

**An integrative approach to being a Transactional Analyst**

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**New Theory on Impasse and Transference**

by

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This article contains material which is available in shorter articles on this site... however this brings it all together as my approach and contribution to the debate on integrative TA. The question is often asked = Is TA a relational approach to psychotherapy or a (CBT) cognitive behavioural approach?

My answer is yes = It is both at the same time.

**My Background:** This article was written in response to the current debates within the TA community and the potential splitting between different groups wanting to promote their own style of TA. I explain how integrating the various approaches to transactional analysis is for me the most powerful and effective approach.

My first experiences of being a psychotherapist came over 30 years ago in the world of Christian counselling... By the age of 17 I had enthusiastically read I am OK – You are OK, shortly followed by Games People Play. They made a great deal of sense to my young and idealistic desire to serve others as a pastor. I continue to fulfil this desire, not in the church which I left when I was about 30 - but now as a psychotherapist.

Before training in TA I had a two to three year flirtation with being a psychoanalyst, being a member of an analytic group. I had been accepted on a well renowned group psychoanalytical training course but had to wait a year before a place on the next course was available... However one stormy night a colleague who was sheltering in my office suggested I attend the next 101 course with Lilly Stuart. So it was that I found myself heading south to London a few weeks later, the 101 was soon followed by an exciting course with Marilyn Zalcman and a powerful therapy weekend with Lilly. I remember my delight: I had learned an exciting theory – however more importantly I understood TA and could use it with my clients... I had learned much about myself, and made effective changes in my life, all in the space of three workshops. I had met wonderful therapists who at that time I believed could do just about anything! I saw an opportunity to quickly learn how to do fantastic therapy with my clients using TA models using a language we all understood. Previously I had not thought this was possible. While I now understand that this was an optimistic and idealistic transference process I continue to delight in being a Transactional Analyst and have never regretted taking this route. The place on the psychoanalytic group course was never taken up.

I was taken by surprise on a recent visit to the Freud museum in Vienna... I experienced what I imagine many others have... It was like visiting my great grandfather's office I "felt" the connection with our analytic routes... especially as I read the postcard from Freud to Paul Federn, here was a direct and short connection from Freud to Berne, and to my own TA trainers and supervisors.

My understanding and experience of TA has always acknowledged the direct link to psychoanalysis it was as if we had simply left home and grown our own language and integrating style... In my approach I have always been interesting in integrating effective techniques which for me includes the best of the different schools of TA alongside what I have learned from Drama therapy, Gestalt and NLP while never forgetting the foundation of psychoanalysis, recognising the importance of transference and counter transference. Working in and through the transference relationship has always been central to my understanding of TA. Finally all of this was developed alongside Rogarian approaches to therapeutic counselling and body psychotherapy that my early training experiences had provided for me.

**Two phases of TA psychotherapy:** From the world of physics we understand that light is at one and the same time both a particle and a wave... and yet we also know that is simply not possible. How can this be? In his wisdom my physics

teacher told me that it depends on my view point. This is a perfect illustration of the same principle in TA psychotherapy.... psychotherapy has two processes.... and just like light particles and light waves both are very different in nature and apparently impossible to unify however like light I am passionate in my belief that psychotherapy is both at the same time.

- Psychotherapy is like a particle in that within the process we deal with specific problems and create specific strategies to deal with individual problems.
- Psychotherapy is like a wave, two people or a group of people forming a wave of movement and direction, providing the colour and intensity of the relational experience which in turn leads to change in each individual.

During the early phase of treatment I describe my method of working in the following way: (note... I am deliberately using the transferential relationship which is already in full swing the moment the client makes first contact with the therapist.)

“There are basically two approaches in my style of working:

- First I am very interested in getting to know you... this includes listening carefully to your story, seeking to understand the reasons why you have decided to come for therapy with me, and why now. During these early stages of the work I am interested to find out what it is you are wishing to change in your life, and how you would like to be after therapy has finished. The initial goal will be for you to find strategies in order to manage more effectively whatever has brought you into therapy. For example if you are afraid of going shopping we will be looking for strategies which will enable you to be comfortable in yourself while going shopping.”

*(This is described as resolving the 1<sup>st</sup> degree impasse / crises... what Berne described as gaining social control and symptom relief).*

- Secondly while I am working with you from the start I am very interested in how you are in your life... How you live, how you think and feel and how you make decisions about what you do and don't do. I will be noticing with you the way in which your life outside the therapy room is reflected in how you are in your relationship and work with me. The longer you are with me the more this will become the focus of our work. We may at times use specific techniques during this phase however whatever style we work in the goal is for you to make long lasting changes in your life which will enable you to manage and contain your future life.”

*(The second phase is understood as resolving 2<sup>nd</sup> and 3<sup>rd</sup> degree impasses - how our script is embodied in our sense of self. Or what Berne described as psychoanalytic / script cure- As the core competencies of TA say so well: Healing the hurt of the past in order for the client to live fully in the present.)*

I often describe these two phases with the traditional Chinese metaphor ... “The first phase is ensuring you have a fish and so you don't starve today. The second phase is about learning all you can about how to fish so you will never starve.” I sometimes change the metaphor slightly... saying that the difference is that in the first phase it is going to the local shop to buy a fish; while the second phase is like building a fishing boat and learning all about fishing, including where the fish live, understanding the hidden currents and the life of the deep as well as learning to captain the fishing boat... all of which make for a long term project!

I normally conclude by providing the transferentially inviting statements that I confidently expect that we can deal with the first phase relatively quickly and that according to research clients can expect to achieve these socially observable changes within the first 12 sessions, and often more quickly. While the second phase will take as long as we need. Finally I add that "you might make some startling / disturbing changes in your life..."

## TA models

The main frame I use is my understanding of the structural model of ego states and my own development of impasse theory which I describe later in this article. I have found no better way of understanding and analysing the developing intra-psychic process as it is enacted by clients and psychotherapists in their co-created experience in the transferential process.

### **The first phase of TA psychotherapy:**

*Leading to social change and strategies for daily living. That is dealing with 1<sup>st</sup> degree impasses.*

I believe it is very important to honour the clients desire for change... invariably a client enters therapy because of disturbance and stress in their lives, finding ways of managing / containing their lives safely and effectively is their primary concern, they do not need to wait for a long term unfolding of and resolution of the transference their therapy in order to do this. Indeed many clients will not have the desire or motivation needed to engage in the second phase of psychotherapy.

Often the idealised transference maintains and contributes to the hope and belief that the therapist can be used to find the first level of healing. If the client leaves therapy after successfully making the change they desire in the first phase of psychotherapy it is very likely that their idealisation of the therapist will be heightened and remain unresolved. (Indeed they are likely to be source of future referrals to the wonderful and effective therapist!)

### **Steps to treatment:**

- a. The first priority is to establish and maintain a therapeutic contract and therapeutic alliance... while also paying close attention to the client's transferential process during the work. On occasions it will make sense to use this transferential process early in the first phase of work, sometimes naming the process at other times without overtly naming the process.
- b. During the first phase the emphasis is on "classical" TA approaches such as transactional analysis, game theory, script analysis, racket analysis with the goals of:
  - Understanding and then finding an impasse resolution.
  - Strengthening the Adult ego state boundaries so that the client can function effectively in their daily life.
  - It is likely that this work may take the form the client making a redecision in any of their ego states... In the first phase of treatment this is more likely to be a redecision as described by Berne... The client understands the impasse and the solution in the here and now... and makes a decision in the Adult ego state.
- c. Once the initial presenting problem is effectively dealt with then it is important to review with the client their contract... do they wish to continue on to the second phase of the work?

### **The secondary phase of TA psychotherapy:**

*The goal of this phase is to work with the client's unconscious process leading to lasting script change.*

My understanding is this is dealing with 2<sup>nd</sup> and 3<sup>rd</sup> degree impasses which I also refer to as deconfusion of both the Child and Parent ego states while continuing the task of strengthening the Adult ego state boundary.

The therapeutic relationship becomes the focus, increasingly fewer techniques are used in the sessions and discussions of the clients activity outside of the room becomes less important... over time the emphasis in the therapeutic work shifts so that the therapeutic relationship itself is the focus. Working in and through the transference will lead to many transformational experiences. The Goal during this phase is for the client to make new meanings for him / herself and in this way for their new lives to take shape and direction.

Often clients find difficulty articulating the issues dealt with in the second phase, they are dealing with their core experience of themselves – their beliefs of themselves, others and life... which often only find expression through non verbal unconscious transference expressions, dreams, fantasies and somatic experiences. Following the work the client may well find it just as difficult to articulate their new self... However their unconscious transference expressions, dreams, fantasies and somatic experiences will change, often dramatically. Their beliefs about themselves, others and life will also be changing.

**Steps to treatment:** (Nb: These steps are not meant to be a linear treatment plan. See my article on treatment planning to see that I understand this as a non linear process.)

The therapeutic relationship which was established in the first phase becomes the container for the ongoing psychotherapeutic work.

- 1) Depending upon the style of therapeutic relationship and working that evolves the actual process in the therapy room will take a variety of forms. We know that any one technique does not prove to be better than any other in creating transformational experiences.
- 2) At times this may look like the psycho-dynamic / analytic approach.
- 3) At times it may involve passionate / energetic body work
- 4) At other times this may take the form of redecisions which correspond to the how the Gouldings described redecisions in the Child ego state or those of described by Mellor and then later Erskine and Moursund that take place in the Parent ego state.
- 5) The second level of impasse will be experienced through unconscious expressions of the transference, somatic / body experiences, dreams and fantasies. The client will be making cognitive sense of their experiences through limited, magical thinking which maintains their script representation of life, of others and of their own place in the world.
- 6) The third degree level of impasse will be experienced none verbally, and so can only be understood and made meaning of through unconscious expressions of transference, body experiences and dreams...
- 7) These unconscious expressions of the client's are welcomed and worked with... leading to deconfusion of the Child and Parent ego states.
- 8) Termination of the therapeutic work is an important aspect of this level of work, however the ending will follow a unique way for each client, with the both the therapist and client mutually experiencing the grief and celebration involved fully and together. My experience is that when a client is ready to leave therapy it is not a struggle to end... However when the client is struggling to leave it invariably indicates more work to be done.

### **Impasse theory:**

The Gouldings and then Ken Mellor described how the impasse is a “stuck” place caused by a conflict between competing needs and demands of the Parent and Child ego states. I do not intend to go into detail regarding impasse or ego state theory here it is covered well in TA literature.

### **A new theory of impasses:**

*Parent – Parent & Child– Child Impasses*

I believe that in addition to the Child – Parent impasse as described by the Gouldings and Mellor there are also impasses between competing needs / demands of different Parent ego states and different Child ego states.

Impasses can be between any two ego states of a person.

**Example: Parent – Parent impasse:**

A client with a fearful mother and demanding father experiences an internal dilemma when faced with a decision... they have the internal demanding Parent introject competing with their fearful Parent introject. This impasse will take place at each of the 3 levels...

*Ist degree impasse:* the client can here the mother and father introjected voices in their head... the resolution is to make an Adult decision based on external reality checking.

*The second degree impasse* will be reflected in a P1(mother) > P1 (father) conflict. It is not at this point appropriate to differentiate these two aspects as P1+ or P1-... in reality either side might be experienced as either positive or negative. The client will experience this as a struggle between competing aspect of themselves... they will have a sense of a magical grandiose – often catastrophic outcome. This will be expresses in the language of a very young child and will also be experienced in physical / somatic feelings.

*The third degree level* P0 (mother) > P0 (father) will be experienced none verbally, and so can only be understood and made meaning of through unconscious expressions of transference, body experiences and dreams... A further assumption I make is that these are keys to change.

P0 experiences are the echoes of the very early and preverbal experiences of the infant. We know through the observations of the infant and form the work of people such as Alun Schore that this period of an infant life is laying the foundations for all that follows... so when working at this level we are working with the client and the goal is a renewing the foundations of the clients life... an undertaking which will take loving care, time and energy from all involved.

**3 Types of Transference:** *A simple definition of transference is experiencing the present as if it is an external expression of an internal impasse.*

There are 3 types of transference... All are an unconscious process and are expressions of different kinds of impasses. The goal of the transference invitation is for the client to resolve their impasse.

- 1) **Be another:** In this process the client invites the therapist to be a key figure from their past... the therapist may be idealised or demonised... which ever the goal of therapy is to create a healthy new outcome for the client. (Often described as complimentary transferences) I understand this is normally an expression of a first degree impasse.
- 2) **Be like me:** In this the client unconsciously invites the therapist to experience themselves as the client experiences him / herself. In this way the client can experience being understood and identified with. (often described as concordant transferences) I understand this is normally an expression of a first, second or third degree impasse.
- 3) **Be me:** In this the client projects themselves (and their impasse) into the therapist and invites the therapist to resolve their impasse. The client induces in the therapist an impasse which corresponds to their own state which they are unable to experience for themselves... the therapist allows this process to take place and resolves (metabolizes) the impasse, and survives... the client then re-internalizes the metabolized experience ... the therapist transforms the experience by containing and making meaning of the impasse. (these can be described as transformative transferences. ) I understand this is an expression of a second or third degree impasse.

There are a number of detailed explanations of transference in TA literature starting with Berne's statement that the most common form of transference is the Parent - Child transaction.

By defining ego states he created a way of understanding transference.

In exploring TA's understanding of transference I would urge all readers to read and study Transactional Analysis – A relational perspective” by Charlotte Sills and Helena Hargedon as well as David Manns wonderful book: “Psychotherapy an erotic relationship” (see the YTC book shop to buy them from Amazon.) The classic Carlo Moiso article - Ego States and transference TAJ July 1983 is an essential article for all TA trainees to understand.

Bollas: A contemporary British psychoanalyst describing transference and the therapists responses stated that by cultivating a freely aroused emotional sensibility the analyst welcomes news from within himself that is reported through his own intuitions, feelings, passing images and fantasies... in order to find the patient we must look for him within ourselves.

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