

Course-EC-2 Paper 2 (Psychotherapy) Unit 1; Sem IV

By

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TRANSACTIONAL ANALYTIC GROUPS

Transactional analysis is a highly structured group of procedures, developed by Eric Berne in 1950, that is designed to help people achieve an expanded awareness of their interpersonal operations. It is predicated on the idea that human beings carry within themselves a threefold set of directives that influence their behaviour in positive and negative ways.

The first group of prescripts are residues of parental conditionings, the individual functioning as if driven by the values and attitudes of the parents. When this happens, the “parent” (P) within is said to take over.

The second group of regulations are the survival remnants of the “child” (C) and consist of immature promptings and habitudes, parcels of the past.

The third group, the “adult” (A), is the logical, grown-up self that mediates a reasonable disposition.

These divisions roughly correspond to Freud’s superego, id, and ego.

Treatment in transactional analysis begins with several individual interviews.

- Patients are instructed in the dynamics of the transactional approach and may be given assigned readings.
- A treatment “contract” is drawn up describing the goal of therapy in a specific and clear-cut way, and
- The patient is introduced to the group.

PHASES OF THERAPY

1. The first phase is structural analysis concerned with understanding and recognizing “ego states,” which objectively demonstrate themselves in body attitudes, tone of voice, vocabulary, and effect on others. Only one ego state manifests itself within the person at a time. Thus the individual’s “parent” (P) may come through in vocabulary and behaviour expressing what is right and wrong and what people should or should not do. The parent can be prejudiced, critical, pompous, and domineering, or nurturing, sympathetic, forgiving, reassuring, smothering, over solicitous, infantilizing. The “adult” (A) is the “sensible, rational, logical, accurate, factual, objective, neutral, and straight-talking side of the personality?” The “child” (C) can be “free,” i.e., happy, intuitive, spontaneous, adventurous, and creative; or the child can be “adapted,” i.e., showing reactions akin of those of parents like being sulky, frightened, guilty, sad, etc. The patient in the group during the first several weeks is encouraged to identify the ego states within oneself and as they come through in one’s behaviour toward the others in the group. The patient learns also of “skull transactions” (i.e., the internal dialogue that goes on between the ego states) as well as ways of “getting the trash out of your head” (i.e., the adult decision to start new internal dialogues—“A ‘go away’ or ‘That’s my Parent talking’ often quickly helps a patient ‘divorce the parent’”). Catchy slogans are used to identify and describe attitudes of P, A, and C. Decision making, views of the world, modes of cataloguing external information, and even examining resistance to therapy are referred to the separate outlooks of parent, adult, and child.
2. The second phase of therapy is transactional analysis (TA), which deals with the clarifying and diagramming of conversations with others, as by drawing arrows from one of the ego states of the person to one of the ego states of the other person. One’s child may talk to another’s child (“fun talk”), or adult to adult (“straight talk”), or parent to child (“helpful talk”). Various combinations can thus exist. In a group a patient’s transactions can be drawn on a blackboard. In this way the patient learns the typical “games” that he or she plays with people. Transference is handled as a “typical transaction” and the precedents traced to early family transactions.

3. The third phase is “game analysis.” “Games” are involved transactions of a number of people that lead to a “payoff” unless interrupted. One of the four basic positions is taken toward the world:
 - i. “I’m OK, you’re OK,”
 - ii. “I’m OK, you’re not OK,”
 - iii. “I’m not OK, you’re OK,”
 - iv. “I’m not OK, you’re not OK.”

4. The fourth phase is “script analysis.” A script is the individual’s life plan evolved in early childhood. The “script story” delineates the patient’s life pattern and outlines the predicted end of the script. In the course of exploring the script early memories may be revived. The object of working with scripts is to give up old unwanted ones and “get a new show on the road.” “Permission’ in therapy is given to break the ‘witch mother’ injunctions. This is followed by a necessary period of up to 6 weeks of protection for the new ego, and this is dependent on the therapist having more potency than the witch parents. Patients gain a final autonomy in therapy and choose their own style of life or even live script free.’ ” Countertransference is recognized. “The therapist should be alert to detect witch messages in his own script and should not pass these on to his patients.”

Thus, Transactional analysis for groups at one time attracted a sizable number of therapists, some of whom joined the International Transactional Analysis Association, which held seminars and study groups in many cities. Clinical membership was acquired after 2 years of supervised therapy and a written and oral examination. Publication on the subject has been ample, although interest somewhat has drifted away from transactional analysis during the past few years.