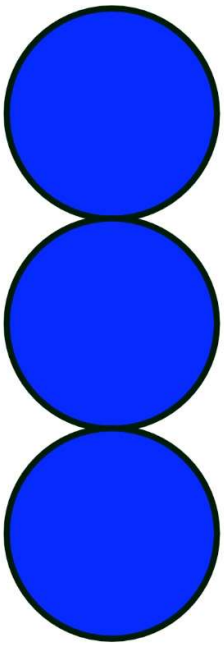

IJTARP

International Journal of Transactional Analysis Research & Practice

Volume 8 Issue 2 July 2017

https://doi.org/10.29044/v8i2

ISSN 2218-3159

IJTARP
International Journal of Transactional Analysis Research & Practice

8 (2)

Volume 8 Issue 2 July 2017

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IJTARP
International Journal of Transactional Analysis Research & Practice

8 (2), 2
https://doi.org/10.29044/v8i2p2

Editorial

Julie Hay

We are now into our 8th year and we have a new name! We have added Practice!

And in this issue we reflect that, with a research paper, three practice reflections, and a book review.

We begin with a substantial offering from Norbert Nagel, Joachim König, Sebastian Ottmann and Annika Hahnle, who describe for us how the German Transactional Analysis Association (DGTA) have developed a scientifically-based online evaluation system of transactional analysis training.

They start with a literature review that takes us through the history of evaluation and the identification of competencies related to teaching, before describing how they identified the particular competencies that relate to transactional analysis teaching.

The Data Entry form they have developed is included as an Appendix, and is followed by a second Appendix that gives details of the through statistical analyses that were conducted to check out the robustness of their conclusions.

Next we have a therapist's reflection by Silvia Baba Neal, on her work with a client with dismissive attachment style. Silvia describes how she applied relational transactional analysis, through cycles of rupture and repair. Research was run alongside this case, with routine measurements and a case evaluation process but the emphasis for this paper is on the therapist's awareness of the process and her learning from it.

We continue with two papers by Valerie Perret, both translated and reproduced here with permission from Actualités en analyse transactionelle, where they appeared originally in French.

The first of these is a reflection on the application of the 'self in relationship' model (Erskine & Trautmann, 1997) with a client with avoidant attachment style. As in the previous article by Baba Neal, Perret provides a reflective account of her process with the client.

This is followed by her second translated paper, which is about shame – with a strong element of personal experience, especially during her transactional analysis training. Having set the scene, she continues with a theoretical overview before describing the eight relational needs proposed by Erskine, Morsund & Trautmann (1999) and how these relate to the provision of supervision.

Finally, we have a book review, by Günther Mohr, of research by Maia Mäder into the competencies in the training of transactional analysts and the role of self-experience activities. An interesting contrast with the first item in this issue.

I have enjoyed working with a wider range of content and hope that you, like me, will appreciate the additional insights that come from reflective case studies.

And I look forward to your contributions in the future, now that IJTARP content includes practice as well as research.

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IJTARP
International Journal of Transactional Analysis Research & Practice
8 (2), 3-23
https://doi.org/10.29044/v8i2p3

The development by the German Transactional Analysis Association of a scientifically-based online evaluation system of transactional analysis training

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Abstract

The authors present the development and statistical analysis, conducted under the auspices of the German Transactional Analysis Association (DGTA), of an online evaluation system of transactional analysis training. The understanding of evaluation research is clarified, and the data-entry form and its grounding in the theory of transactional analysis are presented. Emphasis is placed on the development of the competence concept, the definition of competence categories, and the representation of the foundations of a transactional-analytic educational theory. The scientific examination of the validity and reliability of the scales, the research process with pre-test and re-test, and the evaluation of the data in the system of online evaluation are extensively documented. In conclusion, it is claimed that this online-based DGTA evaluation is one of the few result-oriented teaching evaluation instruments in the German-speaking countries which meets scientific control criteria and is published.

Key Words

Evaluation; Evaluation Research; Transactional Analysis; Personal Competence; Reflection Competence; Professional Competence; Relational Competence; Training; Data Entry Form; Quality Management; Principal Component Analysis; Cronbach's alpha.

Introduction

Since the establishment of the International Transactional Analysis Association (ITAA) in 1964, quality management for training in and practice of transactional analysis has been developed, differentiated, and refined worldwide. Within Europe nowadays, the European Association for Transactional Analysis (EATA) is the authoritative body, although much effort is put into ensuring that the ITAA and EATA are working to similar standards. The German Transactional Analysis Association (Deutsche Gesellschaft für Transaktionsanalyse - hereinafter referred to as the DGTA) is affiliated to EATA and is therefore the organisation within Germany that ensures that there is adherence to the worldwide standards for transactional analysis.

Since the beginning, the TA community has placed considerable emphasis on ensuring that transactional analysts are competent. For many years, the examination processes have focused on a requirement that candidates demonstrate their competence through presentation of recordings of their work with clients, accompanied by theoretical and practical discussions with a panel of internationally-accredited professional colleagues. TA students are required to engage in an ongoing process of professional supervision in order to develop the necessary range of competencies in line with the norms of the profession. Those teaching TA will typically seek 'reverse supervision' in that they expect to engage in open discussions with participants about what within the teaching is helpful or not to the students.

The project described here is one to develop a scientifically-based process of evaluation that sits alongside the ongoing interactions between teachers and students. An online system was developed so that students could provide feedback after each seminar attended, against a set of TA-specific competencies that were defined as part of the project, in such a way that students and teachers can be provided with access to their own results, and the Association can have access to summarised, anonymised results that will allow critical discourse about several aspects within quality management e.g. how varying formats of teaching are contributing to learning.

Literature Review

Evaluation and Evaluation Research

Hense (2006) pointed out that the practice of evaluation can be traced back to the Renaissance, with the traditions of thought underlying it going back to antiquity. It is always a matter of evaluation – even the morning glance out of the window to check the weather is an evaluation (Meyer & Höhns, 2002). Tyler (1949) was an early proponent of the evaluation of education, having conducted an eight-year study (1933-1941) involving over 300 institutions and addressing the rigidity and narrowness of educational curricula. What became known as the 'Tyler' or 'Objective Model' incorporated questions about: defining the educational purposes/objectives; selecting useful learning experiences; organising those experiences to maximise the impact of instruction; and evaluating the effectiveness of the learning experiences. Tyler's work on evaluation, within pedagogical discussion, had led at that time to a change from input to output orientation of educational work. His work went on to form the basis of the Programme for International Student Assessment (PISA), which is a triennial international survey run by the OECD (Organisation for Economic Cooperation and Development) which aims to evaluate education systems worldwide by testing the skills and knowledge of 15-year-old students. In 2015 this involved over half a million students, representing 28 million 15-year-olds in 72 countries and economies. (OECD, 2015a, 2015b).

The 1960s are widely considered as the beginning of the discussion of evaluation in Europe, with Meyer & Höhns (2002) pointing out that "Compared with the USA, the professionalization of evaluation research in Europe began with a 10-year delay at the end of the sixties. The pioneers of this development included Sweden, Great Britain and the Federal Republic of Germany." (p.5). Wottawa & Theirau (1998) described evaluation as "the process of assessing the value of a product, process or a program, which does not necessarily require systematic procedures or data supported proofs for the substantiation of the judgement." (p.13) and defining evaluation research as "the explicit use of scientific research methods and techniques for the purpose of conducting an evaluation… [and which] stresses the possibility of the proof, instead of the pure claim to the value and usefulness of a certain social activity." (p.13). Reischmann (2003) defined three aspects of evaluation research as: "1. The methodical gathering and 2. the substantiated evaluation of processes and results for the 3. better understanding in shaping other practical measures within the field of education through the control of effects, management and reflection." (p.18).

Whilst instructional sessions have been evaluated within Germany since the 1960s, surveys made by different authors show that the scientific quality of evaluation procedures and of questionnaires used are rarely monitored (Döring, 2005; Schnell & Koop, 2000). Will, Winteler & Krapp (1987) echoed the problem of evaluation being used only to confirm good practice when they pointed out that, especially within the area of educational policy-making, evaluations were only to be able to better 'sell' decisions already made. Legge (1984, quoted in Hense, 2006) had referred to this as a 'crisis of use' which leads to a 'crisis of purpose'. The lack of concrete actions as a consequence of evaluation results led to the evaluation of evaluation research becoming a well-examined subsection of research and evaluation (Leviton, 2003, quoted in Hense, 2006).

Evaluation Questionnaires

Donabedian (1966) pointed out that an evaluation could cover process, structure and/or result data. Process data relates to the methodology and didactics of the teaching, structural data considers the environment and/or context factors, and result data records the gain in learning. These are therefore equally dependent on the organisation of the training and on the learning capability and will-to-learn of the learner.

There were 14 scientifically-based teaching evaluation questionnaires available in German-speaking countries before this project began (Ulrich, 2013), although only two were result-oriented:

- The result-oriented questionnaire BEvaKomp (Braun Gusy, Leidner & Hannover, 2008; Vervecken, Ulrich, Braun & Hannover, 2010) gathers data as to competencies named technical, methods, presentation, commun-ication, cooperation, personal, specialised subject, and diversity, according to the self-assessment of the learner.
- The other result-oriented data-entry form GEKo (Dorfer, Maier, Salmhofer & Paechter, 2010; Paechter, Skliris & Macher, 2011) captures technical competence, methods competence, social-communicative competence, personal competence, and media competence.

A significant consideration is the way in which, as Eisenberger and Kramer (2005) comment, criteria for evaluation are specified before the evaluation takes place, and hence are likely to have an influence on the teachings which they are evaluating. Meinefeld (2010) made similar comments, pointing out that evaluations are suited for creating their own reality when they are first introduced, so that the original concerns of the instruction are distorted.

It seemed essential, therefore, to ensure that any instrument designed for evaluating the quality of the teaching of transactional analysis must be based on those competencies that are intended to be the outputs.

Competencies

The Training and Examination Handbook (EATA, 2014) includes within it core competencies for the four different specialisation fields of transactional analysis. Individual demonstration of these is assessed during examination where candidates present live recordings of their own

practice and discuss these with the panel of examiners in terms of theoretical substantiation, appropriateness to the situation, and the underlying philosophy and values of transactional analysis. This process has been happening within the TA community since the 1960s, although it is only more recently that the idea of competence in the context of training has become more generally accepted. Even then, many non-TA accreditation processes still have the character of knowledge examinations rather than of competence evaluation.

A starting point for the use of the term competence may be seen in the work of Weber (1947) who used it within his organisational theory to mean responsibility, such that each level in the hierarchy has clearly defined responsibilities and hence its own sphere of competence. In the German language, the Latin root of the verb 'competere' means coming together, such that several factors come together so that someone has the competence for managing the situation (Vonken, 2005). The concept of competence in this sense appeared first with the American psychologist McClelland (1966) and in German-speaking countries with Chomsky (1973) writing of linguistic competence.

Since then, among the many attempts at definition, that by Weinert (2001, 2014) is often seen: "Competencies are the cognitive abilities and skills available to individuals, or which they can learn, enabling them to solve certain problems, as well as the associated motivational, volitional and social willingness and ability used to be able to use problem-solving successfully and responsibly in variable situations." (from 2014, p.27). An alternative definition provided by Erpenbeck & Rosenstiel (2007) described competencies as dispositions to self-organised behaviour; adding that "the competence concept… has a definite meaning only within the specific construction of a theory of competence" (p.20).

Within transactional analysis, candidates are expected to demonstrate competence in terms of knowledge, understanding and ability, options for action and personal motivation, intentional and effective realisation in a reflected ethical framework and an appropriate relation to context. For example, an evaluation category reads: "TA concepts are responsibly used in order to promote learning; the broad range of different learning styles and needs is considered; questions connected with the learning process are recognised and addressed in the sense of support. Feedback and evaluation are embodied in the learning process." (Criterion 6 in DGTA 2011 Training and Examinations Handbook for Transactional Analysts, p.171)

To quote from Klieme & Hartig (2007), "Nuissl von Rein, Schiersmann and Siebert (2002) named 'competence development' as 'term of the year' in adult education. A current key-word search in the literature data base of the German Education Index gives 8,889 hits for competence, in the data base Psychinfo, starting from 1985, there are 27,255 hits for competence, competency and competencies - this corresponds during the entire period to three or four, in recent time even ten publications per day." (p.12).

When it comes to specifying competencies, the OECD (2005), in their Definition and Selection of Competencies website proposed (and still do): capacity to act autonomously, interacting in heterogeneous groups, and use tools interactively (e.g. language, technology). Erpenbeck & Rosenstiel (2007) worked out four competence classes: personal, activity and realisation-oriented, technical-methodological, and social-communicative. Webler (2005) named three: social, personal and metacognitive.

Objectives

Having established that there is agreement within current evaluation research that there is no one 'correct' evaluation, and that any evaluation should be appropriate to the respective context, it was decided within the DGTA to develop its own online evaluation instrument oriented to the inherent goals of TA training, with the intention that it should provide objective and transparent data concerning the success, effectiveness and efficiency of TA training, whether of courses, modules or other formats, leading to certification or accreditation or not, and including those who do not complete training or do not take examinations.

Within this overall aim, there were four objectives:

1. that DGTA receives feedback on the TA training that it legitimises, that will contribute to quality assurance, such as through critical discussion of results at meetings of trainers;
2. that the TA teachers receive direct feedback on their own performance, can compare this to summarised results of others, and can (optionally) engage in discussions with colleagues who are also receiving feedback;
3. that participants receive feedback reports that can be used to reflect, alone or with peers, and as part of (optional) reviews with the teacher such as is customary for those in longer-term TA training;
4. to provide a vehicle for researchers to investigate specific elements associated with the impact of TA training on competencies.

In order to ensure a scientifically-based project, an agreement was made to cooperate with the Institute for practice Research and Evaluation at the Lutheran University of Applied Sciences in Nuremberg.

Ethical Considerations

It was determined that provision of input into the online evaluation, once it had been set up, would be voluntary and anonymous. Anonymity would apply to teachers and students, in that teachers would see only evaluation data relating to their own seminars, and students would see

data relating only to themselves. Each participant determines their own identifying keyword, based on some rules provided so that it can be generated again if the participant forgets it, and this is used only in order to complete longitudinal tracking of a particular teacher or student. Even the generation of an identifying keyword is voluntary; participants can provide their data without this if they wish.

All data is held on a server at the Lutheran University and DGTA receives only summary data, to guarantee that there can be no conclusions drawn about individual teachers or students. DGTA has deliberately excluded itself from direct access to any raw data, so that there can be no appearance of using the results as an instrument for external monitoring.

It is intended that data might be available for further research projects. In such cases, it is possible to show which datasets originate from different courses in order to analyse differences between different course formats, but still without any identification of teachers or participants. The necessary processing and anonymisation of all data sets is under the control of the Institute for Practice Research and Evaluation at the Lutheran University of Applied Sciences in Nuremberg, and any subsequent publication of research requires the approval of the DGTA.

It is worth noting that during 2014-2015 three uses of the data were made, by students at the University of Education in Heidelberg studying for master's degrees: one examined the development of personal competence by participants-in-training and the leadership behaviour of the instructors, another examined the meaning of leadership competence within change processes and a third studied the development of TA competencies and their effects on chronic stress.

Determining the Competencies

The competencies are shown in Appendix 1: Data Entry Form. They were developed by the first author together with another Teaching & Supervising Transactional Analyst (TSTA) in the Educational field, Dr Hans Joss; Christoph Seidenfus, a TSTA in the Organisational field; and Dr Norbert Klöcker, a Certified Transactional Analyst (CTA) in the Counselling field. Each of these wrote a description and an example based on the existing EATA/ITAA competencies (EATA Training Handbook 2011). These were combined into a presentation for a teaching conference in November 2011, at which groups formed according to specialisms were asked to discuss the competence categories and their feedback was then incorporated.

As explained later in the section on Limitations, it was not possible to include someone certified in the Psychotherapy field of TA application within this project, although it is assumed that the competencies for that field will be present in the final results for transactional analysis generally.

Pre-test

A pre-test was conducted during January-February 2012 when 103 participants evaluated 19 different seminars, chosen to represent as many kinds of courses as possible and with at least one event from each of the specialist groups. In total there had been 187 participants enrolled in the events in question: average response rate was 55.1 per cent, with a range from 13-100 per cent per event. Pre-test results were not subsequently included in the statistics after the start date of 10 May 2012.

Principal component analysis (PCA) was used to examine construct validity for individual dimensions and for all items. Two components were extracted for the dimensions of personal competence and professional competence, using significance loading greater than 0.5 with less than 0.3 loading on further components (Wolff & Bacher, 2010). It was decided to remove one item from each (increasing consciousness of myself; differentiating with more confidence between harmful and supporting interventions). One component was found for each of reflection competence and relationship competence.

For PCA over all items, it became evident that the four dimensions specified in terms of content could not be proven statistically. According to the eigenvalue criterion and the Scree Plot an ideal solution consisted of five components instead of the four dimensions presented in the questionnaire. Because of this, the decision was made to re-examine the validity statistically at a later time when more datasets would be available.

Cronbach's alpha coefficient was applied for reliability, with a satisfactory value of 0.70 (Rammstedt, 2010) for all dimensions. Reliability improved slightly if an item was removed from the personal competence dimension, but as it was a slight improvement only and the item was content-relevant to DGTA, a decision was made to retain the item.

Re-test

No re-test was accomplished in the usual sense of the term – instead the pre-test process was repeated with a larger data set. By May 2014 788 participants received an invitation to replay to the Data Entry Form after it had been published in the initial Online Evaluation System Manual on 5 October 2012. 39.7% of the 788 participants responded, providing 313 datasets originating from 82 seminars which had been conducted by 27 teachers.

Before the PCA, individual items were descriptively assessed and it became evident that there were a high number of missing values. A process of imputation was considered such that values would have been added (Lüdtke & Robitzsh, 2010) but was rejected because it had been possible to mark competencies as already available, or for making no evaluation if a concept did not occur within a seminar, or if the respondent was new to training and did not feel able to make an evaluation. The exclusion of all cases with missing values would have

reduced the sample size to 122. Analyses of listwise and pairwise exclusions (Lüdtke & Robitzsch, 2010) were conducted; it became evident that the results were very similar so it was decided to use pairwise exclusion as this retained more cases for analysis.

As for the pre-test, PCA was applied to the individual dimensions and the four dimensions. Before the respective analyses were performed, an examination of the suitability of the correlation matrix was made, using the Kaiser-Meyer-Olkin criterion (KMO) and the Bartlett Test (Wolff & Bacher, 2010) to indicate a significant result. According to Bühner (2011), values greater than 0.8 using the KMO criterion are an indication that the data is well suited for performing a principal component analysis. Furthermore, the suitability of the individual items for the performance of a principal component analysis was examined using the MSA-coefficients. In the interpretation of these coefficients Bühner's (2011) recommendation to interpret them exactly like the KMO-coefficients was followed. There were satisfactory sample size values in all four dimensions; the correlation matrices were well suited for PCA as expressed in a good KOM-coefficient and a significant Bartlett Test. It was also evident in all four dimensions that the variables tested by the MSA-coefficients were well or very well suited for the analysis.

A comparable starting position resulted from the principal component analysis of all items. The sample size was satisfactory and the KMO-coefficient showed very good suitability of the correlation matrix for the principal component analysis. Furthermore, the Bartlett Test was significant. If one considers the individual items, then they were very well suited for the analysis (MSA-coefficient).

Since the principal component analysis is an explorative procedure, the number of components was first determined in the context of the analysis. There are various criteria for the determination of the correct number of components. However, because the determination of the number of components with only one criterion can lead to an over- or under-specification, the number of respective components was determined with the aid of eigenvalue criterion (Kaiser-Criterion), Scree Plot and Parallel Analysis.

When using the eigenvalue criterion, it is specified that all components which have an eigenvalue greater than 1 are to be extracted. With the Scree Plot the eigenvalues are represented in a diagram. In this diagram there is a kink, after which the curve becomes flatter. All components to the left of this kink are to be extracted. With the parallel analysis, eigenvalues of the empirical analysis are compared to the eigenvalues of random data. Components are extracted when empirical eigenvalues from the analysis are greater than the eigenvalues of the random data set (Wolff & Bacher, 2010). If the different parameters for the determination of the optimal number of components came to different results, then in the context of this investigation all possible solutions were analysed, and the solution which could be interpreted best with respect to content was regarded as most suitable.

In order to assure better interpretability of the components, these are to be rotated if more than one component was found. As was already done in the pre-test, an orthogonal rotation technology was used for the analyses which were performed. The Varimax rotation, which assures that the independence of the components is preserved. has the goal to produce the best simple structure possible. This means that the variables load as highly as possible on a component, and at the same time load only slightly on further extracted components (Wolff & Bacher, 2010).

As in the pre-test, in the re-test a significant loading of a variable on a component with a loading value greater than 0.5 was seen. Here one should bear in mind that the variable may load significantly on no other component at the same time; thus only values of less than 0.3 may be present here (Wolff & Bacher, 2010).

Full details of the results of principal component analysis for the individual dimensions, the exclusion of multi-collinearity and difficulty artefacts, and the calculation of Cronbach's alpha for reliability can be seen in Appendix 2.

Statistical Conclusions

When one considers the analyses which were performed, the following results can be determined.

The content-related separation (operationalisation) of the items into the four dimensions (personal competence, reflection competence, professional competence and relational competence) makes sense, is valid and can be confirmed statistically. The statistical confirmation and the validity are evidenced by the univariate solution of the principal component analysis in all four dimensions. The reliability of the four dimensions is also given, since all four dimensions exhibit very good values for Cronbach's alpha. A content-related revision of the dimensions is not necessary with a view to validity and reliability, since all variables load highly on the found component and, on the other hand, Cronbach's alpha does not improve if one were to exclude individual variables of the dimensions.

In the context of the analysis it became evident at the same time that there is a "general factor TA competence", which is generated by the seminars in a homogeneous manner. This result can be justified with the univariate solution of the principal component analysis over all items. The content-related separation of the variables into the four dimensions makes sense despite the discovered general factor, since this separation is justified and assured by the content-related validity.

There are, therefore, very good grounds to assume the sufficient validity and reliability of the instrument.

The Competencies and TA

Personal Competence – TA related

For the determination of the category of personal competence in the context of an evaluation related to transactional analysis training, we considered the need to have reference to transactional-analytic theory and conceptualisation, to correspond to the human image of transactional analysis, and to carry the developmental character which is specific to transactional analytic modelling and its working method.

Item 2.1 *I was able to significantly increase my ability to engage in spontaneous and situational behaviour* refers to the autonomy concept of Berne, as well as to the working model (Berne, 1964; Berne, 1975).

Item 2.2 *I was able to significantly increase my ability for closeness in relationships* ties in to the hunger for assurance, which Berne (1975) regards as a basic psychological need, and which in the work of Erskine (1998) and in relational transactional analysis is understood as the need for relationships. The attention paid to this need is regarded by transactional analysts as basic for each client and/or target-person relationship.

Item 2.3 *I am significantly more able to be aware of my own feelings and deal meaningfully with them* reflects the fact that feelings are a constitutive component of the system of ego states and help determine thinking, physical experiencing and the actions which follow (Berne, 2006). In Claude Steiner's (1997) concept of emotional competence the awareness of feelings takes on substantial significance in conflict resolution and stress management.

Item 2.4 *I am significantly better able to distinguish between substitute feelings and feelings* refers to the concept of English (1980) which makes this distinction. It takes into account the observation that many of our feelings do not stand in a cause-and-effect relationship with present experiencing, but are instead an internal psychological reaction to past experiencing and to fantasies, and are therefore often of little help for accomplishing present tasks.

Item 2.5 *I was significantly better able to increase my awareness of the ethical implications of my own behaviour* refers to the ethical responsibility of each human being. This is a central idea in the conception of humankind held by transactional analysists, and an expression of an integrated Adult ego state. Accordingly, there are obligatory ethics guidelines for DGTA members (DGTA 2011).

Item 2.6 *I was able to significantly increase my ability to grasp different frames of reference and respect them* uses the concept of the frame of reference from Schiff's (1975) theory. It takes into account the subjectivity of perception and thinking in the sense of constructivism, and represents a great challenge for the professional encounter.

Item 2.7 *I was able to significantly increase my ability to assert myself* takes up the aspect of self-assertion in various TA models. This can be seen, for example, in the concept of autonomy, in the balance of the energy distribution according to the functional model, in the construct of the integrated Adult ego, or in that of emotional competence. Self-assertion is always to be described as an 'activity,' in distinction to 'devaluation,' 'passivity' and 'passive behaviour'.

Reflection Competence – TA related

Reflection competence is a metacognitive competence (Webler, 2005); a precondition for the emergence of pedagogical expertise (Neuweg, 2005); a key competence of professionalism (Combe & Kolbe, 2004); and always takes place in the relationship of practice, theory and person (Wildt, 2003). Within transactional analysis it is particularly expected within the supervision process.

Reflection breadth and depth are drawn from Leonard, Nagel, Rilm, Strittmatter-Haubold & Wengert-Richter (2010).

Item 3.1 *I have significantly more reflection breadth, in other words, I can regard reality from the perspective of several models* refers to more than 100 models in TA theory, and the demand made of the transactional analysts to regard behavioural situations from the perspective of different models, to select an action-guiding model appropriate to the client and the situation, and to examine this choice in the process and if necessary to change it.

Item 3.2 *I have significantly more reflection depth, in other words, I can better create my own biographical learning history references* focuses within the context of TA training primarily on the aspect of the person. It is a matter of understanding one's own behaviour as the result of earlier learning experiences and possible script decisions, and of distinguishing these from the experiencing and acting which is related to the present. In the terminology of the structural model of the personality it refers to diagnosing one's own ego states and recognising discounts.

Item 3.3 *I was able to significantly increase my use of feedback for my own reflection process* involves special attention given to the aspect of the extent to which feedback from others can be used for reflection. That could be implicit information from the client system (e.g. resistances, justifications, tensions), or explicit feedbacks from colleagues, the supervisor or the evaluation assessment.

Item 3.4 *I am significantly better able to take a critical view of theories and models* directs us toward the ability for critical evaluation of those models and theories which are consulted in practice in order to understand the

situation, as well as for planning behaviours. Here it is a question of the competence gain to theory-practice-reflection, as well as to the ability for engaging in critical discussion of theory.

Professional competence – TA related:

Successful professional action requires more than extensive knowledge. Weinert (2001) proposes "general problem solving ability, critical intellectual capacity, domain-specific and comprehensive knowledge, realistic positive self-confidence and social abilities" (Weinert quoted in Henning, 2013, p.29), to which Henning (2013) adds "domain-specific strategies, routines and subroutines, personal value orientations, motivational inclinations and volitional control systems" (p.29)

Item 4.1 *I am significantly better able to provide appropriate diagnoses* focusses on the strength of the transactional analyst to give model-driven explanations for experiences and behaviour, that are generally understandable for the addressee and also point out development steps. In this sense, it has been talked of as diagnosis and taught in the TA training.

Item 4.2 *I am significantly better able to create clear strategies* addresses the competence to support the development steps – implicit in the diagnosis – by strategic goal-oriented action. Within the transactional analysis literature it has been referred to as process competence.

Item 4.3 *I am significantly better able to recognise the possibilities and limits of contract work and to deal with them* discusses the competency requirement to capture appropriately the client's ability to contract, to distinguish different types of contracts and to access the viability of contracts.

Item 4.4 *I was able to significantly increase my ability to organise learning processes* refers to the process competence, as well as Item 4.2, especially taking account of the aspect that self-organised processes also require contextual support, challenges, feedback and space for practicing.

Item 4.5 *I am significantly better able to plan goal-oriented and appropriate interventions* reflects goal-oriented and appropriate use in practice of Berne's (1985) distinction between different types of interventions that contribute to achieving the objective of the contract in various degrees, and how this repertoire of forms of interventions has continually expanded.

Item 4.6 *I was able to significantly increase my ability to offer appropriate protection to the client system* ties in with the three fundamental requirements for leading groups and supporting change processes: the 3 P's (permission, protection (Crossman, 1966), and potency (Steiner, 1968)). The focus at this point is on protection, which is ethically needed as well as necessary for successful practice.

Relational competence – TA related:

Relational competence is seen as an essential component of professional competence (Vierzigmann, 1993; Nagel, 2001; Juul, 2005; Erpenbeck & Rosenstiel, 2007; West-Leuer, 2007; Andretta, Drexler, Pauza & Möller, 2011). It has increasingly been researched as an aspect of bonding (Gloger Tippelt, 2011) and is accorded great significance within transactional analysis.

Item 5.1 *I was able to significantly increase my ability to relate out of an ok attitude* reflects the fact that according to Berne (1975) the attitude I'm OK – You're OK is the only constructive basis for a profitable meeting between people. Within the TA literature this attitude is generally seen as necessary while working with people in therapy, coaching, consulting or other processes of learning.

Item 5.2 *I have significantly more options for shaping my communication* takes up on the opinion of transactional analysts that communicative competence consists of using a wide range of possibilities to support understanding and development.

Item 5.3 *I am significantly better able to develop a strengthening culture of caring in social contexts* responds to Steiner's (1982) proposed giving of honest and positive attention instead of destructive rules of the stroke economy. In this way the basic psychological need for attention (Berne, 1975) can be satisfied; according to the transactional point of view this is a prerequisite for being encouraged to learn and willing to change.

Item 5.4 *I was able to significantly increase my ability to abstain from games and devaluations in favour of open communication and active problem solving* follows the point of view of the model of time structuring that games are avoided either by objectification or intimacy (Berne, 1975). The ability to communicate openly and impartially (intimacy) enhances the chances of active problem solving.

Item 5.5 *I am significantly better to remain in contact, even in relationship crises* relates to Erskine's designated "contact in relationship" as a medium, "through which the process of spin-off (dissociation) can be resolved." (Erskine, 1996, p.184) and how 'staying in contact' in relationship crisis is being essentially constructive in the relationship and supports a connected feeling of self.

Additional Statements

It was recognised during the process of identification of the competencies that particular TA teachers might wish to add statements about aspects that are not represented elsewhere, such as about methods, curriculum, leader performance. The system was therefore designed to allow the inclusion of up to five optional additional statements, by teachers or by specialised groups within DGTA. The analysis of items added by teachers are seen only by that teacher and those students who have completed that version of the entry form.

Leader Performance and Seminar Organisation

The data entry form shown as Appendix 1 indicates another set of statements, related to the leadership and organisation of the courses being evaluated. These statements were not included within the statistical processes described above and will become the subject of another paper in due course.

Limitations

There is likely to have been some 'interpretation' by respondents when evaluating short rather than longer-term courses, in that an 'applies fully' claim about development of a competence over one or two days will clearly not have the same meaning as it might for a longer course.

Much has already been published, and training education provided, by the lead author. There may therefore have been an over-reliance on the input of that author, both in the way in which the competencies are understood, and within the process of the study.

Due to legal constraints within Germany, there are few TA practitioners within the Psychotherapy field of application. The authors qualifications do not, therefore, encompass this specialism. However, the competencies have clearly been linked to the therapeutic origins and later developments within the literature.

Conclusions

DGTA now has a scientific online-based evaluation system that will satisfy the requirements of the continuing education market in Germany, meet prevailing ideas about quality assurance, and provide information to the Association, the teachers and the students in ways that will allow the identification of potential improvements in how transactional analysis is being taught as well as how it is being learned.

However, we must not forget that, as Dammer (2015) makes clear, empirical evaluation is potentially an instrument of domination for the control of free humans. Transactional analysts specialise in relationship and it is important that the provision of numerical values is not seen as a substitute for the discourses and open discussions that come from direct contact between teachers and students, and within professional circles.

We finish with some encouragement for others to use the system as a basis for further research projects, such as the impact of short-term versus longer-term training, whether competence increases correlate with any of the demographic data that is being collected, the impact of group sizes, whether the rate of competence development varies depending on year of study (do beginners progress faster than advanced students, or might the opposite be the case?) – and we are sure that readers will be able to think of several more exciting research opportunities.

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Appendix 1: Data Entry Form

Editor's Note: formatting changed to save space and for IJTARP pagination

Thank you for your participation in the training evaluation of the DGTA. The following training session you attended will be evaluated with this data entry form:

Title of the course _____ (entered automatically by the system)

Form of the course _____ (entered automatically by the system)

Leader of the course _____ (entered automatically by the system)

Period under consideration from ____ to ____ (entered automatically by the system)

With this evaluation the DGTA would like to examine the courses with respect to their success, effectiveness and efficiency, as well as gain reference points for the effectiveness of transactional analysis as method, and asks you for your support in this. The data will be evaluated and made available to the DGTA and the director/conductor of the course. The evaluations do not permit any conclusions being drawn to your person - please also note the information regarding data security.

The statements presented are intended to examine the extent to which your individual competence was increased by the course. You can estimate this on the basis of a six-level standard scale:

Applies fully ☐☐☐☐☐☐ Applies not at all

The caption on the left, e.g. *„applies fully"*, defines the meaning of the square at the far left, the caption on the right, e.g. *„applies not at all"*, specifies the meaning of the square completely on the right. The squares between them make a gradation of the evaluation. In some cases it may be that you cannot evaluate the statements, for example, if a concept did not occur at all in the course, or you stand only at the beginning of the training. Please make no cross then and leave this statement in the evaluation empty. If a competence and/or ability is already completely present for you, please mark the appropriate field beside the scale.

Information on data security

The answers contain no kind of information which can lead back to or identify you. The results of the study will be anonymously stored and evaluated. The access key to this course evaluation which you received allows no conclusions to be drawn as to your person. The directors/conductors of the courses receive none of the personal data which you enter at the end of the data entry form. The DGTA receives this data only in completely anonymised and summarized form, so that no conclusions as to your person are possible. Likewise no inferences back to its instructors are possible for the DGTA.

Information about the online data entry form

If you make an incorrect entry while filling out the data-entry form and you are not able to deactivate it, please close your browser and open the data-entry form again. When the browser is closed the entries you have made up until then will not be saved. You can have this information displayed again at any time while you are filling out the data-entry form. Please click on the button at the left and this will be displayed.

Note that the arrow keys, shift "up" (↑) and "down" (↓) shift the cross in the evaluation of a statement to the side.

1.1. Are you a member of the DGTA?

☐ yes ☐ no

1.2. If you are a member of the DGTA: In which DGTA field of application do you specialise?

☐ Consultation ☐ Pedagogy/adult education

☐ Organization ☐ Psychotherapy

2. Please evaluate the following statements about the effects of the visited course regarding <u>personal competence</u>:

(If you are not able to evaluate one of the following statements, please make no entry.)

		Applies fully *applies not at all*	Competence existing before the course.
Personal competence	2.1. I could significantly increase my ability for **spontaneous and situational behaviour**.	☐☐☐☐☐☐	☐
	2.2. I could significantly increase my ability for **closeness in relationships**.	☐☐☐☐☐☐	☐
	2.3. I can be significantly more aware of my own **feelings** and deal meaningfully with them.	☐☐☐☐☐☐	☐
	2.4. I am significantly better able to distinguish between **substitute feelings** and feelings.	☐☐☐☐☐☐	☐
	2.5. I could significantly increase my awareness of the **ethical implications** of my own behaviour.	☐☐☐☐☐☐	☐
	2.6. I could significantly increase my ability to grasp different **frames of reference** and respect them.	☐☐☐☐☐☐	☐
	2.7. I could significantly increase my ability to **assert** myself.	☐☐☐☐☐☐	☐

3. Please evaluate the following statements about the effects of the course attended with respect to <u>reflection competence</u>:

Reflection competence	3.1. I have significantly more **reflection breadth**, i.e. I can regard reality from the perspective of several models.	☐☐☐☐☐☐	☐
	3.2. I have significantly more **reflection depth**, i.e. I can better create my own biographical learning history references.	☐☐☐☐☐☐	☐
	3.3. I could significantly increase my use of **feedback** for my own reflection process.	☐☐☐☐☐☐	☐
	3.4. I am significantly better able to take a critical view of **theories and models**.	☐☐☐☐☐☐	☐

4. Please evaluate the following statements about the effects of the visited course regarding <u>professional competence</u>:

Professional competence	I am significantly better able to provide appropriate **diagnoses**.	☐☐☐☐☐☐	☐
	4.2. I am significantly better able to create clear **strategies**.	☐☐☐☐☐☐	☐
	4.3. I am significantly better able to recognise the possibilities and limits of **contract work** and to deal with them.	☐☐☐☐☐☐	☐
	4.4. I could significantly increase my ability to organise **learning processes**.	☐☐☐☐☐☐	☐
	4.5. I am significantly better able to plan goal-oriented and appropriate **interventions**.	☐☐☐☐☐☐	☐
	4.6. I could significantly increase my ability to offer appropriate **protection** to the client system.	☐☐☐☐☐☐	☐

5. Please evaluate the following statements about the effects of the visited course attended with respect to <u>relational competence</u>:

Relational competence	5.1. I could significantly increase my ability to relate out of an **ok attitude**.	☐☐☐☐☐☐	☐
	5.2. I have significantly more options for shaping my communication.	☐☐☐☐☐☐	☐
	5.3. I am significantly better able to develop a **strengthening culture** of caring in social contexts.	☐☐☐☐☐☐	☐
	5.4. I could significantly increase my ability to abstain from **games and devaluations** in favor of open communication and active problem solving.	☐☐☐☐☐☐	☐
	5.5. I am significantly better to remain in **contact**, even in relationship crises.	☐☐☐☐☐☐	☐

6. Additional statements of the DGTA specialised group which can be evaluated

Statements of the specialist group	6.1.	☐☐☐☐☐☐
	6.2.	☐☐☐☐☐☐
	6.3.	☐☐☐☐☐☐
	6.4.	☐☐☐☐☐☐
	6.5.	☐☐☐☐☐☐

7. In conclusion, please evaluate the statements related to the leadership and organization of the course.
The course-related results from this area will be evaluated anonymously and made available only to the director/conductor of the course.

Statements about the course	7.1.	I experienced the trainer as an authentic TA-practitioner in the course.	☐☐☐☐☐☐
	7.2.	The impact dimensions specified above could be experienced in the course in the behaviour of the leader as well as in the shaping of the relationships.	☐☐☐☐☐☐
	7.3.	The course was sufficiently structured for my needs.	☐☐☐☐☐☐
	7.4.	The instructor impressed me as technically competent.	☐☐☐☐☐☐
	7.5.	The relation to one's self and the applicability of the knowledge to practice was sufficiently brought up for discussion.	☐☐☐☐☐☐
	7.6.	In the course I was appropriately called on.	☐☐☐☐☐☐
	7.7.	My own training goals and personal learning style were supported.	☐☐☐☐☐☐
	7.8.	It was possible to play an active part in shaping the learning process.	☐☐☐☐☐☐
	7.9.	Relationship and dynamics among group members were part of learning.	☐☐☐☐☐☐
	7.10.	The learning atmosphere in this course was pleasant for me.	☐☐☐☐☐☐
	7.11.	Contract orientation was practiced in the course.	☐☐☐☐☐☐

	7.12. I found that the instructor dealt appropriately with resistances from participates.	☐☐☐☐☐☐
	7.13. Was the training led by two persons responsibly?	☐ yes☐ no
	7.13.1. If yes: Did you perceive significant differences regarding the statements 7.1. to 7.12?	☐ yes☐ no

8. Additional statements by the director/conductor of the course which can be evaluated

The course-related results from this area will be evaluated anonymously and made available only to the director/conductor of the course.

Individual statements	8.1.	☐☐☐☐☐☐
	8.2.	☐☐☐☐☐☐
	8.3.	☐☐☐☐☐☐
	8.4.	☐☐☐☐☐☐
	8.5.	☐☐☐☐☐☐

9. Please provide additional information about yourself.

The course-related results from this area will be evaluated anonymously and made available only to the DGTA.

Demographic data	**9.1 please indicate your sex** ☐female ☐male
	9.2 Please indicate your age ☐ under 20 years ☐ 20 - 30 years ☐ 31 - 40 years ☐ 41 - 50 years ☐ 51 - 60 years ☐ 61 - 70 years ☐over 70 years
	9.3 Please indicate the kind of participation in TA training: ☐One-time participation ☐On-going participation
	If on-going participation: 9.3.1 In which training year are you at the moment?_____ 9.3.2 Approximately how many courses have you completed?_____ The DGTA is also interested in recording the long-term development of individual participants. For this reason you can in the following indicate a keyword, which you again indicate for following course evaluations of the DGTA. It is not possible to make inferences as to your person and the change is evaluated only in anonymised form. In order to enter the correct keyword with the next evaluation again, it should be developed as follows: • Month of your date of birth, e.g.: 06 • The last two letters of the first name of your mother, e.g.: UN

- Number of your brothers and sisters, e.g.: 1
- The first two letters of your place of birth, e.g.: RH

Note: If you are no longer certain, which keyword you have used for an earlier questioning you can enter *here* your keyword and test it. (Opens a new popup window. Please deactivate your popup blocker for this page if necessary.)

9.3.3. Key word: _____

9.4.In which practice field are you active? (Multiple entries possible)

☐ Counselling ☐ Adult education

☐ Coaching ☐ Organizational development

☐ Psychotherapy ☐ School

☐ Supervision ☐ Other: _____

9.5 Are you networked in a group with other TA-practitioners (Intervision, Peergroup)??

☐ yes ☐ no

9.6 Completion of TA training desired?

☐ practice competence ☐ certified TA-practitioner

☐ Other: _____

9.7. What is your highest concluded education/occupational training?

☐ PhD ☐ university studies with diploma/magister degree/ state examination

☐ university study with master's degree ☐ university study with bachelor degree

☐ training with approved diploma ☐ semi-skilled activity

☐ still in professional training/in studies ☐ other: _____

9.8. How did you come into contact with transactional analysis?

☐ literature in the field ☐ Internet

☐ acquaintance ☐ colleagues

☐ study/professional training ☐ other

Appendix 2: Statistical Analyses

In the following the results of the principal component analysis for the individual dimensions and for all items will be presented. Because only one component could be extracted in these, in conclusion the exclusion of multi-collinearity and difficulty artifacts will also be discussed.

The Personal Competence Dimension

In the dimension, 'personal competence,' all the criteria for determining the optimal number of components indicate that a component would be extracted. Also for this reason no rotation took place. The loading of the individual variables on the component can be seen in the following table:

2.1. I was able to significantly increase my ability to engage in spontaneous and situational behaviour.	.826
2.2. I was able to significantly increase my ability to achieve closeness in relationships.	.824
2.3. I am significantly better able to be aware of my own feelings and deal meaningfully with them.	.810
2.6. I was able to significantly increase my ability to grasp different frames of reference and respect them.	.763
2.5. I was able to significantly increase my awareness of the ethical implications of my own behaviour.	.758
2.7. I was able to significantly increase my ability to assert myself.	.754
2.4. I am significantly better able to distinguish between substitute feelings and feelings.	.740
Eigenvalues	4.286
% of the variance of all variables	61.227

Remarks: Principal component analysis unrotated solution; KMO = 0.890; Bartlett's Test Chi ² = 693.715; p < 0.001

All variables have a high loading on the found components and this can explain 61.2% of the variance of all variables. If one regards the commonalities, which indicate which proportion of the variance of a variable is explained by all components, then it becomes evident that these are greater than 50% with every variable. The results of the principal component analysis show that the dimension 'personal competence' has a univariate distribution.

The Reflection Competence Dimension

As already in the dimension, 'personal competence,' also in the dimension, 'reflection competence,' all criteria for determining the optimal number of components indicate that a component can be extracted. For this reason no rotation took place. The loading of the individual variables on the extracted components can be seen in the following table:

3.1. I have significantly more reflection breadth, that is, I can view reality from the perspective of several models.	.862
3.4. I am significantly better able to take a critical view of theories and models.	.834
3.3. I was able to significantly increase my use of feedback for my own reflection process.	.831
3.2. I have significantly more reflection depth, that is, I can create my own biographical learning history references.	.829
Eigenvalues	2.817
% of the variance of all variables	70.418

Remarks: Principal component analysis unrotated solution; KMO = 0.820; Bartlett's Test Chi ² = 414.773; p < 0.001

With the extracted components 70.4 % of the variance of all variables in this dimension can be explained. All items have high loading on the components. When one considers the variance portion of a variable, which is explained by all components (communality), it becomes evident that this is more than 60% with all variables. The results of the principal component analysis show that the dimension, 'reflection' competence" is univariate.

The Professional Competence Dimension

In the analysis of the dimension, 'professional competence,' the eigenvalue criterion, the Scree-Plot and the parallel analysis indicate that a component can be extracted. Since only one component is available, no rotation of the components was made. The loading of the individual items on the components which were found can be seen in the following table:

4.2. I am significantly better able to create clear strategies.	.877
4.5. I am significantly better able to plan goal-oriented and appropriate interventions.	.863
4.6. I was able to significantly increase my ability to offer appropriate protection to the client system.	.833
4.4. I was able to significantly increase my ability to organise learning processes.	.807

4.3. I am significantly better able to recognise the possibilities and limits of contract work and to deal with them.	.800
4.1. I am significantly better able to make appropriate diagnoses.	.793
Eigenvalues	4.128
% of the variance of all variables	68.794

Remarks: Principal component analysis unrotated solution; KMO = 0.904; Bartlett's Test Chi ² = 805.611; p < 0.001

All variables have a high loading on the components. These can explain 68.8% of the variance of all items of the dimension. If one regards the commonalities, which indicate which variance proportion of a variable is explained by all components, then it becomes evident that for all variables this is greater than 60%. The results of the principal component analysis show that the dimension, 'professional competence,' has a univariate distribution.

The Relational Competence Dimension

Also for the last of the dimensions of competence increase to be investigated, 'relational competence', the criteria for an optimal number of components indicated that a component was to be extracted. Therefore, again no rotation was made. In the following table the loading of the individual items on the component may be seen:

5.2. I have significantly more options for shaping my communication.	.886
5.5. I am significantly better able to remain in contact, even in relationship crises.	.865
5.1. I was able to significantly increase my ability to relate out of an OK-attitude.	.862
5.3. I am significantly better able to develop a strengthening culture of caring in social contexts.	.853
5.4. I was able to significantly increase my ability to abstain from games and devaluations in favour of open communication and active problem solving.	.852
Eigenvalues	3.727
% of the variance of all variables	74.546

Remarks: Principal component analysis unrotated solution; KMO = 0.875; Bartlett's Test Chi ² = 840.587; p < 0.001

It became evident that all variables had a high loading on the found component, and that these can explain 74.5% of the variance of all variables. If one regards the commonalities, it is evident that for all variables the variance proportion which can explain all components is greater than 60%. The results of the principal component analysis show that the dimension 'personal competence' has a univariate distribution.

All Items

The analysis of all items with a principal component analysis was intended to test whether or not the four dimensions in which the items were separated in terms of content could also be represented statistically. The number of components to be extracted was determined in turn with the eigenvalue criterion, the Scree Plot and the parallel analysis. In the diagram below the course of the eigenvalue for the empirical data (line with x), and for the random data of the parallel analysis (dotted line) can be seen.

Here it becomes evident that, according to the eigenvalue criterion, two components are to be extracted, since these have an eigenvalue greater than one. However, according to the Scree Plot and the parallel analysis, only one component is to be extracted.

Because the drop in eigenvalue between the first component (eigenvalue = 12.535) and the second component (eigenvalue = 1.099) is extremely high, this also speaks for the extraction of only one component. This is so especially because the second component barely attains an eigenvalue greater than one. Since, also according to the scree plot and the parallel analysis, only one component is to be extracted, the principal component analysis was computed with only one component.

Since only one component was given, there was no rotation. The loading of the individual items on this component can be seen in the following table.

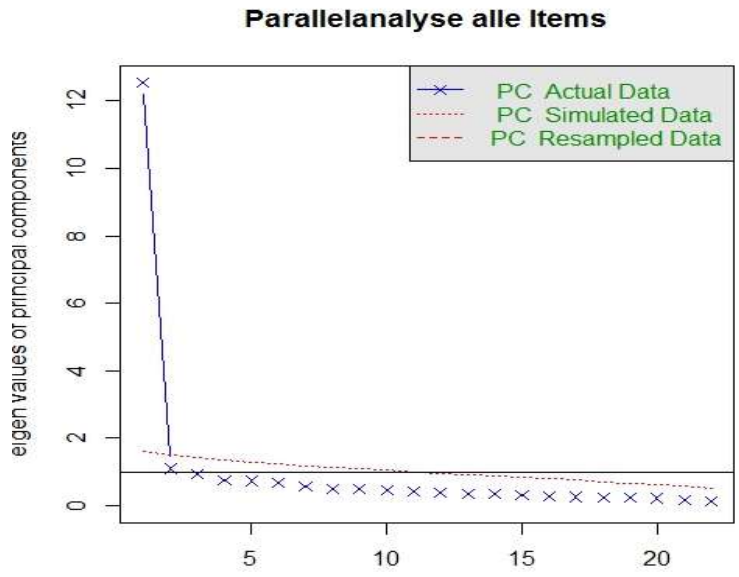
5.2. I have significantly more options for shaping my communication.	.813
2.1. I was able to significantly increase my ability to engage in spontaneous and situational behaviour.	.807
5.1. I was able to significantly increase my ability to relate out of an OK-attitude.	.806
4.6. I was able to significantly increase my ability to offer appropriate protection to the client system.	.799
4.2. I am significantly better able to create clear strategies.	.795
4.5. I am significantly better able to plan goal-oriented and appropriate interventions.	.790

5.4. I was able to significantly increase my ability to abstain from games and devaluations in favour of open communication and active problem solving.	.788
5.5. I am significantly better able to remain in contact, even in relationship crises.	.786
5.3. I am significantly better able to develop a strengthening culture of caring in social contexts.	.772
3.4. I am significantly better able to take a critical view of theories and models.	.772
2.2. I was able to significantly increase my ability to achieve closeness in relationships.	.761
3.1. I have significantly more reflection breadth, that is, I can view reality from the perspective of several models.	.747
4.4. I was able to significantly increase my ability to organise learning processes.	.740
2.6. I was able to significantly increase my ability to grasp different frames of reference and respect them.	.736
2.3. I am significantly better able to be aware of my own feelings and deal meaningfully with them.	.733
3.3. I was able to significantly increase my use of feedback for my own reflection process.	.726
2.5. I was able to significantly increase my awareness of the ethical implications of my own behaviour.	.725
4.3. I am significantly better able to recognise the possibilities and limits of contract work and to deal with them.	.725
4.1. I am significantly better able to make appropriate diagnoses.	.717
2.7. I was able to significantly increase my ability to assert myself.	.699
3.2. I have significantly more reflection depth, that is, I can create my own biographical learning history references.	.690
2.4. I am significantly better able to distinguish between substitute feelings and feelings.	.652
Eigenvalues	12.535
% of the variance of all variables	56.977

Remarks: Principal component analysis unrotated solution; KMO = 0.950; Bartlett's Test Chi ² = 3235.444; p < 0.001

It became evident that all variables have a high loading on the found component and these can explain 57.0 % of the variance of all variables. When considering the commonalities it was noted that the variables 2.4, 2.7 and 3.2 have a value less than 0.5. For all other variables a variance proportion of more than 50 % can be explained by all components. Even if the variance explanation for variables 2.4, 2.7 and 3.2 by the component is not optimal, the extraction of a component presents the best solution of the principal component analysis.

In this respect it could be stated that the construct 'measurement of competence increase' is also univariate and there is a general factor, 'TA-competence'. However, also this found general factor does not speak against the content-related separation of the items which was specified by the operationalization, because the separation is assured by content-related validity.



In order to ensure the solution with one component further, the principal component analysis of all items was also more exactly analysed with two components and the Varimax rotation. As already described, the eigenvalue criterion suggested a solution with two components. However, it became evident here that this solution cannot be interpreted meaningfully with respect to content. Only three variables of the first component and two variables of the second component could be clearly assigned. All other variables load on both components.

Furthermore, in order to attain additional assurance with the two-component analysis the rotation method was changed. For this the oblique rotation method, Promax, was selected. The special characteristic of oblique rotation techniques is the fact that the components may correlate with one another (Wolff & Bacher, 2010). With the Varimax rotation used before, which is an orthogonal rotation technology, the components may not correlate with one another. It became evident that with the performance of the principal component analysis using the Promax rotation and the extraction of two components, the variables can be assigned more definitely to one of the components. (With the Promax-Rotation a Kappa of 4 is used. This Kappa determines how strongly the components may correlate with each other. Values between 2 and 4 are recommended (Wolff & Bacher, 2010).) With this solution it became evident in part that a personal component and a professional component can be extracted. However, the correlation between the two components was 0.767, which corresponds to a very high connection. However, with an oblique rotation technology the correlation between the components should not be too high, since otherwise the components can only be differentiated with difficulty (Wolff & Bacher, 2010). For this reason the solution using a Promax rotation was rejected.

Exclusion of Multicollinearity

Since all items exhibit a high loading on the first component, it was examined whether a multi-collinearity of the variables can be excluded. Multicollinearity represents a, “reciprocal dependence of variables in the context of multivariate procedures,” (Bortz& Schuster, 2010, p. 583), which can falsify the result of the principal component analysis. Since the correlation of the variables among themselves is a basic condition for the performance of a principal component analysis, attention should be given that the correlations are not too high. If very high correlations are present, this is an indication of multicollinearity (Schendera, 2010). The correlations among the variables were tested for the principal component analyses which were performed. These lay between greater than 0.3 and less than 0.8. Since very high coefficients of correlation were excluded thereby, it can also be assumed that no multicollinearity is present with the computations performed.

Exclusion of Difficulty Artifacts

In the context of the principal component analysis of all items it was also investigated whether difficulty artefacts are present, which are problematic for the analysis. Difficulty artefacts are present if the correlations are systematically distorted by strongly varying item difficulties (Wolff & Bacher, 2010). Since the basis of the principal component analysis is the correlations, falsified results can occur. In order to be able to exclude difficulty artefacts, the procedure according to Bacher, Pöge & Wenzig (2010) was selected. Here the unrotated component matrix is analysed more exactly. If a distortion caused by difficulty artifacts is present, the variables load on the first component positively and the loadings of the second component correlate with the degree of difficulty of the items (Bacher et al., 2010).

To conduct this analysis, the degree of difficulty for the examined variables of the four dimensions had to be computed. Here the formula according to Dahl (1971) was used, by which the sum of the points reached by a variable is divided by the maximum point sum reachable by the variables. Attention was given that the lowest category (“not at all” on the available scale) was coded with zero (Bortz & Döring, 2006). This degree of difficulty obtained was then correlated with the loadings of the variables on the second unrotated component. For this the principal component analysis with a 2-component solution was used. Here it becomes evident that the correlation between the degree of difficulty and the loading of the variables on the second unrotated component ($r = 0.30$) is weakly pronounced.

To this extent it can be stated that although all variables load positively on the first component, nonetheless, because of the small correlation between the second unrotated component and the difficulty degree, a distortion of the results by difficulty artefacts can be ruled out.

Calculation of Cronbach‘s alpha as Index for Reliability

Now that the results of the principal component analysis for the statistical verification of the construct validity have been presented in more detail, in the following the results of the reliability analysis will be elaborated. A satisfactory reliability is present with values for Cronbach’s alpha greater than 0.70, and values greater than 0.80 are considered good reliability values. (Rammstedt, 2010).

In the following tables the reliability values for the individual dimensions are presented. In all dimensions the values for Cronbach's alpha were greater than 0.80 and so the reliability can be considered to be good. Furthermore, it can be gathered from the tables how the Cronbach’s alpha changes when a specific item is eliminated. This value is presented in the sixth column of the table. If this value of Cronbach's alpha is greater than the value for the complete effective dimension, this is a sign that this item should be removed from the questionnaire in order to achieve better reliability. However, in all dimensions it became evident that reliability, measured with Cronbach’s alpha, is not improved when an individual item is eliminated.

The Personal Competence Dimension

Cronbach's alpha	Cronbach's alpha for standardised Items	Number of Items
.899	.901	7

	Required parameters are missing or incorrect. Scale average value, if item deleted	**Required parameters are missing or incorrect.** Scale variance if item deleted	**Required parameters are missing or incorrect.** Corrected item scale correlation	**Required parameters are missing or incorrect.** Squared multiple correlation	**Required parameters are missing or incorrect.** Cronbach alpha, if item deleted
2.1. I was able to significantly increase my ability to engage in spontaneous and situational behaviour.	13.34	24.449	.754	.619	.879
2.2. I was able to significantly increase my ability to achieve closeness in relationships.	13.25	25.100	.728	.577	.882
2.3. I am significantly better able to be aware of my own feelings and deal meaningfully with them.	13.68	26.920	.707	.526	.886
2.4. I am significantly better able to distinguish between substitute feelings and feelings.	13.12	25.409	.687	.506	.887
2.5. I was able to significantly increase my awareness of the ethical implications of my own behaviour.	13.25	24.538	.698	.497	.886
2.6. I was able to significantly increase my ability to grasp different frames of reference and respect them.	13.47	26.625	.679	.480	.888
2.7. I was able to significantly increase my ability to assert myself.	13.22	25.134	.705	.538	.884

The Reflection Competence Dimension

Cronbach's alpha	Cronbach's alpha for standardised items	Number of items
.855	.856	4

	Required parameters are missing or incorrect. Scale average value, if item deleted	**Required parameters are missing or incorrect.** Scale variance, if item deleted	**Required parameters are missing or incorrect.** Corrected item scale correlation	**Required parameters are missing or incorrect.** Squared multiple correlation	**Required parameters are missing or incorrect.** Cronbach's alpha, -if item deleted
3.1. I have significantly more reflection breadth, that is, I can view reality from the perspective of several models.	6.58	6.496	.729	.537	.802
3.2. I have significantly more reflection depth, that is, I can create my own biographical learning history references.	6.76	6.856	.685	.480	.821
3.3. I was able to significantly increase my use of feedback for my own reflection process.	6.61	6.984	.682	.466	.822
3.4. I am significantly better able to take a critical view of theories and models.	6.24	6.112	.702	.501	.816

The Professional Competence Dimension

Cronbach's alpha	Cronbach's alpha for standardised Items	Number of Items
.918	.919	6

	Required parameters are missing or incorrect. Scale average value if item deleted	**Required parameters are missing or incorrect.** Scale variance if item deleted	**Required parameters are missing or incorrect.** Corrected item scale correlation	**Required parameters are missing or incorrect.** Squared multiple correla-tion	**Required parameters are missing or incorrect.** Cronbach's alpha if item deleted
4.1. I am significantly better able to make appropriate diagnoses.	12.31	23.893	.732	.585	.909
4.2. I am significantly better able to create clear strategies.	12.37	23.109	.822	.694	.896
4.3. I am significantly better able to recognise the possibilities and limits of contract work and to deal with them.	12.76	23.952	.737	.551	.908
4.4. I was able to significantly increase my ability to organise learning processes.	12.28	23.607	.743	.605	.907
4.5. I am significantly better able to plan goal-oriented and appropriate interventions.	12.38	23.452	.814	.681	.898
4.6. I was able to significantly increase my ability to offer appropriate protection to the client system.	12.44	22.669	.767	.592	.904

The Relational Competence Dimension

Cronbach's alpha	Cronbach's alpha for standardised Items	Number of Items
.909	.910	5

	Required parameters are missing or incorrect. Scale average value if item deleted	**Required parameters are missing or incorrect.** Scale variance if item deleted	**Required parameters are missing or incorrect.** Corrected item scale correlation	**Required parameters are missing or incorrect.** Squared multiple correlation	**Required parameters are missing or incorrect.** Cronbach's alpha if item deleted
5.1. I was able to significantly increase my ability to relate out of an OK-attitude.	8.31	12.395	.786	.638	.886
5.2. I have significantly more options for shaping my communication.	8.30	11.720	.803	.667	.881
5.3. I am significantly better able to develop a strengthening culture of caring in social contexts.	8.13	11.892	.766	.622	.889
5.4. I was able to significantly increase my ability to abstain from games and devaluations in favour of open communication and active problem solving.	8.12	12.092	.741	.583	.894
5.5. I am significantly better able to remain in contact, even in relationship crises.	8.01	11.715	.757	.578	.891

IJTARP
International Journal of Transactional Analysis Research & Practice

8 (2), 24-34
https://doi.org/10.29044/v8i2p24

A Therapist's Review of Process: Rupture and repair cycles in relational transactional analysis psychotherapy for a client with a dismissive attachment style: 'Martha'

Abstract

This article is a therapist review of the process that occurred during a systematic case study of psychotherapy with 'Martha', a female client who presented with depression, anxiety, alexithymia and dismissive/avoidant attachment style. Assessment, diagnosis of the client and treatment direction is described, followed by a detailed account of the therapeutic process through 12 sessions and 2 post-therapy interviews. Analysis team results are summarised, indicating support for the therapist's identification of issues during the process of the therapy. Particular attention is paid by the analysis team two points of rupture and repair, with pragmatic evaluation confirming that the relational struggles between therapist and client seemed pivotal in generating positive change.

Key words

Avoidant Attachment Style, Dismissive Attachment Style, Relational Transactional Analysis Psychotherapy, Systematic Case Study, Hermeneutic Single Case Efficacy Design, Systematic Case Study, Alexithymia

Introduction

The following is based on a case study of 'Martha' (not her real name), a self-referred client in her late sixties, who was seen in private practice for short-term weekly psychotherapy (twelve sessions).

This is a process-orientated report of therapy, by the therapist, in which the focus is to make sense of the dynamics of the therapeutic relationship by tracking the points of rupture and repair (Safran, Muran & Eubanks-Carter, 2011) with Martha, a client whose life position is I'm not OK- You're not OK (Ernst, 1971) and who appeared to have a dismissive/avoidant attachment pattern (Wallin, 2007).

For a therapist working from a two-person, relational perspective, with its emphasis on mutuality and bi-directionality, clients such as Martha represent a challenge. Typically clients with a dismissive/avoidant attachment style are:

- cut-off from their own feelings, thoughts or desires and from others (rigid internal and external boundaries)
- have a limited capacity to symbolise and typically manifest their distress as physical symptoms (Leader & Corfield, 2008)
- dismiss the importance of their own history and the influence of parental figures in their emotional development
- avoid psychological closeness - Don't be close injunction (Goulding & Goulding, 1976)
- constrict feeling - Don't feel injunction (Goulding & Goulding, 1976)
- diminish the importance of others and are reluctant to let the therapist matter to them
- believe that 'all is well' but their physiological response indicates otherwise

Wallin suggests that working with such clients requires that the therapist "... balance empathic attunement with confrontation. Usually patients need the former to feel that we understand them. Often the dismissing patient, in particular, needs the latter in order to feel that we exist- that we can have an impact on him and they can have an impact on us" (Wallin, 2007, p. 212)

This case study shows the therapist's struggle to perform this delicate balancing act, in her attempt to reach Martha in a meaningful way and to acknowledge the impact that they had on each other, so that Martha could begin to formulate her experience.

Methodology

The case used a mixed methodology (qualitative and quantitative) in line with current guidelines for systematic

case studies (McLeod, 2011). Outcome measures were used on a weekly basis including Patient Health Questionnaire (PHQ9) (which measures depressive symptoms) (Kroenke, Spitzer & Williams, 2001), CORE-10 (measuring overall levels of distress) (Barkham, Mellor-Clark & Cahill, 2006) and GAD-7 (measuring anxiety symptoms) (Spitzer, Kroenke & Williams, 2006). The client also completed pre- and post-therapy measures: CORE-OM (giving a more detailed picture of overall distress and functional impairment) (Barkham et al, 2006) and Inventory of Interpersonal Problems (IIP) (measuring interpersonal problems) (Horowitz, Alden, Wiggins & Pincus, 2000), as well as the weekly Working Alliance Inventory (WAI) (Horvath & Greenberg, 1989). The therapist conducted two post-therapy interviews.

This report is based on analysis of detailed sessional notes, twelve hours of session recordings and transcripts, weekly feedback forms completed by the client, and the two semi-structured exit interviews. A summary of the outcomes of the case evaluation by the analysis team is given at the end of the paper, and provides confirmation that positive change occurred, that change was due to therapy, and that the relational struggles between therapist and client seemed pivotal in generating positive change.

Ethical Considerations

I consider consent as an ongoing process. I am mindful that clients cannot fully know what they are entering into at the outset of the therapy (Gabriel, 2009).

At the outset of therapy I provided a detailed information pack and a research contract and I made myself available to answer any queries regarding the purpose of the research and the methodology used. Throughout the therapy I continued to enquire about Martha's experience of the research process. I made it clear that she had a right to withdraw from the research at any point. Martha also read a draft of my rich case study and was invited to make comments.

There is always a risk that the research will intrude on the therapy process. Once the research became part of the therapeutic frame (Langs, 1978), I continued to monitor how my client experienced tasks such as filling out questionnaires, giving process feedback and being recorded. Research can have a beneficial effect on the working alliance in that clients feel reassured when the therapy outcomes are being evaluated and also feel empowered by the fact that they can give the therapist feedback and suggestions.

The issue of breaching confidentiality (Bond & Mitchels, 2008) is a major concern in any case study research, as a considerable amount of detail about the client's profile is needed in order to make the case study meaningful. This risks seriously compromising client anonymity. I invited Martha to collaborate with me on this issue by letting me know which aspects of their current and background information I could use in the published version whilst preserving anonymity.

Assessment

Symptoms and problems:

Martha came to therapy because she recognised she had symptoms of depression and anxiety: she was not sleeping well, everything felt like "*too much to bother*". She was feeling constantly anxious, especially when driving, up and complained of forgetfulness such as misplacing keys and credit cards. Her GP had suggested that her memory problems were linked to high levels of anxiety rather than a degenerative brain disorder.

Current life

At the time of assessment Martha was in a long-term marriage, with grown-up children, who had moved away from home. Although the marriage was stable, Martha described an atmosphere of pervasive hostility, with first degree interpersonal games (Berne, 1964) around Martha's need to do things her way ("*I am stubborn*") and her husband's need to direct her *("I'm only trying to help you*"). Martha perceived her husband's attempts to help as intrusive criticism.

Martha had an active social life and many interests – but I had a sense that Martha did not feel particularly close to anyone. She preferred not to confide in friends about personal problems and said that people found it hard to "*read*" her. "*I don't let on if I'm annoyed or angry or happy, but I don't know why*". Martha would not allow herself to express anger openly, but had an awareness that holding on to her anger affected her negatively. "*So I really hurt myself. I feel tense inside because I am angry and I have no way to let it out.*"

Background

To begin with, Martha had little to say about her family and her experience of growing up. She described her childhood history using a vague term - "*normal*". I felt reluctant to pursue this line of enquiry, as Martha did not seem to think that her background was relevant in any way to her symptoms. The eventual emergence of Martha's story was an important aspect of therapy, which allowed us eventually to a link disparate islands of narrative.

Treatment history

In her early twenties Martha had a major depressive episode and attempted suicide. Following hospitalisation Martha was given electro-convulsive treatment, a treatment frequently used in the 1970's to treat severe cases of depression. At the time she was seen by a psychiatrist/psychotherapist and was later referred for behavioural therapy. The context of Martha's referral was revealed later during treatment and illuminated an important aspect of our relationship dynamic.

Medication

Two weeks prior to seeing me, the client was prescribed Sertraline. The daily dose was raised to 100mg two weeks into therapy. Sertraline hydrochloride is used to treat a variety of mental health problems. It is thought that Sertraline hydrochloride makes biogenic amines avail-

able for longer periods of times in the synapses. There is evidence that the combined use of antidepressants and psychotherapy is more effective than either intervention alone (Holtzheimer & Nemenoff, 2006, cited in Panksepp & Biven, 2012).

My initial response

I noted that throughout the session Martha appeared to be in a state of hyper-arousal. Her whole body seemed to be buzzing. What struck me in particular was Martha's laughter, which had a tense rather than joyful quality. I found myself struggling during the assessment interview to keep the conversation going. Martha's replies were brief and I noticed that I compensated by bombarding her with more questions. My enquiries into Martha's state of being in the session resulted in a polite "*I'm fine*", followed by nervous laughter.

Diagnostic considerations

Martha's self-diagnosis was supported by clinical questionnaires which all indicated moderately severe symptoms of depression and moderate-severe symptoms of anxiety [GAD- 7 score of 15, PHQ-9 score of 15 and CORE-OM clinical score of 17].

The preliminary picture (including interpretation of IIP-2 scores) indicated interpersonal problems stemming from issues of trusts and suspicion and difficulty in expressing anger openly which led to being overly accommodating towards others, but holding grudges. The IIP-2 alerted me that Martha felt distrusting of people's motives generally, and felt easily exploited.

Risk issues

Although Martha appeared to have a Don't exist injunction and had attempted suicide up fifty years before, there was no indication of current risk issues (no suicidal ideation or impulse to self-harm).

Diagnosis using transactional analysis concepts

Following an extended period of assessment – I had the following diagnostic picture.

Injunctions (Goulding & Goulding, 1976): Don't exist, Don't be close, Don't feel (anger)

Early protocol: Avoidant (dismissive) attachment.

Drivers (Kahler & Capers 1974): Please Others and Try Hard

Life Position (Ernst, 1971): I am not OK, You're not OK

Impasse (Mellor, 1980): Type I, II and III

Interpersonal games (Berne, 1964): Do me something, Being dragged over hot coals

Drama triangle (Karpman, 1968): Victim to Persecutor. Others are ineffective Rescuers

Passive behaviours (Schiff & Schiff, 1971): over-adaptation and agitation

Discounting (Mellor & Sigmund, 1975): at the level of significance of stimuli

Early defences (Valliant, 1977): denial, projection, and suppression.

Using concepts from interpersonal neurobiology, I also conceptualised Martha's problems as a compromised capacity for affective regulation. Research into the effects of chronic stress on the body shows that cortisol has a neurotoxic effect on the hippocampus leading to inhibited neurogenesis and cell death, which may explain memory problems.

"In extreme cases prolonged high levels of cortisol released into the circulation cause the hippocampus to become overstressed to the point of being impaired. Excess cortisol can eventually injure and even kill neurons in the hippocampus, resulting in memory loss." (Panksepp & Biven, 2012, p.334)

Depression can also follow on the heels of sustained activity in the stress response system (Sapolsky, 2004; Panksepp & Biven, 2012).

Treatment direction

In planning a treatment direction, I used a relational framework (Widdowson, 2010; Hargaden & Sills, 2002). Research into psychotherapy outcome (Norcross, 2011; Wampold, 2001) supports me in developing a style in which the emphasis is on contact-in-relationship through attunement, involvement and sensitive inquiry (Erskine, Morsund & Trautmann, 1999), and exploration of right-hemisphere-to-right-hemisphere unconscious communication (Hargaden & Sills, 2002; McGilchrist, 2009; Porges, 2011; Schore, 2003, 2011; Siegel, 1999).

1. Framing the therapeutic space, making contact and arriving at an agreement about how to proceed.

I had a sense that Martha wanted relief. She wanted to feel less anxious, more confident and to engage with the world rather than withdraw from it. There was no story to go with the symptoms. I considered that an exploratory contract (Sills, 2006) would be suitable, as Martha did not have an understanding of the nature of her distress.

I was soon to discover that Martha's unspoken expectation was that I would wave a magic wand and make her symptoms go away. This became evident early on, leading to a therapeutic impasse and a temporary collapse in the working alliance, but also provided us with an excellent opportunity to openly discuss the psychological-level contract.

We spent a good part of the assessment interview talking about the practical aspects of our work, including the purpose of the research. Martha agreed to take some documents home to study before giving her consent. Martha stated that therapy would be a challenge to her as she did not like 'opening up' and did not like talking about her problems.

2. Working with transference dynamics

My expectation was that Martha's engagement with me in the here-and-now, and the transactional patterns that

would be established between us, would offer me a direct insight into how Martha structured her relationships in general and her implicit assumptions about others and the world.

3. Ending, evaluating outcome

I planned to pay attention to our ending and to facilitate a discussion about the outcome of therapy and the meaning of the therapeutic journey for the client.

The psychotherapy process

Phase 1 (Sessions 2-4) 'Tug-of-war'

The first phase of therapy was a prolonged assessment and contracting period. A pattern quickly emerged between us. We seemed to engage in a game of 'tug-of-war' about many aspects of our contract: payment, number of sessions and the logistics of research. It felt to me as if Martha was approaching me from a defensive position, and a basic assumption that I was out to take advantage of her.

Session 2

I stated a preference for being paid cash. At the beginning of our second session Martha said emphatically "I do not deal in cash". As Martha rummaged through her bag, resolutely not looking at me, I could feel that we were already in the middle of something. I felt my heart beating faster. I had started my 'cash only' policy after working with a client who would routinely test the therapeutic boundaries around fees. That experience had led me to distrust that all clients would honour their financial commitments to me. I wondered about the nature of Martha's own distrust that was prompting her to refuse to deal in cash.

For the time being I agreed that she could pay me with a cheque, not sure whether it was a good idea not to stand my ground, but with a gut feeling that there was no room for negotiation. Later on in the session, once we had both calmed down, I enquired into Martha's experience of what was going on between us around payment. I picked up on the fact that Martha denied feeling angry and appeared to discount the existence of tension between us, reframing it as a negotiation. To me it had felt more like I had been given an ultimatum. She was also talking about a compromise, but I felt I had given in.

Martha eventually explained that it had been drummed into her that people who deal with cash do so in order to avoid paying their taxes. I remarked that she had not been reassured by my offering to give her receipts for payments and that she had concluded that I might 'fiddle' with my accounts. Martha reassured me profusely that this had not been the case.

It seemed to me that during the session we had both switched between the roles of Persecutor and Victim. I also noticed that guilt was a payoff for both of us. I felt guilty for allowing my distrust to shape how I deal with clients, and also for not holding steadfast against Martha's challenge of the therapeutic frame. I also wondered whether Martha's statement "I am the bully" was a reiteration of a core belief at the heart of her script system (Erskine & O'Reilly-Knapp, 2010).

Session 3

After a week's break (due to a pre-booked a holiday) Martha arrived to our session visibly agitated, saying she had a few apologies to make: she had forgotten to bring the research and therapy contract and she had forgotten the Helpful Aspects of Therapy questionnaire. I felt sorry that Martha was in such a state but also noticed a rumbling of irritation. Martha told me that since she had last seen me she had "gone to pieces". She had forgotten her credit card PIN and could not use the card, and was concerned that she was showing signs of Alzheimer's disease.

I asked Martha whether she was aware that her voice was trembling as she spoke and that she appeared to be agitated and restless. Momentarily she seemed genuinely puzzled by my observation, but then reflected: "*I don't think I've ever felt relaxed in my life. I know I have tension throughout my body. If I go anywhere for a massage the first thing they mention is the tension in my neck and back.*" Martha described the trouble she had parking the car, getting cash for the session and looking for her questionnaires. As she explained how she had worked herself up into an anxious state and demonstrated breathing anxiously, I mimicked and exaggerated her breathing. She made a realisation: "*It's ridiculous, really*".

T: When you get into that state it's so hard to calm yourself down, to self-soothe. (...)

C: I am a bit like a dog with a bone. I tell myself: I'm not going to give up.

T: "I will not let it go. I will pursue this until the end of the world..." Last week we were talking about stubbornness (I notice that Martha at this stage is no longer agitated.) I have an image of someone digging their heels in and their body becoming very rigid (I turn my body into a plank and dig my heels into the carpet to show her. Martha laughs in recognition.) This is what babies look like when you try to strap them into the pushchair and they don't want to go in. By contrast being flexible is more like being a river that changes its shape following the landscape.

C: No, I can't do that. Hmmm...

T: How are we doing? Are these images helping?

C: Yes, they are helping. The trouble is – how do you change after all these years?

T: Does change feel impossible?

C: It does at the moment. I don't know how I am going to do it.

I noticed that I never attended to the feeling of irritation that I had felt at the beginning of the session. I wondered whether seeing Martha in such an anxious state had

prompted me to Rescue her rather than confront her about her failure to bring in the questionnaires and ponder what it might say about her commitment to honour her side of the therapeutic and research contract. I felt hemmed in as either the Persecutor or Rescuer, not quite sure how this pattern might relate to Martha's script. On the other hand, I was pleased that by using my body and imagery this was allowing Martha to reconnect with her body.

Session 4

Martha pointed out that we had not decided for how long she would need to attend therapy. There was something about the manner in which Martha raised this – averting eyes, overly cautious formulation, that prompted me to feel irritated. I seemed to detect an underlying assumption that I was going to trick Martha into making a commitment she did not want to make.

T: There is a theme that has come up a couple of times – and I was wondering whether we could talk about it -

C: Yes

T: ... as it might be relevant for our understanding of your anxiety. It's related to trust.

C: [Laughs]

T: It seems that the place you go to in your head is one in which I would mess around with money...

C: [Laughs agitatedly]

T:... or enforce something, pin you down in some way – you signed a paper and now there is no way out!"-

C: [Interrupting] I just think it is a throwback to working in [her previous profession] because you have so many dealings with illegal things [gives examples].

T: Yes... yes...

C: And people turned around and said – "You've signed it, it's your fault"-

T: "You've made your bed and now you must lie in it".

C: And I think that with everything that happens – that you read about in the media these days... Ummm.... I think that's made me even worse.

Again I noticed Martha's discount at the level of significance. She dismissed the idea that she did not trust me. At this point Martha stopped looking at me and rummaged through her bag for a bottle of water. I wondered whether this now familiar sequence - breaking eye contact and distracting herself by looking for something, was Martha's way of avoiding seeing the expression on my face and facing up to a potential conflict.

Martha went out to get some water to soothe her throat leaving me to notice my own erratically beating heart. When she returned we found ourselves locked in an uncomfortable silence. Briefly her face seemed to have lost all muscle tone. I enquired into her experience. *"*You seem to have stopped breathing and look like you've frozen up*"* This was met with surprise *"Did I?!"* Martha seemed again to discount – this time at the level of existence of stimuli (Mellor & Sigmund, 1975).

Although she had attended for four sessions, I still did not have a sense of Martha's story – all I had by way of identifying the Type III impasse were these moments of impasse between us. I decided to ask about her upbringing, although we had established that Martha did not believe that one's own early experiences had anything to do with their predicament in adult life (a typical belief of clients with avoidant attachment).

I learned that Martha had been born after World War II. Hers had been a typical post-war family, with a stay-at-home mum and a father who worked hard – days and nights. She remembered her father as a gentle man, but Martha did not see much of him. He lived in his head, inventing things and pottering about in his garage. Mother was less gentle. If Martha had an accident her mother would say: "*It's your fault but don't cry or else I'll hit you." Her mother's motto used to be*: *"You've got to live with the consequences."* The client remembered that once she fell in a stream and wandered about soaking wet, avoiding home, because she knew she would be in trouble with her mother.

This information was immensely useful for me as it helped me make sense of Martha's current issues around trust and helped me firm my understanding that there was a protocol for avoidant (insecure) attachment. I remember however ending the session with a sense of hopelessness, unsure that Martha herself had grasped the point of my enquiry and also not sure how to communicate my understanding to her.

Phase II Sessions 5-8 *Joining the islands/Forgetting the map*

Session 5

I was genuinely surprised to hear a week later that Martha had found it extremely useful talking about her childhood. She reported that telling her story had brought back a host of memories, including one from around the age of seven. A schoolteacher had mentioned to her mother that Martha was very thin. Her mother started pressuring her to eat more. Mealtimes became a "*battle of wills*", with mother insisting she had to eat and Martha saying she could not. For many years there was an argument at nearly every meal. "*Just the look of the food made my stomach turn over*."

I started to wonder if we were dealing with a projective transference (Hargaden & Sills, 2002), with Martha projecting her mother onto me, and responding to me as if I were the bullying parent.

At this point I asked Martha whether it would be helpful for me to summarise what had emerged over our first four sessions. Martha had come to see me because of symptoms of anxiety. The first theme that emerged had

been "*being bullied*" versus "*being stubborn*". In our sessions this theme has manifested around our struggles in arriving at a mutual agreement about how to proceed. Martha evocatively described "*being dragged over hot coals"* as the core relational scheme with her mother, one that she had internalised.

T: I hear that in some ways in your life right now you are also dragging yourself over hot coals, by pushing yourself and getting annoyed with yourself.

C: [The client looks pensive] I get angry with myself and I blame myself.

T: I can see that a part of you is trying really hard, is very frightened that things might go wrong, and there is another part that gets really frustrated and angry and has not time for weakness. [Dramatising] "Oh, for God's sake!"-

C: "Pull yourself together!"

T: [Dramatising] "Pull yourself together! Messing up! Losing the keys!" A part of you is driving you and a part of you is-

C: Pulling back. Yes, that's it! It is – it's a conflict!

I dramatised the internal dialogue at the heart of the impasse to illustrate the struggle between the scared Child (C_1) and the attacking Parent (P_1), which had once been a real-life parent –child struggle, fossilised as an internal conflict, which kicked in automatically in stressful situations. As Martha readily recognised the quarrelling voices in her head, this seemed like the right opportunity to show how the same conflict was being played out in our own relationship.

T: There's something about having to rush yourself in here too, having to see results now, not having the patience – I was wondering whether there was something of that going on when we were negotiating the number of our sessions. You were anxious to get things done in ten sessions. I can really understand how it is about money. But I am also wondering whether this process is being triggered that does not allow you to give yourself time, because what I noticed in me after our session was that I went home and felt frantic: "I've got to get some results with Martha - Fast!" [I dramatise this a bit by clapping my hands and breathing like I'm harried. We both laugh]

C: So it had an effect on you as well!

T: I realised that we both risk playing "dragging Martha over hot coals" in here too.

For the first time since our work began I felt like Martha and I had made contact. I could also see that what had been a survival strategy in Martha's original environment, a brave attempt to stick to her guns and not give in to her mother, had become a defence that was sabotaging, both internally and in relationships. Martha had recognised before that there were both advantages and disadvantages to maintaining this defence. On the one hand, nobody could "*walk all over me*". On the other, it was emotionally draining, kept her stuck and feeling anxious, and prevented Martha from experiencing intimacy in relationships.

Session 6

Martha began the session by saying she had lost the Helpful Aspects of Therapy (HAT) questionnaire. I asked whether instead she could reflect on last weeks' session and give me a verbal feedback. "*I can't remember what I wrote down!"* All Martha could remember was that I had said she was stubborn and did not like being told what to do. Martha was adamant that she could not recall anything else.

Then Martha told me that she got a self-help book from the library on social anxiety. "*I brought it home. There were people as bad as myself but I didn't get to the part where it told you what to do."* I thought that maybe this was Martha's way of saying: "*I need a quick fix*".

I wondered whether forgetting the previous session was a way of protecting herself against something that she would rather not think about. I noticed that the old feeling of discouragement returned. I had a hunch that Martha was finding it difficult too**.**

As I pondered all this Martha talked about going into her "*worry mode*". I seized again the opportunity to bring the focus back to our sessions – anything she was worried about in here? This approach yielded no results. Martha was discounting both at the level of existence and significance of the problem. The claim 'no problem' acted as a blocker, as a shutter that prevented me from contacting her. I noticed how uncomfortable it was for Martha to stay in contact with me around this issue and that it was only after quite a bit of over-detailing that she admitted that she was "*annoyed*", but then she quickly redefined, claiming that she was talking about "forms in general" not our questionnaires. After taking a long time to consider what next, I decided to take a risk and be open with Martha about how I felt as if she was behind a screen and I could not reach through.

My disclosure did not facilitate contact; on the contrary, Martha appeared to retreat further. I felt defeated and wondered whether my feelings mirrored Martha's own Despairer (Get Nowhere With) position, based on the core assumption I'm not OK- You're not OK.

Martha reiterated that she wanted "*a tool*" to help her stop anxious thoughts coming in. I told her that I could not help her erase unwanted thoughts and that there was no 'quick fix' for her anxiety and then went into a long monologue about how I thought therapy worked. I wondered out loud whether she believed that therapy was like a magic pill, which Martha was at pains to deny.

T: If feels as if each session you scoop up a handful of sand and then you go away and it slips through your fingers. And then you come back and say: "My hands are

empty. Can you fill up my hands?" And we go through the same process again and - it slips through your fingers. Here we are at session six and it seems like we have to start from the very beginning, as if we've built nothing so far

I experienced myself as quite challenging in the session, feeling I had to confront the expectation of Do me something. I feared that having spoken from my frustration, Martha would not come back. At the end of the session Martha said: "*It must be hard working with someone like me*".

Session 7

Martha did return the next week but her feedback (Working Alliance Inventory) confirmed my fears about the fragility of our alliance. She was open with me about having been really stirred up after the previous session and that she had considered not coming back at all. After last week she remembered why her psychiatrist had transferred her to another therapist all those years back. She concluded that all the therapists that work with her end up feeling fed up.

C: I think he must have got fed up with me. I was transferred to another hospital. Nobody said anything to me at the time and it wasn't until after I came out of my depression that my mother said to me that the doctor had said I wouldn't tell him anything. It wasn't deliberate – I thought I had, but clearly I wasn't telling him enough. Last week I thought I was doing the same with you. I know my husband says I don't open up enough.

T: Perhaps you don't know how to.

C: I don't know what it is. Perhaps there is a barrier that stops me doing that but I am not aware of it at the time. When you read these [the HAT questionnaire] you will find a lot of negativity. I got to the stage where I wasn't going to come anymore.

T: You were angry.

C: Well, I thought: "I'm not helping myself by not doing it, I'm not helping you because it must be frustrating for you to think you're not getting anywhere with me." I've been worrying about it every night this week.

T: I wonder if at some level you also feel let down – that we, the experts, are not fixing the problem.

C: Perhaps that is there but I can't blame other people becaus it's me, my fault. I am the one causing all the difficulty because I am not open.

T: I hear that you take responsibility for it all, but I'm wondering whether there is contribution from both sides.

C: It could be.

T: Last week I worried I was pushing you beyond your comfort zone. I had this image of pushing someone in a swimming pool when they don't want to swim – and they don't want to swim because they don't know how to!

C: That could be, yeah

T: And yet you've joined a swimming course!

C: Yes, that's it! That's another thing that I was thinking. I wanted to come and do this and I'm not doing it. That's where the anomalies come in, really.

T: And I'm this swimming instructor thinking: "How do I get this kid in the water?"

C: (Laughs in recognition) Yeah... [The client goes on to talk about one of her children and how hard it is to get them to tell her what is going on for him] – He's like me. To find anything out you have to pump him.

We were also able to talk about our diverging expectations. Martha explained that her difficulty was in seeing that present and past were connected. She could not recognise patterns. The events in her life seemed "*like little islands with nothing joining them*".

Session 8

Martha remarked on how helpful it had been for her discussing her feelings of anger towards me. We noticed that her anxiety and depression scores were much lower than when we had started.

Martha told me that her husband had asked her to mention the fact that she was speaking to him in her sleep. As she spoke I felt that Martha's voice conveyed irritation, which I reflected back. She was angry at her husband's intrusive request and managed this situation in quite a unique fashion: she raised the issue with me whilst also closing it down immediately by dismissing it as irrelevant. So then I was left with the dilemma of how to respond to this double message. At the social level she was bringing the issue up, at the psychological level she was closing it down. Exploring this sequence of transactions, we began to understand that she did not feel she had the option to say "*no*", which left her feeling anxious (and perhaps angry). In this light, I began to wonder whether Martha's forgetfulness was really a way of saying "*no*".

Phase III Sessions 9-12 and Outcome review - Enough for now

This phase of therapy was marked by frequent breaks. Martha had to cancel one session because she had to visit an elderly relative, and another two sessions because she was having a surgical intervention. We also had two weeks off for Christmas. This intermittent contact had the effect of preventing us from keeping the momentum going. I experienced our last four sessions as 'catching up', yet the outcome scores and Martha's own self-reports indicated that she was no longer anxious or depressed. At session nine Martha announced that she had resigned from two of her charity roles. She felt pleased with herself for being able to say 'no', and found that she could cope with the feelings of guilt.

At times I felt like I was no longer needed. It seemed to me that she had done what she had needed to do in

therapy and she was now just passing time. We spoke about her desire to limit therapy to twelve sessions. I knew that money had been an important factor but I was wondering whether keeping our contact short was a way of maintaining the Don't be close injunction. Martha admitted that: "If therapy drags on too long, I'd be getting too reliant on you – pushing all my problems to somebody else, hoping they can find it for me." When Martha asked whether she could come back for a "booster", this made me laugh because the choice metaphor indicated to me that Martha still saw therapy as a vaccine that could inoculate her against harm.

Post therapy interview no. 1 (one week after ending therapy)

During our post-therapy review Martha described the therapy as "productive" in that she had noticed positive changes such as the fact that she was now sleeping reasonably well. Martha found that she was no longer stressed during the day, and that she experienced her state of mind as OK, that she achieved the things she set out to do and was enjoying life more. She also reported that she had started to confide in people more and was relieved to hear that friends who seemed to be above worry were also struggling with similar fears.

Martha emphatically told me that she had not found therapy enjoyable. It had felt "*a bit like taking an exam*", which suggested that she had found my style too confrontational. She remembered feeling very anxious to begin with and progressively more comfortable towards the end of therapy.

All of Martha's outcome questionnaires indicated non-clinical levels of anxiety, and the exit IIP-2 scores showed an overall improvement in interpersonal problems and skills.

Post therapy interview no. 2 (three months later)

I interviewed Martha after she had read the case record. In spite of current stressors Martha's scores at three months post therapy remained at a low, non-clinical level. Martha reported that reading the case study had quite an impact: she had not realised that she had come across so "*awkward and evasive*" however she added that "*in some cases you were as bad as me"* i.e. regarding payment. The most important aspect of therapy for Martha was realising that she pretended to negotiate when in fact she wished to say "*no*". She would rather engage in a drawn-out, frustrating process, rather than face outright confrontation.

Martha felt that I had completely misunderstood the significance of borrowing a self-help book from the library: I had seen an ulterior motive when there had been none.

Reading the case record had helped her "*make sense of the process of therapy but made me realise that with my failures of making good relationships with my counsellors that [talking] therapy is not right for me*". Interviewing Martha I realised that her core belief "*I am a failure at helping people help me*" had remained intact.

My Learning

The issue of how to work relationally with clients with avoidant attachment is something that I am very interested in and continue to be challenged by. It is hard for me to 'sell' the idea that relationships matter and that relationships shape us. Clients with avoidant attachment style have a sort of 'relational aphasia'. They do not speak the language of relationship.

At the heart of the 'avoidant' style is a dread of becoming too dependent or allowing anyone to become significant enough. Clients typically limit therapy to a short-term intervention. With less time I notice that I feel pressured to establish a connection even quicker, which can then scare the avoidant client as they might experience me as too intrusive. It is hard to negotiate across a rigid interpersonal boundary and often I fail by being either too 'eager' and active or remaining too uninvolved. With Martha I noticed that working in a time-limited context stimulated my own Hurry Up and Try Hard prompting stubbornness and rigidity on my part, which contributed to a re-enactment of the original mother-daughter drama. Therefore, an inter-subjective/relational approach may have been too challenging and too alien for Martha. Perhaps I could have employed a more behavioural-based approach, but then I would have maintained Martha's expectation that there was a magic pill she could take.

I discussed Martha's case with a CTA colleague, who also works within a relational frame. He commented on the fact that my idea of 'relational' may be too narrow as in " … working in a reflective, mutual, intimate way of relating'. In this sense we as practitioners can be 'aphasic'; we exclude a whole range of relationships which do not fit this paradigm and 'offer' them as 'non-relational'" (Hill, 2017). In my colleague's opinion Martha's avoidant attachment style may have been too challenging to my own narrow frame of what constitutes a relationship. Often clients like Martha give up on us because they struggle with our relational rigidity and our dislike of their failing to securely attach to us." (Hill, 2017).

I am becoming more accepting of the limitations of a two-person approach (Stark, 1999) and more willing to function in a one-person psychology mode (expert/didactic role), as a transition position to a more mutual therapeutic relationship. Clients like Martha typically function from a left-brain field and are willing to

entertain the idea that stress has very real physiological effects. Because these clients somatise and lack 'mindsight' (Siegel, 2010), I explain that interpersonal and intrapsychic events generate specific changes in the

body (Porges, 2011, Sapolsky, 2004). I typically draw the hypothalamus-pituitary-adrenal axis (HPA), show pictures of the brain and speak about the brain-body connection.

What I have found most helpful so far is to create a separate space - I call it a 'virtual space'. In this alternate space I introduce any image that occurs to me in relation to the client and invite them to play with it. As Martha and I talked of waving magic wands and jumping in, I found two pictures to represent our transferential roles – one represented the client as a boy plunging into a swimming pool. The other, representing me, the therapist as I thought I was being experienced by my client, was a picture of Professor Minerva McGonagall the teacher/witch from Harry Potter (Rowling, 1997). In these images the roles and ages are reversed. In real life Martha is a woman in her sixties and I am roughly half her age. Having this picture of the transference relationship (Child-Parent transactions) I was able to become aware of power dynamics, which potentially foreclose Adult-to-Adult communication. This virtual play-space was somewhere safe from where we could look at, reflect and even laugh at what we had created together.

Having Martha read my narrative of therapy her has been an unexpected but positive aspect of research. She began to recognise how she affects others. She did not find the reading easy but was able to grasp the idea that others are affected by relationships and they create narratives to make sense of what is happening.

Case evaluation process

The rich case record was examined and evaluated by an analysis team, facilitated by Dr Mark Widdowson, TSTA (Psychotherapy)of the University of Salford, and included Giselle Hayers, Jayne Hayers, Amanda Rushton-Carroll and Rebecca Valentine, all of whom are graduates of the University of Salford's counselling and psychotherapy training programmes. The analysis team members were invited by the facilitator to participate in the case analysis on the basis that they were all non-TA therapists (although some had completed a TA101) and therefore had no prior allegiance to TA, and were all therapists who had expressed an interest in participating in case study research during their training. The analysis team read the rich case record and prepared their responses based on the pragmatic case evaluation criteria developed by Bohart, Tallman, Byock & Mackrill (2011)). This method uses 56 criteria to evaluate whether the client changed, and whether these changes can be attributed to therapy. The analysis team also considered the non-therapy explanations for change (i.e. factors other than therapy which might be responsible for any change identified in the client) as developed by Elliott (2002).

Conclusions of the Analysis Team

Overall, the analysis team were unanimous that the client did indeed change and that these changes could be attributed to therapy. Specifically, the analysis team were in unanimous agreement that there was sufficient evidence for each of the following criteria:

Evidence that the client changed

[numbering as in pragmatic case evaluation criteria (Bohart, Tallman, Byock & Mackrill,2011]

1.The client themself noted that they had changed.

2.The client mentioned things that they were doing differently in their everyday lives.

3.The client was relatively specific about how they had changed.

4.The client provided supporting detail.

9. The client mentioned problems that did change.

10. The changes mentioned seemed plausible given the degree of difficulty of the problem and the time spent in therapy.

13. The client reported either managing anxiety better or reductions in anxiety in key situations which showed a positive trend over therapy.

19. There was evidence of greater proactive determination and persistence in relation to a reasonable goal.

24. The development of a new perspective where they seemed to be criticising themselves, seeing their own limitations but not in a defensive or overly critical way.

30. Positive interpersonal changes.

31. Specific changes (e.g. finished a project, made a new friend, got and kept a job).

32. Greater realisation that there may be some issues, which will take ongoing work.

33. Positive changes in self-relationship.

38. Physiological changes (e.g. less sweating, calmer and relaxed in therapy.)

Evidence that is was therapy that helped

40. The client clearly reported that therapy helped.

43. In their reports, clients are discriminating about how much therapy helped, i.e. they do not in general give unabashedly positive testimonials.

45. To a rater, a plausible narrative case can be made linking therapy work to positive changes.

48. Therapist's encouragement, support, positive attitude seem to be related to client's overcoming demoralisation and willingness to confront challenges and not be discouraged by failure.

50. Therapist's in-tune questions, reflections, interpretations, or comments, seem to facilitate client's exploration, gaining new perspectives, developing action plans.

53. Client reports changes in trajectory from their past life with regard to the problem. Clients report something new

in regard to coping with the problem and relate it to therapy.

The analysis team were unanimous that these criteria were sufficient to consider that Martha had made positive changes during therapy and that these changes could be attributed to therapy. The analysis team examined the case using all of Elliott's non-therapy explanations for change and rejected all of them, thus reinforcing their conclusions that the therapy had been responsible for change.

In discussions following the pragmatic case evaluation procedure, the analysis team came to the conclusion that it was the relational struggles which took place between Martha and her therapist which seemed to be pivotal in generating positive change, and specifically enhanced the interpersonal changes that Martha made during therapy. The analysis team also noted that Martha seemed rather sceptical about therapy and would be very unlikely to offer unrealistically positive reports about her changes. The analysis team identified that there seemed to be issues for the client connected to the identification, acceptance of and expression of emotions, and that the therapist's focus on drawing out and clarifying unexpressed emotion appeared to have been helpful.

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IJTARP
International Journal of Transactional Analysis Research & Practice
8 (2), 35-40
https://doi.org/10.29044/v8i2p35

The 'taming' of Julie and her avoidant attachment style

This paper has been translated and is published here with permission from *Actualités en analyse tranactionelle,* where it first appeared in French.

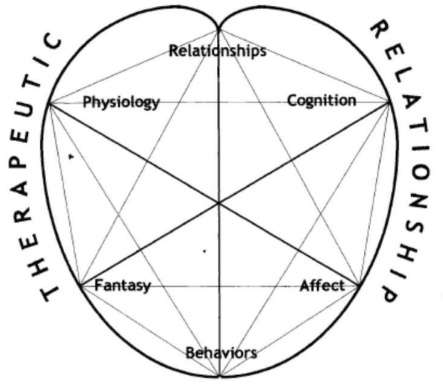
Summary

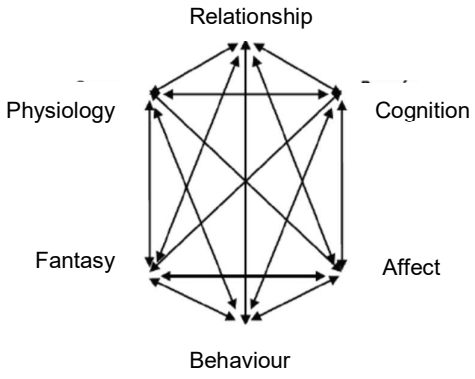
In this case study, I present the application of the model developed by Richard Erskine of 'Self in Relationship' to a client who I will call Julie. I describe the open and closed domains of contact that I observed at the beginning of the work. Then I explain how I bring this client to a state of awakening of the anaesthetised domains through an implied accompaniment and full contact, whilst respecting her avoidant attachment style.

Julie arrived at my office six years ago, when she was 33 years old. She is married with sons aged one and five. She is an intensive care nurse in a regional hospital. She is a beautiful young woman who hid her emotional experience behind a charming smile. Her smooth, pretty face made it hard to know who hid behind the warm and friendly mask.

To structure my comments, I decided to use the model of the 'Self in Relationship' developed by Richard Erskine (Erskine & Trautmann, 1997). In this, a diamond within a circle describes the affective, behavioural, cognitive and physiological dimensions of human functioning from a relational perspective. It allows us to assess whether each of these domains is open or closed to contact. The model is especially interesting when used in conjunction with Berne's structural model of ego states. This makes it possible to explore and identify the open or closed contact domains of the different ego states of the client.

Within Julie, the emotional domain was closed. Sitting in front of her, I had the impression of being faced with a doll always sporting the same smile. I perceived no life in her, she felt empty and cut off from her feelings. To each question from me about her emotions, she responded with thinking. She had no need or desire at that time for our meetings, and I have the impression that her main desire was to hide as much as possible. I formed the hypothesis that, with an abusive alcoholic father and a depressive and contemptuous mother, the environment in which she had grown up was unfavourable for free emotional expression. Her insecurity was such that she had learned to control her emotions and repress them. As a child, she had escaped to a hut at the bottom of the garden or hidden under her duvet. In her words "Hide myself so I will not be found". The adult woman that I had in front of me continued to reproduce this mechanism inside herself. She was hiding so that I could not see her. My presence, my involvement, my interest in her, as well as my





harmonisation, helped to create an atmosphere of trust within the counselling relationship. Over time, she 'thawed' and accessed her emotional memories.

Julie was particularly invested in the thinking domain, seeking to figure things out and analyse them. The little girl that she had been had tried to make sense of what was going on in her family. She had developed a belief system that brought her security, predictability and stability. Her thinking was a way of distracting herself from emotion, putting her energy into understanding in order to avoid feeling. I observed her across the sessions and was able to get her to stop and dare to make room for emotion before thinking.

Another method she used for avoiding the intimacy of the present was fantasy. For example, when she felt an intense emotion, she would begin to think of a shopping list or the organisation of the family. She dissociated. The fantasy was a hiding place where she took refuge regularly in order to automatically stabilise herself.

Julie also invested too much in the behaviour domain. She was very active. She would propose numerous activities to her children so that she could think she was being a good mother and not feel guilty. She kept a perfect house in order to have the recognition of others and to protect herself from the critical comments of her husband. She gave a lot of attention to this husband, who, according to her, needed her to take care of him. At work, she had to be devoted to her patients and make her colleagues happy. When she was doing the morning schedule, she always took breakfast for the whole team. She could not imagine not doing this as she would have felt too guilty. A deep sense of guilt was the origin of the over-investment in this domain. She had chosen her profession well, as she was an accomplished nurse who took care of everyone except herself. She pretended to be happy in a successful life. 'Doing' was protecting her deepest emotions in relation to her emotional abandonment (as a girl by her parents).

In terms of the physiological domain, her body was painful, with tension in her trapezius, jaws and back. She somaticised a lot. I formed the hypothesis that she was hiding her emotions, fear, sadness, anger, shame and resignation. Her body was telling what the emotions did not express. She had asthma and often weak respiration. We discovered later that decreased respiration was a way to be as discreet as possible and make herself invisible. This had been necessary when father came home drunk. She would be hiding under her duvet and stop breathing. In this way, she was making the least noise possible, in order not to attract the anger of her father, and she tried not to feel the fear that invaded her.

Her relationships were essentially ones of competition and over-adaptation. For example, when her husband came home from work, she would bustle around to show him she was doing lots of things, because she was afraid of his reproaches. She exhibited a lot of this over-adaptation with me. When I asked her a question, she would rush to reply and often provide three different responses for me to choose from, relieved to have been able to respond to my request. This allowed us to talk about the agitation she felt when she was required to find an answer that would be satisfactory to her questioner, and about the fear she felt about not getting things right.

My support work

For four years I waited patiently and sometimes impatiently during meetings with Julie, building the relationship. I was gently calming, at her pace, and offering her my permanent presence. I was building a secure relationship that would allow her to be more open and to access more her emotional world (as in her relational needs, as per Erskine). I proposed experimenting with being able to count on a stable, reliable and protective person (relational needs, Erskine). This was to raise awareness of what she had lacked in childhood and to allow her to restore her integrity. Julie had definitely opted for an avoidant attachment style (Erskine, 2009; Main, 1995) over 15 years of childhood.

During the four years of seeing her, I often had the impression that Julie slipped between my fingers, she escaped me, and I went through moments of helplessness and annoyance. This occurred particularly when she cancelled at the last minute because she had no one to care for her children, and had no space in her calendar to arrange another session. I did not see her during one month, which seemed to me to be long. I hypothesised that her unconscious objective in doing this was to make me powerless. Also, that she was protecting herself from attaching to me. (At this point in working with Julie, this hypothesis could not be verified directly with her. I did this later, when she had enough awareness of her avoidant style of attachment. This awareness came mainly due to the reactions of her youngest son, who 'clung' to her and showed a lot of anxiety in his relationship with her.)

I felt angry and resentful and wanted to reject her by saying "Since you don't put in more energy, figure it out yourself!". At the following meeting, she would tell me that all the sessions were very expensive! And there, in my countertransference, I was navigating between anger and guilt. I calmed down when I thought about the different psychological functions of her script: predictability, identity, continuity and stability. I remembered Julie telling me that what was

predictable in her family were interruptions of contact, rejection and anger. Her father was often very violent, particularly when under the influence of alcohol, and her depressive mother responded to Julie's emotions with scorn and mockery. With me, she did it in such a way that the predictable (which she anticipated) would happen, in that I would become angry like her father, or reject her like her mother. This interpretation allowed me to continue to offer her my presence and my caring.

(At this point in my accompaniment, I decided not to share my thoughts about her attitudes. I judged that her Adult ego state was not yet sufficiently formed for this, and that my words could strengthen an over-adaptation that was already very present. I gave meaning to my countertransference, which allowed me to be attentive to my ruptures in contact, and to maintain in that way a posture of unconditional acceptance.)

As a result, each session was an opportunity for me to show her my engagement, and my commitment to not letting go regardless of her behaviour. I also gave her the permission to define herself in the relationship with me (relational needs, Erskine). From time to time, she regularly forgot the content of our sessions, especially if they have been emotionally strong. She would forget how she had been able to be close and in contact the time before. She was very scared. She called this process "my eraser", which was the process that had been useful to forget the terror, loneliness, despair and shame that the child had felt.

As time passed, it was difficult for Julie to maintain her mask with me, and keep the loneliness and being "quiet all alone" beneath the mask. (I saw that she sought not to feel, but increasingly less effectively. Her emotions were appearing more and more quickly during sessions.) Her solitude was important for her security, and it would be dangerous to lose it. I could now give Julie a quiet and serene presence, having gained my own interior security. I had acquired awareness and also developed my skills. I felt myself to be a more powerful professional, but above all a more integrated person, with more capacity for contact with myself and others, as well as internal tranquillity. After four years to the day, she told me that she wanted to stop working with me. I hypothesised that this desire to quit could be linked to the fact that she was beginning to feel attached to me, and it scared her.

(I made this assumption based on my observations of Julie's attitudes and my knowledge of attachment. A person with avoidant attachment will do everything to avoid attachment, especially when she starts to feel it inside her. This protection system allows her to maintain predictability and continuity, and avoid feeling the pain of the juxtaposition that comes when the client feels the contrast between what is brought into the therapeutic relationship and what was not available in the past (Erskine, Moursund & Trautmann, 1999). I saw that my alignment with her pace, my involvement, and my relational and phenomenological questioning, were destabilising for Julie. Stop, break the contact with me, allow me to maintain the stability of my system, and of my identity: "Julie, be strong, go it alone, and above all you must hide yourself, don't show your vulnerability, the others are dangerous!")

Here, I took the opportunity to prove to her that she mattered to me, i.e. I was particularly involved in taking the initiative (relational needs, Erskine) by saying to her "I think this is not the time, and I want to continue to see you." By this intervention, not only was I showing her that she mattered to me, but also that she could count on me.

She at first defended, in anger, and I calmly but firmly maintained my position. By my attitude, I convinced her. I then saw tears running down her cheeks, tears of relief that said "You see me". At the end of the meeting, she told me that if I had not insisted, she would have felt abandoned and would have said to herself "Okay, I will again stop breathing and continue completely alone." She was happy that she felt supported and protected by my position. It allowed her to feel the contact with me, of a healthy dependency and security. (The client with an avoidant attachment needs at certain times to be "held". Feeling the deep involvement of the counsellor allows her, with her repressed needs, to enter into contact. This is a very delicate moment, because the client must feel that the counsellor wants the client for herself and not for control.) 15 days later, she had forgotten the content of the meeting and smiled whilst saying that she was fine. She had replaced her mask in order to forget the proximity of our last contact.

(Speaking with her, we discovered that in forgetting, she maintained homeostasis, and thus found the security and predictability of her script and protected herself from feeling the painful emotional memories associated with the attachment figures of her childhood. Including solitude and fear. Forgetting had so many important psychological functions.)

This intervention on my part had been important in the accompaniment and had opened Julie to deeper emotional work. Through visual and physical contact, I had offered her my complete presence which she had at times accepted to feel. The full contact had allowed her to access her vulnerability. She had connected with her fear and felt her sadness, felt great loneliness and lived the despair. She was able to feel in her body the archaic decision "I cannot rely

on you, I have to hold myself completely alone!" She knew this decision cognitively, she could feel it at a physical level, feel her need for total control, for self-control, and relying only on herself.

Speaking with her, I had an image of a small wild cat that I wanted to tame. She replied "That's strange because for six years I have been trying to tame a wild cat that comes regularly to my home. I have never formed a relationship . . . it took me six years to stroke him for the first time!" I replied "And for us, it has taken only four years to meet…". She gave an amused smile, she had often complained that the work was not moving quickly enough.

During the October holidays, knowing that she might easily lose contact with herself (and with me) I took the initiative (relational needs, Erskine) of sending her a message that said "I am thinking of you.". In this way I showed her the impact she had on me (relational needs, Erskine) and that I did not forget her despite the distance. My objective was to use this message as a transitional object, and to promote the creation of a secure attachment. Not that I was not absent, but she could keep me inside her despite the separation and thus acquire the permanence of the link. When she met she told me that "That message allowed me to keep you 'a little more' with me for those three weeks." My objective was therefore achieved.

During the next meeting, she told me that she was afraid to feel, afraid to be vulnerable. Her protection system was saying to her "Be strong, guard your mask!" She was afraid to let go of her survival system, and at the same time, she felt worn down because of her daily quota of agitation and permanent over-adaptation. She felt this ambivalence very strongly inside her. Hence, I offered more frequent meetings. At first she refused, citing financial difficulties.

I explained the reasons for my proposal by saying that "I want to see you more often. I very much want you to come. I think it would be good for you. By continuing at the current rate, the permanent fear of attachment remains permanent. The more you repeat presence, the more the fear will diminish." And I took the example of the wild cat "What is it that you did that led to the taming of the cat?" . With these words, I aimed to get the seeds into her representation of a secure link that exists because of the regularity. I put in some kibble (cat treats) to have her want to come and see me more often. Her first reaction was "You will not get me!" and at the same time she felt her need to come more often. (She told me that she was more and more frustrated by the fact that our sessions were so spaced that she was forgetting the content." Inside, she felt her ambivalence: keep an avoidant attitude which allowed her to maintain predictability, continuity and stability of her script, or respond to her profound need for contact. With the consequence that she felt the pain of the juxtaposition and exposed herself to the fear of losing the link and being abandoned. To help her with her decision, I propose a body experience. I asked her to close her eyes and touch her finger to mine. I touched for an instant and then withdrew my finger.

(I meant by touch the therapeutic touch as in the example described. I use this sometimes with clients to allow them to get back in touch with their bodily sensations that have been anaesthetised alongside their emotions.)

She felt more at peace when I was present. At the moment when I removed my finger, she felt fear that I would not come back. Driven by my desire, I went back to the contact with her finger. To accept the full contact with me allowed her to reconnect with the pain of the child that she had been. She experienced a profound sadness and began to sob. Then I did the following experiment: I repeatedly touched and removed my finger, taking longer between contacts. She told me that "It's worse when you leave spaces, I have more fear." Then she added with a smile "I've got your message, I can come more often."

In the following sessions, I accompanied her in her back and forth between feeling vulnerable and taking refuge in her hiding place. I followed her, questioned her phenomenologically, helped her to put words to experiences, and sometimes I put mine. I validated her emotions, all the while being attentive to harmonising to her rhythm. My objective was for her to discover, tame and enjoy her interior self. I supported her in the meeting with her vulnerable self, as well as with her system of protection. In the place of withdrawal, it was quiet but strongly oppressive. It was however less painful than feeling the underlying emotions. Her respiration was low. I encouraged her to appreciate the hiding place, describing it as an excellent strategy for dealing with the fear she had felt as a child and which was encoded in each cell of her body.

(By hiding place, I mean the schizoid process described by Erskine as a zone of security in the presence of a threat – see article by Little on the schizoid process at www.integrativetherapy.com.)

My validation and normalisation of her system allowed her to name her hiding place in the following manner "a bubble that cradles". On sharing these words with me, she began to weep. Then she quickly returned to the bubble. After a moment of rest in that secure place, I asked her if she was willing to take

her hand out of the hiding place and she agreed. (I had formed the hypothesis that after having obtained from me the recognition of her system of protection and having been able to sit there in my presence, she would feel safe enough with me to dare to have contact.) I put my hand onto hers. She went back-and-forth between contact and rupture. She went between the intimacy with me (and feeling the pain of the juxtaposition), and thinking about something else to distract herself (the fantasy was her way to dissociate).

When she was present in the contact, she struggled between the desire to feel my presence and the decision to be alone and fend for herself "To not get caught". (This mistrust of the other was the consequence of an insecure parentage that comprised violence and humiliation." All of this she was describing to me by living it. Hence, I learned Julie's emotional language. I prompted her to bring into awareness her internal process, and to put it into words and share it. Through this work of emotional literacy in a connected intersubjective experience, I enabled Julie to define herself (relational needs, Erskine), something which she had never been able to do as a child in the environment in which she had found herself.

These sessions exemplify our work through the model of Self in Relationship. Julie was therefore in contact with her emotions, her thoughts, her physical sensations, her behaviour and her fantasies. Julie was a very different person to the woman that I had met during our first session: a Julie with domains that were open and accessible to contact. This change was possible because of my harmonisation, my involvement and my consistency within our work.

Daring to have contact with me revealed two fears to her. The fear that the contact would stop forever and she would be alone once more. She anticipated the loss and the loneliness that she already knew. (Activating the process of anticipation was a way for Julie to avoid contact and maintain the stability of her system. She protected herself from feeling profound archaic emotions.) The second fear was of being discovered, that her real self would not correspond to what I expected, and that I would reject her. In the second case, she anticipated the narrowing, the rupture and the loneliness. I thought about a third possible source of fear that would be perhaps even worse for her, in the contact taking place (That I make it and I like it). Fear of the emotions which emerge in her response to contact with me, fear of the sadness revealed by the juxtaposition. I shared this thought with her. I accompanied her in this struggle, I was simply present and allowed her to go where she wanted.

This was done with the objective of her being able to feel the full contact I was offering, without any requirement on her from me. She can live through the contrast between my attitude and the abusive attitude of her parents.

(I think that the baby in her, with the lack of secure attachment, could not integrate the permanence of the other, but did conserve emotional memories of the absence: the insecurity, the fear. I refer to the first eight stages of development of Ericsson, between birth and 24 months, which he calls the 'sense of hope'. This stage speaks of the trust or mistrust that the little person develops for others, and then for himself. When that fails, the child withdraws inside himself, because it is that which he can trust.)

Conclusion

Through this writing, I hope to pass on to you the depth and power of the Self in Relationship model as I understand it and used it with Julie. I use it differently with each client.

It is a method of intervention that can be used in different ways: it allows us to make a diagnosis, reflect on the capacity for contact of an individual, and observe which domains are open or closed to contact. It allows us to establish a treatment plan: which domains are over-stimulated and therefore over-invested in, and in which manner? Which domains, on the contrary, are needing attention and re-energisation so they can be integrated? It also allows us to observe the evolution of the client, to evaluate the work that she has already accomplished and what she still needs to do.

With Julie, we now continue our work at a faster pace; it suits her now to meet three times a month. The confidence developed within our relationship has allowed her to access a new emotion, anger: daring to feel this in daily life and utilising it to assert herself and say stop (when, for example, she does not appreciate the criticisms of her husband, when a friend behaves in a hurtful way towards her." She gradually accessed her anger through her Adult ego state in the here-and-now in her relationships. She experienced that it was not so dangerous to be assertive as she had fantasised, and that the reactions of others were not as violent as she had imagined. On the contrary, her Adult anger was increasingly well received. However she did not yet have access to the anger of her Child ego state. That was inhibited by her fear. Fear of the reaction of her internal Parent, and fear of punishment. It was down to me, during a meeting, to express my anger at each of her parents for their ill treatment of her. This intervention on my part gave her permission to become aware of her own anger and how she was

containing it through the clenching of her trapezius, throat and jaw, without feeling able to express it.

The emotional, physiological and behavioural domains still need attention and integration. Julie is able to understand cognitively her Child anger, as well as her fantasies about the expression of such anger. However, more work is needed for a full integration of anger in all of her domains.

Following prolonged separations, such as at Christmas, she still completely forgets the content about previous sessions, especially when it comes to our relationship and the attachment between us. I find that again she is smiling, telling me that she does not know what subject to bring because all is going well for her. It is me who reminds her where we were, which I do with gentleness and benevolence. It is me who therefore maintains the permanence and constancy that she cannot yet be sure of. She is relieved that I accept this function. This allows her to avoid the effort of having to remember in front of me, the shame of not being able to do this and the fear of my reaction.

With Julie, I have learned, and am still learning, the art of creating a secure attachment with a person who has protected themselves by developing an avoidant attachment. This accompaniment has allowed me to develop a fundamental posture; stay permanently in contact in spite of ruptures, and trust the natural process of attachment of Julie, without trying to control. This was very difficult for me at the beginning of our work together. Because I was suffering from a difficulty in attachment that resembled that of Julie, and because it raised issues for me (for example during the cancelling of meetings without the possibility of rescheduling) I often felt helpless, lost, guilty of not doing a better job with her, and overcome with anxiety. I had a sensation of losing control, and I felt angry with her, with a strong wish to tell her "Figure it out for yourself because you are not putting in the energy." These emotions were invading me outside our meetings, but when I heard Julie in front of me, they disappeared and I let myself be touched deeply by this woman and by the little girl that was 'hiding' inside her.

I needed support for myself between the sessions, to deal with how I was overwhelmed by a countertransference of despair and resignation, which belonged to my story as a child as well as to Julie. By sharing my accompaniment of Julie, I share with you also a piece of me and my personal history. Indeed, I began my training in integrative counselling shortly after the arrival of Julie in my office. During these few years, I have to do the same work that she did, to create a secure attachment inside myself. I needed to learn to take support and accompaniment in the long-term from several people (therapists and supervisors, men and women) to whom I have given my trust over time, and who have helped me tame myself. I faced my painful archaic emotions that meant I carefully avoided feeling; in particular my visceral fear of existing for the other and being seen by the other, as well as of letting the other exist for me. The unconditional support of these people, their permanence, allowed me to maintain hope when I was lost. Their confidence in me and their presence at my side enabled me to trust myself. Thanks to them, I could think about the attachment process and above all I could let it unfold within me, and be able to share it with Julie, bringing a permanent presence to all of the affective, cognitive, physiological, behavioural, spiritual and fantasy parts of her life. Thus, I have allowed her to experiment with a profound contact with herself, with me, and with others.

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IJTARP
International Journal of Transactional Analysis Research & Practice
8 (2), 41-48
https://doi.org/10.29044/v8i2p41

Shame, the scourge of supervision

This paper has been translated and is published here with permission from *Actualités en analyse tranactionelle,* where it first appeared in French.

- **How do we construct shame?**
- **How does it impact in supervision?**
- **How can the supervisor deal with it?**

My motivation in writing this article is born from my personal experience with shame. It inhibited my thinking, my spontaneity, my creativity, and therefore limited my personal and professional development. Freeing myself allowed me to recover liberty, energy and legitimacy. I gained in professional competence and assertiveness within my practice as supervisor.

My purpose in writing this article is that we, as supervisors, reflect together on how we look at the process of shame in our supervision sessions. Whether these are one-to-one or group, educational or professional, with beginner or experienced supervisees, shame may be invited at any moment. It may be so discreet that no one notices except the sufferer. It all happens internally for the supervisee, with the greatest secrecy.

Shame is indescribable and lives in a solitary way. The person themself, often unable to identify their feelings, does not understand what is happening to them. The shame cannot be put into words. Few parents or teachers explain to children the feeling of shame, and few validate it or normalise it. Shame is unspeakable. The supervisee rarely takes the risk of sharing it with the supervisor, for fear that this traumatic event will be denied or not recognised as such. The supervisor's reflections such as "I didn't mean to embarrass you!" or "That's not what I meant, you misunderstand me!" are reactions that amplify shame. It becomes unbearable. The person invaded by shame feels excluded from the group to which they belong (Tisseron, 1998). The consequence is withdrawal behaviour. The person finds themself alone and isolated. They need the supervisor to focus on them, to give attention, to understand the internal experience and to look for the cause. This attitude allows the person to re-enter the group and to belong again. On the contrary, if the person justifies or diverts attention to themself and their good intentions, they reinforce the shame and the feeling of exclusion.

Shame is a profound inhibitor. It prevents those who feel it from having access to their personal power. In this article, I describe the construction of shame in the child, as well as its consequences on adult life. Then I explain a possible approach to treating it as a supervisor: being attentive to the relational needs of the supervisee. In order to support this article, I would like to present examples from my experience as a supervisee and as a supervisor, where I have been confronted with shame.

During the years of my basic training, I met several supervisors with whom I felt more or less at ease. Some, through their attitudes or words, generated a sense of shame within me. By critically confronting a decision that I had made, by being arrogant, by taking the stance of 'the one who knows', humiliating me directly (a supervisor told me "I don't care about your anger!"), by reacting strongly to some of my decisions based on their own limitations, shames and fears… faced with a particular supervisor, I always found myself 'an empty head', unable to think. I realised afterwards that this supervisor took all of the space to show us their genius (and they really did!). First place was for them. So, I felt ashamed to be so incompetent. To avoid the humiliation of giving an idea that was not as good as theirs, my head emptied and I kept quiet. On many occasions, I felt shamed by the attitude of the supervisor. I never dared to verbalise my feelings. I was always alone with my shame and my desire to disappear. I was struggling to hide it. My way of protecting myself was to criticise the supervisor in my

head, to have an arrogant internal attitude in secret. This relieved me, but the evil was there and my pain was not mitigated.

Other supervisors did not humiliate me directly, but I did not dare to address the situations that I really needed to talk about. I always brought 'politically correct' subjects. The dangerous subjects, the situations where I really doubted what I had done, where my supervisor could have seen my mistakes and my faults, I did not approach because the fear of criticism and judgement was so strong. At that point, I was not aware that I was avoiding the feeling of shame. I protected myself by over-adapting, being arrogant, and avoiding the delicate subjects that could have plunged me again into shame. At no time, during those early years of training and supervision, did a supervisor talk to me about the feeling of shame.

Then I started a new training course. For the first time I saw a supervisor speak directly and frankly about shame to the supervisees. This supervisor took an hour to treat shame before entering into the contents of the supervision. We were in group supervision for three days. This supervisor had such a presence, such an understanding of the person and their experience, such sensitivity that I was deeply touched. The supervisor really saw the supervisee, beyond the social mask, and offered an unconditional welcome. The supervisor dealt with being before the subject of the supervision, before the task to be performed. This was extremely beneficial for the supervisee. Indeed, under the influence of shame, the supervision would have been useless. The supervisee would have learnt very little, with their thought processes being tainted by the effect. Subsequently, the supervisee was able to approach the supervisory subject freely, this experience allowed me to begin to recognise my own feeling of shame, and to recover my ability to think.

Then I met a supervisor with whom I felt deeply secure. With this supervisor, I began to think freely because I felt certain that her/his attitudes would not be a source of shame for me. I was very grateful to be with one with whom I could think in freedom, without vigilance. The supervisor trusted me and I felt it. At no time did I perceive fear, judgement or criticism in her attitudes. I never saw that supervisor adopt a defensive position, no matter what. The supervision felt devoid of dogma, which allowed me to develop my own thinking. The supervisor's calmness held me. I saw that she/he considered me more competent than I considered myself, which strengthened my confidence and my self esteem. He/she focused on my strengths and not on my weaknesses. I perceived the supervisor's joy in working and thinking with me. We thought we were together. There was no thinking for me, no making me think, we thought together. This supervisory relationship has been and is still therapeutic for me. It allows me to learn and think with pleasure and spontaneity. I developed my intuition and creativity. This supervisor gave me a model of supervision that I could rely on to develop my own style.

(Supervision has a therapeutic effect, even if that is not its primary objective. The supervisor participates in the personal development of the supervised. It is complementary to therapy and allows for dealing with other areas of difficulty. Principally with injuries related to schooling and learning.)

According to an American study by Lecomte (2012) during the years of psychotherapy training more than 51.5% of psychotherapists report disabling and destructive supervision experiences for them and for their clients. When asked about their experiences in their entire professional career, this figure rises to 75%. More than 50% of supervisees in university clinical psychology contexts report having experienced harmful and disabling relationship experiences.

Theoretical reminder: When and how does shame build up?

According to Erikson (1982) a child begins to feel shame from two years old, in the developmental period he calls early childhood (2-5 years). During this stage of life, the child struggles to gain autonomy. If the family environment is not sufficiently allowing, the child feels shame and doubts themself. In order to solve this developmental crisis, a balance must be struck between those two forces which oppose each other; on the one hand autonomy, on the other shame and self-doubt. The child struggles to define themself, to enforce their borders, to differentiate themself in order to acquire their first skills. It is a time when the child is vulnerable to boundary confusion, flooding and a sense of failure. According to the reaction of the parental figures, the child develops either autonomy or shame/self doubt, or more likely a state that lies somewhere in between. The result of a satisfactory balance between these two opposing forces allows the child to develop willingness and sense of self-definition. An unsatisfactory balance marks the beginning of obsessions and compulsions in children. In families structured in shame one usually finds the following mistaken belief "To be close and to understand the other, one must be identical."

Shame, rooted very early in childhood, even before language, logical thinking or concepts means that it is normal that one has difficulty in finding the words to describe it. (Erskine (1995) indicates that shame may already be appearing at the age of 9 months) It

is a visceral effect, felt in the flesh. If no one helps the child to decode it, the child will not do this alone. This explains the inability of many adults to identify shame. That was the case in the example I described earlier.

If the child is particularly vulnerable to shame at this developmental stage, they will remain so throughout life, because shame touches the physical and psychic integrity. It concerns the being, the existence, the profound self, the dignity (contrary to guilt which concerns the act, the behaviour, and which takes root later, in the period that Erikson called the 'initiative period', where under the guilt is the fear of punishment.)

At any stage of life, a person can be overwhelmed and broken by traumatic circumstances. The loss of control and the feeling that "something is wrong with me" are internalised and the person literally becomes ashamed of themself (e.g. being abused or beaten, victims of war, poverty or unemployment). Behind the shame there is a profound need for belonging. "If I don't belong any more what am I going to become?". This question concerns the survival of the individual.

When a person is criticised or humiliated as an adult, their pain is increased by the presence of unsolved archaic shame. They remain vulnerable to profound regression, albeit temporary, whenever they relive the trauma provoked by the shame. The shamed person does not only live a sense of personal failure in the present, they also experience all the judgements and episodes of shame suffered in childhood. In my example, the weight of past shamings prevented me from responding in an appropriate way. I could not at any time challenge the supervisors, or express my anger or disappointment. I plunged silently into the pain experienced in the past.

Shame is not only generated by humiliation. A child who is abused, belittled, repetitively ignored, also feels shame. A child who is not regarded with interest, lacks visual contact, or who only matters to satisfy the narcissistic desires of the parents (child object) also feels shame and infers that they are not someone who is good, lovable, or good enough.

This process of adaptation has a psychological function; to provide the child with predictability and stability in their environment.

Once the shame has been fixed, it represents an intrapsychic conflict within the person: as Erskine (1995) says it is being oneself and risking the loss of the bond, or complying with the definition of the other person in order to ensure the link. Over time, failing to feel anger at parental figures, the criticisms, devaluations and humiliations are amplified and turned against oneself. They are transformed into

Construction of Archaic Shame

Child abused, humiliated, downcast, ignored

↓

Loss of contact

↓

Anger

Fear

Sadness

Despair, loneliness, helplessness

Visceral reactions

↓

Protection against this suffering:

Construction of the shame associated with the belief

"There's something wrong with me."

Shame

Belief: there is something wrong with my self confidence/self esteem ↘ ↘

Hope that the other will finally love me and repair the rupture to the relationship

"If I conform to your definition of me, will you finally love me?"

↓

Virtuous Arrogance

Protection against shame/pseudo-triumph over humiliation

Self confidence self esteem are raised ↗ ↗ (illusion)

Denial of relational needs

self-criticism and evaluation. The function of the introjection is to reduce the external conflict between child and the person on whom the child depends for the satisfaction of needs. The other is good, I am bad. This is how the split is constructed. The function of this defensive cycle of shame is to maintain an illusion of attachment to and trust of the person with whom the child once wished to obtain an imprinted relationship form of contact.

To relieve themself of the introjection, a person can begin criticising others in the same way that their parental figures did with them. The function of such a transaction is to temporarily silence the internal criticism and to stabilise oneself. A person who is very critical towards others is dealing with a much worse treatment inside of them self!

Virtuous arrogance: a double defence

The fantasy of superiority constitutes a defence against the humiliating memories and pushes outwards the feeling of shame. Behind virtuous arrogance, there is a denial of relational needs (Erskine, 1995). How it is built is shown on te previous page.

For what reasons can shame be reactivated in supervision?

Each of us has within ourself, engraved in our cells, emotional memories of shame. Even though they are unconscious, they are ready to re-emerge on any occasion. Whether the events happened at the age of two years, five years, 10 years or 18 years, our body carries the imprint and this can be awakened in the adults that we are now. Learning situations, including supervision, are places that are conducive to the awakening of shame. This is due to the fact that many emotional memories of humiliations have taken root at school, and/or at home in learning situations. Sometimes the people experienced as aggressors were the teachers, sometimes the other students, sometimes the parents. *I described the different ways in which the shame was reactivated in me during supervisions. I think the supervisors were unaware of what they were inducing. If they were aware, they made the choice not to talk about it.*

Who among us does not remember feeling humiliated at school?

In group supervision, the risk of re-living the shame is increased because we find the configuration of the 'class group'. Even if we manage at a cognitive level to minimise or forget our wounds, ourselves, our bodies, will remember. The adult person in the learning situation acts unconsciously to avoid stimulating the shame felt in the past. We restrict our spontaneity, avoid risky behaviour and use strategies that we expect to protect us.

How to treat shame as a supervisor?

The treatment of shame is deeply relational. In shame, there is the fear of rejection and abandonment. This is why the posture of the supervisor is the best remedy for feeling shamed. Being aware of the relational needs of the supervisee, making them emerge in the relationship and giving importance to their meaning is a good antidote to shame. (Here I am talking about the current relational needs of the supervisee and not the unsatisfied archaic needs.) This attitude allows the healthy development of the person.

Here are the eight main relational needs (Erskine, Moursund & Trautmann, 1999):

- need for security
- the need for validation and meaning in the relationship
- need for acceptance by a stable, reliable, protective person
- the need to define oneself
- the need for mutuality, shared experiences, confirmation of personal experience
- the need to have an impact on the other
- the need for the other to take the initiative
- the need to express love

Security

The supervisee needs to feel security in order to dare to talk about shame; physical and emotional security in which vulnerability is honoured and preserved; a space free of judgement, free from ridicule. To address a delicate subject, the supervisee must perceive an unconditional positive attitude on the part of the supervisor. "I can be who I am, I can be as I am in the relationship." "I am with you and you are not going to hurt me, you are going to enrich me."

Often the supervisee does not have this internal sense of security. They think we are going to judge them, criticise them, let them down. It needs constant respect on our part. When the need for security is satisfied, the supervisee relaxes and another need manifests.

Validation

Shame is not only generated by words but by the overall attitude. The supervisor must be involved and engaged in an authentic relational contact. They need to be attentive to harmonising with the rhythm of the supervisee, which is often different to their own; to the affect of the supervisee as well as to their way of thinking. The supervisor's respectful questioning and presence allows the supervisee to respond to the need for security as well as the need

for validation. This need is that the other person validates and accepts us in all our attitudes, even those that seem inappropriate. All defensive reactions have meaning and usefulness; they allow the maintenance of integrity. Shame needs to be validated, such that it is recognised as a survival response used to protect us from the deep emotions associated with the loss of the bond. It has its origin in the past of the supervisee, and it is usual that it is awakened in a learning situation.

Acceptance by a stable, reliable, protective person

The process of supervision is as important as its content. The intersubjective experience has as much influence on the growth of the supervisee as the words exchanged. Learning is not only at a cognitive level, but also at the emotional, body, relational and behavioural levels. To access these different levels, the supervisee needs to feel they are in a secure intersubjective link (Stern, 1989). The supervisee needs to be able to rely on a stable, reliable and protective person. The presence of a supporting and containing supervisor allows the supervisee to access their vulnerability, to feel the different 'tastes of oneself' without fear. They feel accepted and protected and can look at themself with honesty. They could then allow themself to feel shame, clinging to the benevolent gaze of the supervisor as a child clings to its mother's eyes when experiencing painful emotions. This secure bond allows the supervisee to integrate the emotional experience. If the supervisor does not have the capacity to offer this protective presence, for whatever reason, the supervisee perceives this through intuition and feels discomfort and insecurity that disrupts the growth and learning.

The other to take the initiative

The supervisee needs the supervisor to take the initiative to address the subject of shame when it is perceived. The supervisee will not do this alone. Remember, shame is lonely and silent. Knowing that supervision awakens emotional memories from school, the supervisor may ask the following questions: "How is this supervision similar or different from your school experience? At school, how did you feel when the teacher was asking you a question? Here, how do you experience my questions? What are the attitudes on my part that help you to think, and which ones disturb you? Was there a moment when I said something that was unpleasant for you? During this session, did I say or do anything that has generated shame, guilt or discomfort for you? Have you felt incompetent at any given time? Did you experience what I have said as critical?"

Through verbalising, this relational questioning allows the supervisor to raise awareness of the supervisee to the shame experienced in the school environment, as well as that which has been reactivated in the supervision. The supervisor gives permission to speak in order not to experience it in a silent and solitary manner. It is important that it also helps the supervisee to see how they organise themself unconsciously to replay and relive those moments of shame, and thus to confirm the belief that there is something wrong with them. The open and respectful dialogue allows the supervisee to broaden their consciousness and to free themself from the shame.

In order to work effectively with shame, the supervisor needs to be aware of their own archaic disgraces and to have treated them in such a way as to be sufficiently liberated. The supervisor thus develops a particular sensitivity to this affect, knowing it internally. The supervisor is able, through intuition, to guess at the shame 'under the mask'. The supervisor is able to name it, question the supervisee with delicacy about this painful internal experience. He/she is also able to validate the feeling, standardise and explain it, in order to alleviate the grip of the shame, de-clutter the supervisee and free up space for thinking. A supervisor who is not aware of their own shame reacts in an involuntary way, through behaviours that generate shame in the supervisee. This risks activation of a countertransference in the relationship, demanding a too high level of perfection, or criticising or being arrogant. It involves being closed to the reproaches and anger that the supervisee could otherwise express. A supervisor who positions themself as the one who knows, who evaluates what is just or what is wrong, deprives the supervisee of access to their own thinking and the development of it. All of these attitudes occur in a very subtle way, without the supervisor being truly conscious of them. Developing emotional awareness helps protect the supervisor by promoting interactivity and intersubjectivity.

Definition of self/having an impact on the other

During the professional growth process, the supervisee goes through the various developmental stages described by Erikson. When the 'early childhood' stage mentioned earlier in this article is reached, the supervisee feels the need to define themself and differentiate themself. In order to allow the supervisee to gain access to autonomy, and to avoid a reinforcement of archaic shame, it is important that the supervisor validates and supports the supervisee in this process. The supervisee needs to be encouraged to express ideas, preferences, values, without humiliation or rejection, and have them validated by the supervisor even if they are different to the supervisor's own. The supervisor

needs to encourage the supervisee to speak of disagreements or discontents, and to welcome these with respect and calmness. The supervisee who expresses anger to the supervisor needs that supervisor to recognise their own errors, to measure the impact of their behaviour and the consequences. Through this, the supervisor demonstrates that the comments are being taken seriously and that the supervisor is allowing the supervisee to have impact. Hence, they can be repaired. The need to have an impact on the other is an important relational need. Not meeting this need can be a source of shame in the supervisee.

Mutual Benefit

The supervisory group is a great place to deal with problems related to shame. The mere fact of being a member of the group and expressing shame freely represents a violation of the basic rule of families and shame-oriented groups. The supervisee observes how the supervisor recognises each participant as a person, which is in contradiction with the family in which the supervisee grew up, and/or with the school environment. Regardless of the content being addressed, being listened to by peers is a restorative experience. The group is useful to realise the experience of shame because it is inevitably awakened there. If the supervisor is attentive and works on this affect in the group, it is a great place to free yourself and restore self-esteem. Sharing shame with peers and discovering that they also have similar experiences meets the need for mutuality.

This sharing of experience has the value of confirming personal experience. The supervisor aligns with the need for mutuality by giving the supervisee their own experience in an appropriate, attentive and coherent manager, that is centred on the supervisee.

In order for our action to be therapeutic, it is important to address shame in all its facets. Not to focus the supervision solely on the cognitive dimension, but to investigate the relational, emotional, body, behavioural domains as well as the domain of fantasy. Shame has permeated every domain. It touches the whole human being. If we do not allow the supervisee to realise their shame in all its dimensions, we deprive them of an important part of their humanity. The 'self-relational' model makes explicit the different domains that make up the human being (Erskine, Moursund & Trautmann, 1999; Perret, 2016). By developing their contact capacity in each of the domains, the supervisee diminishes their sense of shame, recovers their integrity, and thus gains personal power and liberty.

To Express Love

During the supervisory program, the supervisee may need to express love to the supervisor. I mean by this to express gratitude, recognition or affection. This need is natural and important in building oneself. When the expression of love is in a stalemate, the expression of one's self in relationship is damaged, thwarted. It is important to be aware of this relational need and to welcome it as representing the quality of the relationship. The non-acceptance of this need, of this gift, can be experienced by the supervisee as an injury, a rejection, and can generate shame.

Beware of juxtaposition

By being attentive to the relational needs in the learning process, being respectful of the person and their rhythm, the supervisor can provoke in the supervisee the emergence of painful emotional memories. This contrast can be indigestible to the supervisee, especially if their relational needs have not been taken into account in the past. Indigestible in the same way as would steak and chips be for a child suffering from malnutrition for a long time. The child would be physically unable to digests it. If this is the case, the supervisee will 'spit out' the food to avoid being sick. Precisely because it is too good, it cannot be integrated. Therefore, it is important not to give too rich relational food too quickly. It is necessary to give it using a 'dropper', gradually, so that the person manages to digest it. And above all, to practice the questioning of relationships regularly by means of questions such as "How was my attitude different from that teacher you told me about? or "What emotions do you feel when I address you in this way?" The supervisee then has the possibility to put into words this contact that is being experienced inwardly, as well as the emotions that ensue, and to gain in consciousness.

(Juxtaposition occurs when the client experiences a contrast between what is brought into the relationship (therapeutic or supervisory) and what was needed and not received in the past. (Erskine, Moursund & Trautmann, 1999).

To complete this article, here is an experience that I have had with a group of six professionals that I supervise regularly. The supervisions take place over the course of a day. During the session, I invited them to work in two sub-groups of three. One participant brought a subject, the other two questioned them in order to allow them to move forward in their reflection. I left them 20 minutes for this exercise. On their return to the big group, I discovered two emotionally collapsed participants (to whom I will give fictitious names to ensure anonymity). Both were filled with shame. The safety

in the group allowed them to express it rather than to swallow it silently. One of them, Micheline, explained to us that Nathalie's insistent questions had caused her to feel shame, the sensation of being null, of not being up to par in her client work. These words were unbearable for Nathalie, increasing her own sense of shame. Shame to have provoked the shame of Micheline through her questioning. Shame to the point of not being able to sense the support of the members of the group. "I feel so bad." she said. She stood up to leave the room. I stopped her and refused to let her go out alone, putting myself physically in front of her. Going out alone would have only increased the shame. She cried, refusing to stay. She asked to go out with someone. I agreed, she chose a participant to accompany her. I let them leave the room.

Micheline had stayed in the group and offered to share her experience with us. Sharing shame reduces its impact. I took the time I needed to support Micheline, and then I offered them a coffee break. I went out to see Natalie. Sharing with a colleague had allowed her to calm down. I invited them to re-join the group and she agreed with difficulty. In the large group we talked about their respective experiences. I searched with them for the cause of what had happened. They had already worked together as a sub- group and that had never happened before, so why especially today? We discovered that the subject of Micheline's supervision was about working with a client who was herself filled with strong archaic shame. This shame was out of the consciousness of the client and had never been addressed in the sessions. The client's shame had then burst into the sub- group in the transference of Micheline and Natalie. This awakened their own archaic shame and the cumulative effect was explosive. Updating these elements made it possible to make sense of the event, and both were helped, contained by a benevolent and secure group. Micheline was left with an essential element to continue in her work with the client.

Conclusion

Shame can be compared to mould. If we leave it in a dark place, it grows and proliferates, mould grows in the dark. If on the contrary one is attentive and it is exposed to light, it dries up and stops growing.

Shame has many forms and many faces, always in order to go unnoticed. Unfortunately, most of the time it does. By hiding and remaining secret, it cannot be liberated and resolved.

The protection of the supervisee is part of the ethical code of our profession. For this reason, it is the responsibility of the supervisor to know this feeling well, and to treat it in a proper manner, in therapy or in supervision.

It is the responsibility of supervisors to know how shame is active within them, it place in their history, how it has impacted on the their own development, and what protections they have put in place to deal with it.

It is the responsibility of supervisors to be aware of their own pent up emotions behind their shame, so as not to project them onto supervisees.

It is the responsibility of the supervisor to create the conditions so that the shame of the supervisee can emerge and be named. Sometimes the supervisor may have to 'dig up' the shame buried inside the supervisee.

It is the responsibility of the supervisor to know how to treat it in order to help the supervisee to free themself from the shame.

In the supervisor's engagement with themself, the profession, and through the connection with the supervisee, the supervisor responds to the fundamental principles of ethics:

- develop your personal competencies (know how to be)
- develop your skills (know how to do)
- develop your social skills (know how to relate)

I thank you for the interest you have brought to my reflections. I hope that, through these, I have succeeded in transmitting to you the complexity and depth of shame. I hope also to have stimulated in you a desire to deepen your awareness, for yourself as well as in your practice.

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IJTARP
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Review: Mäder, Maya (2017): Selbsterfahrung in der Psychotherapie (Self experience in Psychotherapy), Die Bedeutung für den Kompetenzerwerb in der Aus- und Weiterbildung zum transaktionalytischen Psychotherapeuten (The significance for getting competence in training of transactional psychotherapy) Münster: Waxmann.

Reviewed By Günther Mohr

In her doctoral thesis at the Siegmund Freud University, Vienna, Maya Mäder has researched the question of which areas have to be covered by self experience exercises and training if one is aiming at being a psychotherapist, and whether competences in psychotherapy based on transactional analysis increase by self experience.

In the beginning she focuses on the term of the 'self' and discusses self experience in different psychotherapeutic schools. She looks at psychonanalysis, behavioural therapy and TA with TA representing a humanistic concept, and states the differences in the approaches. Psychoanalytic training very much focusses on self experience (Kahl-Popp, 2004). On the other hand behavioural therapy (BT) (Grawe, et al. 1994) first did not apply self experience (p. 35), although in further developed modern branches of BT - Mäder names schema therapy (Roediger, 2011) - there is much appreciation of self experience. In TA, self experience - particularly regarding life script - is seen as absolutely important to know about.

Then she looks at the benefits of self experience competencies for the client in terms of protection, for the psychotherapist in terms of professionalism and for the economy and the health system in terms of reducing costs of psychic disorders.

Competence models with personal, relational and conceptual competencies continue the theoretical part of the dissertation. In TA she quotes the three sided 'Toblerone model' of Schmid (1990) for the development of professional competencies with professional context, practice and conceptualisation.

Self experience is viewed as a kind of training instrument as well as a competence that is to be achieved. To display the different self experience competencies Mäder uses the Wilber (1996) model with the four quadrants including dimensions of internal and external psychological view as well as individual and collective perspectives.

The research part is focused on transactional analysis in the German speaking part of Switzerland. Mäder asked Training & Supervising Transactional Analysts and those learning to train and supervise. She used the method of group discussion and an open guided interview according to Przyborski/Wohlrab-Sahr (2010). With qualitative content analysis following Mayring and Gläser-Zikuda (2008) she elaborated the categorisation of the items.

The result includes 15 competencies gained by self experience, which with the inital letters form the German word for self experience 'Selbsterfahrung'. This ranges from self caring to the knowledge of group processes. In detail (p. 183):

Selbstfürsorge (self care)

Echtheit/Authentizität (authenticity)

Loslassen von Sicherheiten zur Intuitionstsförderung (Intuition support)

Bewältigungsstrategien kennen und adäquater Umgang mit eigenen Gefühlen (coping strategies)

Sorgfältiger Umgang mit Macht und Einfluss (dealing with power and influence)

Therapeutische Beziehung, Beziehungsbedürfnisse (therapeutic relationship)

Ekennen und Einschätzen von Skriptthemen (noticing script)

Respektovolle therapeutische Haltung (respect in relationship)

Fähigkeit, Atmosphäre zu schaffen, um Empathie entsthehen zu lassen (creating empathy)

Autonomie fördern und selbst anstreben: Bewusstheit, Spontaneität, Intimität (autonomy)

Hier und Jetzt nutzen (using here and now)

Reflektieren auf verschiedenen Ebenen (reflection)

Uebertragung - Gegenübertragung erkennen und therapeutisch nutzen (using transference)

Nahebringen der eigenen Personals vertrauensvolles Gegenüber (creating trust)

Gruppendynamik und Gruppenprozesse kennen (knowing group dynamics)

The dissertation focusses on a very important point of modern psychotherapy, counselling and coaching competencies. The theoretical part covers the terms and the approaches of the schools.

Also interesting aspects like 'intuition' and 'the here and now', are considered, which are often excluded in research. The use of Ken Wilber's model seems to be an ambitious approach. The definition of the collective internal perspective as the relational habits does not seem to be that sharply differentiated from the individual internal part.

In general Mäder collects a lot of results that can be used in TA and other psychotherapy, counselling and coaching training. 15 competencis that are to be developped is a lot. With this differentiated sum of results training, professionals receive a guideline for developing self experience.

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