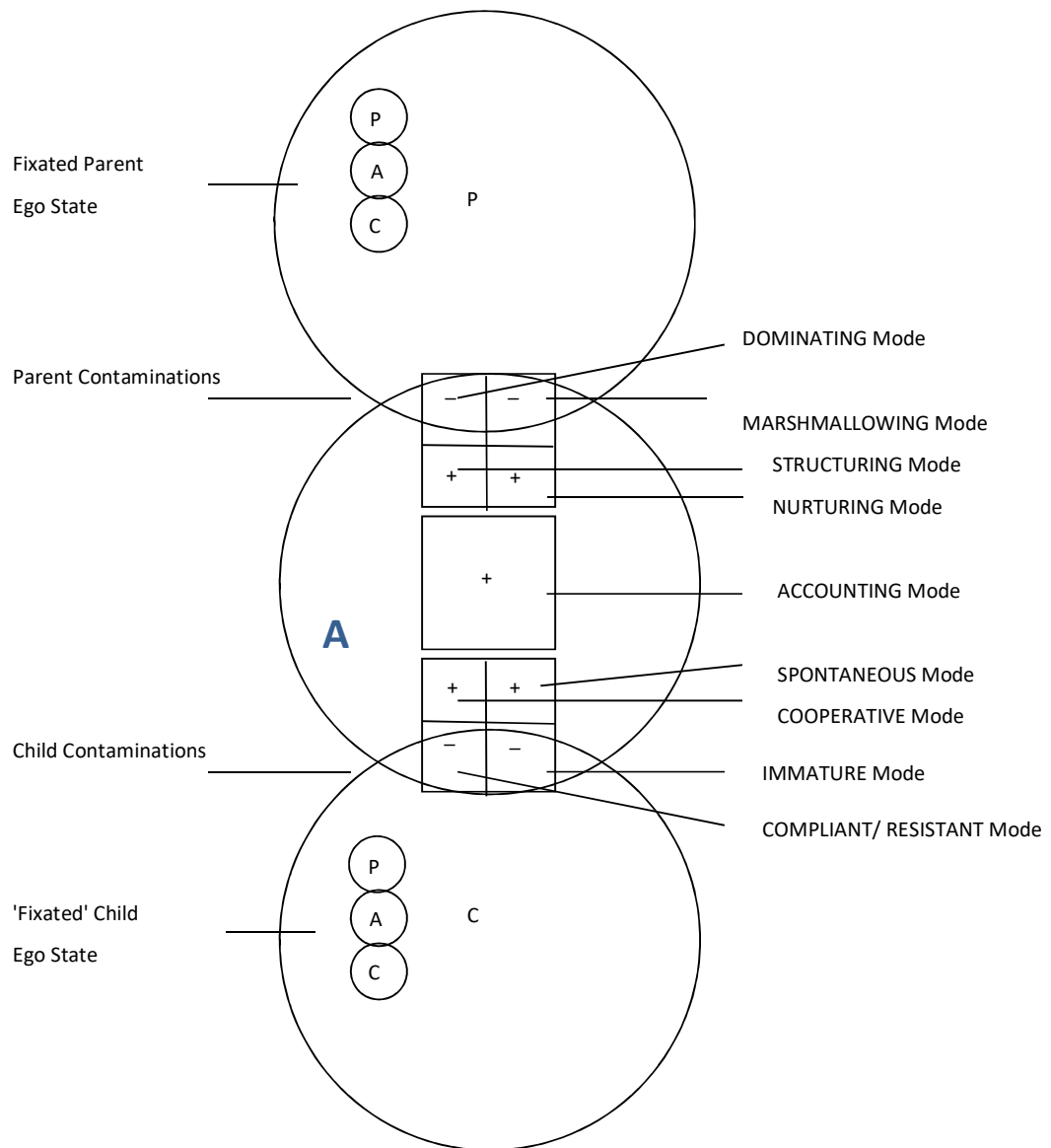
Fixated Parent
Ego State

Parent Contaminations

DOMINATING Mode

MARSHMALLOWING Mode

STRUCTURING Mode

NURTURING Mode

ACCOUNTING Mode

SPONTANEOUS Mode

COOPERATIVE Mode

Child Contaminations

IMMATURE Mode

COMPLIANT/ RESISTANT Mode

'Fixated' Child
Ego State

Two studies on the effectiveness of Transactional Analysis Psychotherapy in an inpatient setting.

© Moniek Thunnissen, PhD, MD, TSTA Psychotherapy

In this lecture I will present two studies on the effectiveness of TA Psychotherapy in an inpatient setting.

Long-term prognosis of and aftercare after short-term inpatient psychotherapy for personality disorders.

This first study was performed in the years 2000-2007 and in it I explored the long term results of a 3 months inpatient program, based on TA Psychotherapy.

Background of the 3 months TA program in De Viersprong

The inpatient program in Center of Psychotherapy 'De Viersprong' in Halsteren, the Netherlands, has been developed in 1979 for patients with personality disorders. At that time, several psychiatric hospitals in the Netherlands had inpatient or day-treatment programs for patients with personality disorders and co-morbid Axis I disorders, mostly depressive or anxiety disorders. Most patients admitted to these programs had unsuccessful outpatient psychotherapy first. In general those programs had no limitation in time; the median length of stay was 9-12 months during which an integrated treatment program within a group and a therapeutic milieu aimed towards structural personality change. Research (Bolten, 1984) showed that a certain number of patients dropped out from those programs but nevertheless improved substantially at follow-up. This was the reason a short-term inpatient program was developed with duration of 3 months. As the short duration of this program asked for an active treatment modality involving the participation of the patients, transactional analysis was chosen as the preferred model for this program.

Patients with personality disorders

Patients with personality disorders often had a traumatic childhood:

- Early death of one of the parents
- Parents need a lot of caring of the child (parentification)
- Neglect, abuse (physical, emotional or sexual)
- handicap of the him- or herself or a sibling
- Often also talents present

They made early "survival decisions" and often had a quite successful life with them. But, in the end these decisions had a contra-productive effect and resulted in problems in relationships and in work.

Content of the TA Program

As 3 months is not a very long period for psychotherapy, the TA Psychotherapy Program in the Viersprong is quite intense. It consists of different forms of therapy:

- group psychotherapy
- different non-verbal therapies
- sociotherapy
- in a therapeutic milieu
- Transactional Analysis as method of psychotherapy and language

When a patient is admitted he or she makes a treatment contract after several days of introduction in the group and all the therapies. In this contract the focus of the repetitive problems, which the patient meets in his life, is stated with a decision of how to change this into a more autonomous and healthy life.

An example of a contract is: *"I leave my loophole, I become friends"* in a patient whose father was in the army and with whom he had an authority conflict since his youth what kept him from having intimate relationships with women and men. In the next three months the contract is leading in all the interactions: in the psychotherapy group sessions where the redecision model is used to change early decisions; and also in the non-verbal therapies.

One of the non-verbal therapies is archery where patients learn to experiment with safety and aggression,

with aiming and succeeding, with using strength and precision. Another therapy is puppet play where patients create a doll that often symbolises a non-acknowledged part of their self like the little girl or the macho-man. In the house where the patients live together, cook their meals and spent the evenings with group members, nurses attend the meals, discuss the weekends which are mostly spend outside the hospital, and hold daily contract meetings in which each patient evaluates together with the group members how he or she worked that day on the therapeutic goals stated in the contract.

The treatment groups, consisting of eight patients, are half-open, which means that every six weeks four out of eight patients end their treatment and four new patients are admitted, so the group consists of eight patients again.

Background of this research

At the moment of this study, the program already functioned during more than 20 years; well over 600 patients finished the program successfully: 75% of the patients showed symptomatic improvement. Nevertheless, only 33% of the patients were working and nearly 40% of them still received psychotherapeutic treatment at follow-up after one year (SWOPG, 2002). This result was confirmed in a pilot study we did among ex-patients of the program (Thunnissen, Duivenvoorden, & Trijsburg, 2001): patients showed symptomatic improvement, but often still received psychotherapeutic treatment and had difficulties in finding work or, if working, handling stressful situations.

Research questions

In this study we had two research questions:

• Does a specific method of aftercare promote the functional improvement of patients, especially: do more people have a job 2 years after the program? To answer this question, we performed a randomised clinical trial into two methods of aftercare.

• Does cluster personality disorder predict the effect of the treatment?

Design of the aftercare

The total group of 128 patients was randomised in 2 groups:

One group of 64 patients received, after the primary treatment of 3 months as described above, a **Reintegration training**. This training consisted of 6 half days of three hours, monthly between 3 and 9 months after the end of the program. Three afternoons were focussed on work, and threes on (social) relationships.

The other group of 64 patients received **Booster sessions**: two days, after 3 and 9 months, with the same staff, and the same program.

Subjects and methods

Patients

On average, 50% of the patients applying for treatment in the TA-program were admitted. Selection criteria were longstanding personality problems, often second- or third degree injunctions, and unsuccessful previous psychotherapeutic treatment(s). Additionally, patients had to be motivated and willing to sign a treatment-contract, and have sufficient ego strength to participate in an intensive psychotherapeutic program. The majority of patients used no medication; if medication was used, in most cases it involved antidepressants. Exclusion criteria were: substance use disorder, history of psychosis, and other severe disorders like depression or acute anxiety disorder that could potentially interfere with the treatment.

Nearly all the patients had a personality disorder, mainly cluster C, B and personality disorder NOS - Not Otherwise Specified. This is an identification of personality disorders using the Diagnostic and Statistical Manual DSM system, whereby cluster A points at the eccentric disorders (paranoid, schizoid and schizotypical), cluster B to the dramatic (histrionic, narcissistic, borderline and antisocial), cluster C to the anxious (avoidant, dependent and obsessive-compulsive) and NOS to those who suffer from longstanding personality problems and show characteristic of different personality disorders without meeting one of the earlier mentioned diagnoses. Furthermore, they often had a diagnosis on Axis I, mainly anxiety or depressive disorders. The majority of patients had received psychotherapeutic treatment in the past, mostly as outpatients, but 10-15% of patients had been admitted to a mental hospital or had received day-treatment.

Outcome assessment

Symptoms were measured using the Symptom Check List (SCL-90 (Derogatis, 1977; Arrindell & Ettema, 1981) and expressed in terms of the Global Severity Index (GSI, range 0 to 4). The reliability of the SCL-90 is good (Cronbach's α = 0.97, test-retest reliability ranging from 0.78 to 0.91, depending on the sample).

Having a paid job, absence from work and impediments at (paid) work were measured using the Health and Labour Questionnaire (Hakkaart-van Roijen, Essink-Bot, Koopmanschap, Bonsel & Rutten, 1996; Hakkaart-van Roijen, van Straten, Donker, 2002). Employment was defined as having a paid job, irrespective of the number of hours. The HLQ is a validated instrument for collecting data on productivity losses. In this study, we applied three modules of the HLQ, one on absence from work, and two on impediments at work: reduced efficiency at work and difficulties with job performance respectively. Absence from work during the two weeks preceding the interview was measured in half-days; any absence of a half day or more was taken as absent. Work impediments (e.g. having problems in concentrating or in making decisions, working more slowly, having to isolate oneself, postponing work, having others do one's

own work) were rated as follows, 0 = no impediments, 1 = some impediments, 2= serious impediments.

Baseline characteristics of the patients were measured at intake with a self-report questionnaire (biographical data, earlier psychotherapeutic treatment, educational level). Personality disorders were measured using the Structured Interview for DSM-IV Personality disorders (SIDP-IV) (Pfohl, Blum & Zimmerman, 1995). Axis-I diagnoses were based on clinical assessments.

Procedure

In the first week of the primary treatment, patients were requested to provide written informed consent to participate in the study. At the end of the primary treatment patients were randomised to either the re-integration training program or booster sessions; the randomisation was performed by an independent site per group of 4 patients. We established 20 groups of 2x4 patients: 10 groups for re-integration training and 10 groups for booster sessions. The aftercare started 3 or 4 ½ months after the primary treatment.

Measurement took place at the start (baseline) of the primary treatment, at the start of aftercare (6 months after the start of primary treatment) and at the end of aftercare (12 months), and at follow-up (24 months).

Statistical analysis

The study was powered to detect 'moderate differences' of 0.5 effect size (Cohen, 1988) on the outcome 'having a paid job' with ß at 0.80 and α = 0.05, two-tailed. The statistical analysis was based on the intention-to-treat principle. Logistic regression analysis was applied with binary outcome variables i.e. having paid work (0=no, 1=yes), absence from work (0=not absent, 1=absent) and impediments at work (0=no impediments; 1= impediments). In the logistic regression analyses, the odds ratio (OR) was used as a measure of performance; in the case of linear regression analysis the unstandardised regression coefficient (b) was used as the measure of importance. ANCOVA was used to test the statistical probability of a difference between the two conditions in terms of severity of symptoms. T-tests for two independent samples were applied with continuous data in order to detect statistical differences.

Comparisons between the re-integration training program and booster sessions were adjusted by multivariate modelling of the following variables: sex, type of personality disorder, having paid work at baseline, severity of symptoms in the period before the start of aftercare, psychotherapeutic help in the two years before baseline and participation in aftercare. All analyses were performed following the CONSORT statement (Moher, Schulz, & Altman, 2001).

Results on the first research question: do more people have a job 2 years after the program?

All patients participating in the treatment between May 1999 and December 2001 (n = 160) were asked to provide written informed consent to participate in the aftercare study. Of the original 160 patients, 32 did not participate: 7 patients refused to cooperate, and 25 patients dropped out of the inpatient program. Comparison between the 25 dropouts and the 128 patients included in the study group showed that the percentage of males was higher in the dropout group (66.7%) than in study patients (34.4%; χ^2 = 9.86; p < 0.01). Dropouts were significantly older (40.3 years ± 9.6) than study patients (35.6 years ± 8.1; t = 2.6; df = 151; p < 0.01).

Compliance

On average, 64.6% of patients attended the 6 half-day sessions in the re-integration training program. Attendance decreased from 78.1% in the first session to 56.3 in the fifth and 64.6% in the sixth session. In the booster sessions, 90.6% of the patients participated on the first day and 76.6% on the second day (average 83.6%). Participation was significantly higher in the booster sessions (t=3.20, df =126, p=0.002, two-tailed).

Baseline measurements

In this study, finally 128 patients participated: 44 men (34.4%) men and 84 (65.6%) women.. The average age was 35.6 years (SD=8.1, range 20-53 years). Their educational level was medium to high. 90.6% of the patients were diagnosed with at least one Axis-I disorder the symptom level. They mainly suffered from anxiety and/or depression.

97% of the patients had a personality disorder, mainly cluster C and cluster B.

They often had unsuccessful outpatient psychotherapy before the inpatient program: 93.0% of the patients had undergone psychotherapeutic treatments during the two years preceding admission to the inpatient treatment, mostly as outpatients; 9.4% had been admitted to a mental hospital and 3.9% had received day-treatment. 71.1% of the patients were employed; 50% were living alone and 19.5% had children.

Results 1: Response on the questionnaires

The response on the questionnaires was outstanding:

- admission: 128 patients; 100%
- discharge: 128 patients; 100%
- start aftercare: 122 pt   95%;
- End aftercare: 116 pt   90%;
- follow-up (2 years): 108 pt   84%

This means that the data in this research are reliable.

Results 2: Adherence in the aftercare.

Here we see the first huge difference; the adherence in the booster sessions was much better (84% of the patients participated) compared to the adherence in the reintegration training (65% adherence).

Results 3: How many people had a job after 2 years?

As 'getting back to work again' was one of the main goals of the reintegration training, we were very curious to find out what the results in this area were.

We were surprised to find out that there was a big difference –in the opposite direction as we expected: the booster sessions had better results regarding having a job compared to the reintegration training!

On admission the patients who had a job worked in general 32.7 hours a week (5-40 hours); two years later at follow-up patients worked 30.0 hours a week (5-40 hours).

The percentage of patients with a paid job did not change for patients in the re-integration training program (75.9% and 75.9% respectively). The percentage increased however for those attending the booster sessions from 64.2% to 86.8%. The difference between the two treatments is significant only at the end of aftercare.

Looking more closely to what made the difference, we saw the results shown in Figure 1.

As shown in Figure 2, the number of people who had a job before the TA Program and after 2 years was about the same in the two conditions: about 60%.

The number of people without a job before and after was also the same: 12-14%. The largest difference was in the number of people who lost their job after two years; and in the number of people who found a job.

As shown in Figure 3, in the reintegration training more people seemed to lose their job; in the booster sessions more people found a job!

Table 1: Response on the questionnaires
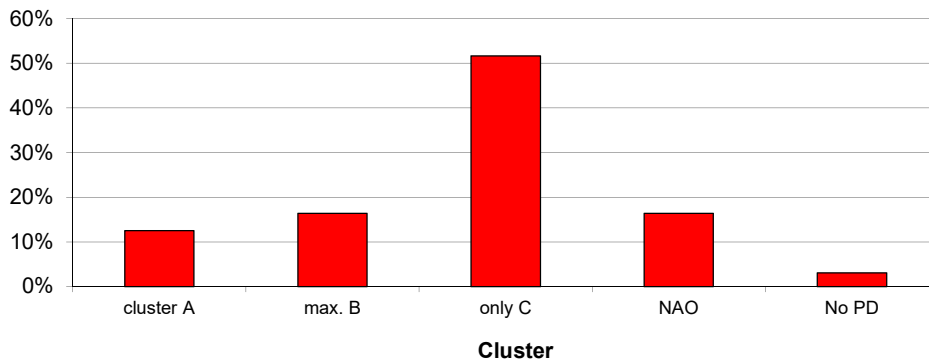
Figure 1: Percentage with paid job
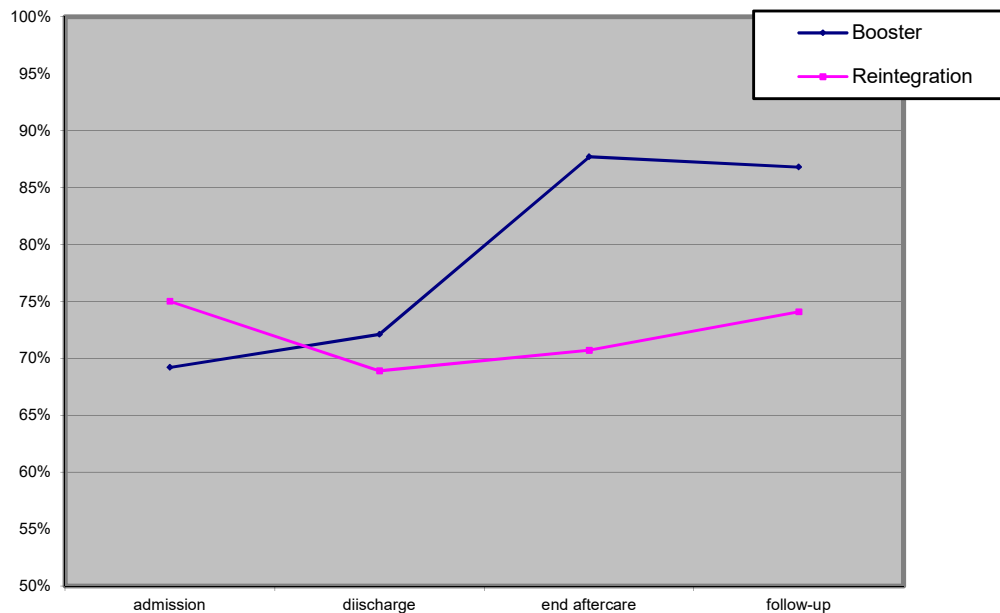
Figure 2: Numbers with paid job
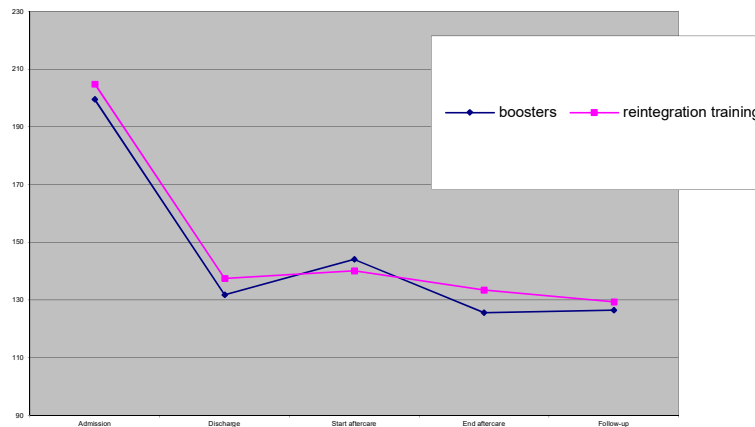
Figure 3: Work comparison – Reintegration v Booster
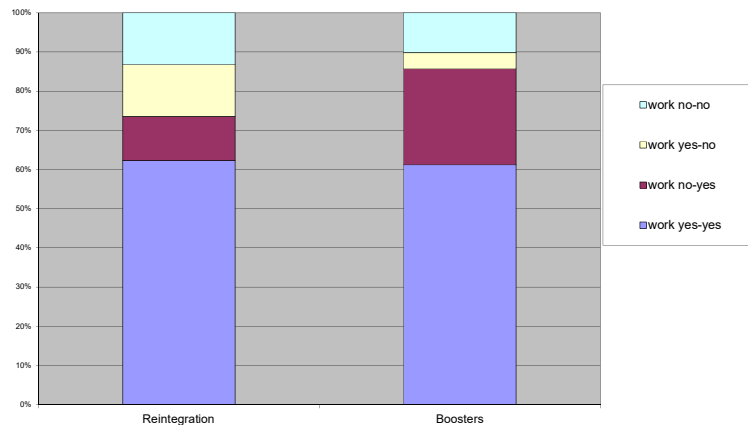
Results: symptom level

The symptomatic change was impressive for both conditions. The main part of this improvement was reached during the 3 months inpatient TA Program.

Conclusions

To summarise the main conclusions:

- Both types of aftercare stabilise the symptomatic improvement and decrease the psychotherapeutic treatment 2 years after the inpatient program substantially

- Boosters score better regarding:

- - adherence: 84% versus 65% in the reintegration training

- - work: 87% versus 76% in the reintegration training.

A possible explanation of this difference is that continuity in care in the booster sessions with the same

program and same therapists seems to be more effective than reintegration training with a different program and new therapists. Another aspect is that more people than expected had a job already which made 'reintegration into work' less necessary for them.

Results on the second research question: Does cluster personality disorder predict the effect of the treatment?

As you can see in Figure 4, different personality disorders have a different pattern of symptomatic improvement:

- cluster A slowly and gradually

- cluster B rapidly with relapse

- in the end we see about the same improvement in each cluster

After two years all patients showed the same symptomatic improvement, even cluster A patients! Possible explanations are:

- other variables like motivation, ego strength and psychological mindedness are more important
- DSM-IV TR classification system differentiates insufficiently

Second Study: SCEPTRE study (Study of Cost-Effectiveness of Psychotherapeutic Treatment).

This study was a multi-centre study with 900 patients, conducted in 6 different hospitals in the Netherlands. One of the participating programs involved the 3 months inpatient program based on Transactional Analysis, the same program I described in the first part of my lecture.

In the SCEPTRE study the results were compared between different 'dosages' of psychotherapy for the group of Cluster C patients:

- Outpatient longer than 6 months   (n=68)
- Day clinic less than 6 months   (n=77)
- Day clinic more than 6 months   (n=74)
- Inpatient less than 6 months   (n=59)
- Inpatient more than 6 months   (n=93)

The TA-program was the inpatient less than 6 months program.

The treatment was 'treatment as usual'.

After 12 months we compared the results between baseline and 12 months on the GSI (symptom level) – Figure 5.

As you can see, the Effect Size of the sort-term inpatient treatment is the highest with 1.78, much higher than the other effect sizes –which are already medium (.63, -62 and .71) or high (1.06).

The conclusion of this study is:

- Patients with cluster C personality-pathology improve during psychotherapy
- Short-term inpatient programs (less than 6 months) show, after 12 months, the largest improvement, even after correction for the initial differences between patients.

Looking at the costs of the different treatment programs compared to the benefit, we found the results in Table 2.

This also shows that short-term, intensive treatment might seem expensive but the long-term benefits far outweigh the costs!

The overall conclusion is that for patients with cluster C personality disorders, short-term inpatient psychotherapy is first choice, and short-term day treatment is second choice.

Long-term treatment –either inpatient or day treatment- is not cost-effective.

The two modalities of psychotherapy in these short-term treatments were TA and Intensive Short-term Davanloo therapy.

Figure 4: Symptomatic improvement by PD Cluster
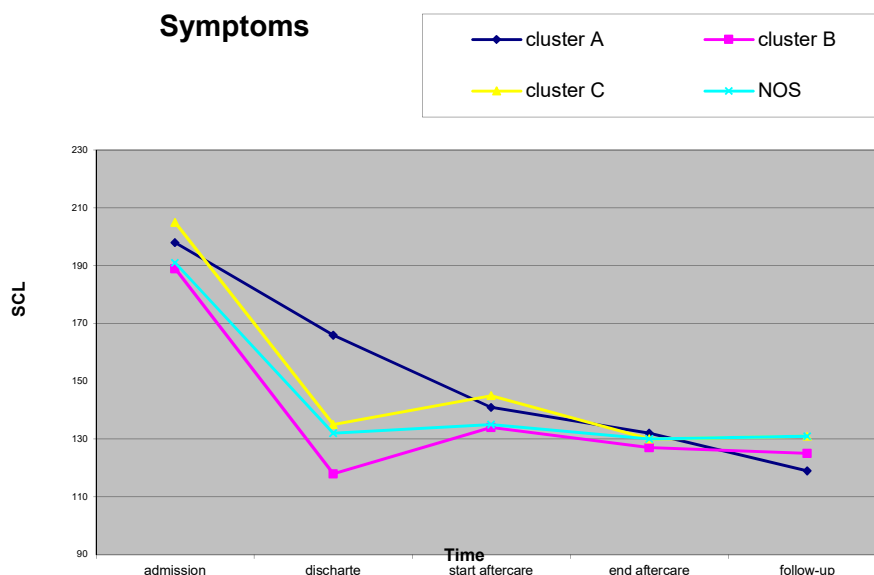
Figure 5

Uncorrected results Cluster C
Symptom level (GSI)
Unpublished – Do not quote
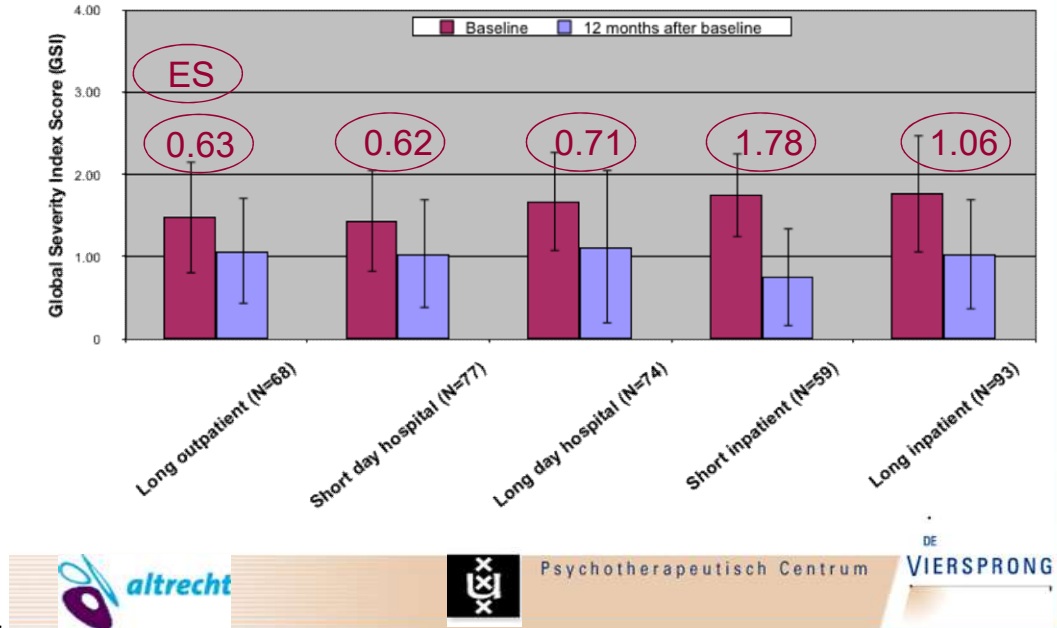
Table 2

What does a recovered patiënt cost?

Psychotherapy dosage	% recovery after 12 mnth	Costs (€)
Longterm outpatient	19%	64.735
Shortterm day clinic	26%	46.131
Longterm day clinic	37%	45.442
Shortterm inpatient	**61%**	32.837
Longterm inpatient	41%	57.285

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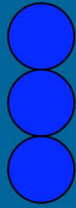
A Social-Cognitive Definition of Ego States to Implement TA Research

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Abstract

A distinctive model of ego states is presented according to the social-cognitive TA approach which draws from contemporary research on social-cognitive processes and schemas. This model of ego states represents a significant development of Berne's original ego state theory, useful both clinically and in research. This presentation highlights both the continuity and the departure from Berne's model of ego states, explaining how the social-cognitive model of ego states allows us to implement research work.

Introduction

The social cognitive model of ego states represents a significant development of Berne's model which allows implementation of research work. Berne's ingenious model of ego states is congruent with current research findings in the field of relational psychoanalysis and object relations, attachment theory and social cognitive schemas. However, this model is not suited to research methodology, which requires operationally clear definitions and explanations in order to use quantitative/qualitative procedures for prediction and control. An example of a psychodynamic concept, which was operationally defined in order to make research on and with it, is provided by the CORE Conflictual Relational Theme (CCRT). Luborsky & Crits-Christoph (1990) defined the transference as a scheme compound of three elements: Wishes, Responses of Other and Responses of Self. They created a prototypical list of each of these components which allows good convergence among the evaluation of both clinicians and researchers. An incredible amount of data was offered by their research, which is still one of the most accredited works in psychoanalysis. Having clear criteria which define a concept (which one can agree or disagree on) allows the validation or not of a theory through research and, as a consequence, the development of the TA model would be fostered through the dialogue among theory, research and practice.

As many might know, Pio Scilligo dedicated a great part of his life as clinician, professor and researcher to the creation of a model of Transactional Analysis - the Social-Cognitive Transactional Analysis - (Scilligo, 2009) suited to implement research work, drawing from research on social cognitive processes and schemas and integrating Lorna Benjamin's work and research on Structural Analysis of Social Behaviour (SASB). For those who are interested in the story and explanation of Scilligo's theory we suggest the article by De Luca & Tosi published by the Transactional Analysis Journal in 2011 (De Luca & Tosi, 2011).

Berne's Ego States Model

We think it useful to give a very brief overview of Berne's model of ego states in order to highlight the similarities and differences between Berne's and Scilligo's models of ego states.

According to Berne (1961), the Child, Adult, and Parent ego states represent a phenomenological advance over the Freudian id, ego, and superego. That is, ego states are descriptive of reportable states of mind that also correspond to observable behaviors. Berne's departure from the Freudian meta-psychology is represented by two main principles in transactional analysis theory: 1) the value given to the phenomenological level of analysis, and 2) a "dyadic" conception of the mind. By "dyadic" we are referring to the relational origins of psychic life, which we believe are well explained by Berne's theory of ego states.

Berne (1966) gives an elegant and simple definition of the ego state: "A consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behavior" (pg. 364).   In an earlier definition, Berne offers a more comprehensive definition as, "An ego state may be described phenomenologically as a coherent system of feelings [and experiences] related to a given subject, and operationally as a set of coherent behavior patterns; or pragmatically, as a system of feelings which motivates a

related set of behavior patterns" (Berne, 1961, p. 17). As we will show later, this conception is remarkably congruent with the idea of "schemas" used by contemporary social-cognitive researchers.

Berne (1961) noted that there were three consistently observable manifestations of the ego states, which he termed Parent, Adult, and Child. He believed these ego states recurred because every grown-up individual was once a child, dependent on someone in a parental role, and later developed the capacity for adult reality-testing, assuming "sufficient functioning brain tissue" (p. 35). He further theorized that these recurring aspects of personality were the manifestations of three distinct and hypothetical psychobiological structures, which he termed the psychic organs. Berne affirmed that the psychic organs organized the phenomena (ego states) and the determinants, which he considered equivalent to the id, ego and super-ego (the concept of determinants was then abandoned by Berne). Each psychic organ gave rise, he surmised, to a distinctive ego state.

It is interesting to reread how Berne (1961, p. 75) described the properties of these hypothetical psychic organs or neurological structures. He thought they were characterized by: 1) Executive power (each psychic organ giving rise to its own idiosyncratic, organized behaviour); 2) Adaptability (adjusting and forming their responses to the social context); 3) Biological fluidity (responses change according to natural development and past experiences); and 4) Mentality (mediating experiential phenomena). He considered these four aspects or properties to be necessary for the complete diagnosis of an ego state.

If we transfer these properties to ego states, as Berne seems to do, we can say in summary that they: 1) give rise to distinct, organized behaviors; 2) are responsive to social situations; 3) are influenced by natural development and past experiences; and 4) mediate between social contexts and internal, phenomenological experiences.

When Berne (1961) observed and described the ego states from a functional point of view, he referred implicitly to **the affective and power dimensions** that would later be made explicit by Scilligo. For example, the adapted Child is "under the dominance of the Parental influence" (p. 77). In other words, the person takes away power from her/himself in relation to an important other, perhaps with a corresponding negative or positive emotion. The natural or free Child shows "autonomous forms of behavior such as rebelliousness or self-indulgence" (p. 78), which means that the person gives power or freedom to self in a hateful or loving way. On the other side of this relational dynamic, the prejudicial Parent can manifest itself behaviourally "as a set of seemingly arbitrary non-rational attitudes with attitudes or parameters, usually prohibitive in nature" (p. 76), which is to say, controlling of the other in a relatively hateful or loving manner. The more nurturing Parent, on the other hand, is "often manifested as *sympathy* for another individual" (p. 76), again with a corresponding negative or positive emotion. We will

elaborate these affective and power dimensions and their significance later in this paper.

To understand the ego states fully, however, these behavioural and relational aspects must also be considered in light of their origin or history and the learning processes of the individual. So though we can describe ego states as processes according to precise dimensions, we cannot change them with only behavioural techniques. We must also take into account the **developmental, intrapsychic and psychodynamic aspects** that are relevant for the individual. In that sense, the richness of transactional analysis as a psychodynamic model is essential when we want to reorganize the ego-state configuration for our clients.

Novey (1993, 1998) contends that in transactional analysis there are **two distinct ego states models**—the "three ego states model" and the "integrated Adult model". The former argues that personality is made up of the Parent, Adult, and Child ego states, each of which can change throughout life, can be in contact with reality, and can be used in the "here and now". Each ego state has memories and knowledge that can inspire both constructive and destructive behaviors. The integrated model, on the other hand, claims that only the Adult ego state is in contact with the "here and now" enough to promote constructive behaviour. The Parent and Child are outcomes of defensive processes, namely introjection and fixation, so are associated with internal experiences and behaviors that are not congruent with present reality. Tudor's theory of the Integrating Adult (Tudor, 2003) further develops this perspective. According to Novey (1993, 1998), Berne shows some ambivalence about the nature of Child and Parent ego states, while consistently presenting the Adult ego state as the more developmentally-advanced schema.

In our explication of Scilligo's theory—which is actually closer to the earlier "three ego states model"—we will show three major changes:

- The dichotomy between structure and function is resolved by defining ego states as active processes.

- The affective and power dimensions are made explicit: the affective dimensions of ego states as a continuum between hate and love, and the power dimensions as a continuum between freedom and control.

- The level of description and the level of explanation are clarified. That is, Scilligo described the ego states according to the basic affective and power dimensions implicit in Berne. But he explained them according to attachment and cognitive schema theories. We will also show how a developmental dimension is integrated into Scilligo's definitions.

Scilligo's Ego States model

We will now briefly explain the basics of Scilligo's theory. According to Scilligo, "ego states are schemas and working models made of constraint networks,

typically correlated, that define each specific ego state type. For example there are three types of constraints that involve creativity, normativity and reality analysis and description. In transactional analysis, those correlated networks have been called Child, Parent and Adult." (Scilligo, 2009, p.62).

Defining the ego states as "schemas and working models", Scilligo is actually connecting to Berne's definition (Berne, 1966) and enriching that concept according to:

- The cognitive theories on "schemas" (see for example the *person schema* concept in Horowitz (1991) and the *internal working model* in Bowlby (1980).

- The Parallel Distributed Processes theory (Rumelhart, McClelland & the PDP Research Group, 1986). This theory strongly influences the ego states model, insofar as we can affirm that nothing is "stored" in memory, there is not a library of ready-made schemas, "rather what is stored are the connection strengths between units that allow these patterns to be recreated" (Rumelhart et al, 1986, p.31). In this sense, the traditional distinction between structure (what is stable or "fixated") and function (what varies) becomes obsolete because everything varies and is continually re-created in the dynamic interaction between the individual and her (internal/external) environment. So, ego states are not "things" but processes which continuously evolve during life (Tosi, 2010).

- Dimensional definitions of ego states: the names of Child, Parent and Adult are given to those correlated networks that have specific features linked to three genetic givens:

- existence - the capacity to approach pleasurable situations and to avoid painful ones is an initial natural affective competency which may represents the Genetic Child (**C**)

- adaptation - the capacity to respond actively or passively to stimuli of the internal or external environment that may be dangerous for the child's adaptation may be related to the Genetic Adult (**A**)

- survival - the capacity to relate to people and influence them, to exert power on them or to limit their influencing power may be called Genetic Parent (**P**).

A fourth dimension, the developmental dimension, takes into account the processes of biological and psychological growth from the birth to the death of an individual.

Child, Adult, Parent are the names given to prototypical ways of behaving, feeling and thinking with reference to the affiliation, interdependence and developmental dimensions, which can be manifested at interpersonal and intrapsychic levels. All three ego states are always present and each of them may be more prominent in different stages or contexts in life.

As we have underlined, Berne was defining functional ego states implicitly giving them affective and power

dimensions. Scilligo further develops this perspective and adopts Benjamin's Structural Analysis of Social Behaviour (SASB), (Benjamin, 1974, 1996, 2003) to observe and describe ego states according to **specific criteria** which allow us to do empirical research and make direct clinical interventions. Benjamin describes interpersonal and intrapsychic behaviour by three dimensions:

- *Focus* can be interpersonal or intrapsychic (in Scilligo's the interpersonal behaviour is represented on the surfaces called *Initiator* and *Responder*, the intrapsychic behaviour is on the surface called *Self*)

- *Affiliation* describes the affectivity of the action on a continuum from hate to love

- *Interdependence* describes power in the action on a continuum from giving power to taking power away in the relationship with other and self.

Crossing the two dimensions of Affiliation and Interdependence, we distinguish four categories (or quadrants) of relationships and four types of ego states on interpersonal and intrapsychic levels: Free, Protective, Critical, and Rebellious ego states. In each category Parent, Adult, and Child are also distinguished and represent the developmental dimension, as it will be explained.

Figures 1, 2 and 3 illustrate how Scilligo represents ego states on the basis of the mentioned theories and scientific choices.

Figures 1 and 2 represent the two surfaces related to the roles of Initiator and Responder: the Initiator undertakes *transitive* actions (for example: the mother helps the child to do his homework in a friendly way) while the Responder undertakes *intransitive* actions (the child learns to write feeling competent). It is also possible to note that the four quadrants can give rise to complementary behaviours.

Figure 3 shows the Self ego states: this represents the person in all her potential manifestations which represent internalizations of meaningful conscious and unconscious relational processes (the child is confident at school).

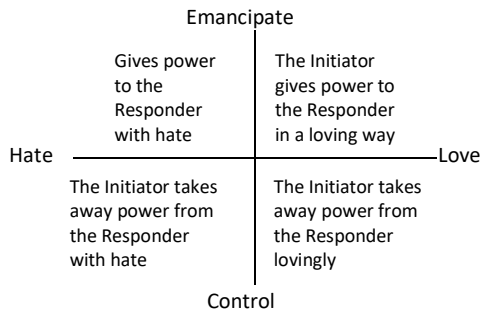Let's consider a simple example and analyze it using a decision tree.

Michael says to Georgia: "You are so good the way you are!" - Georgia gets closer to Michael and smiles.

In this example, we can easily recognize an unconditional stroke given by M. to G., a complementary response by G. and an intimate exchange between two free Child ego states, provided that the transaction does not present an ulterior incongruent level.
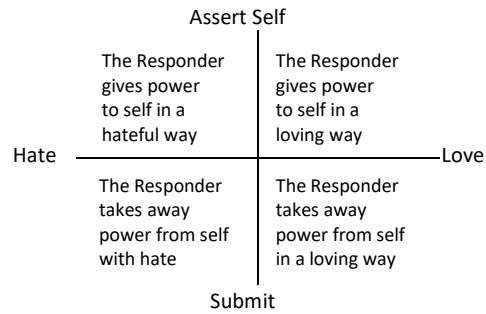
The same transaction, analyzed with the social-cognitive ego states model through the decision tree in Figure 4, shows something slightly different.

M. as Initiator of a transitive action is considered as one who gives or takes out power from G. in a loving or hateful way. In this case he does give power to G. in a
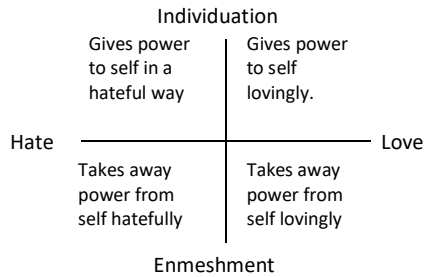
**Figure 1: The Initiator Surface
(Scilligo, 2006, pg. 168)**

Emancipate

| Gives power to the Responder with hate | The Initiator gives power to the Responder in a loving way |

Hate —————————————————— Love

| The Initiator takes away power from the Responder with hate | The Initiator takes away power from the Responder lovingly |

Control

**Figure 2: The Responder Surface
(Scilligo, 2006, pg. 168)**

Assert Self

| The Responder gives power to self in a hateful way | The Responder gives power to self in a loving way |

Hate —————————————————— Love

| The Responder takes away power from self with hate | The Responder takes away power from self in a loving way |

Submit

Figure 3: The Self Surface (Scilligo, 2006, pg. 180)

Individuation

| Gives power to self in a hateful way | Gives power to self lovingly. |

Hate —————————————————— Love

| Takes away power from self hatefully | Takes away power from self lovingly |

Enmeshment

Figure 4 A decision tree to identify the Relational Ego States on the surfaces and within the quadrants
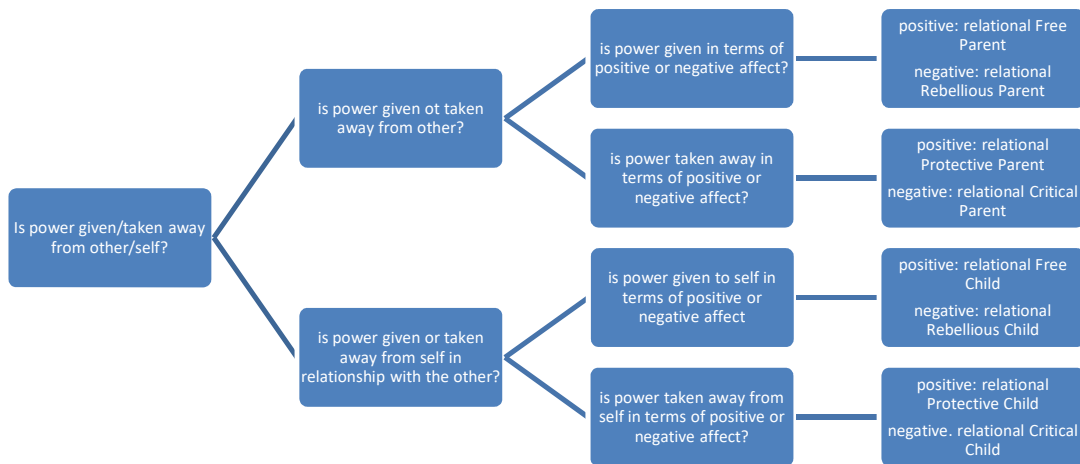
loving way and so, from a *process* and *relational* point of view, he "represents" a prototypical Parent who is acceptant and warm. G.'s response is complementary insofar as Respondent she gives power to herself in a loving way and manifests herself in a joyful approach. G. is behaving as a prototypical Child. On a more analytic

level M. and G are both in their Child ego states because their behaviour, characterized by pure friendly affectivity, is developmentally typical of a child. Also, we can observe that they are creating a safe attachment – which is shown on the developmental ego states diagram, as we will explain later. Normally the persons

continuously change the role of Initiator and Responder very quickly and activate a broad range of ego states. However, *some* people are typically more Initiators or Responders and people differ much in the specific ego states profiles activated. From a clinical point of view the observations of the therapist-client dyad interpersonal behaviour can be very subtle and orient the interventions.

The Developmental Dimension in the Social Cognitive Model of Ego States

We will now focus on how a developmental dimension is adopted by Scilligo to complete the definition of ego states and to explain their development in time. Mahler (1968) following the observation of the psychological development of children, has created eight developmental categories or stages. Benjamin (1979) has used them in the SASB model as developmental standards to order behaviours within the four quadrants in relation to psychological development. Starting from the lowest level of development and progressing towards higher levels, Benjamin has listed the eight stages as follows (in brackets you read the name chosen to indicate the stage):

1. approach – avoidance (exploration)
2. need fulfilment (orientation)
3. attachment (attachment)
4. logic, communication (symbolization)
5. attention to self-development (reflection)
6. balance in relationship (empathy)
7. intimacy-distance (interdependence)
8. identity (identity)

Using factor analysis, Scilligo (2009) correlated the first three of Mahler's developmental stages to the Child ego state, or Developmental Child: 1) Approach - Avoidance (also described as exploration); 2) Need Fulfilment (which Scilligo spoke of in terms of orientation); and 3) Attachment. The next three stages were correlated with the Developmental Adult: Logic, Communication (the process of symbolization); 5) Attention to Self-Development (which includes reflection); and 6) Balance in Relationship (most saliently characterized by empathy). The last two stages were correlated with the Developmental Parent: 7) Intimacy-Distance (which can be thought of as interdependence); and 8) Identity.

So, in each quadrant we have three developmental ego states described according to the mentioned stages. With these twelve Developmental Ego States, we are now in a position to show a more complete representation of the Self surface, which might be called the Integrated Self, as shown in Figure 5.

The twelve Developmental Ego States are emotional, cognitive and behavioural schemas that correlate with the psychological growth of the structural and functional phenomena that transactional analysis calls the Parent, Adult, and Child. As such, these twelve schemas can be mapped onto the three stacked circles of the traditional ego states diagram (see Figure 6), in which each of the traditional ego states manifests itself according to one

of four prototypical schemas: rebellious, free, protective, or critical.

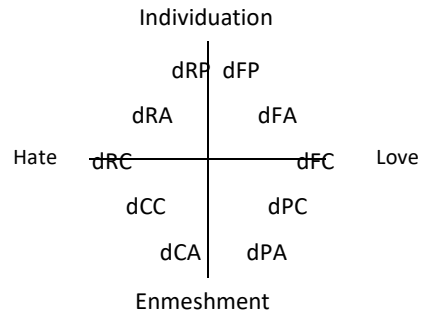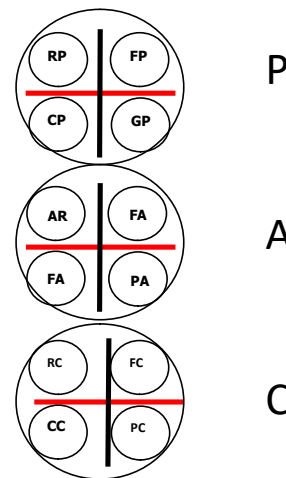*Figure 5: The 12 Developmental Ego States of the Integrated Self*

Figure 6: The three ego states

The child is born possessing potential prototypical ego states which, as time goes by and interpersonal experiences increase, are enriched by the developmental ego states, which are the potential foundation of all ego state expressions in dealing with self and the relational situations.

If ego states are looked at in this way then the ego states are the result of the interaction between genetic potentialities, socio-cultural programming along the course of life and self-programming of the person using abstractive competencies of higher order. Much programming during the first years of life is tacit, not accessible to consciousness, and much conscious programming becomes automatic and outside of awareness through its repeated activation (Scilligo, 2009, 2011). If we go back and read what Berne (1961) wrote about the properties of the ego states/psychic organs maybe we are not so far from him.

Conclusion

In this paper we have presented the basics of the social cognitive model of ego states elaborated by Scilligo and his co-workers in the Laboratory for the Research on the Self and the Identity (LARSI), highlighting its theoretical foundations and its features which make it suitable for research work.

Berne's descriptive definitions of ego states (the Parent acts like a parent, the Child like a child, the Adult like an adult) are simple and intuitive but imprecise for research work. Scilligo's definitions are more precise and less flexible but allow research work and the creation of standards (for example ego states profiles). Moreover the theories which explain the model offer the chance to dialogue with other theoretical models and the precise criteria used to define the ego states allow more congruence among different observers. Scilligo's model is also useful in the clinical work for different reasons: it can be used for a single case research and it gives a quick understanding of the main relational processes activated by the person.

The contributions of this model include the overcoming of the structure/function frame of reference, the contextual ways in which ego states are defined having the prototypes as reference, the new way of considering the Adult which, as the Child and the Parent is characterized by different nuances of affectivity and activity is the central place given to the developing human relationships for the shaping of the personality.

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Routine Outcomes Evaluation in Psychotherapy and Counselling within a Research Clinic - Outcomes and Reflection.

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Abstract

The research was a naturalistic, non randomised, evaluation of Transactional Analysis (TA) and Gestalt psychotherapies, Integrative Counselling Psychology and Person Centred counselling within the research clinic at Metanoia Institute in the UK. Standardised measures were used to assess treatment outcomes and working alliance. Adherence to the model was evaluated in clinical supervision. The outcomes demonstrated that clients who engaged in treatment made statistically significant improvements.

Introduction

The research clinic at Metanoia Institute (MCPS) is a low cost counselling and psychotherapy service serving a multicultural, multiethnic, inner city community. The counselling and psychotherapy service has been operating since 1995. Therapists are students at Metanoia Institute who are undertaking a year long clinical placement. Therapy can be extended up to a year, depending on the client's need and availability. The service has become a research clinic in 2010, following an evaluation research project in primary care (van Rijn, Wild, & Moran, 2011). The aim of the research clinic as a whole is to engage in ongoing evaluation of Transactional Analysis, Integrative Counselling Psychology, Gestalt and Person Centred approaches and focus on their effectiveness in clinical practice.

The conference presentation focuses on the outcomes of evaluation between 2010 and 2011.

Research Aims and Methodology

The project was a naturalistic, non-randomised, evaluation of routine outcomes of Transactional Analysis and Gestalt psychotherapies, Integrative Counselling Psychology and Gestalt and Person Centred counselling. Treatment was not manualised, but the adherence to

the theoretical model was monitored in clinical supervision and evaluated.

Therapists

There were 67 therapists during the year, beginning to practice within their approach. Some have also had previous practice experience, or worked in a related field. They had regular clinical supervision at a ratio of one hour of supervision per four hours of clinical practice.

Clients

There were 321 clients during the year. They self referred to the clinic. The profile of the clients reflected the ethnic mix of the area.

72% of clients were female, 67% white British, 16.25% Asian and Black. 33.4% were in full time employment, which was a slight decrease on the previous year and reflected the economic conditions in the area.

The majority of clients were between the ages of 20 and 49 (82.17%); 15.29% were over 50 and 1.27% under 20.

Clients presented to the service with a range of difficulties. Routine Outcome Measures (PHQ9, GAD7 and CORE 10 and 34) were given at the assessment and formed the additional sources of information for case formulation about depression, anxiety and general levels of distress.

Exclusion Criteria

The service also had exclusion criteria in line with similar services and primary care settings. They were:

- Severe and enduring mental health problems such as psychotic disorders or personality disorders

- Dependent drug or alcohol users where drug or alcohol use is the primary problem or who are not stable

- Learning Difficulties

Assessors gave written information about the research to clients, answered further questions about the research and sought consent. Clients who decided not to take part, or withdraw from research during treatment, continued to receive the service.

Treatment

After the initial contact, clients had an assessment session with an assessor. The assessment format had previously been developed for the service by the Head of Clinical and Research Services at Metanoia Institute (Bager-Charleson & Van Rijn, 2011) and highlighted presenting issues (such as current symptoms and functioning), developmental history and risk.

Following the assessment session, clients were referred to practitioners for the initial four exploratory sessions. The aim was to explore whether a working relationship could be established and a focus for therapy. If clients decided to change a therapist at this stage, they would be referred to another practitioner. Practitioners could also decide if they were unable to meet the needs of a particular client. A client would then be referred elsewhere.

The exploratory sessions aimed to offer additional safety for both the therapist and the client.

Therapists were instructed to use the outcome measures as a part of therapy, as well as for research. These conversations usually took place at the beginning of a session, when clients handed measures to therapists.

Measures

Adherence to the theoretical approaches

All sessions were audio-recorded. Clinical supervisors listened to the recordings for each client once every six sessions and assessed whether the approach matched the theoretical approach using the adherence questionnaires that had been designed by the tutor teams for each theoretical approach.

Clinical Evaluation Measures

Measures at the assessment, sixth session and the end of therapy:

- Beck's Depression Inventory(Beck, 1996):a 21 item questionnaire measuring depression.
- CORE 34(Barkham et al., 2001): a 34 item questionnaire focusing on categories of well being, functioning, problems/ symptoms and risk and distinguishing between clinical and non clinical populations.

Measures post each session:

- Patient Health Questionnaire, PHQ-9, (K. Kroenke, Spitzer, & Williams, 2001): a nine item questionnaire which distinguished between clinical and non clinical populations
- General Anxiety Measure, GAD -7(Spitzer, Kroenke, Williams, & Lowe, 2006): a seven item

questionnaire, which was initially developed for the Generalized Anxiety Disorder, and found to have sensitivity for other anxiety disorders (K. Kroenke, Spitzer, Williams, Monahan, & Lowe, 2007)

- CORE 10(CORE Information Management Systems Ltd., 2007): a 10 item questionnaire focusing on categories of well being, functioning, problems/ symptoms and
- Working Alliance Inventory (Horvath, 1986): a 12 item questionnaire developed to measure working alliance as defined by Bordin (Bordin, 1979)

Ethical Considerations

Clients had a right to withdraw from the project at any time during treatment. Outcomes were discussed transparently between the therapists and the clients. All the data was confidential and anonymised before analysis.

Therapists chose to practice within the research clinic.

The Metanoia Institute Ethics Committee (an independent body approved by Middlesex University) had given an ethical consent to the project.

Research Sample

The analysis was undertaken using two software packages, CORE PC, for the analysis of the CORE 34 data and SPSS, which encompassed all the data.

Table 1 shows that there were altogether 346 cases during the year. The number of cases included clients who had been reallocated within the assessment period, which is why the number of cases is higher than the overall number of clients (321).A proportion of clients were not accepted into the service. Some clients opted out of research but continued in therapy. Outcomes were divided into three groups:

Group 1 represented cases where clients engaged in therapy after the assessment period (assessment session and the four exploratory sessions).

Group 2 represented cases where clients did not engage in therapy past the assessment period. There were no adherence questionnaires, as the supervisors only completed adherence forms at session 6.

Group 3 represented cases where there were no adherence forms for the treatment. The evaluation was incomplete, and these cases were excluded from further analysis.

Number of Sessions

Average number of sessions for Group 1 was 17.48 sessions. There was a difference in the length of therapy, as shown in Table 2.

The average number of sessions for Group 2 was 2.5 sessions. 62.8% of clients in Group 2 asked to be reallocated to another practitioner. Their average number of sessions after reallocation was 12.

Table 1 Research Sample

	Research Cases SPSS	Cases not accepted into the service	Cases Opted out	Group 1 5 sessions or more	Group 2 4 or less sessions	Group 3 7 or more sessions without adherence
No	346	16	45	138	110	37
%	100	4.6	13	40	32	10.7

Table 2: Group 1 Number of Sessions

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	1-12 weeks	51	37.0	37.0	37.0	
	13-24 weeks	57	41.3	41.3	78.3	
	25 plus weeks	30	21.7	21.7	100.0	
	Total	138	100.0	100.0		

Table 3 Data completeness %

	PHQ 9	GAD 7	CORE 10	CORE 34	BDI-II	WAI
GROUP 1	99.3	99.3	97.9	74.5	62.8	95.8
GROUP 2	57.2	59.2	59.2	12.6	49.5	26.2

Table 4 Improvement Rates Group 1

%	BDI-II	PHQ-9	GAD-7	CORE 34	CORE 10	WAI
Improve	59.9	77.5	77.5	64.7	79.6	71.7
No Change	2.9	6.9	5.1	0.7	5.1	7.2
Deteriorate	3.6	15.9	17.4	13.2	15.3	19.6
No Data	33.6			20.6		1.4

Table 5 Improvement Rates Group 2

%	BDI-II	PHQ-9	GAD-7	CORE 34	CORE 10	WAI
Improve	4.6	34.6	28.4	9.2	39.4	14.8
No Change	0.9	9.3	10.1	.9	3.7	4.6
Deteriorate	0.9	16.8	22.9	4.6	17.4	9.3
No Data	93.6	39.3	38.5	85.3	39.4	71.3

Data completeness

Table 3 shows percentage of data completeness for measures in cases for Group 1 where the clients have engaged in therapy and Group 2 where clients have ended during the assessment period.

Outcomes

Tables 4 and 5 show the improvement rates for groups 1 and 2.

Criteria for improvement were calculated by the difference between scores at the start and end of therapy as there were clear ceiling and floor effects in the data, the percentage Improvement, No Change and Deterioration were calculated for the sample. The descriptive statistics showed that post-therapy scores were mainly low with the exception of the WAI which is high.

Data was tested for the levels of significance and it showed that the difference between pre and post scores

for all measures was significant at P<0.01 for Group 1 and the direction of the difference was represented by the negative Z score. Group 2 significance at P<0.05 was only achieved for CORE 34 with a large effect size. The large number of missing cases affected the reliability of the outcomes.

Which Variables Accounted for Change?

A regression was carried out to investigate which of the variables accounted for the greatest change in clients' scores from pre to post therapy and which variable had the greatest impact on post-therapy scores. A regression could only be performed on Group 1 data as Group 2 had too many missing cases. The regression showed that Severity (Pre Scores) and WAI accounted for a significant proportion of the variation in the regression model for post scores and change scores on all measures except the CORE 34 change score at $P < 0.05$.

The absence of normal distribution warranted that the pre-therapy scores were checked to see if there were any differences between the theoretical orientations that would impact the analysis. A Kruskal Wallis test was carried out. It is a non-parametric test that does not assume a normal distribution and can be used with large variations in scores. The test indicated that there were significant differences at P<0.05 between orientations in Group 1, only on the CORE 34 X^2 (4, N = 107) = 11.98.

A chi-squared through Crosstabs analysis was run to search for a difference between theoretical orientations and association with outcomes. There was no difference found between Orientation and Improvement in any of the groups.

Discussion

Evaluation of Outcomes

The outcome measures showed that clients who engaged in therapy, achieved a very high rate of improvement of over 70% on sessional measures for depression, anxiety and general outcomes measured by CORE 10.

The project was not designed as a randomised control trial, and we cannot say that the treatment alone had caused a change in scores, but these outcomes suggest effectiveness in clinical practice. Further research focusing on efficacy, such as a Randomised Control Trial, is needed to develop the research evidence base into these approaches.

Length of therapy

Despite the fact that six months to a year of therapy were on offer, the length of therapy varied following the assessment period, but in itself did not have a significant impact on the outcomes.

This could suggest that the optimal number of sessions for clients was individual and that a collaboration between the therapist and a client about the length of therapy is more productive than a prescribed number of sessions.

Working Alliance

Clients who had a better working alliance with their therapist achieved more change, in line with previous research (Horvarth & Bedi, 2002; Horwath, Del Re, Fluckiger, & Symonds, 2011).

Research clinic was structured in such a way that therapists and clients talked about the outcomes and their working alliance during therapy and addressed ruptures and misattunements. The aim was to empower clients and enhance therapy and this could have impacted the outcomes.

Challenges

Routine Outcomes evaluation poses a number of challenges to researchers due to taking place within practice based settings, with complex variables dictated by practice. These challenges limit claims about causality and effectiveness but demonstrate the realities of clinical practice.

One of the challenges within this project was that it highlighted a group who decided not to proceed with their therapists (Group 2). Due to the assessment structure at the project, Group 2 was specific to this setting. A high level of attrition is one of the clinical realities of low cost clinics and health settings (Ogrodniczuc, Joyce, & Piper, 2005; Reis & Brown, 1999).

In the few sessions clients had (an average of 2.5), they did not achieve much change. However, 62.8 % who decided to change therapists engaged well with their next therapist and had similar outcomes to the rest. This supports the conclusions of Ogrodniczuc et al (2005), when they suggest that closer matching of therapists and clients could be important in increasing levels of attendance. Qualitative research could give further, more in depth, insight into this process and assist therapists and organisations.

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Case Study Research: A Primer

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The focus of this workshop will be on the practicalities of doing case study research on your own clinical practice, covering;

- philosophy and methodology,
- issues of quality and good practice,
- case study research design
- data analysis.

The workshop will be suitable for those interested in learning how case study research can be used to investigate the process and/or outcome of TA in practice.

The workshop will be a combination of didactic presentation and group discussion.

We will refer to my articles in IJTAR, particularly:

Case Study Research Methodology IJTAR 2(1) 25-34

TA Treatment of Depression – A Hermeneutic Single-Case Efficacy Design – Peter IJTAR 3(1) 3-13 plus appendices of working documents/templates

Both of these articles have been included in the delegate pack for the conference and are freely available to access at www.ijtar.org

Possible outcomes of the workshop experiences and discussions will be to:

- Stimulate practitioners to do research
- Help practitioners understand the practical use of research
- Provide a basic understanding of the principles of case study research design
- Provide an understanding of the principles of case study data analysis

Perceptions of Psychotherapy Trainees of Psychotherapy Research (Summarised from Perceptions of Psychotherapy Trainees of Psychotherapy Research Counselling and Psychotherapy Research, September 2012)

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Study Objectives

The present study was conducted by the researcher to explore the perceptions and feelings that Transactional Analysis (TA) psychotherapy trainees had about psychotherapy research. The researcher was also preparing to conduct a practice research based project involving TA psychotherapists, and wanted to use the findings from the present study to inform the design of that project and anticipate and respond to the possible training and support needs of participants

Method

Design

As the research was exploratory in nature, and investigating the perceptions psychotherapy trainees have about research, qualitative focus group design was selected. Two (one hour long) focus groups held at separate TA psychotherapy training institutes were conducted to explore the views that participants (N=16) had about psychotherapy research.

Participants

Post-foundation year trainees at two TA psychotherapy training institutes were invited to participate in the focus groups. No other inclusion or exclusion criteria were used. Trainees who expressed an initial interest in participating were given an information sheet about the focus groups, which included a list of five questions which would guide the discussion in the focus groups and which participants were invited to reflect upon in advance of the meeting. The questions were:

> What are your perceptions of psychotherapy research?
> What experiences have you had with psychotherapy research?

> What concerns would you have about getting involved in psychotherapy research?
> What stops you or puts you off getting involved in psychotherapy research related to your practice?
> What preparation and support would you need in order to get involved in psychotherapy research that would involve collection of data about you and your practice?

The two focus groups each had 8 participants, from years 2-5 of TA training, some of whom had previously attended a module on research as part of their training.

Ethical considerations

The prospective participants were given an informed consent form in advance of the meeting, and these were collected prior to participation in the focus groups. No identifying information was retained and no discussion was expected of sensitive or personal material.

Data Analysis Procedure

Thematic analysis was selected for data analysis and was conducted using the principles and methods described by Braun and Clarke (2006).

The audio recordings of the two focus groups were transcribed and annotated by identifying 'meaning units' which emerged from each participant utterance (one meaning unit was one idea expressed in a contribution - contributions often contained more than one idea and each idea was translated into a meaning unit). The meaning units were grouped and combined according to similarity of meaning, and patterns were identified which generated the themes. The themes were also compared and combined to form superordinate themes.

Results

Superordinate Theme 1- Barriers to research

Theme 1.1: Lack of Knowledge

The majority (11) of the focus group participants stated that they felt they had a general lack of knowledge about research. Their lack of knowledge related to two sub-themes: lack of knowledge about previous psychotherapy research, including previous research into TA psychotherapy; and lack of knowledge regarding practical research skills.

Theme 1.2: Negative Perception of research

Negative perceptions of research were grouped into several sub-themes: 'who does research'; practical issues around research; relevance of research; and the ethics and politics of research.

Within the sub-theme of 'Who does research?' nine participants expressed perceptions including the views that research is not a suitable activity for trainee therapists, and is only done by either PhD students, those who already have PhDs, or eminent psychotherapists. The sub-theme of 'Practical issues around research' included views that research is a large, complex, boring and time consuming task which involves statistics and is expensive.

Eight participants raised an additional sub-theme that psychotherapy research is difficult to understand and make meaning of and is often irrelevant to practice or far removed from the realities of the consulting room. These three sub-themes suggest a sense of alienation from research and a trend towards considering that research is unsuitable or irrelevant to them and their practice.

The final sub-theme in this section related to suspicions regarding the ethics of research. Four participants raised concerns that the findings of research can be misused to suit political ends. Other suspicions regarding research included client welfare concerns relating to the potential for exploitation of clients.

Superordinate Theme Two: Perception that research is important

Theme 2.1: Understanding and improving how therapy works

All participants were aware of the importance of research in developing our profession. Specifically, they were aware of the need for research which enhances knowledge of how therapy works, what interventions or approaches are effective.

Theme 2.2: Developing the profession

There was agreement amongst participants in both focus groups that research was important in promoting wider acceptance of psychotherapy, and specifically, TA psychotherapy.

Superordinate Theme Three: What would be facilitative to encourage participation?

Theme 3.1: Need for Practical Research Training

Following on from theme one, the issue of lack of knowledge relating to practical research skills recurred in this theme. Specifically, many participants expressed concerns that participating in research may be impractical and unmanageable (for example by making large demands on their time) or may involve them in a research process which would be lengthy, boring or involve tedious activities.

Theme 3.2: Benefits of taking part

There was consensus amongst all participants that they would be more likely to participate in research if they could see clear personal and/or professional benefits to taking part.

Theme 3.4: Clarity of Expectations

The issue of clarity of the contract in relation to expectations for participation in research also emerged as a sub-theme with eleven participants raising this issue. These group participants said that in order to participate in psychotherapy research projects they would want the researcher to be clear and transparent with them regarding the demands of the research, what would be expected of them (and participating clients) and, in particular, providing them with a clear and realistic sense regarding the anticipated level of time commitment that participation would require.

Theme 3.5: Protection from Negative Impact

Eight participants raised concerns that participation in research might adversely impact the client, or negatively affect the dynamics of the therapy, or may expose the therapist to criticism, and that in order to participate in research they would need to feel confident that the risk of negative impact was minimal.

Theme 3.6: Support Needs

All 16 of the focus group participants raised a strong sense that receiving support would be an important part of encouraging them to get, or stay, involved in psychotherapy research. 11 of these participants explicitly stated that they would want support from their trainers, supervisors, peers (including others also engaged in research projects) and professional organisations.

Theme 3.7: Contribution, Acknowledgement, and Belonging

10 participants also expressed the need to feel a sense of 'being part of something wider and important' in participating in research, which suggests that participants need to have a sense of purpose and belonging and of contributing to a 'wider whole'. Participants also expressed the desirability of acknowledgement and recognition for their input.

Theme 3.8: Enhanced Professional Development

The 11 participants who expressed the desirability of the researcher providing support also wanted feedback relating to their participation and which promoted their on-going professional development, such as feedback which would help them to refine their therapeutic skills and that would enhance the therapy they provide, rectify gaps in their knowledge and assist them with their personal and professional development.

Results: Prototypical Statements

The results have been collated into a series of prototype statements which represent composites of common themes in the focus groups. They have been collated and presented in this form to represent the thoughts of an imaginary composite trainee. Examples of comments included:

I don't know enough about research… I don't know what has been done, or what existing research has found and how to do research

My impression of research is that it… Isn't for people like me, is complex, boring and time consuming, is not relevant to the practice of therapy and is an ethically dubious activity

I know research is important…To help us to understand how therapy works, to improve how we do therapy, to contribute to our profession and to promote wider acceptance of TA and psychotherapy

I'll do research if… I am taught about practical research methods, it is practical, manageable and interesting, I will benefit from doing it, you are clear with me and my client about what will be expected of us my client or the therapy won't be adversely affected, I get a clear sense of what my contribution will be and I am supported by my professional colleagues

What I want from participating in research is… To feel protected and supported and for my belonging needs, recognition needs and professional developmental needs to be met

Limitations of the research

In interpreting the results, we need to take into account the small sample size, that there were UK-based participants only, they were self-selected participants, and that the analysis was done by the researcher only (albeit with guidance from the research supervisor). Also, participants may have been influenced by the perceived status of the researcher, and by being within a group whilst responding.

References

Braun, V & Clarke, V (2006) Using thematic analysis in psychology *Qualitative Research in Psychology 3* (2) 77-101

Surfacing the Organisation-in-the-mind

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Abstract

The theory of the organisation-in-the-mind suggests that organisations live within us, are a part of our identity and are bound up with our inner emotional life. Connecting this theory to Berne's thinking on the structure and dynamics of organisations and groups it is possible through interpretative phenomenological analysis to conduct research into how what we hold in the unconscious impacts on professional relationships and performance. The outcome from research in this area is intended to highlight potential areas for development of competence in professional coaches.

Background and Context

Coaching

Coaching has become a mainstream offering in management and executive development functions. Engaging professional coaches to work with managers on their development has become a regular occurrence in large organisations across the UK and Europe (Peltier 2009*)*. The role of coaching in organisations has evolved from its roots as the organisation's agent on performance mediation to the present focus on releasing potential through professional/personal development plans.

To keep pace with the increased sophistication professional development organisations have hired individuals to work with executives on their development plans. Until relatively recently coaches were always external to the organisation (Tyler 2000). This made sense given the original requirements of the role; coaching skills focussed on behavioural change, knowledge of organisational functioning, confidentiality, and, to varying degrees, an overarching professional identity that elevated the coach's credibility for both the individual and the organisation.

Into the maturing arena of coaching comes the predictable, but not entirely obvious, emergence of the internal coach. The role of the internal coach has achieved recognition in many large organisations as valuable in its own right. It does not, generally, represent a professional's full-time responsibilities, but, where it exists, the role itself has achieved enough

legitimacy to elicit a development commitment essentially the same as would be expected with an external coach.

The simplest definition of internal coaching may be a tautology; being formally viewed by the organisational co-workers as a coach makes it so. The clarity and strength of the label, formalised under a job title, may be all that is needed to operate as an internal coach. However, wanting to be more descriptive and in keeping with an attempt to delineate the emerging role, the following definition which is used in the NHS in Scotland is offered: "*Internal coaching is a one-to-one development intervention supported by the organisation and provided by a colleague of those being coached who is trusted to shape and deliver a programme yielding individual professional growth.*"

The important and obvious difference between the external and internal coach is that the internal coach is a fellow employee in the same organisation as those he or she coaches. The implications of this with particular regard to ethics were explored in Wilson's (2008) seminal paper "True Dilemmas" and St John Brooks (2009) research into ethical considerations for internal coaching.

The use of external coaches overcomes any hierarchical issues which may prevail when a senior manager or executive is offered coaching by someone further down the chain of command. It could be argued that external coaching relationships are "cleaner"; internal coaches may have multiple roles, relationships and interactions, both formal and informal, with those they coach. The situation may be confusing or raise concerns about trust and confidentiality if not handled with sensitivity and forethought.

Given their mutual trade-offs, however, even where an internal coaching function exists, there will always be managers and executives for whom external coaching is the better choice. This may be to do with the complexity of the personality involved, coach credibility, concerns about confidentiality or other factors.

Theoretical Underpinning

The organisation-in-the-mind

The term "organisation in the mind" was part of the *lingua franca* of the Grubb Institute. In working with this term psychoanalysts were seeking to draw attention to the ways in which one might understand the behaviour of group members as reflecting and being governed by unconscious assumptions, images and fantasies held about the organisation. Shapiro and Carr (1991) went on to say:

"Any organisation is composed of diverse fantasies and projections of its members. Everyone who is aware of an organisation, whether a member or not, has a mental image of how it works. Though these diverse ideas are not often consciously negotiated or agreed upon among participants, they exist. In this sense, all institutions exist in the mind, and it is in interaction with these in-the-mind entities that we live".

Hutton, Balgazette and Reid (1997) in a subsequent paper formulated the idea as follows:-

"Organisation-in-the-mind is what the individual perceives in his or her head of how activities and relations are organised, structured and connected internally. It is a model internal to oneself, part of one's inner world, relying on the inner experiences of my interactions, relations and activities I engage in which give rise to images, emotions, values and responses in me, which may be consequently influencing my own management and leadership, positively or adversely. "Organisation-in-the-mind helps me to look beyond the normative assessments of organisational issues and activity, to become alert to my inner experiences and give richer meaning to what is happening to me and around me"

With this concept in mind it is possible to start considering the issue or the extent to which the "organisation-in-the-mind" influences the coaching contract for both external and internal coaches and whether the influence is greater for one or the other.

The Concept of the Psychological Contract

The research topic aims to bring together the psychoanalytic concept of the "organisation-in-the-mind" with the Transactional Analysis concept of the psychological contract.

The research aims to ascertain the extent and nature of the differences in the psychological contract held by internal and external coaches with a focus on the "organisation-in-the mind". The research will seek to establish whether one or other type of coach can effect a "cleaner" contract with those they are coaching because they are less influenced by the culture they experience which influences their beliefs, attitudes and behaviours.

The concept of "cleaner" contracting is derived from my understanding that individuals pursue unconscious tasks alongside their conscious ones (Hirschhorn 1990) and that these affect the outcomes of the work undertaken.

Berne (1966) the founder of Transactional Analysis (TA) defined a contract as "an explicit bilateral commitment to a well-defined course of action". He saw contracting

as crucial in working relationships and the contract should be transparent, open and mutually agreed by all parties. Berne identified three levels to the contract; the administrative level, the professional level and the psychological level. In TA the psychological contract refers to the underlying dynamics between the parties to the contract. The parties to the contract come to the working relationship with a covert agenda based on beliefs, values, experience, individual frame of reference, fantasy and myths. Thus the challenge in the contracting process is to surface these underlying issues, bring them into the open in such a way as to ensure they do not get in the way of the success of work being undertaken. Berne said that the outcome of the contract will be determined at the psychological level and thus the more aware the individual parties to the contract are of their own beliefs, values, assumptions and covert messages, the less likely these are to get in the way of success.

Micholt (1992) added another dimension to the TA contracting with her introduction of the concept of "psychological distance". She described this as the perceived distance in terms of the relationship that exists between the parties to the contract. In a healthy alliance the relationships are equal, so psychologically the coach, the organisation and the coachee have matching degrees of closeness in relationship terms. Issues arise when any one of the parties feels that the relationships are unbalanced and that closeness exists between two of the parties to the perceived detriment of the third. Micholt suggests that contracts are most likely to get "played out" as conspiratorial or collusive, outside of the awareness of the parties to the contract.

Berne (1961) identified that an organisation has both a public and a private structure. He described the private structure as being formed by the underlying group process and being represented by each person's *group imago*, which influences 'how one is seen' and 'how one transacts' within the organisation. This links to the concept of the "organisation-in-the-mind".

Coaches must be able to deal with the constant state of tension of being both an insider and an outsider, and of becoming but never achieving the status of family member. Van Poelje suggests that the coach has to be able to achieve what Bowlby (1988) described as a 'secure base' within him/herself and in the organisation within a relatively short space of time. The ability to do this is strongly influenced by the coach's childhood experiences and by the organisational culture.

The challenge is to balance the need for autonomy and affiliation with the need for distance and objectivity. Van Poelje (1994) suggests that most coaches have a background of what she called 'parentified children', good at 'making the family better' and of providing themselves with a secure base in the short term. When this fails in the longer term, however, they fall back on insecure strategies of attachment by either discounting (counter-dependent) or exaggerating (over-dependent) feelings and behaviours.

The ability of the coach to maintain a balance between attachment and detachment is also challenged by what Van Poelje describes as the 'lure of adjustment'. How can coaches maintain individual boundaries when the need for recognition, structure and intimacy all favour adjustment to the organisational culture? This idea adds another dimension to the comparison between external and internal coaches and how the unconscious may influence the behaviour of the coach.

Looking at the research topic through a TA lens

The research will be guided by the marriage of the psychoanalytic "organisation-in-the-mind" theory and the TA perspective on contracting, the issues the theory identifies for both internal and external coaches and their capacity to contract as cleanly as is humanly possible. The research will explore the public and private structure of the contracts made by both internal and external coaches and will establish what is or is not accounted for at the psychological level.

The concepts of the "organisation in the mind" and "clean contracting" have to be understood literally and not just metaphorically. They refer not only to the coach's conscious or unconscious mental constructs of the organisation, but also the coaching process, the assumptions he or she makes about aim, task, authority, power, accountability and so forth. It also refers to emotional resonances, registered and present in the mind of the coach.

Aims of the Research

As coaching has grown as a profession in the last ten years, the volume of writing on the subject has grown exponentially. In the more recent past we have seen the development of core competences for coaches and the accreditation of coach training programmes by professional bodies. Much work has been done on the development of coaching as a profession but it would appear that little attention has been paid to the part that organisational culture plays at an unconscious level in defining the relationship between the coach, the coachee and the client organisation nor the impact this has on the coaching contract and ultimately the achievement of coaching outcomes.

The aim of this project is to ascertain whether coaches are influenced in their professional practice at the unconscious level by the culture of the organisation as they experience it, the extent to which this impacts on the contract and how this differs between internal and external coaches.

This will be a specific piece of research intended to raise awareness in the professional community of the impact of the unconscious on the contracting process in coaching.

The primary research question is "How does the coach's unconscious mind influence the coaching process?"

Objective of the project

The objectives of the project are multi-faceted. The primary objective is to heighten awareness of, and sensitivity to, unconscious processes and how these impact on the outcome of the work undertaken in the coaching relationship.

In pursuit of the primary objective a second objective will be met. This second objective is to ascertain the extent to which organisational, social, relational and psychodynamic influences coalesce to effect individual change.

The third objective is to determine similarities and differences in the 'inner world' of coaches in relation to how they perceive organisational culture.

The final objective is to reflect on the research findings and to consider the ways in which they might inform the on-going development of core competences for coaches and the professional development of this community of practice.

Potential Impact of the Project

On the researcher's learning

I fully expected my thoughts and feelings about the subject matter to be challenged and reshaped as the research unfolds and they have been. As I engaged in the data collection and analysis, I asked myself the questions I ask the participants and I expect the answers to shape my practice.

One of the challenges I face is framing the research findings in such a way as to be meaningful to my learning partners whilst at the same time engaging the interest in the wider community of practice.

On the learning of my partners

Culture in organisations is felt and experienced by all parties to the system and yet it remains intangible. At this stage I believe that whatever the results of the research, there will be key learning for my partners on how the perceived and experienced culture of the organisation is influencing the coaching process. Given that each of the partner organisations regularly engages in a culture survey with its constituent members there may also be information emerging on how coaching is supporting a change in organisational culture.

On the participants

I anticipated the impact on the participants; both internal and external coaches will be unique to the individual. They were offered the opportunity to critically reflect on their professional practice and each person did this in a different way. I believe that new knowledge will emerged for them through their engagement in the process and that the reflective space generated insights and created awareness both in relation to the coaching process but also in the context of their socially constructed reality.

On the professional community

This research project has undoubtedly manifested as a result of my own professional frame of reference, epistemology and ontological perspectives. The primary impact on the community will be a piece of research into a topic previously unexplored within the context of coaching.

How the research will impact on the development of professional practice will depend on the outcomes of the research. The research may confirm that the core competence on "establishing the coaching agreement" and the key behavioural indicators which identify the actions of the coach are sufficient for the purpose of generating "clean" contracts. On the other hand the research may generate data which will encourage the professional community to consider how to increase awareness and measure competence in coaches in the area of self-awareness with particular regard to their inner world and how it is influenced and shaped by the context in which they work.

My experience of the professional community of coaching is that there is an underlying belief in evidence based practice and the research will uncover information to support this.

Ethical Considerations

Overview

Exposing hidden social processes puts both the researcher and the research participants at risk, contributing to potentially complex ethical dilemmas. I propose to mitigate the impact of these by first of all creating discourses using ethnographic data from different participants as a means of protecting identities while preserving the authenticity and plausibility of the reported findings. Secondly a framework will be created for selecting which data to present by considering the sense making process. The intention behind this is to enable a balance to be struck between protecting the participants' well-being and my obligations to report findings honestly.

Hammersley & Atkinson (2007)) argue that ethnographers can be used as a source of data; the reaction of both researcher and participants to change reveals culture. Davies (2007) notes that the researcher's knowledge of his own feelings becomes vital and I believe that my personal and professional journey has created a self-awareness which allows me to account for my own feelings. I am further aware that my process allows for what Schon (1983) termed 'reflection in action' and 'reflection on action'. I recognise that my own background will shape my interpretation and I intend to position myself to acknowledge how my interpretation flows from my cultural, personal and historical experiences. By using a journal to record descriptions and feelings, my reactions will become part of the data used to develop the theory. I will use independent supervision as a process for critical self-reflection and continuing practice development throughout the course of the research.

Participants will be protected during dissemination through not being identified by name or biographical details. I will seek to create coherent discourses from multiple participants and presenting their words through a single character. This will serve the dual purpose of ensuring anonymity when reporting sensitive findings and preserving authenticity. Further this affords protection to the researcher, as a participant, to engage in epistemic reflexivity without endangering others.

Ethical Considerations Arising in this Project

I consider the core ethical consideration in this project is my potential to become too closely identified with the theoretical framework being used in the research and to therefore unconsciously skew the data thereby reinforcing my own frame of reference.

I am conscious of the time and resource that I am investing in the project and of the non-altruistic reasons for this. Whilst at one level I am interested in conducting the research and offering insights to both my learning partners and the wider community, I also want to be recognised as an 'expert' in the field of psychodynamics of organisational coaching. I have no doubt that the effort required to conduct the research will be worthwhile, I am also mindful that my personal desires could impact in an unhealthy way on how I conduct the research and report the findings.

With regard to the participants in the research, I believe there are a number of potential ethical issues, outside of those mentioned in a general sense in 5.1 above. In the first instance there is an issue of mutual consent. By this I mean the extent to which, particularly internal coaches feel free to say whether they want to be involved in the research or not. For me this raises the issue of the psychological contract, for whilst they may be told they have the choice, the question is "do they believe they do?" External coaches may seem to have more freedom of choice but there is the consideration of the extent to which they may over-adapt in an attempt to please the client organisation.

Staying with the potential ethical issues for those who participate in the research, there is the possibility of unspoken fear of being found wanting. The research involves an exploration of the participants' inner world and this may create anxiety in the participants and leave them feeling vulnerable. I am conscious that my own experience of the culture of the organisations who are participating in the research is one where showing vulnerability is not encouraged.

At an organisational level, there may be the potential for the stakeholders to feel threatened by the findings if these show that there is a negative impact on coaching outcomes because of the perceived organisational culture.

A couple of ethical questions arise as I consider the data collection and these are "who owns the data?" and "when and how will it be destroyed after the research is complete?" In my professional role as an OD Consultant it is my view that I own the data and I have agreed with

the clients a timescale and method for destroying the data after the project is completed. I have less clarity on the answers to these questions in relation to the research project and will seek the advice of my academic supervisor.

And finally, although I am sure that further ethical considerations will emerge as the project unfolds, there is the issue of how the participants and I relate to one another. As a qualified supervisor I will need to pay attention to holding the research process and not moving into supervision of the participant's professional practice.

I believe that my enabling ethical framework, my capacity for self-reflection and my intention to engage in professional supervision will support me to work ethically on this project.

Research Methodologies

The Researcher's Perspective

The research will be guided by the marriage of the psychoanalytic "organisation-in-the-mind" theory and the TA perspective on contracting.

I approach my research project from a social constructivist paradigm and although I was introduced to this theory in the context of teaching and learning, it strongly influences my professional practice as an OD Consultant. We each arrive at our own version of the truth and this is influenced by background, culture and the individual's view of themselves in relation to others and the world. My thinking is influenced by the work of Vygotsky (1978) who suggested that knowledge is first constructed in a social context and then it is appropriated by individuals (Brunning, Schraw & Ronning 1999). The process of sharing individual perspectives results in individuals constructing understanding that would not be possible alone. This concept informs how I think about the development of organisational culture.

As I consider this in relation to the research project I think that I will be as involved in learning as the participants are. I will compare my version of the truth from my own practice with that of the participants to create a new socially tested version of the truth.

I weave into social constructivism Berne's (1966) theory of the development of personality. So whilst I am drawn to the social constructivist paradigm that social interaction supports the development of language, logic, knowledge and adherence to cultural norms, I also believe that the individual personality is shaped by the child's interpretation of events as he or she experiences these. And, of course, this interpretation is based on intuition and the need for survival because the child does not have adult logic and reasoning capacity. Thus we develop a way of being in the world which serves to help us survive as we perceive it. This way of being becomes our frame of reference and we filter interactions and life experiences in order to fit our frame of reference. We carry this frame of reference into

adulthood and thus behave as if on auto-pilot rather than discerning of each situation as we meet it.

Alongside this I think group experience is fundamental. At birth we are introduced into our first, small and intensely personal group, called the family. The group offers the new human being protection and identity. In turn the family is dependent for its survival, identity, beliefs and behaviour on a wide range of formal and informal groups in wider society, school, church, political, friendship, interest, leisure and work groups. So from birth we are enlisted in, and gradually committed to group living in a variety of forms.

Belonging to a group influences us in the following ways:

• Learning

• Attitudes

• Values

• Habits

• Performance and achievement

• Mental and emotional well-being

Our early group experience influences how we engage in wider groups or systems e.g. organisations. We take in to each system with which we engage a preconscious expectation of how that system is or should be. Thus we seek to co-create the social reality that fits our frame of reference.

The body of existing knowledge guiding the research is outlined in section 3 above, primarily Berne's (1996) theory of contracting and Armstrong's (2005) psychoanalysis of organisations. The research will be conducted on the basis of the work of these two writers being propositional knowledge. I am aware I have a deeply held conviction that the work of these two writers is relevant and powerful. So in a sense I am working with concepts which I have accepted as 'my truth'. The ethical considerations in relation to this are covered in section 5 above.

With regard to epistemology, working from a social constructivist perspective, I believe that we co-create knowledge and understanding through social interaction, through a basic human urge to grow and develop, and through a willingness to learn from and be guided by others. We are each of us active players in the learning process and the creation of knowledge. As a learner I tend towards the pragmatist/activist styles (Kolb 1984) with an aversion to taking on theory. Having said that I am drawn to the concept that the body of knowledge we know as theory is co-created in the learning process by a sharing of ideas, testing these out, feeding information back in, and reframing the original ideas in light of the feedback. Within the context of the research project I am working with a body of existing knowledge and the research findings will probably reshape or reframe that knowledge in the light of interpretation of the inner world of the participants.

A sub-question raised by the research project focuses on ontological study; "What does it mean to be human (held within the context of coaching)? Ontological

learning is learning about being human. The research focuses on generating learning about the human process in the context of the professional role as a coach, human being first, coach second. For me ontological learning investigates key domains of human existence and how they shape our everyday actions and interactions. The ontological learning that will emerge from this research will offer participants, the learning partners and the coaching profession in general a potent means for recreating ourselves individually and collectively.

It is difficult for me to separate epistemology, ontology and personal perspectives. They are closely woven together in my frame of reference and which has implications for my ability to achieve research neutrality. The way I collect the data, what I see, hear and interpret during the data collection, the time of analysis and write-up is influenced by my inner world. Mason (2002) said 'No research or story can be ontologically neutral'.

Approach

Within the context of qualitative research, the approach has been interpretative phenomenological analysis (IPA). IPA is a recently developed and rapidly growing approach to qualitative inquiry. It originated, and is best known in psychology but is increasingly being picked up by those working in cognate disciplines in the human, social and health sciences. IPA overlaps with other essentially qualitative approaches including ethnography, hermeneutics and symbolic interactionism. Pure phenomenological research seeks essentially to describe rather than explain, and to start from a perspective free from hypotheses or preconceptions (Husserf 1970). More recent humanist and feminist researchers refute the possibility of starting without preconceptions or bias, and emphasise the importance of making clear how interpretations and meanings are placed on findings as well as making the researcher visible in the "frame" of the research as an interested and subjective actor rather than a detached and impartial observer (Stanley & Wise 1993). This is dealt with in more depth in section 5 of this proposal.

Phenomenology is a philosophical approach to the study of experience. Smith, Flowers and Larkin (2009) state that IPA is concerned with understanding personal lived experience and thus with exploring persons' relatedness to, or involvement in, a particular event or process. According to Smith (1996) IPA has been positioned as an integrative approach. IPA aims to allow the researcher to develop an analytic interpretation of participants' accounts which should be prompted by, and clearly grounded in, but which may also go beyond, the participants own sense making and conceptualizations (Larkin et al 2006).

In choosing this methodology, I committed to exploring, describing, interpreting and situating the means by which the research participants make sense of their experience. A researcher's epistemology according to Holloway (1997), Mason (1996) and Creswell (1994) is literally her theory of knowledge, which serves to decide how the social phenomena will be studied.

In working with IPA methodology and methods I entered the world of the research subjects in an attempt to understand, not simply observe, how they interpret their world and rationalise decisions in the context of the coaching contract. This type of research is a means for exploring and understanding the meaning individuals or groups ascribe to social or human problems. As I have previously mentioned, I will be conducting this research through a particular theoretical lens.

The challenges of conducting an IPA based research project are manifold, not least of which is the generation of large quantities of interview notes, tape recordings and other records which have to be analysed and, of course, the analysis can be challenging when the data does not fall into neat categories. Hycner (1985) and Smith, Flowers and Larkin (2009) give helpful instruction of how to rise to these challenges. Another and significant challenge in conducting this type of research is assessing the validity and quality of the research. This could, of course, be said of all qualitative approaches. The key considerations are outlined by Yardley (2000):

- Sensitivity to context
- Commitment and rigour
- Transparency and coherence

Smith, Flowers and Larkin (2009) offer guidance on how the IPA researcher can take quality and validity seriously and suggest ways in which these can be addressed in an IPA study. I have followed their guiding principles in conducting the research.

I see qualitative research as a form of interpretive enquiry in which I will be making interpretations of what I hear and understand. I have already highlighted that I am aware that my interpretations cannot help but be influenced by my own background, professional development and prior understanding of the subject under review.

Madison (2003) suggests that researchers need to consider what is at stake when they take the role of transmitter of information and skilled interpreter. She suggests there are five central questions for researchers to consider:

- How do we reflect upon and evaluate our own purpose, intentions and frame of analysis as researchers?

- How do we predict the consequences or evaluate our own potential to do harm?

- How do we maintain a dialogue of collaboration in our research projects between ourselves and others?

- How is the specificity of the local story relevant to the broader meanings and operations of the human condition?

- How, in what location or through what intervention, will our work make the greatest contribution to equity, freedom and justice?

These questions have been key to how I engaged the research methodology.

Considerations and challenges

I am conscious that the choice of methodology placed me as a key instrument in the process. How I presented myself, how I engaged with participants and how I contracted with them for the conversations impacted on the how safe they felt to engage in the process. My focus in this research has been on eliciting and understanding the meaning that the participants hold about the issue in question. The challenge in contracting for in-depth exploration of the participants' inner worlds has been to show that I have a genuine interest in understanding how they make meaning and how this influences their behaviour. They will needed assurance that I am not blaming and judging them for their way of being or way of working with their clients.

As a Transactional Analyst, I work with Crossman's (1966) concept of permission, protection and potency. In the context of the work I do I see permission as being something that is okay and allowable. For example, it is okay for people to perceive situations as they do and it is okay for them to speak their truth without fear of blame or judgement. In order for a client to take these permissions I have to be perceived as potent, able to hold the process and not to collapse in the face of resistance or strong emotions. I see protection as my ability to co-create a space with my client in which they feel safe and contained. In any research that I have done I recognise the importance of giving the participant permission to be who they are, to speak their truth and to do so without fear of blame or judgement. Alongside this it is crucial not only to offer protection to the individuals involved both in terms of making sure they cannot be identified but also to work on the co-creation of a safe and contained space in which it is safe for us to explore their inner worlds. I have worked with this model in the research interviews.

In the contracting process it was important for me to explain and invite questions from the participants on the research, the role of the researcher and the dissemination of the findings.

Data collection

As a consequence of taking the IPA approach to this research, certain methods for collecting and analysing data were preferred. Successful data collection strategies require organisation, flexibility and sensitivity. Successful analyses require the systemic application of ideas and methodical rigour; but they also require imagination, playfulness and a combination of reflective critical and conceptual thinking. The researcher engaging in phenomenological inquiry is central to the IPA research focus.

The methods used provided a partial map of the territory which I wished to cross. My aim was to design data collection events which elicited detailed stories, thoughts and feelings from the participants. Semi-structured interviews tend to be the preferred method of data collection in IPA research (Reid, Flowers & Larkin 2005). From my professional experience of conducting research in organisational settings, I believe that one-to-one interviews are easily managed, allow a rapport to be developed and give participants the space to think, speak and be heard. My experience is that this type of interview is well suited to in-depth and personal discussion. They also fit with the model of the relationship between researcher and participants that I work with, i.e. that we engaged as equals in a co-created process of inquiry.

I considered and rejected other methods which have been used in IPA such as postal questionnaires, shared electronic mail dialogue and focus groups. The process of interviewing allows the researcher and participants to engage in a dialogue whereby initial questions are modified in the light of participants' responses and the researcher is able to enquire after any other interesting areas which arise.

In considering the data collection process, I further refined my thinking on the boundaries for the study and in particular taking the study beyond semi-structured interviews. I collected information through semi-structured interviews in the first instance, then used symbolic representation to invite participants to explore their inner world and moved to indirect observation of the coach in action, inviting the participant to connect what was happening in the coaching process with their symbolic representation

Current Status

The data collection stage of the project has been completed and I am now in the process of data analysis. I am on schedule to produce the first draft of the thesis by March 2013.

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In addition to his professional practice, Mark provides consultancy on the development of academic programmes, course accreditation, course design,

ensuring compliance with external monitoring and validation. He has developed several Masters programmes, in psychotherapy, in supervision and in counselling.

Mark is the author of Transactional Analysis: 100 Key Points (London: Routledge 2009) and a range of articles and chapters. Mark is currently completing doctoral research on transactional analysis psychotherapy for the treatment of depression as part of a PhD with the University of Leicester.

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Sandra Wilson TSTA Organisational MProf (Coaching); MA (Abnormal Psychology); BA (Organisational Psychology); Master Certified Coach is an organisation development consultant specialising in the systemic implementation of coaching in large organisations. She works nationally and internationally with a wide and diverse range of clients. Sandra is Director of The International Centre for Business Coaching and Principal of The Scottish Centre for Developmental TA. Sandra has developed a team coaching process: through uncovering the individual imagoes of team members, the team coach can work with the team to create psychological safety.

Sandra is currently in the research phase of a Professional Doctorate and the subject of her research is *'The impact of the coach's unconscious mind on the coaching process'*.

Due to an accident, Ms Wilson was unable to present but her paper is included within the Proceedings.

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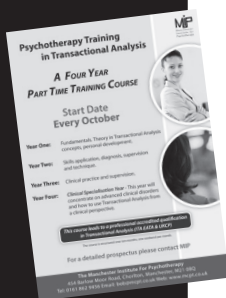
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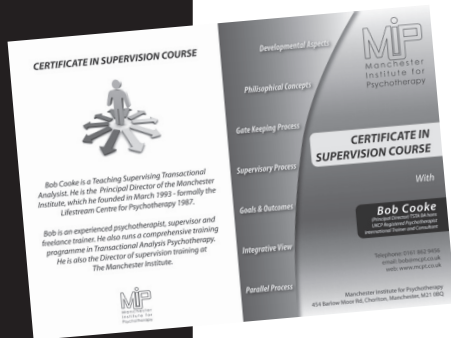
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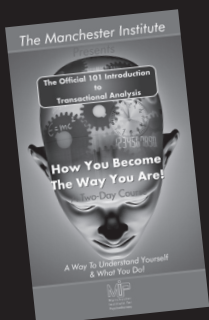
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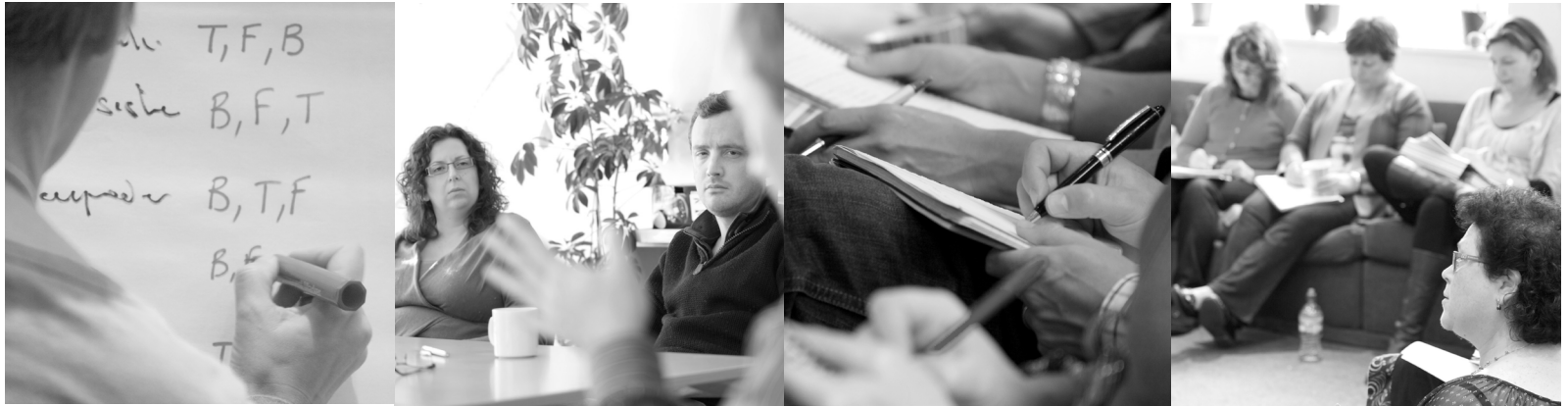
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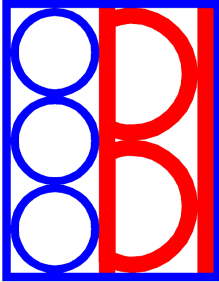
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Study at the Department of Psychology, Lund University

Nearly 1200 students study at the Department of Psychology at Lund university, with courses ranging from the introductory to doctoral level. The Department of Psychology is situated in the centre of Lund, a city rich in historical traditions where medieval culturalroots are intertwined with intense student life.

EDUCATION

Professional Psychology Program
Our Professional Psychology 5-year Program leads to a master's degree in psychology and to licensing as a professional psychologist.

Courses
A set of elementary psychology courses are offered in general psychology, cognitive psychology, as well as personality and work and organizational psychology. Studies within each of these subspecialities can be pursued at both intermediate and advanced levels.

Graduate Program
About 55 students are registered in a 4-year graduate programme. Some 20 PhD students have a paid doctoral position at the Department.

The Psychotherapy Training Program
The Psychotherapy Training Program is a 3-year, part time program leads to licensing as a professional psychotherapist.

The Master of Science programme
The program provides specialisation and breadth in the field of psychology. The aim is to provide you with a Master's degree firmly based in current research and offering broad career opportunities.

RESEARCH
Projects are organised either individually or are affiliated with one of the divisions or networks.

Research divisions
Clinical Psychology
Cognitive Psychology
Developmental Psychology
Neuropsychology
Personality and Social Psychology
Work and Organisational Psychology

Research networks
Center for Research on Consciousness and Anomalous Psychology (CERCAP)
Experimental Emotion Research
Forensic Psychology
Perceptual Informatics
Social Cognition
Sport Psychology

ORGANISATION
Considerable attention is given to finding ways to facilitate communication between education, research and practice. Each of the separate educational programmes has its own director of studies and administration. A continuous program for quality management and certification is implemented in the entire educational program, as well as in the rest of the Department. Our teachers have often been praised for their teaching skills. The Department of Psychology also has agreements with several European universities.

www.psychology.lu.se

WEALDEN PSYCHOLOGY INSTITUTE

An ITA Registered Training Establishment - in the South East since 1986

Wealden Psychology Institute offers advanced trainings accredited by UKCP and BACP, alongside it's Introductory Certificates and CPD workshops

➢ **Foundation year in Transactional Analysis Counselling & Psychotherapy.**
   Ten x 2 day weekend modules.

➢ **Advanced Transactional Analysis Counselling & Psychotherapy leading to UKCP registration.**
   Ten x 2 day weekend modules per year over three years.

➢ **CTA Exam preparation group.**
   Run on a monthly basis and open to any students preparing for their exam.

We also offer advanced, specialized trainings:

➢ **Advanced Diploma in Forensic Counselling & Psychotherapy.**
   Eight x 3 day modules over one year.

➢ **Advanced Diploma in Counselling & Psychotherapy with Challenged Children and Families.**
   Eight x 3 day modules over one year.

➢ **Diploma in Supervision.**
   Ten x 2 day modules over the year plus 4 skills days.

➢ **Fully recognised EMDR training**.
   For accredited Counsellors, Psychotherapists and Psychologists.

➢ **Introductory Certificate and Wealden Institute Diploma in Trauma Therapy**
   5 days workshops for the Certificate and a 5 day residential at our French branch for the Diploma

Advanced TA Supervision, and Supervision of Supervision are also available face to face or by Skype

Please contact the head office in Crowborough with any queries
www.wealdeninstitute.co.uk

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