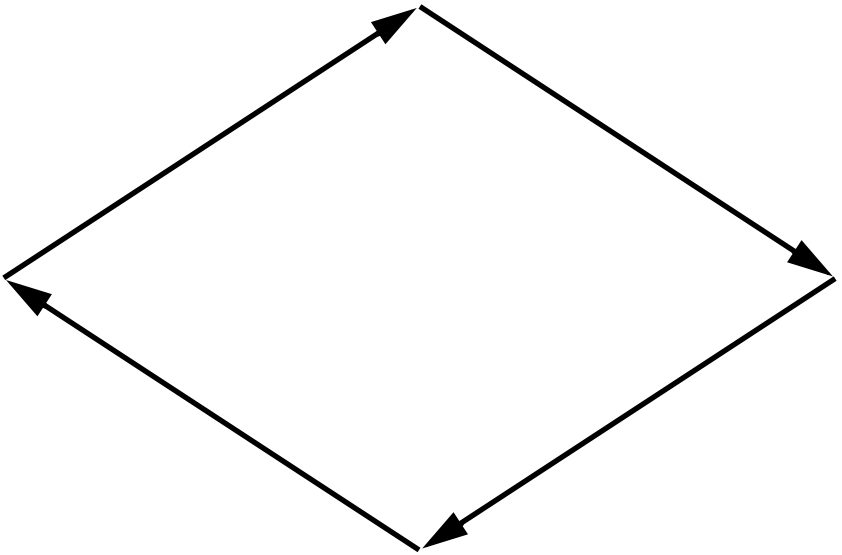# TRANSFERENCE BASED THERAPY: THEORY AND PRACTICE

Tony White

Proceedings of the Loftus Street Seminar

Volume 2

TRANSFERENCE BASED THERAPY:

THEORY AND PRACTICE

by
TONY WHITE

TA BOOKS

Also read:

>   *New Ways in Transactional Analysis*
>   Proceedings of the Loftus Street Seminar, Volume 1, 1984
>
>   *How Kids Grow Up and Leave Home: Two years old, four years old, and adolescence*
>   Proceedings of the Loftus Street Seminar, Volume 3, 1986
>
>   *Creative Feeling: How to understand and deal with your child's feelings!*
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>
>   *The Treatment of Character*
>   Proceedings of the Loftus Street Seminar, Volume 5, 1987
>
>   *Adolescence, Anger and What To Do: A happy teenager is not a healthy teenager*
>   Proceedings of the Loftus Street Seminar, Volume 6, 1990

all by Tony White.

CONTENTS

FOREWORD

This book is the culmination of a second series of lectures given by Tony White at the Loftus Street Seminar. It is a logical extension of Volume One of the Loftus Street Seminar, following it not only in format but also in chain of thought. As the title suggests, this book is a statement about the theory and practice of a treatment style known as Transference Based Therapy or Psycho-separation. The first four chapters are primarily theoretical, with the last four lending themselves more to the practical side of proceedings.

The emblem on the front of this book is the symbol of Anti-philosophy. Two papers on anti-philosophy have been included in this book, in chapters five and seven. It is deemed necessary to include these because this is the key to further development. Knowledge blinds whilst anti-philosophy permits one to see.

Regarding acknowledgements, I would firstly like to thank those who have given me emotional support. Thanks go to Gail Golding, Jeff and Marg White for their help in this area. They have always been a source of enormous encouragement. Also appreciated is Bob and Mary Goulding for showing me one of the most powerful therapeutic systems developed; Gail Broady for her ideas about ideas; and Eric Berne whom I have only ever met through his writings, yet still managed to plant the seeds of dissension in a winning way. The regular Loftus Street Seminar attendees such as Pat Badock, Jan Coleman, Virginie Cornet, Pifa Derham, Linda Gregory, Vanessa Lyons, Ann McKay, and Jan Steel, are also thanked, along with Amanda Hudson for her artwork. Finally, as in Volume One I must thank my patients for what they have given me, through the changes that they have made.

In 1986, Volume Three of the Loftus Street Seminar will follow Volume Two. It will be of the same structure, that is a series of lectures which is put into a book form. Those wishing to obtain copies of the papers as they are given, can do so by applying for an enrolment form from Omega Distributions.

PROCEEDINGS
THE FUNCTIONAL EGO STATES

INTRODUCTION

This paper is concerned with the functional model that compliments the two ego state structural model, presented by White (1984). It must be remembered however, that combining structure with function is like walking through a mine field with flippers. It is fraught with disaster.

Joines (1976) however, has eloquently dealt with the problem of differentiating structure from function by offering the premise, that they (structure and function) refer to different aspects of reality. Combining them is like attempting to equate a 'wheel' with 'revolving'. This premise, in the writer's opinion, is an accurate one, and will form the basis of the theory to be presented.

Furthermore, it is asked of readers that they do not either accept the material presented, or reject the material presented in this paper. It is hope that you will only assimilate or understand the functional model described. That is, as you read the contents of this paper, you will not evaluate or question, you will only understand what is being said.

If you can achieve such a task, which is by no means easy, then you are asked to take this new assimilated model and use it to understand people and the world. If done, you will then understand this paper both cognitively and experientially. It is at this point that I ask you to question and evaluate the model, for by not doing this, you can only know the model cognitively.

THE STRUCTURAL MODEL

All the two ego state structural model says, is that humans acquire personality by imitating others and by making early decisions. It does not address the problem of behaviour display and transactions. To draw a transactional diagram using the structural diagram, is incorrect. The structural diagram only demonstrates how the component parts of the personality fit together. Transactions between people require the personality to be functioning, and thus we require a 'functional' description of the personality for that.

Imitations (tapes)

Decisions

The Two Ego State Structural Explanation of Personality
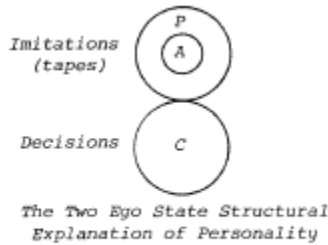
FIGURE 1.

THE FUNCTIONAL MODEL

This functional description of personality contends that there are three aspects of human activity which are paramount. These being:

> parenting
> thinking
> feeling.

It is not suggested that these three exhaust all the possibilities of human activity. Two more which are obviously apparent could be faith and dreaming. It is possible for one to display faith, just as it is possible for one to dream. Both these are not included in this functional model, and it is suggested that those who engage in pastoral counselling, or mainly use dreams in therapy, that they devise their own functional diagrams.

Upon consideration it is realised that the usual functional diagram, depicted in figure 2, is deficient in two areas. It does not isolate the two human activities of intuition and young child parenting. It is possible to argue that these two human activities are not important

Intuitive Thought?
Young Child Parenting?

Imcomplete Functional Diagram

FIGURE 2.

and thus do not require inclusion in a functional explanation of personality. It is this writer's opinion that they are, particularly if one sees redecision therapy as relevant, as this highlights the importance of intuitive reasoning. The parenting style of the young child is also relevant if one sees reparenting and self-reparenting as important, therapeutically.

The question of a functional ego state for intuition has been previously addressed by both White (1984) and James & Jongeward (1971). One could propose that intuitive, or Marti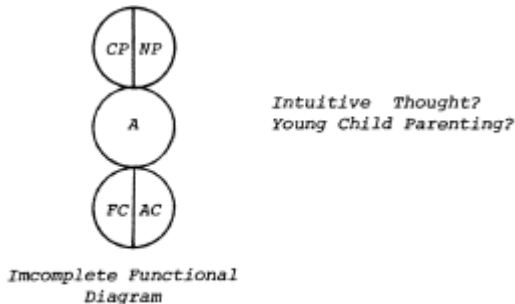an thought, would fall within the realm of Free Child. Yet such a proposition leads to many difficulties. As a case in point, consider some definitions of Free Child:

> Woollams & Brown (1978): fun, being close, being dangerous.
> James & Jongeward (1971): being affectionate, impulsive, sensuous, uncensored and curious.
> Berne (1961): rebellious and self-indulgent.

All these definitions do not include unemotional thought, which is precisely what intuition involves. The Child ego state is most commonly seen as feeling and emotional. Intuitive thought is calculating and unemotional, like the Adult ego state. Henceforth, it seems more logical not to include intuition in the Free Child.

This is in agreement with the James & Jongeward (1971) position, except that they place the intuitive thinking in the Child ego state. See figure 3. They in fact call the intuitive ego state the Little Professor ego state. Here it shall be named the Martian ego state, as the Little Professor is commonly seen as the structural ego state, A_1.
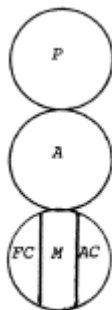

FIGURE 3.

As intuition and 'Martian' thinking is unemotional like the Adult ego state, it would make better sense to put it with the Adult rather than the Child which is emotive.

The function diagram to date would look like figure 4.
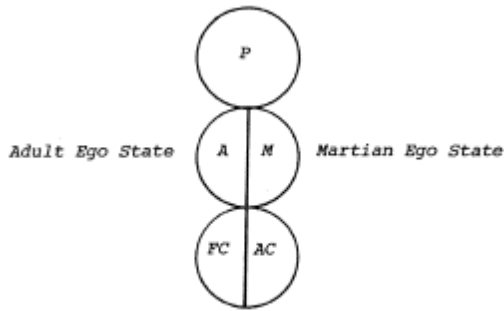
FIGURE 4.

THE 'LITTLE PARENT' EGO STATE

In figure 2, it was demonstrated that, historically, the Parent ego state has comprised of the Critical Parent and the Nurturing Parent. This writer is in agreement with Levin (1974), that both these functional ego states begin to be displayed at about six years of age. The Gesell developmental scales also agree with this, but suggest that the process begins at age five (Gesell and Ilg [1949]). They note that the four year old rambles, that her activity is much less sensitive, more incomplete and inconclusive than that of the five year old. The five year old shows the first signs of how to be complete, self-contained, careful, polite and self-reliant.

The Critical Parent and Nurturing Parent ego states of the grown up are extensions of the five year old's behaviour. The parenting behaviour of the two, three or four year old is rambling, incomplete, inconclusive and ineffectual. This becomes obvious when they set about looking after younger siblings, the pet cat or play dolls. The youngster has all the best intentions but the nurturing will hurt rather than comfort the nurturee.

This aspect of the personality, like all others, remains with the individual all her life. This becomes obviously evident in techniques such as White's (1984) Three Chair Self-Parenting.

Many neurotics and almost all psychotics, when asked to display Nurturing Parent behaviour, will not portray the effective grown-up Nurturing Parent, but instead the Nurturing Parent of the three or four year old. This can be known as the Little Parent ego state. It too can be critical or nurturing but often these are very difficult to discern

because of its rambling, incomplete nature. Consequently in the functional diagram it is illustrated just as LP, without any critical or nurturing subdivisions. See figure 5.

Complete
Functional Diagram
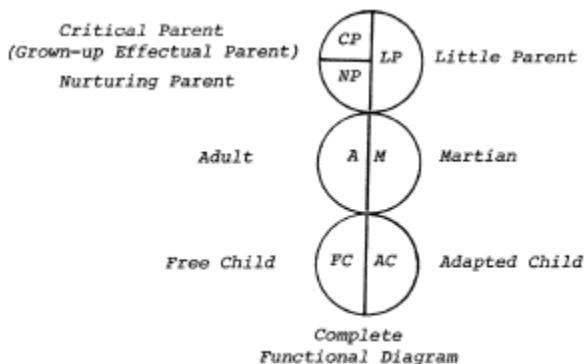
FIGURE 5.

CONCLUSION

As the two ego state model has shown us, every theory or model is based on just as many assumptions and beliefs as any other theory or model. The model presented in this paper is obviously no exception, and hence one is compelled to state the assumptions and beliefs underlying the functional diagram proposed here.

Figure 5 represents the different ways one can parent, think and feel. It is assumed that these three human activities cover the vast majority of human behaviour and thus the diagram above is a complete one. This differs from the previous functional diagram (figure 2) which omits Martian thinking and young child parenting.

The writer believes that because intuitive thought plays such a central role in script formation, script maintenance and script change, it requires a functional ego state of its own rather than just being included in another ego state. It is also believed that the parenting style of the Little Parent ego state is important in the personality of the neurotic and psychotic. Hence it too requires its own functional ego state.

If you have been able to neither accept nor reject this material, only understand it, you now know the model cognitively. It is hoped that you will now endeavour to go out and understand the world using this model. This obviously will provide you with an experiential understanding of the model. You are then invited to pull it to pieces and put

it back together in a way that you believe is correct, so that we can understand your model.

SUMMARY OF EGO STATE STRUCTURE

First order structural


```
This represents the two ways people
can acquire their personality, via
the imitative and decisional instincts

P₂ = Parent ego state tapes.
C₂ = Child ego state decisions.
A₂ = Adult ego state tapes.
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(Tapes / Decisions)
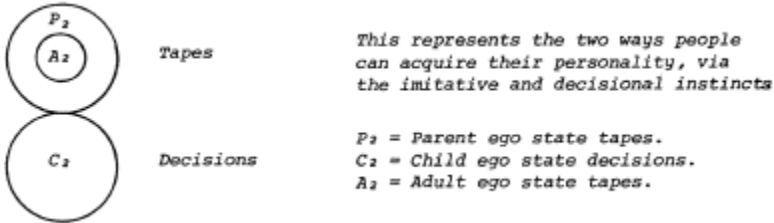
NOTES:
  1) The A_2 refers to those tapes that are specifically concerned with information processing. This is where things like the alphabet, language, mathematics and the scientific model are held.
  2) The P_2 refers to those tapes that are not concerned with information processing. For instance, one can acquire feelings by modelling or imitating others. Most rituals and customs are based on imitation. Such as taking ones hat off when going inside, shaking hands upon meeting, bowing or curtsying, having a roast every Sunday, etc.
  3) Both the Parent ego state and Child ego state are as archaic as each other. Decision making and imitation both begin from day one.
  4) The C_2 is not just feelings, and the P_2 is not just parenting. They refer to the ways by which personality is acquired. The P_2 or Parent ego state contains as many tapes about feelings as it does about parenting and thinking. Conversely the Child ego state (C_2) contains just as many decisions about parenting as it does about feeling. Note the difference here from the functional ego states, where the FC and AC are only associated with feelings and the CP, NP and LP do only relate to parenting.
  5) The P_2, A_2 and C_2 are all involved in the display of *every* functional ego state.
  6) Every ego state is clearly delineated from the other by a fixed boundary. This is in direct contrast to the psychoana-

8

lytic constructs of the id, ego and super-ego. They do not have clearly defined boundaries. This does not make the ego states better or worse, but indicates that they represent a different language.

Second order structural
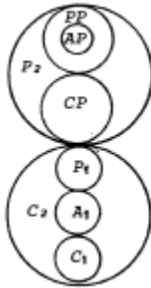
PP = Parent in the Parent ego state.
AP = Adult in the Parent ego state.
CP = Child in the Parent ego state.

P_1 = Parent in the Child. The 'Electrode'
A_1 = Adult in the Child. The 'Little Professor'
C_1 = Child in the Child. The 'Infant'

NOTES:

    1) The word 'Electrode' is used to maintain consistency. It does not imply that parents can place injunctions into their offspring. The youngster decides to either accept or reject each injunction presented to her.

    2) The CP or Child in the Parent ego state contains all the imitated figures, decisions. Thus inside the CP reside an Electrode, Little Professor, and Infant of the imitated figure. These are diagrammed below:
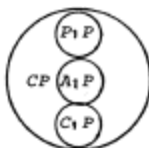
CP = Child in the Parent ego state.
P_1P = Electrode of the Child in the Parent.
A_1P = Little Professor of the Child in the Parent.
C_1P = Infant of the Child in the Parent.

    3) It is a misnomer to believe that only parental figures are imitated. Sibling figures and dependent figures can also be imitated; yet less so. As a case in point, the continual imitation of a sibling figure will tend to move that person into a parental figure slot on the imitators script imago. Even animals can be imitated. A famous athlete once stated that he modelled his running style on the fluid nature of a panther in full flight. So he runs like a panther.

9

SUMMARY OF FUNCTIONAL EGO STATES
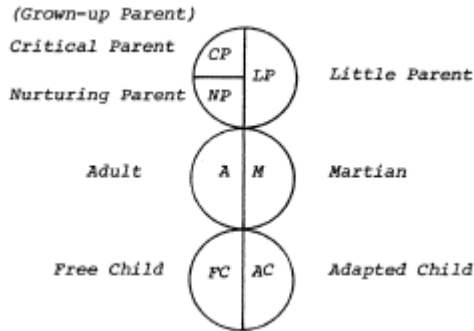
1) Critical Parent and Nurturing Parent (Grown-up Parent)
   The Critical Parent is the critical, moralizing, punitive, rule defining ego state. Unlike the Little Parent, it is effective in its controlling and critical actions. It understands the subtleties of human communication, such as sarcasm, ulterior transactions, double meanings, identifying someone's weak spot. The Nurturing Parent also understands the subtleties of human communication, and thus is effective in its functions of being sympathetic, caring, rescuing, and nurturing.

2) Little Parent ego state
   The individual in this ego state parents self or others the same way a 3, 4 or 5 year-old does. All the good intentions are there, but it is largely ineffectual. Its nature is rambling, incomplete, haphazard and inconclusive.

3) Adult ego state
   This is the same functional ego state as defined by Eric Berne (1964). The Adult ego state is organized, adaptable, intelligent and is experienced as an objective relationship with the external environment based on autonomous reality testing. It is logical, analytical and scientific.

4) The Martian ego state
   The individual in this ego state thinks 'Martian'; she does not follow the proper rules of the English language. It is how the three year old child thinks—often illogical, spatial or kinesthetic. If father comes home late and says his car battery is dead, the Martian thinker will go into mourning. She takes the world literally. This person's thinking is far less defined by rules and she will not make a good scientist.

Unlike the Child ego state, the Martian is totally unfeeling like a machine.

5) Free Child ego state

James & Jongeward (1971) note that this part of the Child ego state is impulsive, untrained and expressive. The individual here is like a self centred pleasure loving baby, who can express the full range of feelings. This is the same definition of Free Child as used in the most of TA literature, except for one point. When the individual is thinking in an untrained, intuitive way, she is not in her Free Child, but in her Martian ego state.

6) Adapted Child ego state

The Adapted Child ego state adapts to what others want him to, instead of feeling and doing what the Free Child would naturally do. The Adapted Child feels only what she is allowed to feel and thus does not express the full range of feelings.

EGO STATE MODELS OF PERSONALITY
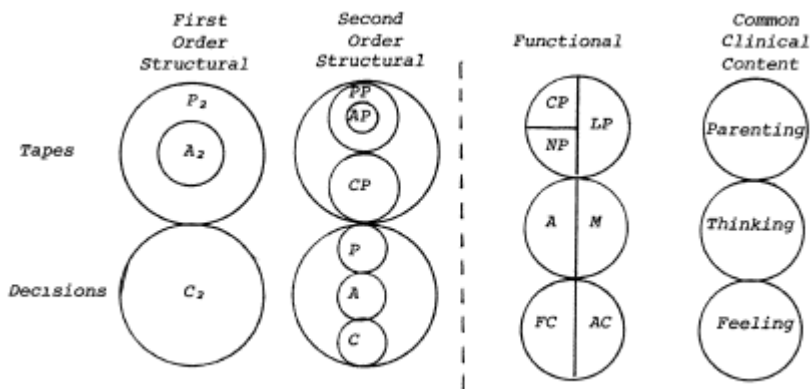
Format from Hohmuth and Gormly (1982).

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PROCEEDINGS
DIAGNOSIS OF SELF-PARENTING STYLES

INTRODUCTION

The previous paper by White (1985), on the functional explanation of ego states, left us with the following diagram:
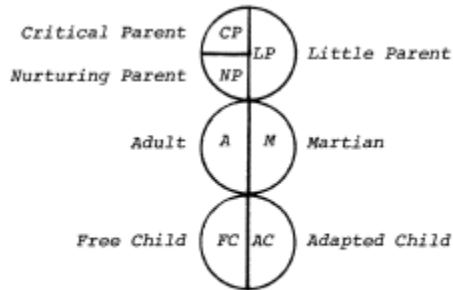
FIGURE 1.

The purpose of this paper is to apply the above model of ego states to the activity of self-parenting diagnosis. The technique to be outlined in this paper can be seen as a refinement of the technique called three chair self-parenting, previously described by White (1984), and incorporates 'The Early Demand' procedure outlined by McNeel (1980).

EARLY DEMAND SELF-PARENTING

Although it is possible to parent oneself from any ego state, the following four are by far the most common.

> NURTURING PARENT EGO STATE
> CRITICAL PARENT EGO STATE
> LITTLE PARENT EGO STATE
> ADULT EGO STATE

For the sake of brevity, the Nurturing and Critical Parent ego states will not be separated into their negative and positive parts, although it is recognized that this is possible.

Of the four ego states mentioned above only the Nurturing Parent is health promoting in the context of self-parenting. Self-parenting from the Critical Parent is obviously pathological, as is self-parenting from the Adult or Little Parent.

Before proceeding, it is necessary to take one step back and examine the process of self-parenting. For all intents and purposes, self-parenting is a remarkably simple piece of behaviour as indicated in figure 2.

Healthy Self-Parenting.
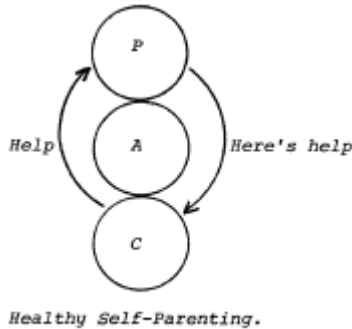
FIGURE 2.

However, humans being humans, simple behaviours can become quite complex, and this appears to happen with emotionally disturbed individuals. The common theme amongst people like this is that they believe their Child ego state, or the emotional, young part of themselves is not OK and hence their needs should be pushed aside and not listened to. Thus the self-parenting procedure becomes complicated, when the Nurturing Parent no longer responds to the Child's cry for help.

SELF-PARENTING FROM THE ADULT EGO STATE
Berne's (1972) description of the 'exasperating' response, is a case in point of the Adult ego state response to the Child ego state's pleas for help (figure 3).

In this case the Child asks for comfort and nurturing, and gets facts and figures. This is pathological, for in normal development a child must be given some nurturing rather than just being given data. The Adult ego state is a computer and data processor, so it can not give nurturing, as soon as one gives nurturing it is no longer Adult self-parenting.

SELF-PARENTING FROM THE LITTLE PARENT EGO STATE
A more difficult self-parenting style to diagnose is that of the Little Parent. This would appear to be so, as the differences between the Little Parent and the Nurturing Parent ego states are more subtle than

14

External Exasperating Response
3a

Internal Exasperating Response
3b
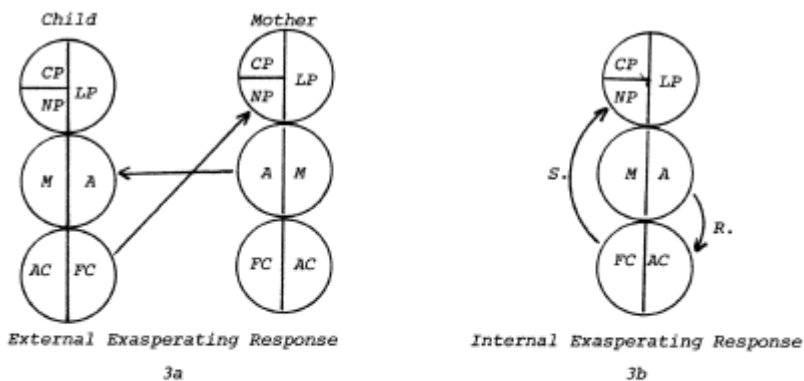
Stimulus: "Do you love me?"
Response: "What is love?"

Parenting From The Adult Ego State.

FIGURE 3.

the differences between the Adult and Nurturing Parent. Consider figure 4.

External Inadequate Response
4a

Internal Inadequate Response
4b
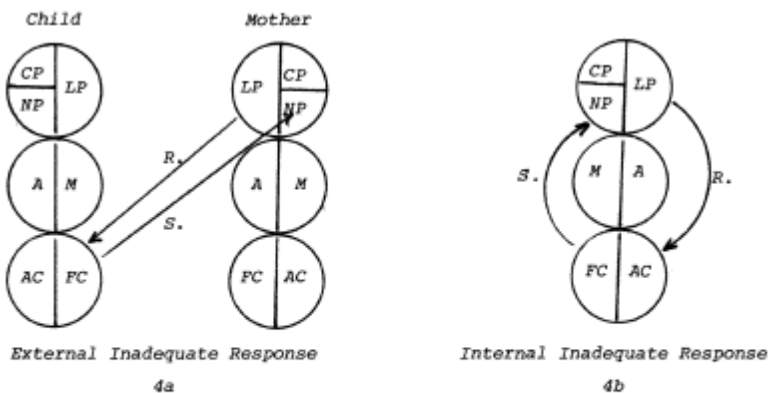
Stimulus: "Help me."
Response: "I'll try."

Parenting From The Little Parent Ego State

FIGURE 4.

Both the Critical Parent and Nurturing Parent are effective and conclusive in what they do. The Critical Parent is an effective criticizer. The Nurturing Parent is an effective nurturer. However, consider how a 4 year old parents a younger sibling or the pet cat. It is ineffectual. Gesell in his famous 'Gesell developmental scales' notes that the

parenting style of a four year old is rambling, incomplete, haphazard, inconclusive and ineffectual. He has all the good intentions but he has not got it together physically or psychologically, to be an effective parent. Furthermore, a four year old child should not be expected to be a caretaker. Alas however, sometimes the youngster is expected to be a caretaker and thus he has to use his Little Parent ego state. We all have this ego state but the average person develops a Critical Parent and Nurturing Parent so the Little Parent is rarely used.

Some people however do not develop the Critical Parent or Nurturing Parent and thus, when required to parent others or self, they only have the Little Parent. These people have an infantile quality about themselves and their response to a cry for help is an inadequate one.

SELF-PARENTING FROM THE CRITICAL PARENT EGO STATE

The Critical Parent ego state, unlike the Little Parent, is effective in its nature. As with all the four styles the Critical Parent can be displayed externally or directed internally at the individual's own Child ego state. With this type of parenting we get the critical response (figure 5).

Stimulus: "Help me."
Response: "Go away, you are bad."

Parenting From The Critical Parent Ego State.
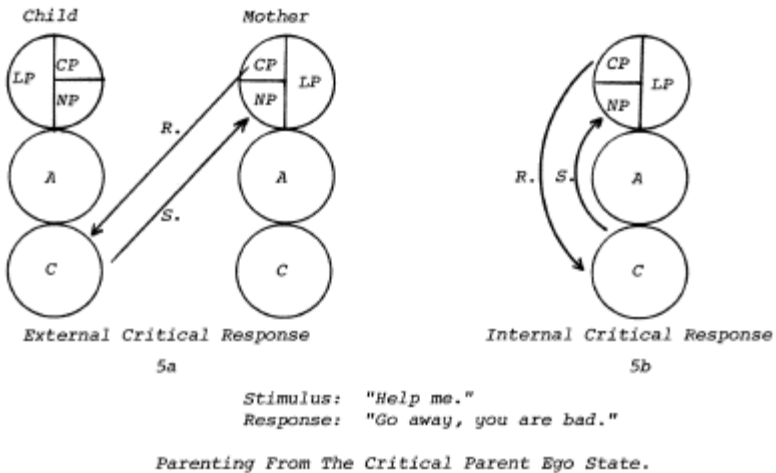
FIGURE 5.

SELF-PARENTING FROM THE NURTURING PARENT EGO STATE

Unlike the Little Parent, the Nurturing Parent is effective in its functions. In this type of parenting there is a caring response to pleas for

help, and this is the only health promoting type of response. Also it should be noted that in this case we have a complementary transaction, whilst in the other three types we have crossed transactions. See figure 6.

External Caring Response
6a

Internal Caring Response
6b
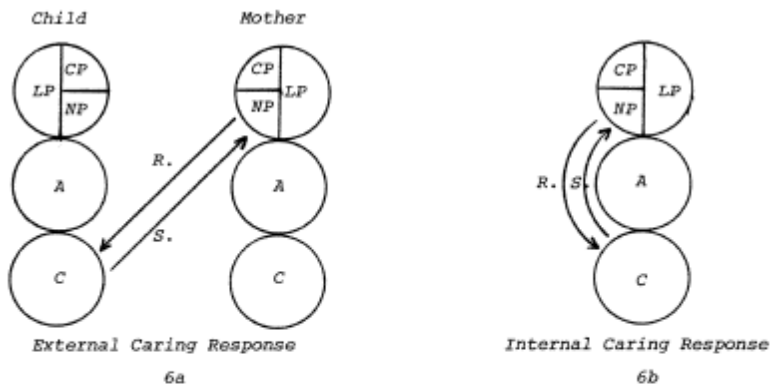
Stimulus: "Help."
Response: "Yes, I will help you."

Parenting From The Nurturing Parent Ego State.

FIGURE 6.

To summarize the four self-parenting styles, consider figure 7.
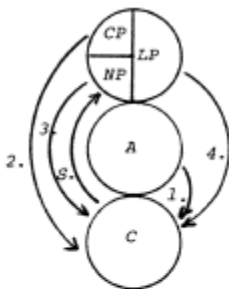
Stimulus: "Help me."

Response: (1)   A → C   :   "I understand you want help."
           (2)   CP → C :   "You are weak to need help."
           (3)   NP → C :   "I will look after you and help you."
           (4)   LP → C :   "I'll try and help, but I don't think I can."

FIGURE 7.

17

DIAGNOSIS

To improve the diagnosis of a patient's self-parenting style, it is conducive to invite her to respond to the self-parenting from the Child ego state: (social diagnosis). A table of common Child responses is listed below:

Style of Parenting	Child Response
Critical Parent	Hurt/Criticized or Common Racket Feeling
Adult	Understood/Not cared for
Little Parent	Insecure/Alone
Nurturing Parent	Secure/Safe/Supported

This social diagnosis is a very powerful way of diagnosing the self-parenting style. Once the patient switches to the Child ego state, she most often immediately knows if the parenting is effective. So it is recommended that this be done in all cases.

STRUCTURE OF THE DIAGNOSTIC PROCEDURE

This technique employs a two chair set up, similar to that cited by McNeel (1980) in his paper on 'The Early Demand'. It also begins the same with inviting the client to find her 'bad day at Black Rock'. Once the client has identified an early childhood painful experience, the technique proceeds in four steps.

1) Elicit the Child ego state painful feeling. What does the person feel in response to this bad scene?
2) Isolate the Child demand of his parents to ease that pain. That is, the early demand.
3) In the Parent ego state chair, invite the patient to respond to that early demand. That is, invite the patient to parent her own Child ego state.
4) After the self-parenting, obtain the Child ego state response to that parenting.

From this four phase process, it should be possible for the patient's self-parenting style to be accurately diagnosed. This diagnosis can be represented in a pictorial form using a parenting egogram.

THE PARENTING EGOGRAM

This egogram comprises of only four ego states: Nurturing Parent, Critical Parent, Adult and Little Parent. It is so constructed that the

patient may indicate self-parenting styles and 'others'-parenting styles. See figure 8.
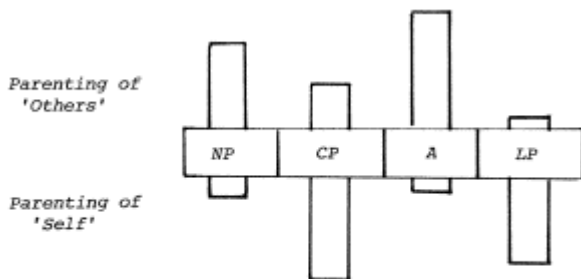
FIGURE 8.

Once the self-parenting exercise is completed, the client asks herself the question, "When asked for help from others or my own Child, how do I respond?"

Three possible responses are given in figure 9.
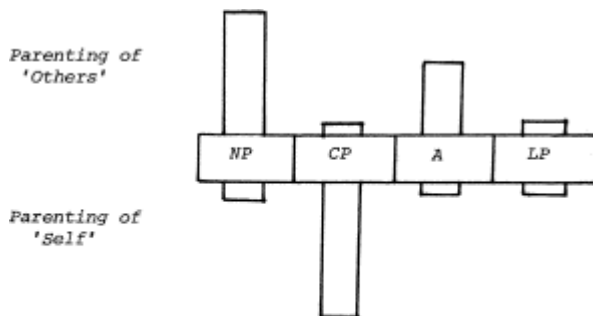
Mother Hubbard.

9a

Figure 9a, the Mother Hubbard, is the same as the Mother Hubbard described by Steiner (1974). This person is most often female and she spends her life nurturing and looking after everyone but herself. She chronically gives much more than she gets, and accepts this because she believes others are more important.

The Schizophrenic parenting style is highlighted by the use of the Little Parent Ego State (figure 9b). This individual probably uses this ego state more than any other type of individual. This would appear to be so because schizophrenics as a group tend to remain infantile throughout adulthood. Consequently they rarely get to use the "grown

19

Parenting of
'Others'

NP	CP	A	LP

Parenting of
'Self'

The Schizophrenic

9b

Parenting of
'Others'

NP	CP	A	LP

Parenting of
'Self'
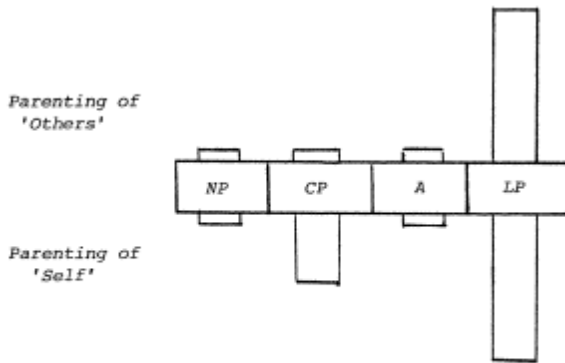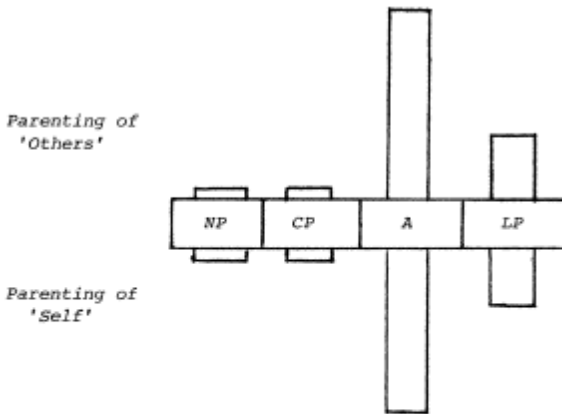
The Scientist

9c

FIGURE 9.

up" ego states of Critical Parent, Adult or Nurturing Parent. However some schizophrenics do display a severe Critical Parent which is directed at self. Schizophrenogenic parents tend to parent their children from a severe Critical Parent, and this is internalized by the youngster.

The scientist (figure 9c) style of parenting is not only limited to chronic scientists, but includes all those who have never learnt how to care for children. This person is most often male and believes that caring for children is women's work. He is a sad case because he misses

out on so much and usually ends up a "boozer" with all his buddies. On the rare occasions he is required to be a parent, he will use his Adult because he does not know how to be a close, feeling parent to his children. If his Adult is unstable, he may revert back to Parenting from his Little Parent Ego state.

CONCLUSION

It was demonstrated that there are four common ways of parenting self and others. These correspond to four ego states—Critical Parent, Adult, Little Parent and Nurturing Parent.

The first three are pathological. The Critical Parent is hurtful parenting, the Adult is unfeeling and uncaring parenting and the Little Parent is inadequate parenting. The fourth parenting style, that of Nurturing Parent, represents healthy parenting. If accepted this leaves the nurturee feeling safe, secure and cared for. This is essential for autonomy.

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A CONTRIBUTION TO THE PROCESS OF SELF-PARENTING

INTRODUCTION

This paper consists of firstly, two case examples of diagnosis using the Early Demand Self-parenting technique described in the previous paper. Attention is then drawn to the process of developing an effective self-parenting style.

CASE EXAMPLES

Case 1: B., a 35 year old radiographer, began treatment with the following parenting egogram.
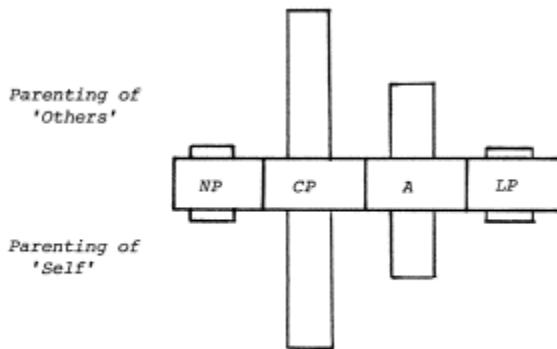
FIGURE 1.

In response to pleas for help from others and self, he was highly critical. He also displayed a readily available Adult and at times used this for parenting. As is common for those with high Critical Parent, he had very little Nurturing Parent.

As a consequence of his ability to use Adult he adopted information readily, and after a number of sessions, he had developed the parenting egogram shown in figure 2.

The following dialogue is representative of B as he was in figure 2. Also indicated will be the four steps of the self-parenting exercise described in the last paper by White (1985).

Parenting of 'Others'

NP · CP · A · LP

Parenting of 'Self'
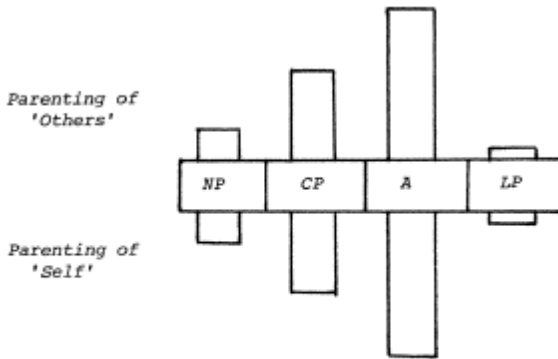
FIGURE 2.

T. Take the Child chair. Recall how it was for you when you were 6, 7 or 8… Be there… What is life like for you? What do you feel most?

B. I am scared. Scared of doing the wrong thing. Life was pretty bad. (Painful Child feeling)

T. If you had perfect parents, what would they do to you?

B. They would look after me, they would care for me, they would help me. (Child demand of Parents)

T. Move to the Parent spot… Did you hear what the youngster in you wanted?

B. Yes.

T. How do you respond to that?

B. (Silence) I don't know what to say?

T. What's the first thing that comes to mind?

B. It's OK to feel, it's OK to be you. (Adult information given in response to Child demand.)

T. Anything else?

B. No.

T. Move back to Child.

T. (Patient in Child chair.) What do you feel about what he (The Parent) said?

B. Not much. (Child response to parenting from Adult.)

T. Do you feel cared for?

B. No.

This case demonstrates an Adult parenting response to a Child's call for help. It is pathological because the patient is giving his Child facts

24

and not nurturing. A computer cannot parent successfully, yet at the same time a 'good' parent has Adult information. So B in this case is halfway there. What remains to be done is for B to make new decisions and internalize new imitations on how to effectively use his Nurturing Parent.

Case 2: M. is a 20 year old telecommunications clerk, and entered treatment complaining of suicidal thoughts.

T. Take the Child chair and be that young girl again, of six. What is life like for you? What is your main feeling?
M. Fear. (Painful Child feeling.)
T. Fear of what?
M. Fear of doing something wrong, and getting hit.
T. What do you want that you are not getting?
M. I want to feel safe. I want to belong to somebody and I want to feel that somebody cares about me. (Child demand of parents.)
T. Move to big person chair. Respond to her wants.
M. (In Parent chair) I don't think you deserve that yet, there is something wrong about you. (Critical Parent Parenting.)
T. When will she deserve it?
M. When she stops needing reassurance.
T. Be aware that you are parenting from your Critical Parent.
M. I can also do it from my Adult.
T. How?
M. Find something to do, keep my mind busy. (Adult parenting)
T. Change to Child chair and respond.
M. (In Child chair.) I feel 'palmed off', not close, not cared for. (Child response to Adult parenting.)
M. How do I get the Nurturing Parent?

M initially displayed a Critical Parent style of self-parenting in response to her Child ego state demand for safety. She then demonstrated that she could also parent herself from her Adult. Again, it should be noted that this type of self-parenting is ineffectual as indicated by the Child ego state response to Adult parenting.

From this exercise I was able to construct M's self-parenting egogram. Further enquiries into how she parented others, demonstrated that she displays characteristics of the 'Mother Hubbard' style of parenting (see White [1985] for an explanation of this). Her parenting egogram is shown in figure 3.
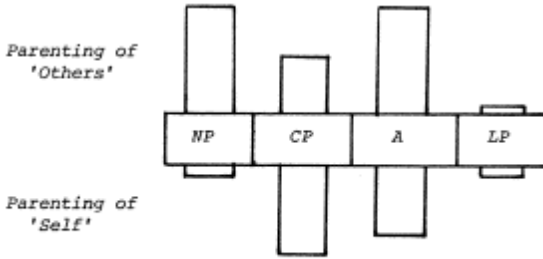
FIGURE 3.

She primarily parented self from a Critical Parent position, although she did have quite good access to her Adult ego state. The most notable lack in her self-parenting was the absence of Nurturing Parent. She did however, have nurturing for others.

THE SELF-PARENTING PROCESS

Obviously the key to the whole process of self-parenting is reflected in M's last question: "How do I get the Nurturing Parent?" The excellent work by James (1977) has provided much insight into this. It must be realized however, that self-parenting is a two way process, that is, changing from pathological to healthy self-parenting involves changes to both the functional Child and Parent ego states.

As noted by James (1977), altering one's self-parenting style involves restructuring or changing the Parent ego state. However, just as important is a change in the Child ego state, as self-parenting involves two transactions not just one. See figure 4.

Healthy Self-Parenting
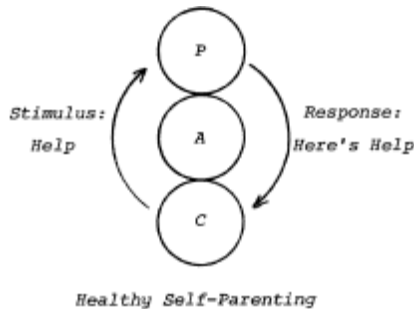
FIGURE 4.

It is commonly believed that changing one's self-parenting style involves changing the Parent to Child transaction only. Often this is

not the case. The 'Mother Hubbard' parenting style displayed by M is a case in point. In figure 3 it was shown that she had a high Nurturing Parent for others and not for herself. This clearly demonstrates that she has a useable, highly cathectable Nurturing Parent ego state. Hence in this case her self-parenting problems have nothing to do with the Parent ego state; the problem lies in the Child ego state. Her Child will neither ask for nurturing nor accept it. She believes she does not deserve it.

Therapy thus proceeds in a form where the decisions and imitated tapes regarding the Child ego state functions are altered, rather than altering the decisions and imitated tapes which govern the parenting functions.

In the more disturbed individuals, who have little or no Nurturing Parent available to self or others, traditional self-parenting techniques will not provide an adequate solution. These individuals require more. One solution being offered falls within the realm of transference based treatment. This will be further elucidated in subsequent seminars.

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PROCEEDINGS
A LEARNING MODEL

INTRODUCTION

T. Today I wish to present to you some subsequent ideas which result from two ego-state theory. It is not suggested, or even asked, that you accept these ideas. Instead it is hoped that this lecture will raise questions in your mind. If this happens then I have succeeded in my task.

The two ego-model as proposed by White (1984) supplies a structure by which to examine how each of us learns, or acquires information. To *learn* is defined by the *Concise Oxford Dictionary* as "assimilating information". It is thus suggested that there are three paths for assimilating information. (Figure l.)
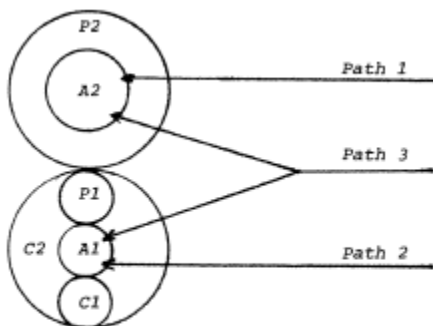
FIGURE 1.

(NOTE: Although this learning model theoretically applies to the acquisition of any form of knowledge from any of the disciplines, in practical terms it is more relevant to those skills or concepts that are difficult to define in very concrete terms).

THE PATHS

PATH ONE

T: In this way of learning we listen to or read what others say and then incorporate it. Most of us have learnt about Transactional Analysis from reading books. For instance, we know that ego states comprise of a set of attitudes, behaviours and feelings. The

teacher who makes this same statement to a group of students is merely verbalizing an internalized Parent tape. He is imitating his teacher.

Logically then, the writer who presents a quotation in his documentation is restating a Parent tape verbatim. For instance, when I previously quoted the *Concise Oxford Dictionary* definition of learning, I was simply restating verbatim one of my internalized Parent tapes.

From such an axiom, the more intellectual among you would now realise that one could view libraries as no more than enormous reserves of potential tapes. These tapes are incorporated *by* the reader when he assimilates what he has read. Indeed this paper I am presenting now is a potential Parent tape.

Those individuals who use *only* Path One for the assimilation of information become what could mordantly be called, an "ian". In psychological circles such individuals become Bernians, Freudians, Jungians, Rogerians, etc., etc. These individuals only acquire information by imitation, they do not use their A_1 or Little Professor ego state in information processing. They do not go outside the boundaries that some intellectual progenitor has defined. They acquire information only by a predetermined set of rules. The most extreme form of these "ians" are the political or religious fanatics; those who eat, sleep and breathe a particular creed.

A: You have presented us with some thought-provoking notions, sir! However, these persons who become "ians" are by far a minority group, are they not?

T: Indeed it initially appears so, my perspicacious friend. Yet upon closer examination, we find that this is not the case at all. For instance, most scientists will agree that they subscribe to a clearly defined set of steps, which makes their investigative procedures scientific. Consequently any scientist who claims this must be an "ian", for how did he arrive at these steps? He assimilated them from a teacher who taught lessons on the scientific method.

Logically then, every person who investigates the world using the scientific method is an "ian". The more they subscribe to the scientific model, the more "ian-ish" they become. The more they subscribe to less predetermined modes of enquiry, the less "ianish" they become.

A: I take it then that you are proposing the exact opposite to the contention of the previous question. For are you not suggesting that Path One is by far the most usual way of acquiring information, and that mortals will use this way of thinking with far more regularity than Little Professor (A_1) thinking?

T. Precisely! Human beings have an inordinate aversion to intuitive and innovative thinking. As testimony to this I refer you to the excellent paper by Bernard Barber (1961), entitled, "Resistance by Scientists to Scientific Discovery". In it he cites case after case where new theories and thinking have been rejected, purely because they ran counter to the thinking of the day.

For instance, my scholarly students, we now accept Gregor Mendel's theory on genetic transmission, without so much as the blink of an eye. However, when he first presented his ideas in 1865, they ran very counter to the thinking of the day. Or, more correctly the Parent tapes of the day. Consequently they were not accepted for 35 years.

Yes! That is right, 35 years. That's as long as the working life of most scientists, and I hope that it immediately makes you wonder what present-day theories are currently being rejected, that will be unequivocally accepted by our children and grandchildren.

Before proceeding, I would like to add one further point. Bernard Barber (1961) presents a theory as to why scientists resist new theories. Yet he forgets to note that his theory is based on just as many preconceived premises, beliefs and assumptions, as all other theories. That is, he has not recognized the paradoxical nature of knowledge.

So I invite you all to now incorporate one very important parental tape, that being: The Two Ego State Theory Tape.

"All tapes, Parent and Adult, are in some way
wrong including this one".

When this is incorporated and believed at both a head level and a gut level, it is a very freeing thing indeed. This permits one to realise that all theories (i.e. tapes), even the most widely accepted ones, are just transient phenomena.

PATH TWO

T: In this way of learning the individual accumulates knowledge without any pre-defined rules or parameters. He incorporates and

interprets what he sees and hears in a totally unique way. It includes intuition, and refers to what Eric Berne called "Martian" thinking, and is displayed by the Martian ego state.

The concept of Transactional Analysis can be acquired in this way, yet it is infinitely more difficult than learning it via Path One. Consider Berne's ego state theory. It is possible to learn the concept of ego states, what they are and how to identify them, after about one hour's instruction (i.e. using Path One). However, it took a man of Eric Berne's obvious genius years, if not a decade, to acquire the same information via Path Two (Hostie [1984]). Thus, although it could be suggested that it is good to sometimes view the world free of preconceived rules, it is also very difficult and requires an enormous expenditure of time and effort.

As noted previously, those who use only Path One or imitation as a means of inquiry, become fanatical followers of a certain doctrine, while those other individuals who use rule-free thought most of the time, are commonly seen as eccentric, psychotic, or "before their time".

It is the opinion of this writer that true "Martian" thought is quite rare. For this requires not only a rejection of all that the individual has learnt throughout his life, but also a negation of the imitative instinct. This is difficult, because as White (1984) has noted, this is one of the most basic human instincts. The hunger to structure one's own psyche appears to drive the great majority of individuals from Path Two to Path One.

On a side note, the relationship between Paths One and Two provide us with a system by which we can clearly define the activities of that most despicable of individuals, the plagiarist. This individual acquires knowledge via Path One (A_2). while fallaciously claiming to have acquired it via Path Two (A_1)

PATH THREE

T: This involves the simultaneous use of both rule defined thought (A_2), and rule-free thought (A_1). Learning in this way includes both the use of imitation and Martian thinking. It would seem that most people would use this Path for processing information, differing only in the degree to which they use either path 1 or path 2. However as noted before, most individuals would tend towards path 1.

As a case in point for the relationship between logical A_2 thinking and Martian A_1 thinking, it is instructive to look at Kuhn's (1962) construction of the structure of scientific revolutions. He states that during a period of crisis, within which all scientific communities must find themselves at some time, there will develop a new paradigm or approach that the community will adopt. This new approach will solve the crisis. Although White (1984) has demonstrated that the new-paradigm solution to scientific crises represents only one third of possible solutions, it does provide us with a means for demonstrating the difference between A_1 and A_2 thinking.

A new paradigm results from Martian thinking. Once this paradigm is established by a clarification of its philosophical, methodological, sociological, etc. premises, then others can join the movement. Any development after these bases have been established must, in some way, reflect A_2 processing, if the bases have been used for future development.

Freud is one scientist who was able to successfully present a new paradigm. He did not accept the medical explanation of mental disease, as probably many others did not. Yet what he had that others did not was the ability to create a new viable, systematic and understandable alternative. That is, he was able to concretize a new set of premises (be they philosophical, methodological, etc.) and thus arrive at a new paradigm.

The more one can alter the basic premises, the more one will create a new paradigm, and the more of a scientific revolution there will be.

Another case in point is Fritz Perls and his development of Gestalt therapy. He did not accept the compartmentalization aspect of psychoanalysis, that is, the tendency to put labels on and interpret patient's verbalizations. At the time when Fritz Perls was developing his theory there would have been undoubtedly many others who were also unhappy with the compartmentalization. Yet he had the ability to use path 2 or Martian thinking. Thus he was able to develop a new systematic paradigm.

Subsequent Perlsians would have acquired Fritz Perls Martian ideas via Path 1. So for those subsequent individuals they no longer remain Martian ideas but become the imitated ideas from a 'Martian' thinker.

As time progresses, more people will become Perlsians and practice classical Gestalt therapy. Then there will be the neo-Perlsians who will practice some other form of Gestalt therapy. All these people tend to be more imitative than innovative, and use A_2 more than A_1.

However, eventually, some other 'Martian' will come along. After receiving his basic gestalt training, he will set about doing precisely what Perls did, that of developing a new paradigm which he believes is valid. This will be achieved when he ceases to become a Gestaltist, and thus his A_1 has successfully over-ridden all his A_2 imitations.

T: Let's take five for a coffee break.

…

T: Are there any questions?

A: Yes I have a question. If I understand you correctly, most of us are assimilating the content of this lecture via path 1. That is bad, is it not?

T: I agree with you that, most people here today would be using path 1. As to its 'goodness' and 'badness', I do not wish to make an evaluative statement at this stage. I will however say that you are expressing a commonly held value in the community.

It is often suggested that it is bad to copy or imitate others. The reasons given usually centre around the idea that if one imitates another, then he is not being an individual, or he loses his identity.

I personally, disagree with this, and suggest that imitation or copying can be a great asset in learning, if one takes charge of their imitations.

THE LEARNING MODEL

T: With that philosophical position clarified, I now wish to present to you a learning model, or a scheme, that each of you could use to acquire information.

As most of you are psychotherapists at various stages of training, I invite you to consider the following question.

QUESTION: How similar is my treatment style to that of my supervisors?

ANSWER: a) I follow him to the letter

                     b) Similar, but with my own idiosyncrasies

                     c) I have forgotten his name.

Many people believe that it is bad to answer a) and good to answer b) or c). I disagree with this, and will demonstrate that to arrive at one's own personal therapeutic style, the 'natural' learner progresses from a) to b) to c) over a period of time.

A: Do you have an example to give us, so as to clarify this point.

STEP 1

T: Yes, and I will give you one from personal experience. A few years ago, when I did my first P.T.M. workshop, I was given some instruction on how to critique Clinical Member trainees. In this case the teacher was a woman who I had seen work on previous occasions, and I had a high respect for her ability, and knew her to be ethical and safe.

As a result, I approached the teaching session with the attitude of: "She knows much more than me, she has much more experience than me, I am wrong and she is right".

In essence, for the length of the teaching session, I adopted the position that a three year old takes with his instructors (i.e. his parents). What they say is gospel.

The advantage of this seemingly ignominious stance was that I was then in a position to absorb a vast amount of information in a short space of time. The information given by her was internalized without any resistance.

A: I would find that very difficult to do, as I often see my teachers as being critical, when in my Adult I know that they are not being so at all.

T: Good perception, and you raise an important point. I too have spent time rebelling against parent or transference figures. For the period of the P.T.M. supervision I accepted that I would see her as a parental figure. I also highlighted three points for myself:

1) I had paid good money for this supervision.

2) It was going to take up a couple of hours of my weekend.

3) I wanted to be a good supervisor.

If I wanted to rebel against parental figures, I could have easily done that elsewhere for free, and lose nothing from this valuable supervision.

The net result was that as far as supervision goes, I became very much like her. Yet she is a very good supervisor, so I assimilated many very good qualities almost automatically. If, during the supervision, I had justified what I did and rejected her ideas as wrong, then the learning process would have slowed dramatically, as I would be justifying and rejecting from an uninformed position.

STEP 2

T: Up to this point, I know what she was saying at a cognitive level but not at an experiential level. Thus step two begins with obtaining this experiential knowledge by going out and doing supervision. Thus after a period of time I no longer remained in an unknowledgeable position, both theoretically and experientially. I could now therefore begin to question certain ideas and techniques that I was using. That is, I could question my parental tapes.

Initially in step 1, I totally decommissioned my Little Professor and opened up my P_2 for rapid incorporation. Step 2 involves re-commissioning the Little Professor and injecting new variations that I thought were needed and which suited my personality.

STEP 3

T: This step is arrived at when my supervision style is in harmony with the rest of my personality and other beliefs.

LEARNING AND TRANSFERENCE

A: As I understand it, the key to your model of learning is that one needs to develop the ability to adopt the attitude of: 'I am wrong, and you (the teacher) are right'.

T: Yes that is correct—and as I said before, that is no easy task, as it requires one to come to terms with and to resolve all the major issues with parental or transference figures. If this is done successfully, then it is possible to absorb knowledge at a very rapid if not an alarming rate. Look at how rapidly three year olds learn. In a round about way, all I am proposing is that we revert to a three year old mentality when learning something new.

A: That makes it easy for the teacher!

T: Oh, so you think that teaching should be hard?

A: No, I mean… Well yes, I guess I am. I just feel that you are getting off lightly because we cannot not challenge you.

T: If this is the first time you have heard this paper, then I am 'getting off lightly', to use your term. It is my hope that you will assimilate the knowledge of this paper unquestioningly at first, then put it into practice and at that point question it. If you had already heard this, then I pray to the Lord that I would not get off lightly, and would want you to question all aspects of what I am presenting, with your model of learning.

I would also like to add that learning is very easy. Just watch young children learn: they make it so simple. Problems occur when transference and counter-transference issues arise. Some students feel an ever-present desire to 'pay back' a mother or father figure. Obviously, the teacher becomes one of these and some students see the rejection of information as a means by which to 'pay back' the transference figure.

On the other side of the coin, teachers may complicate the learning process. Those who take the counter-transference attitude of 'I am right and students are wrong' will not only magnify the rebelliousness of those who already have transference problems, but will also prompt rebellious responses from those who do not have transference problems.

The teacher/student relationship is one of the classic parent/child relationships, others being:

> employer/employee
> doctor/patient
> policeman/citizen.

In all these cases, transference and counter-transference roles become obviously apparent and are mostly highly consistent. The great majority of patients perceive their doctors as Parental figures, whilst very few would perceive them as dependent or sibling figures. Alternatively most doctors would perceive their patients as dependants, not siblings or parents. The same applies with teachers and students in the great majority of learning situations.

NON-LEARNERS

T: Before concluding I wish to present to you an explanation of non-learners. There are three types of non-learners, these being:

> Dags,
> Wimps,
> Grouches.

A non-learner, in this case, is that person who has the capacity to learn, yet makes the relatively easy task of knowledge acquisition, an enormously difficult one.

The grouch is he who arrives at the classroom with his Rebellious Child set and ready for action. He non-learns, or does not learn, because he feels he can 'beat' or give his parents a 'kick in the arse', by rejecting what they offer. In the learning environment, the parental figure or teacher is offering the grouch information, and so he rejects it.

The grouch, as with the wimp, has unresolved separation problems from his parents. He possesses gluttonous desire to rebel against parents, and so he must keep his parents near so that he can rebel against them. The grouch is not all that difficult to teach, but the teacher needs to have a personal confidence. The instructor most successful with this non-learner is the one who teaches from his Child ego state, or teaches material that is rebellious.

The wimp is also a non-learner because he arrives at the classroom in his Conforming Child uniform. This person gives the appearance of being a very good learner, and in fact does acquire a good deal of information. The wimp accepts that his instructor is right and himself wrong, yet he never goes on to the second step of injecting his own personality into what he has learnt. He becomes a carbon copy of the teacher, and stays that way.

This represents a potential danger in the previous model of learning, as it could be seen to give wimps permission to be wimps. Instructors must be careful when dealing with wimps and give them less direction than other students, so they are forced to use more 'Martian' thinking.

As with the grouch, wimps also have separation problems from their parents. Instead of staying unseparated by rebelling, they remain unseparated by conforming.

The dag or third type of non-learner is probably the hardest of all to deal with. This individual enters the learning situation in his Parent ego state. This person does not learn because he believes he knows it all already. The dag will read a book on psychoanalysis and then go out and be a psychoanalyst. The only reason he gets caught in the learning situation is if he needs some form of qualification. In such cases, the dag will firstly try to take control of the teaching situation. If the teacher stops him from doing this, then

the dag will merely humour the teacher and smile politely until he gets his certification. Then he will go and do what he knew was really correct all the time.

In this case there is no transference of separation problems, as the dag is one of those few individuals who does not place the teacher into the parent teacher slot. Instead the figure goes into the dependent figure slot. Hence, he never adopts the attitude of 'I am wrong, you (the teacher) are right', and therefore he finds acquiring information very difficult. Anything that does not agree with his own formulations is discarded as nonsense.

A: I think some of us have already identified which one we may be. However, what is the alternative, what should we be striving for?

T: The person who represents the fourth alternative is the one who will internalize this paper, take it home, think about it, pull it to pieces and then put it back together in a form which he believes is valid. He is the natural learner.

THE NATURAL LEARNER

T: However, my friend, in relation to your previous question, when two natural learners meet to compare notes on what constitutes a natural learner, they are not concerned with who is right or who is wrong. Instead they are intrigued as to how two different individuals can come to two different conclusions about the same thing. The polarization approach is used by non-learners. Those who play the game of 'Science' or 'My theory is better than your theory'. The natural learner finds such things boring; his interests are with finding out what, how and why.

The natural learner has the ability to become three again. Observe a young child; examine the expression on his face as he begins to realize that he exists in a world. The sheer fascination he possesses for finding out about the world. The irrepressible desire to find out how things work, and to discover new things. The delight a child experiences when he masters knowledge is a pleasure to watch. He is not concerned with right or wrong, or whose theory is currently 'in vogue'. He just wants to know and master knowledge.

The natural learner retains this part of himself. Its loss can be blamed on all sorts of things such as the education system or the structure of science. There are even some psychotherapies which

tell us that thinking is bad and that 'why', is a 'four-letter word'. They probably all play a part in suppressing the natural learners desire to know and his exhilaration with mastering knowledge. Alas however, the average child succumbs to these pressures and becomes a grouch, a wimp, or a dag.

Before concluding it should be noted that whilst the natural learner is proficient at satisfying his epistemophilic instincts, he does not suffer from the condition of epistemophilia. For in the case of that unfortunate individual, his intellectual curiosity results from sublimation of his scopophilic desires.

CONCLUSION

T: A three step model of learning was proposed.
   STEP 1: Decommission Martian thinking and cathect A_2 for tape internalization.
   STEP 2: Practically apply the A_2 information and begin to assess it with Martian thinking.
   STEP 3: Arrive at the point where the activity is synchronous with the rest of the personality.

T: I have presented some ideas to you about how to accelerate the learning process, or how one can regain that natural ability to acquire knowledge and find it a stimulating process.

It is my hope that you will approach this paper from a natural learner position. Above all, question what has been presented. These are 'one learner's' views and I believe that they are valid, as they give us a workable system for dealing with the world.

If you should come to another conclusion, then I request you to present it, so that we can work out how two different people can come to two different conclusions about the same thing.

T: Thank you for your attendance.

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PROCEEDINGS

PSYCHIC STRUCTURE HUNGER

INTRODUCTION

Berne (1964) in his book *Games People Play* outlines the concept of structure hunger. He suggests that from birth to death each individual has six ways to structure her time, these being:

> Withdrawal
> Rituals
> Pastimes
> Activities
> Games
> Intimacy

It will be suggested in this paper that not only do people have a strong hunger to structure their time, they also have a strong hunger to structure their thoughts, feelings and psyche. Furthermore, it is also proposed that this psychic structure hunger proceeds, or is more necessary to fulfil, than stimulus hunger or recognition hunger. That is, in order to fulfil the desire for stimulus and recognition, one must have some structure to her thoughts, feelings and beliefs about the world.

THE NEWBORN'S WORLD

Over the years, many writers have noted that at birth the newborn experiences total chaos in terms of thoughts, feelings and beliefs. Both English (1977) and Vygotsky (1962) outline the young child's syncretic thinking as being totally disorganized. Storr (1960) describes the infant's world as being solipsistic, and is similar to the schizophrenic's perceptual world, which is devoid of useful structure. And, of course, Freud (1960) in the last of his major theoretical works—*The Ego and the Id*—notes that at birth, the infant only possesses the id, which is a seething cauldron of chaotic desires.

All these writers have noted the disorganized nature of the newborn's psyche. Her thoughts, feelings and beliefs have no organization. Her personality is chaotic. In order to survive, the newborn must reduce this disorganization, and of course this is done by structuring her thoughts, feelings and beliefs. Thus we have script formation,

where she classifies, imitates and decides what thoughts, feelings and beliefs she will have, or not have. Scripts not only satisfy structure hunger, but also satisfy psychic structure hunger.

STRUCTURING BELIEFS

It has been well documented in the Transactional Analysis literature that at a young age a child will imitate and decide upon one of the four existential life positions, those being:

> I'm OK, you're OK
> I'm not OK, you're OK
> I'm OK, you're not OK
> I'm not OK, you're not OK

As soon as the youngster adopts one of these positions some of the chaos is reduced. She now has classified herself and others in one of four ways; before that time she did not know how she was or how others were. Yet, at the time of position selection she becomes more programmed and more restricted. For instance, if the infant imitates the *I'm OK, you're OK* position from her primary parent figure, then she is more restricted than prior to adopting that position. For before that stage she could have been all four, now she is only one. Thus she has reduced herself to one quarter of her possibilities. In return for this restriction she gains the ability to be more social, to be autonomous, and to be less dependent on others, for now she knows what she is and what others are. She has started to structure a personality, and perhaps psychic structure hunger could be more aptly named personality hunger.

STRUCTURING FEELINGS

As a case in point of how feelings are structured, consider the feeling of pain. It is generally believed by the layman that when one places one's posterior on a pin one experiences pain. In most cases she is correct; however, the assumption that the pain is the same for each individual is incorrect. For instance Bond (1976) notes that similar wounds, which are assumed to produce similar pain sensations, have resulted in very different reaction patterns. Other physicians have often noted that treatments which are designed to reduce pain in patients, manifesting the same pain syndromes, are effective in varying degrees.

Much experimental research has been done into the psychological component of pain. It has been demonstrated that a person's perception of pain is dependent on such factors as:

> prior conditioning,
> early childhood experiences,
> sociocultural background, and
> social modelling.

(For a summary of this research see Foryet and Rathjen [1978]).

These experimental findings demonstrate that the experience of pain is not simply a function of the degree of tissue damage. Each individual must learn how to feel pain, she must structure her feelings of pain, and she will use her childhood experiences to do this. The same situation applies for other feelings also. The feelings of guilt, anxiety and depression are also structured by the child. (See Beck [1967] as a case in point.) Without this structure, the child's feelings would be in chaos. Through experience the child can isolate feelings, learn to ignore certain stimuli and attend to other stimuli, all with the function of structuring feelings.

STRUCTURING THINKING

Just as feelings and beliefs can be structured, so can thinking. Lankton (1980) notes that one can think verbally, spatially or kinesthetically. Each one demonstrates an alternative way of thinking or information processing. Eysenk (1978 & 1982) demonstrates that each person chooses his strategy based on both genetic factors and early experiences. Furthermore, White (1983) has shown that each person has a preferred strategy, and under certain experimental conditions it is possible to force the individual to change that strategy.

This demonstrates that each person decides and imitates how she is going to think. She limits her thinking processes by learning to ignore certain information and dealing with the attended to information in various ways. By doing this she avoids the chaos of being overloaded if she accepted all pieces of stimuli. That is, she has to structure how she will think.

Evidence for the existence of a psychic structure hunger is probably best summarized by Vernon (1962) in his discussion of how the newborn learns to perceive the world.

> "He (the child) makes little distinction between lights and
> sounds which come from a distance; touch, heat, cold and

pain which affect the surface of his skin; taste which comes from the mouth; and fullness, emptiness, and stomach pains which come from inside the body. The philosopher William James once said that the infant was conscious only of a 'big, booming, buzzing confusion'" (p. 17)

In order to survive, the infant must put a stop to this buzzing confusion. She does this by structuring her thoughts, feelings and beliefs. Or in TA terminology, she does this by scripting herself. This script or structure will limit her perceptions of the world. Yet without this limitation she would either die or remain an imbecile.

TWO FORMS OF STRUCTURE

It seems that it is possible to structure ones perception of stimuli in two ways. Firstly it is possible to ignore certain stimuli, and secondly it is possible to deal with the attitudes to stimuli in different ways, that is, process the information differently.

As noted before, early childhood experiences affect each individual's perception of pain. This could be illustrated diagrammatically in figure 1. A, B, C, D and E represent all the possible stimuli that may be attended to. It is virtually unlimited, as all five senses are constantly receiving stimuli that is varying all the time. In childhood the youngster must limit his perception of all the alternative stimuli and he does this by imitating others and deciding which stimuli are important and which are not. For instance, as Dusay (1977) suggests, in our civilized, scientific world the senses of smell and taste have been the subject of ridicule and debasement. Consequently, many children are likely to set up their psychic structure, or script, so that the senses of taste and smell are not attended to. Thus, when the individual experiences pain, smell and taste do not play a part.

You may now be thinking, 'that's a bit rich'; how can one taste or smell pain? Yet consider Johnson's (1973) research. He found that the information one receives about the painful stimuli, before and during the pain experience, will alter one's perception of the pain sensation. Hence, person A who smells the environment when feeling pain, will sense it differently than Person B who attends only to hearing and sight while feeling pain. Therefore in figure 1, the first psychic structure barrier indicates that the child will programme herself such that only certain senses are attended to. As indicated, each person differs

Early Experiences 1

1a

PERSON A

Early Experiences 2

1b

PERSON B

Confusion and Chaos

PERSON C

No Psychic Structure

1c
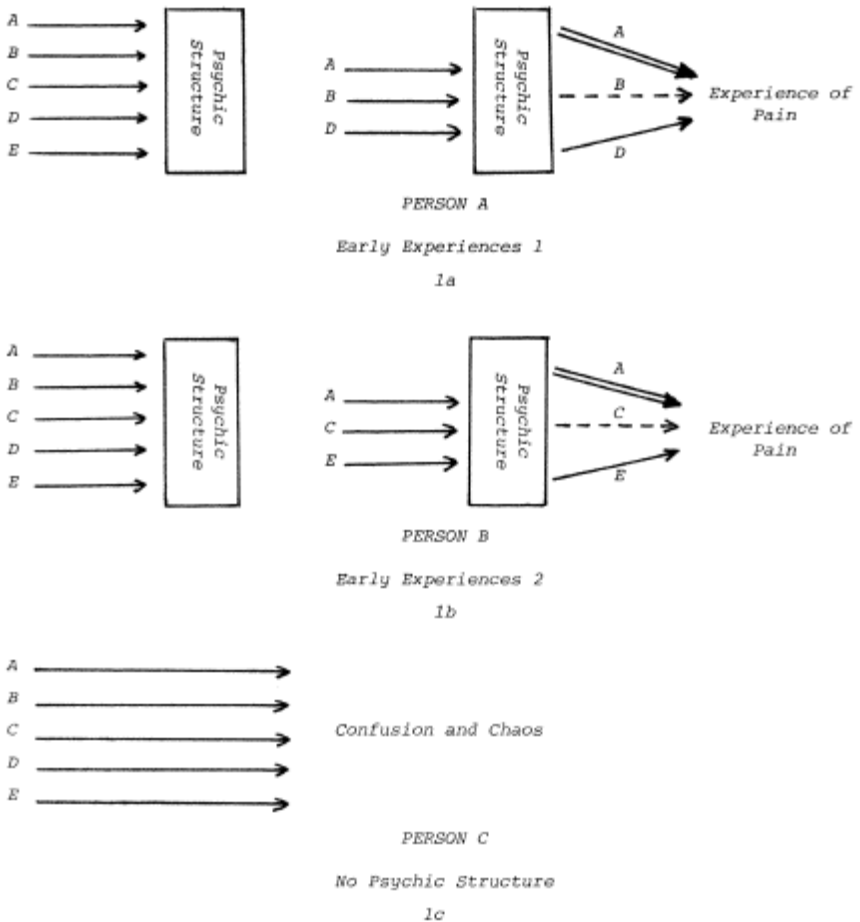
FIGURE 1.

on which senses those are, depending on, amongst other things, early childhood experiences.

Those senses that are attended to are then subjected to a second level of programming or psychic structure. Once the information has been accepted there are many ways of processing it, such as inner rehearsal, pigeon holing, adaption, rote recall and filtering (see Pulton [1979] or White [1983] for an explanation of these). Just as with the first level of psychic structure, the way the information is processed will determine how the individual will experience the resultant sensation.

47

Person C in figure 1 has no script, or has not been able to fulfil her psychic structure hunger. Hence she has no programming and can easily attend to all incoming stimuli. As a consequence, she will be flooded with sensation and end up with only a 'big, booming, buzzing confusion'.

STRUCTURE FREE EXISTENCE

It appears that under certain conditions, adults can break down the psychic structures they created in childhood. This involves the individual re-arranging his thoughts, feelings and beliefs so they have no structure. This person would be like the example in figure 1c, and would experience the world as being indecipherable and confusing. This is achievable in varying degrees, and would provide some valuable insight into how infants perceive the world.

The writer finds himself in a somewhat similar position to that of Eric Berne when he described the intimacy experiment. I have resisted writing about breaking down the psychic structure as it is a precarious activity to engage in. However, it has become obvious from discussion that the chain of thought being expressed would eventually lead others to the conclusions being presented in this paper.

Firstly, under no circumstances is this paper supporting the use of hallucinogenic drugs in psychotherapy or research. Both of these are a gross violation of ethical principles. Secondly, breaking down the psychic structures is a precarious activity because it is inviting the person into a psychotic-like state. As will be demonstrated later, the psychotic and the newborn have a good deal in common in their thinking and feeling. Hence, only those with the stablest of personalities should even consider breaking down the psychic structures.

The four states of mind described below all bear a remarkable resemblance to each other, and to the newborn's state of mind. They all lack the structured nature of an adult's perception and information processing. Instead they display the qualities of confusion, disorganization and lack of control.

Heron (1957) in his study of boredom, demonstrates that individuals who are placed in a monotonous environment for an extended period of time will experience childish emotional responses, impaired thinking, disturbances in visual perceptions and quite marked visual and auditory hallucinations similar to those induced by hallucinogenic drugs. These people became disorganized in their thinking, feeling and

perceptions. This seems somewhat similar to the buzzing confusion described previously.

Others such as Storr (1960) and English (1977) suggest that the perceptual worlds of the psychotic and infant have a good deal in common. The psychotic's world is marked by hallucinations, confusion and chaos. Furthermore, both the psychotic and the young child demonstrate palaeological thinking. For example:

Question: "What is your name?"

Psychotic or young child (thinking "I wish to be strong. I am strong. Napoleon is strong,"): "I am Napoleon." (Brown [1977]).

These symptoms find marked similarity to those aforementioned symptoms displayed by adults subjected to prolonged periods of boredom.

A breakdown in the psychic structures also occurs with the ingestion of certain hallucinogenic or psychoactive drugs. These include mescaline, L.S.D.-25, psilocybin and peyote. As stated before, Heron (1967) has indicated the similarity of symptoms found between users of these drugs and those subjected to long periods of monotony. Another who has equated the infant's perception to that of the individual under the influence of these drugs, is Tart (1972). He cites observations of those under the influence of these drugs as experiencing the feeling or belief that, 'You and I we are all one, there are no separate selves' (p. 1204). This of course is the belief of an infant prior to going through the separation-individuation process, around age 2.

Chandler and Hartman (1960) amongst others, have conducted extensive research on how these hallucinogens return the individual to childhood in terms of feelings, memories and thoughts. These drugs make the individual think, feel and behave as though he was a young child; he does not only recall childhood but relives it in its original intensity. This indicates that the person under the influence of hallucinogens not only gains some understanding of how the infant or psychotic perceives the world but in fact can become an infant or psychotic for a period of time.

A fourth way of achieving syncretic or infant like perception is given to us by Eric Berne (1964), in his intimacy experiment. In this experiment two people sit facing each other and relate in a totally unstructured, open and free way. Berne found that when this was done, even for only fifteen minutes, each person experienced percep-

tual changes similar to those found by Heron (1957) during periods of prolonged monotony, or those subjected to the equivalent of 25 micrograms of L.S.D.-25.

CONCLUSION

In retrospect, it has been demonstrated that people experience similar phenomena in the following situations:

> During periods of prolonged monotony
> During psychotic episodes
> Whilst under the influence of hallucinogenic drugs
> During intimacy

Furthermore, it seems safe to conclude that the disorganization of the psyche which results from these four situations is similar to a disorganization that a newborn child experiences. Thus, we are provided with some insight into how the infant perceives himself, the world, and others.

From this it is suggested that all humans have an innate hunger to structure their psyche. That is, a hunger to structure their feelings, thoughts, beliefs, and sensory intake. For without this structure of the psyche, one would forever remain an imbecile, not capable of any social interaction.

It is thus seen that a psychological script will satisfy not only the hunger to structure one's time, but also the hunger to structure one's psyche. Hence it is not possible to be script free, unless one is reduced to an infant like or psychotic like state.

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CONSEQUENCES OF TWO EGO STATE THEORY ON THE RELATIONSHIP BETWEEN STRUCTURE AND FUNCTION

INTRODUCTION

Theories are like wine and cheese; they need to be given time to develop. White's (1984) two ego state theory has encountered some resistance since it was first presented. One form that this resistance has taken has been through the questions of: 'Why?' 'Why bother changing the ego states?' 'They have worked well in the past, so why present the two ego state model?'

These are indeed, very pertinent questions, and must be given due consideration. One must however be willing to accept a new model and use it, before it can be discarded. Hence, every new theory must be given time to mature. For the advantage of a new theory is that it will elicit new chains of thought, that the previous one could not. A classic example of this is the discovery of the imitative and decisional instincts.

With the three ego state model the discovery of these two instincts is difficult, because the basic structure of the theory clouds the chains of thought necessary to arrive at the appropriate conclusions. Yet with the two ego state model the identification of these two instincts was simple, as they were merely the logical extension of what the two ego state model was suggesting. As has been already demonstrated by White (1984), and as will subsequently be demonstrated in later seminars of Volume Two; the role of the imitative and decisional instincts in the formation and treatment of psychopathology is of paramount importance. Thus we find that the two ego state model has matured, for not only has it merely realigned the ego states, but it has subsequently given us important insights into psychopathology and its treatment. Now I believe, that the original question of, 'Why?' can be adequately answered.

The purpose of this paper is to provide further implications of two ego state theory. This represents a logical chain of thought that extends from it, and thus I believe, further allows the two ego state theory to mature. The second reason for this paper is that it will clear

up some of the confusion that exists between the two ego state structural model and the three ego state complete functional model presented by White (1985). The two models are diagrammed below in figure 1.

1a

Structural
Model

1b

Complete
Functional
Model
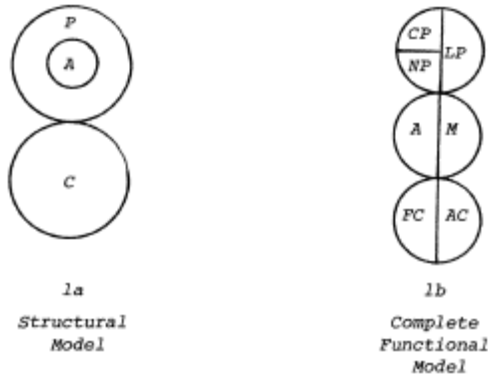
FIGURE 1.

THE CO-EXISTENCE OF STRUCTURE AND FUNCTION

As noted previously by White (1985), combining structure and function is like walking through a minefield with flippers; it is a very hazardous task. Yet the temptation to do so is great, and unfortunately many transactional analysis theoreticians have succumbed to this temptation.

Of course however, the relationship between structure and function in science has had a long history, as acknowledged by Beres (1965) and another gentleman whose name does not reflect his writings; Boring (1950). It is not the intention of this paper to revive the old conflicts between Structuralism and Functionalism, so I will confine myself to an examination of the uses and abuses of structure and function in Transactional Analysis theory.

COMBINING STRUCTURAL AND FUNCTIONAL

To begin, it is first necessary to illustrate the classical Bernian structural and functional diagrams. See figure 2.

Consider some past efforts at combining structure and function in the Transactional Analysis literature. For instance, Woollams and Brown (1978), with regard to the Child ego state, conclude that the Adapted Child can be seen as equivalent to or comprised of the P_1 and

Standard Structural
Diagram

Standard Functional
Diagram

2a

2b

[Modified from Joines (1976)]
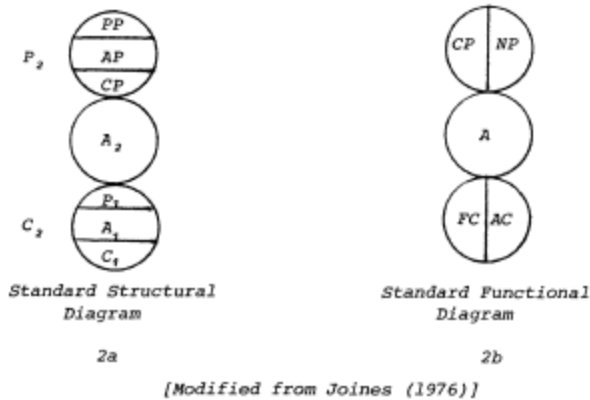
FIGURE 2.

half the A_1. Alternatively, they state that the Free Child comprises of the C_1 and the other half of the A_1. See figure 3.
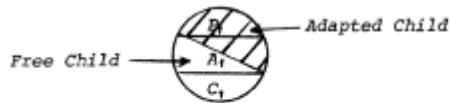
FIGURE 3.

Others such as Steiner (1974) have equated the P_1 with the Adapted Child, and the C_1 with the Free Child. However, one must be careful not to single out these theoreticians alone, for the differences between structure and function have been consistently abused, throughout the history of transactional analysis, by a large number of writers.

There are however three writers who stand like solitary oases in the desert, for they do not violate the principles of structure and function. They are firstly Joines (1976) and subsequently Goulding and Goulding (1979). These writers consistently maintain that structure and function refer to different aspects of reality. Combining them is like attempting to equate a 'wheel' with 'revolving'. To quote Joines (1976): "'structural' refers to the component parts of the personality while 'functional' or 'descriptive' refers to the way in which the personality is functioning at a given point in time" (p. 377). He goes onto state that usually the P_1, A_1, and C_1 are all simultaneously involved in the display of Adapted Child behaviour and Free Child behaviour.

Goulding and Goulding (1979) satisfy the spatial thinkers with the diagram in figure 4.
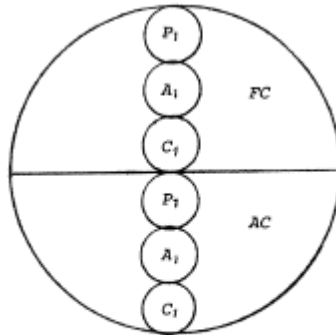
The Child Ego State

FIGURE 4.

As an example of how the P_1, A_1 and C_1 are all involved in functional ego state display, consider the examples given by Joines (1976).

Example 1. Adapted Child behaviour:
P_1 may have stored an interpretation of mother's behaviour which says, "Don't be angry, be sad".
A_1 works out how to do something so that he ends up feeling sad, so that mother pays attention.
C_1 says "I need for mother to pay attention to me".

Example 2. Free Child behaviour:
P_1 says that it is OK to have fun and enjoy.
A_1 figures out how to enjoy.
C_1 says "I want to enjoy".

Again it is stressed that *all three* of P_1, A_1, and C_1 are involved in each Free Child display and Adapted Child display.

THE TWO EGO STATE MODEL AND FUNCTION

As readers, the more intellectual of you may now be protesting, for in a previous paper, (White [1985]), I stated, "The P_2, A_2 and C_2 are all involved in the display of *every* functional ego state" (p. 8 of this volume). And indeed you do have a right to protest, and may I have some more time to arrive at that conclusion.

56

The two ego state model permits us to extend the Joines (1976) proposal to its logical conclusion. For example, let me again take the case of Adapted Child behaviour. Not only are the P_1, A_1 and C_1 involved in the display of Adapted Child but also are the P_2 and A_2. That is, the imitations made by the individual are also involved.

In the previous Example 1, we saw how the P_1, A_1 and C_1 play a role in Adapted Child behaviour. Yet, what about the Adult (A_2) and the Parent (P_2) ego states? Surely they must play a role. Indeed, to function without the P_2 or A_2 being involved must be considered pathological. With the two ego state model this point is further clarified.
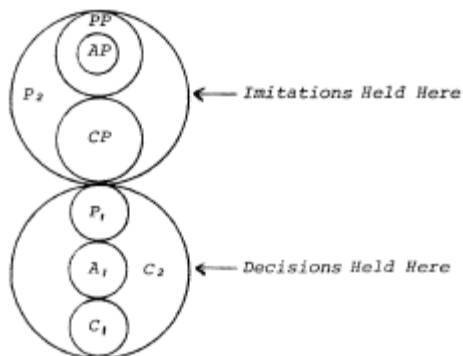
Roles That the Two Structural
Ego States Play in Personality
Formation.

FIGURE 5.

To say that Adapted Child involves only P_1, A_1 and C_1 is to say that the individual is not influenced at all by modelling or imitation. Such a statement is obviously ludicrous. As demonstrated by White (1984), the evidence to suggest the major role of imitation in personality development is very strong. The C_2 is only relevant to decisions and related feelings, whilst in the P_2 reside all the person's imitations, copying and modelling.

Therefore every piece of behaviour will be dependent on what imitations and decisions the individual has made. That is, every functional ego state display will involve the PP, AP, CP, P_1, A_1, and C_1.

For example, let us again take the Adapted Child behaviour.

P_1 may include the interpretation of mother's behaviour which says, "Don't be angry, be sad."

A_1 works out how to set up situations so he feels sad and gets mother's attention.

C_1 says, "I need for mother to pay attention to me."

PP says, "People should feel sad"—imitated from outside.

AP says, "There is heaps of rotten things in the world, and it makes sense to feel sad about them"—imitated from outside.

CP says, "I want to feel sad"—imitated from outside.

The same situation applies for every functional ego state. The Free Child, Adapted Child, Adult, Martian, Critical Parent, Nurturing Parent and Little Parent are *all* a result of the interaction of *every* structural ego state, i.e. the PP, AP, CP, P_1, A_1, C_1.

CASE EXAMPLES

As another example to clarify this point, consider the behaviour display of the Nurturing Parent ego state. The individual who is a good nurturer may have the following ego state structure.

Case Example of G

PP: "Children should be cared for"—imitated from others.

AP: "Here's how to nurture"—imitated from others.

CP: "Nurturing is fun"—imitated from others.

P_1: The stored decision of mothers behaviour which sags, "It's OK to be grown up and look after others".

A_1: Works out how to get strokes from being grown up.

C_1: "I like getting strokes for being grown up".

All the ego state structures are consistent and hence the behaviour display of Nurturing Parent will be effective and consistent.

Case Example of K

Consider the case of K, who is G's sister. Let's assume that K was subjected to a major traumatic episode and resulted in her making the decision "Don't grow up." Yet she still had the healthy parental modelling that C received. When called on for nurturing, she would have the following ego state structure.

PP: "Children should be cared for"—imitated.

AP: "Here's how to nurture"—imitated.

CP: "Nurturing is fun"—imitated.

P_1: The stored decision of traumatic event which says, "Don't grow up."

A_1: Works out how to get strokes for being little.

C_1: "It's scary for me to be grown up."

As a result, K's nurturing behaviour will be less effective and more haphazard than G's, because her imitations and decisions are dystonic. G had syntonic imitations and decisions, and hence the nurturing behaviour was effective and consistent.

We can now summarize the therapeutic process in the techniques of transference based therapy as outlined by White (1984).

Step 1. Identify problem in functional terms; for instance—ineffective nurturing.

Step 2. Define problem in structural terms.
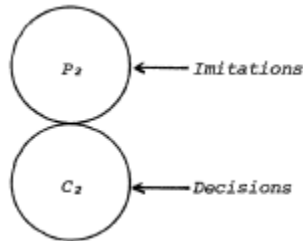
Is the problem:

a) Imitative

b) Decisional

c) Both.

In the case of K, the problem was decisional.

Step 3. Treatment:

a) Imitative problems; apply taped ego state therapy.

b) Decisional problems; apply decisional ego state therapy.

c) Both; apply both therapies.

This is further described by White (1984) in chapter seven of his book, *New Ways in Transactional Analysis*.

STRUCTURE AND FUNCTION

For the spatial thinkers amongst you, figure 6 will give you an understanding of the relationship between structure and function in two ego state theory. The diagram, which is a modification of the concept by Goulding and Goulding (1979), is meant to illustrate that the display of every functional ego state occurs as a result of all the ego state struc-
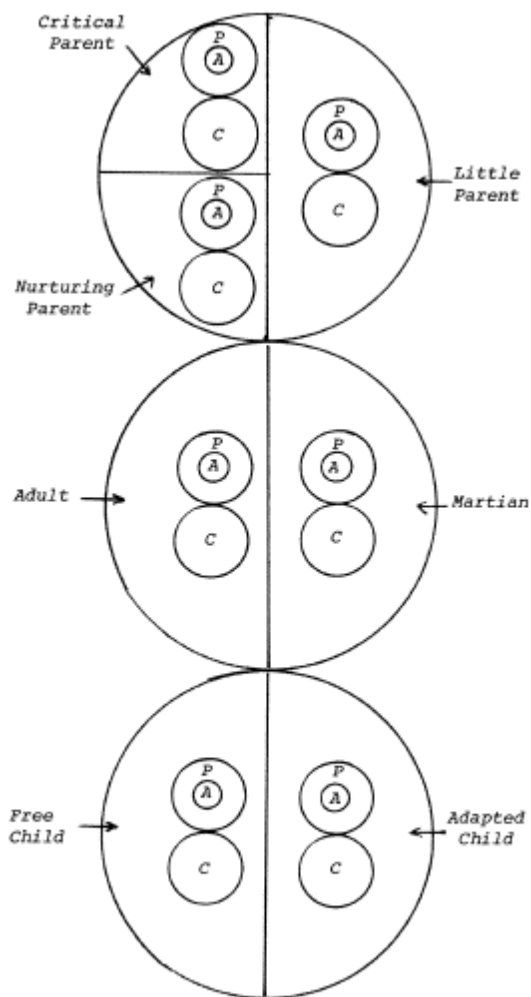
FIGURE 6.

tures. Each functional ego state is the result of a combination of all the individuals imitations and decisions.

It is with great trepidation that figure 6 is included, for under no circumstances is it meant to indicate that ego state structure and function are synonymous. They refer to different aspects of reality. Every combination of structure and function is doomed to failure. And this is one truism that is probably always the case.

CONCLUSION

This paper describes the relationship between the two ego state structural model and the complete functional model, as illustrated in figure 1. Historically, the relationship between ego state structure and function has been consistently abused. Each attempt at combining structure and function has major flaws. It is suggested that Vann Joines's (1976) contention of structure and function representing different aspects of reality is the only way to avoid these flaws. Such is the basis of this paper.

It is also brought to the reader's attention that theories must be given time to mature and develop. The rejection of a theory upon the first reading is a dangerous exercise. All new theories provide us with new chains of thought which can clear up problems with previous theories. It is suggested that this paper is a case in point.

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SIBLING-TRANSFERENCE, COUNTER-TRANSFERENCE AND THEIR FORMATION

INTRODUCTION

In his book *New Ways in Transactional Analysis*, Tony White (1984) presents the concept of sibling-transference. This term 'sibling-transference' is meant to indicate the transference of archaic decisions and imitations onto those in the individual's present life, whom she views as being of equal status. Time has shown however, that the choice of the term 'sibling-transference' may have been an unfortunate one. In many cases it has been found that siblings do not view each other as being of an equal status. Instead, some siblings have a parental/dependent relationship and hence counter-transference and transference apply, rather than sibling-transference.

Despite this, the term will be maintained, yet it must be noted that sibling-transference only occurs in an equal/equal relationship. Consequently, it sometimes occurs with siblings and sometimes not. Perhaps it could be renamed, equal status-transference.

SIBLING-TRANSFERENCE

As to the existence of this form of transference, I cite an example from Wilson (1972). In a brief biography of Freud, we find that even the great man himself suffered some of the afflictions of sibling or equal status-transference.

> "Freud's attachment to his nephew John was powerful throughout childhood: 'We had loved each other and fought each other, and… this childish relation has determined all my feelings in my intercourse with persons of my own age.' He goes on to make this point more explicit: 'An intimate friend and a hated enemy have always been indispensable to my emotional life; I have always been able to create them anew, and not infrequently… friend and enemy have coincided in the same person; but not simultaneously, of course, as was the case in my early childhood.' Freud's whole career is marked by passionate friendships—in which there is a strong element of reliance on Freud's

side—which change to equally violent enmity: Breuer, Fliess, Adler, Jung, Rank" (p. 89).

White (1984) has isolated certain factors which determine one individual's perception of another. People of the same chronological age often see each other as equals, because of that similarity. Hence it is assumed in this case that Freud viewed his nephew John as an equal figure. The qualities of that childhood relationship were then transferred onto those people in the present environment that Freud saw as equals. In this case it was people like Jung, Adler and Rank. Freud's relationship with his patients was most likely entirely different, because in that case counter-transference, rather than sibling-transference, was relevant. It is the nature of this attachment between equals that is necessary to address if one wishes to further elucidate the concept of sibling-transference.

EVIDENCE OF SIBLING-TRANSFERENCE

There has been much documented evidence as to the presence of attachment bonds between parents and their offspring, and how these bonds form the prototypes for subsequent bonds in later life: Bowlby (1969). A search through the literature indicates that the same set of circumstances applies for those who perceive each other as equals.

In the early studies by Anna Freud on groups of same aged children who were forced to live together in concentration camps, do we find evidence of bonding and attachment between equals: Freud and Dann (1951). Since then there has been much work done on the sibling-bond, and this will be presented subsequently.

The evidence to be presented will indicate that siblings, or those of equal status, form psychological bonds just as do parents and their offspring. These bonds then form prototypes for subsequent relationships with equals throughout life. Clinical experience certainly supports this. Of all the people who have completed a script imago, not one has ever stated that they do not understand the difference between parental figures, dependent figures and equal figures. Most people find the script imago easy to understand, easy to complete and easy to apply to present day life. This paper is an explanation of why.

Twin studies present major support for the concept of sibling transference. With twins we have a good example of a relationship where both parties are of equal status. The fact that twins bond, or their identities become 'fused' has been reported by many writers. For

example, Siemon (1980) in her discussion on the role of identification in bonding, states, "With identification comes the 'twinning reaction', a fusion between self and twin" (p. 389). Henceforth, just as a child must separate from her parents, twins in these cases have to also separate from each other. Others who support this are Lichtenstein (1977) and Schave and Ciriello (1983).

As suggested before, these childhood bonds between twins form prototypes for subsequent relationships in adulthood. For instance, Siemon (1980) in discussing the positive aspects of twinship states, "The special closeness and sharing in a twinship can be good training for being an intimate partner" (p. 394). In script imago terminology, the good training is the development of a slot for later usage.

The same applies for siblings who are not twins. Bank and Kahn (1981), in their work on sibling bonding, also note that non-twin siblings develop a bond which is the fusion of two identities. The quality of these non-twin early relationships is also a prototype for later relationships; as Rubin (1980) notes, "Children's experiences with their friends may also have major effects on their later development, including their orientations towards friendship and love as adults" (p. 21).

These findings demonstrate that not only do children bond with parents, but also do friends, siblings, twins and other people of equal status. These early bonds are prototypes for later relationships, and hence we have the basis of sibling transference. That is, in adulthood the individual will relate to those others she perceives of equal status in the same way she related to those of equal status in childhood. The archaic images are transferred onto present day ones. These images can be represented on script imago diagram as slots at the level for sibling figures. See figure 1.
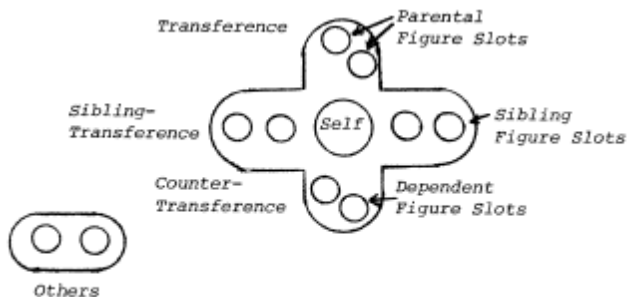
FIGURE 1.

Logically, the slots at the dependent figure level suggest that parents bond to children, just as children bond to parents. Indeed, a search of the literature also supports the contention for parents bonding to children, and that the quality of these bonds or relationships are established in childhood and become prototypes for subsequent relating.

Bowlby (1969), in his discussion of attachment behaviour in adulthood, notes that older generations do display attachment behaviour to younger generations. In his second book, *Separation* (Bowlby [1973]), he adds further evidence for this parent to child bond. He notes that in some cases when a child displays 'school phobia', it stems from the fact that the parents, for some emotional reason, are clinging or over attached to the child. Thus, when the child goes to school the parents suffer separation anxiety.

Further evidence for this counter-transference bond comes from Levy (1943) in his writing on maternal overprotection. He also notes that parents form bonds with children and that when these become excessive, the parents will display the symptoms of separation anxiety with regards to the child. The case below clearly demonstrates an example of excessive attachment behaviour.

> "Mother has slept with him the past three years. Up to age seven, she never let him go out with any adult (even father) except herself.
>
> When the patient is disobedient she puts him to bed in the afternoon, even now. She still prepares special food for him when he refuses to eat. She still sits by and coaxes.
>
> Mother delayed his schooling until he was seven because she did not like him to leave her. She blocks the plan of sending him to boarding school. She kept him from having friends or learning bad things from other children. When he was sent to camp at fourteen, the mother visited him on the second day, found that his feet were wet and took him home." Cited from Levy (1943).

Most importantly however, Levy (1943) notes that the way the parent was treated as a child can be very different from the way that same parent treats her own offspring. Treating ones own children the same way one was treated as a child involves projection. This is discussed in more detail later on, however it is now necessary to examine how one develops these prototypes for subsequent relating.

SLOT FORMATION IN THE SCRIPT IMAGO

Freud (1959) in his paper on the dynamics of transference stresses that transference is connected with prototypes or imagos. The slots in the script imago are also prototypes. They are prototypes of how one can relate to parental figures, sibling or equal figures, and dependent or child like figures.

Metaphorically, these slots may be seen as similar in nature to that of muscles. When constantly used they grow, become pronounced, and are vital. Script imago slots when used constantly, also grow and become robust. Those slots not used atrophy, as does a muscle. They can never completely die away, yet when not used for long periods of time they become so insignificant, that they are virtually non-existent.

Script imago slots will fully form in childhood when three conditions are met:

1) The child can observe others relating. The more affect-laden these others are the more powerful the effect.
2) The child can practice relating first hand. This is usually done through play, sport and other everyday activities.
3) The child gets stroked for relating certain ways.

When a child does all three of these throughout her formative years, then she will have robust and vital slots, whether they be parental figure slots, equal figure slots or dependent figure slots.

The great majority of people have at least one well formed parental figure slot, because most children have a great deal of practice relating to a parental figure. Also the strokes in that relationship are usually quite intense. Hence conditions 2 and 3 are easily met, as is probably condition 1 for most children.

Sibling figure slot formation is also based on the three conditions cited above. If the child is permitted access to other children of about her own age, then she will be able to practice various styles of equal/equal relating, make observations of others, and get stroked for that relating. If this is the case then in adult life she will find it easy to develop relationships with those she perceives as equals. The relationships may be healthy or pathological, depending on the quality of the relationship when she was young.

Condition two is probably the most important of the three conditions, for without actual practice, slot formation is quite poor. This demonstrates a potential problem with single child families. If the child is never allowed to play with those her own age and is only sur-

rounded by adults, then she never gets a chance to practice equal style relating. Thus all her relationships in adulthood are likely to be with either parental or dependent figures.

The best way parents can deal with their offspring's equal relationships is by providing them with a wide cross-section of equal figures to relate with, by remaining aloof when they are actually playing (i.e. relating), and by stroking the health promoting friendships they develop.

Dependent figure or counter-transference slot formation is also based on the three conditions cited previously. Just as children use play to practice equal/equal relating, they also use play to practice parental/dependent relating. Some sources of practice can even come from pets or play dolls. 'Cabbage patch kids' are a classic case in point, where the child receives, along with the doll, its birth certificate, and she must swear an oath to be a good parent to it.

Again, the best thing parents can do is to provide good role models, provide the offspring with access to dependent figures, remain aloof during the practice, and stroke healthy relating.

THE NARCISSISTIC SLOT

When the concept of the script imago was first presented in my paper 'Relationship Analysis', (White [1984]), one of the seminar participants raised a most interesting point. The woman suggested that not only can one relate in the three ways of parental/dependent, equal/equal, and dependent/parental, there is but a fourth way. She suggested that is is possible for one to relate to people who are a mirror image of the self slot. That is, individuals can relate to others who are a mirror image of self. A most exciting contention indeed, as it addresses the concept of narcissism and how this applies to relationships.

With reference to the script imago it has been dealt with in the following way. It is suggested that in the script imago there is a special kind of slot called the 'Narcissistic' slot, and this operates through the mechanism of projection. Each individual has an image of herself as a parental figure, a sibling figure and a dependent figure. Most people have been in all three of those roles and know what it feels like to be in the roles. It is possible to project that image of self as say a parental figure onto a parental figure with whom one is presently relating. Hence, in that relationship for that period of time, one is relating to a

parental figure, that is the image of self as a parental figure. This may be diagrammed as shown in figure 2.
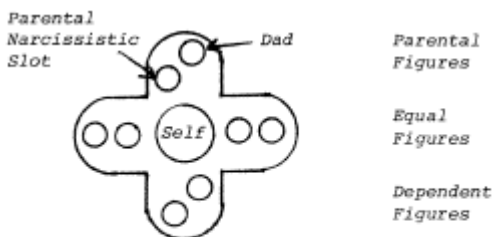
FIGURE 2.

Anyone slotted into the Narcissistic slot, in the case of figure two, will be seen by the individual as a parental figure which is the image of herself as a parental figure.

Obviously, just as it is possible to have a Narcissistic slot for parental figures, it is possible to have these slots for sibling figures and dependent figures. In order to elucidate the process of therapy a more detailed examination of the dependent figure narcissistic slot will be presented.

COUNTER-TRANSFERENCE AND THE DEPENDENT NARCISSISTIC SLOT

In any healthy therapeutic relationship, the therapist perceives the client as a dependent figure. Therefore, she must slot the client into one of her dependent figure slots, and that may be her dependent Narcissistic slot. For instance, take the case of V as shown in figure 3.
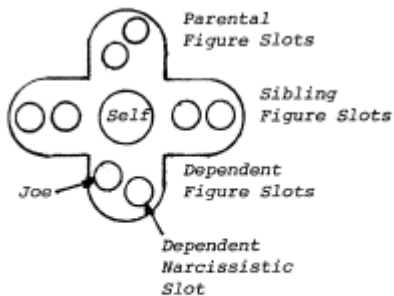
V's Dependent Figures.

FIGURE 3.

The case of V, a forty nine year old primary school teacher, has been chosen because the way she is as a dependent figure is very different from the way that she can perceive others as dependent figures. In her formative years, she was subjected to neglectful and sometimes violent parenting by her mother. She consequently developed a poor self image, and as a dependent figure she believed herself to be not OK. Coupled with this was the fact that she was made to mother her younger brother, and she was stroked by other family members for doing so.

Hence in this case Joe, her younger brother, formed the prototype for one of her dependent figure slots. This was a healthy slot, as her relationship with her brother was of a good nature. On the other hand, her dependent Narcissistic slot was of an unhealthy nature, because anyone slotted into this was seen as being not OK. Thus there were two very different dependent figure or counter-transference slots.

When V, as a therapist, was approached by a patient for treatment, she would automatically make the unconscious decision as to which slot she would place the patient. She basically had three options.

Option one, 'the dag patient': in this case she places the patient into either a sibling figure or parental figure slot. If this occurred, then she would be seen as lacking potency and it could be said that she had 'script issues' with this patient.

Option two, 'the alter-ego patient': in this case she would place the patient in her dependent Narcissistic slot. This would also reflect 'script issues', as she was badly parented, and had a poor perception of herself.

Option three, 'the real patient': in this case she would place the client in the 'Joe' slot and thus she has a good basis for establishing a healthy therapeutic relationship.

As a therapist it is necessary to establish a healthy dependent figure slot into which it is possible to place all patients. V was lucky, as she already had one made to order. Her script issues appeared when the patient at hand reminded her of herself or some early parental or equal figure. Thus she had to devise a way by which she could switch her perception of 'dags' and 'alter-ego patients' so that they became 'real patients'.

"If only all patients were 'real' patients!" Alas however, in a group of ten patients, usually one or two are 'dags'. These are the patients that come along with the therapist placed in their dependent figure

slots. They endeavour from the word go to take charge and look after the therapist. They engage in power plays with the therapist for control of the group. All this puts pressure on the therapist to slot this patient into one of her parental figure slots. The therapist must develop a strong sense of self so that she does not succumb to this pressure, and remains the potent figure in the group.

The alter-ego patient is more a victim of circumstance, for in therapy she finds that suddenly she is the receptacle of all the therapist's projections. The best thing for this patient to do is to look elsewhere for another therapist who will see her as a 'real patient'. However the 'alter-ego patient' does provide us with some intriguing insights and hence more needs to be said.

When a therapist is confronted with an 'alter-ego patient' or a patient that she has slotted into her dependent Narcissistic slot, she is dealing with a person who has the same problems as herself. This changes the therapeutic situation in a most interesting way. In this case the therapist is not only treating the patient but she is also treating self. Therapy becomes, in part, a self-parenting exercise. This throws some light onto the phenomena where some therapists become interested in the area of psychotherapy, which is the same area of their own personal problems. The poor communicators become interested in communication, the poor relators become interested in relationships, the poor parenters become interested in parenting. In these cases the therapist is not only treating the client, but also treating self.

It is not being suggested here that this is necessarily a bad thing. It is suggested that the best treater of paranoids is the cured paranoid, the best treater of anti-socials is the cured anti-social, or the best treater of obsessive-compulsives is the cured obsessive-compulsive. In these cases the client is placed in the dependent Narcissistic slot. However this is a good thing because the cured person has a healthy relationship with self and hence will have a healthy relationship with the patient who is slotted into the Narcissistic slot. For instance, the cured paranoid 'treats' herself well, so when confronted with a paranoid client, she will 'treat' that client well. The non-cured paranoid can still treat paranoids well, as long as she has a very pronounced dependent figure slot into which that client can be placed rather than being put into the therapist's dependent Narcissistic slot.

CONCLUSION

This paper initially examines the phenomena of sibling-transference, and provides evidence which supports the existence of this construct. It is also shown that not only do children bond to parents, but also parents bond to children, and those of equal status can also develop some form of bond. The whole situation is best summed up by Phyllis Greenacre (1954) who states; "if two people are repeatedly alone together, some sort of emotional bond will develop between them". These bonds or relationships may be of a healthy nature or a pathological nature.

Also addressed is the problem of how the slots on the script imago develop. The bonds which the child develops in her early life become slots or prototypes for subsequent relating in adulthood.

Therapy, which involves two people getting together in a most unique way to solve one of the person's problems, is considered with relevance to the script imago. Various types of script issues are considered, with particular attention being paid to the most interesting notion of narcissism in the therapeutic relationship.

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BRIEF COMMUNICATION 1

ANTI-PHILOSOPHY: SOLIPSISM CANNOT BE A PHILOSOPHICAL QUESTION

BEGINNING

It has been consistently maintained throughout this series of seminars, and in the book *New Ways in Transactional Analysis*, (White 1984), that the theory of Solipsism cannot be considered a part of philosophy. To quote from my previous paper, titled "The paradoxical nature of knowledge"; we find, "Solipsism can only be arrived at spontaneously, without discussion or debate. Therefore if solipsism exists, philosophy does not" (p. 28 of the 1984 edition, p. 36 of the 2000 edition).

Of course, any serious student of knowledge would have already realized that the content of this paper is meta-philosophical. Its purpose is to examine the philosophy of philosophy. This of course is a multi-faceted, multi-dimensional and multi-phasic question. To address such a question in a few short pages would only be attempted by a simpleton. Its success surely could not be obtained, and would only leave writer and reader up that famous creek without any form of locomotion.

Instead I wish to approach only part of a part of this meta-philosophical question. I will endeavour to answer only part of the question: "What is a proper philosophical question?" This will be done using the easy way out as I will answer this question by stating one thing that cannot be a philosophical question. Namely, the question of Solipsism; the arguments for and against.

We must begin with some definitions. Chambers *Twentieth Century Dictionary* defines philosophy as

> "pursuit of wisdom and knowledge: the science of being as
> being: the knowledge of the causes and laws of all things:
> the principles underlying any department of knowledge."

Hence, philosophy involves mentation and the communication of that mentation.

Then, of course, one may define Solipsism, as does Joad (1957). It is that theory where the individual believes:

"my mental states are the only things that I can possibly
know, and that I have no reason, therefore, for supposing
that anything except myself and my own mental states
exists in the universe" (p. 70).

It is a state of absolute egoism, so that when one loses conscious-
ness, the universe, so to speak, is obliterated.

MIDDLE

With the definitions concluded we can begin to follow the chain of
thought presented to us by Joad (1957). He notes that the Solipsist
would argue that man can never know anything but the content of his
own consciousness. This means that he can never know the 'other' or
something else than himself. For everything else is only part of his
own consciousness. Hence, we can rightly conclude that the Solipsist
cannot know any communication or any arguments for Solipsism, and
Joad (1957) views this as an argument against Solipsism. Yet he
misses one central point.

It is true, undoubtedly, that the believer in Solipsism cannot know
any arguments for Solipsism, or, for that matter may I add, any argu-
ment against Solipsism. Of this we have previously been informed.

Yet what of argument, what of debate, what of communication?
Joad (1957) presents a case for Solipsism. How can he do that? For by
the sheer action of presenting an argument he is assuming Solipsism
does not exist, or is not valid. By my own actions of considering Solip-
sism I am automatically assuming that it does not exist. Why argue,
when the Solipsists cannot know argument. Only anti-Solipsists can
argue for or against Solipsism.

Henceforth, as soon as one debates Solipsism, he is automatically
denying that it exists.

It is impossible to argue for Solipsism, it is impossible to argue
against Solipsism, as these automatically imply that Solipsism does
not exist.

Accordingly, we now arrive at the essence of the thesis at hand:
that is, the concept of anti-philosophy. Philosophy, as indicated by our
definition, assumes that knowledge exists, and also assumes that it
can be communicated. If Solipsism exists, we have no communicable
knowledge. If we can communicate or debate, the Solipsism cannot be
seen to exist. Hence, as we cannot debate Solipsism, for or against,
then we cannot philosophize about it. Thus Solipsism cannot be a phil-

osophical question, or any other sort of question for that matter. Solipsism is prior to knowledge; prior to philosophy.

Before finishing, I will now do something that most of you will find almost illegal. Not in the judicial sense, but in the logical sense. I will present the case for and against Solipsism, in an anti-philosophic form. This can be found in figure 1.

FIGURE 1.

Although figure 1 may seem a little strange, it is not. For in figure 1, which represents anti-philosophy, there exists each individual's consciousness, his own mind and his own cognition. Hence, arguments for and against Solipsism can exist in this form, yet to state them, discuss them or philosophize about them is invalid.

To do such a thing is to assume that figure 1 for person A is the same as figure 1 for person B. This we simply do not know. Furthermore, one has not fully understood anti-philosophy, or fully understood Solipsism, unless at the moment of comprehension one experiences intense freedom and intense fear. At the moment of truly comprehending figure 1, the individual will sense true freedom of thought, intense fear, and a disorientation in the perception of self, others and the world. If this does not occur then figure 1 has not been properly understood.

END

This paper must be seen as a mere temporary vehicle in which to consider the question of anti-philosophy, or that entity which exists prior to knowledge. The discovery of anti-philosophy, as shown in figure 1, must be treated with care, and given time to develop like any other discovery.

Also, readers must be hesitant to accept or reject anti-philosophy, for that is but a product of our present knowledge system. For we all have been taught that there is one answer to each question. Yet this is a confrontatist attitude, as there can indeed be two or more answers to each question. Alternatively, there can be two or more questions for each answer.

Hence, instead of knowing anti-philosophy or philosophy, is it admissible to know anti-philosophy and philosophy? This is indeed the question generated by the essay at hand and must be addressed in subsequent writings.

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PROCEEDINGS

THE TRIPHASIC SEPARATION/INDIVIDUATION THEORY: A CRITIQUE OF MAHLER'S THEORY

INTRODUCTION

Margaret Mahler's theory of human development, the separation/individuation theory, has not only played an important role in psychoanalysis, but in the science of developmental psychology in general. Its impact has been quite considerable. However, since Mahler presented her developmental theory, which culminated in the book titled *The Psychological Birth of the Human Infant* (Mahler, Pine and Bergman [1975]), there has been much confusion as to what she has, and has not, concluded.

She states that up to the age of six months the child forms and lives in a total symbiosis with the mother, where the child believes that he and mother are one. He perceives no boundaries between the two physically separate individuals. After the age of six months the child sets about destroying this delusional belief system through a process called separation/individuation, and it consists of four subphases, these being:

Differentiation Subphase	6-9 months
Practising Subphase	10-16 months
Rapprochement Subphase	17-35 months
Constancy Subphase	36 months

Mahler, Pine & Bergman [1975]

The above contention represents a most feasible theory, however problems have occurred when the meaning or scope of this separation/individuation theory is discussed. Most people have understood its scope to be far greater than it actually is, and an examination of the work by Mahler, Pine and Bergman [1975] indicates why this is so. They present conflicting statements as to what their theory of separation/individuation encompasses.

Firstly in their overview of the theory they make the following statement:

> "A third hypothesis states that normal separation/individuation is the first crucial prerequisite for the development and maintenance of the 'sense of identity'" (p. 11).

In this accurate statement, the phrase 'first crucial prerequisite' must be brought to one's attention, for such a phrase implies that there are subsequent crucial prerequisites for identity formation. Unfortunately however, these are never elucidated and in fact are greatly qualified. For instance, they state later on:

> "We followed children from the twilight state of symbiosis to a point where they emerged as individuals in their own right, with a definite sense of 'I', 'me', and 'mine', with a sense of who and where they are, even if this sense was still to an extent dependent on a syncretic context and subject to many distortions" (p. 220).

This quotation suggests that if any subsequent prerequisites do exist, they are certainly not of a crucial nature in identity formation. An implication very different from the first quotation.

Unfortunately, of these two conflicting statements, theoreticians to date have followed the implications of the second. This is best illustrated by Louise Kaplan [1978], who in summing up Mahler's theory states: "in the first three years of life every human being undergoes yet a second birth, in which he is born as a psychological being possessing selfhood and separate identity" (p. 15).

This is a correct statement of the most widely held view of Mahler's theory, yet this contention is of the most dubious nature. Surely it cannot be suggested that a three year old child is an individual with a separate identity. Such a proposition is ludicrous. And surely it is not reasonable to suggest that a four, five or six year old is emotionally separate from his mother, or that a most crucial symbiosis does not exist between them. Every child of that age is undoubtedly still very emotionally attached to his parents, and hence does not possess his own identity.

Instead it is proposed here that a three year old child does not possess a selfhood or separate identity, and has not reached a psychological birth as suggested by Kaplan and Mahler. Instead it is suggested that the three year old child still has his identity hopelessly fused with his mother's identity. Furthermore, it is suggested that the individual does not reach this state of complete separation or psychological birth until he is of about seventeen years of age.

In conclusion, this paper does not reject Mahler's contention of the four subphases outlined previously, for that would be the activity of a non-learner, of the 'grouch' variety (White [1985a]). it is certainly

agreed that the three year old child after successfully completing the four subphases will have a mental picture of himself as being physically separate from his mother. Yet under no circumstances can it be said that the child has a definite sense of identity.

What of thoughts, what of feelings, what of sexual identity, what of values, what of beliefs. The three year old child has no sense of definite identity in any of these areas, but he is still irretrievably attached to his mother for all of these. There does remain a major fusion of identities after the successful completion of the four subphases. The child does not separate out in these ways until he has successfully completed another two subsequent phases of separation/individuation which come after the first one outlined by Mahler. Hence, we are left with a triphasic separation/individuation theory.

Before considering this theory it is necessary to define separation/individuation as used in this theory.

SEPARATION AND INDIVIDUATION

Any child as it separates out from its parents, as noted by Broady [1985], is confronted with the following statement come question:

"I am not part of you, but who am I?"

This question, of which each individual must address himself, outlines the two aspects of separation and individuation. Separation involves the child stating:

"I am not part of you," whilst individuation involves the question: "but who am I?"

Firstly, with reference to the separation component of the process, it is necessary to define both an intrapsychic and physical component. Unfortunately a review of the literature once again shows that two researchers of the standing of Bowlby and Mahler have succumbed to the Achilles' heel of the scientific model. That of its conflictual nature. Consider this quotation by Bowlby [1973] in defining his concept of separation:

"The present usage of the word separation should be distinguished from the very different usage of Mahler who employs it to describe an intrapsychic process which results in 'differentiation of the self from the symbiotic object'" (p. 42).

Now consider the definition of separation as given by Mahler, Pine and Bergman [1975]:

> "Naturally, in the normal course of developmental events, real physical separations (routine or otherwise) from mother are important contributors to the child's sense of being a separate person—but it is the sense of being a separate individual, and not the fact of being physically separate from someone, that we will be discussing" (p. 8).

Both Mahler and Bowlby have been so careful to describe what they are not discussing that they have never considered adopting the hierarchical approach, and including both.

Such is the approach used here, and hence separation in the triphasic theory includes both physical separations and intrapsychic separations. Indeed, it is fallacious to not believe that physical separation effects the intrapsychic separation and vice versa. The two cannot be isolated.

Henceforth, the non-separate or attached child is the one who seeks and maintains proximity to the attachment figure (*physical aspect*)

and

A child is not separate from his mother when he does not have a firm sense of his own identity and does not possess a sense of a separate selfhood (*intrapsychic aspect*).

Both parts of this definition are hopelessly intertwined and dependent on each other. Furthermore, attachment of a child to a parent figure is apparent when upon premature separation, the child displays some form of separation anxiety (in both the Bowlby and Mahler senses of the term). In the definition of separation at hand, 'attachment' and 'non-separation' are interchangeable and include both the psychological and physical aspects aforementioned.

Those who think in a verbal or kinesthetic form may find the physical aspect reductionistic, whilst those who think in a spatial/concrete form will find the intrapsychic aspect vague or transparent. Both are understandable and it is hoped that by inquiring into anti-philosophy (White [1985c]), readers can liberate their thought so as to fully comprehend both aspects.

In describing the intrapsychic aspect of separation, the diagrammatic schema shown in figure 1 will be used.

In figure 2a the child's boundaries or sense of self are almost totally constituted of the primary parenting figure's sense of self. In this case, the child is attached or non-separate. In figure 2b there is no

Child's sense of self.   Mother's Identity

1a

Child's sense of self.   Mother's Identity

1b
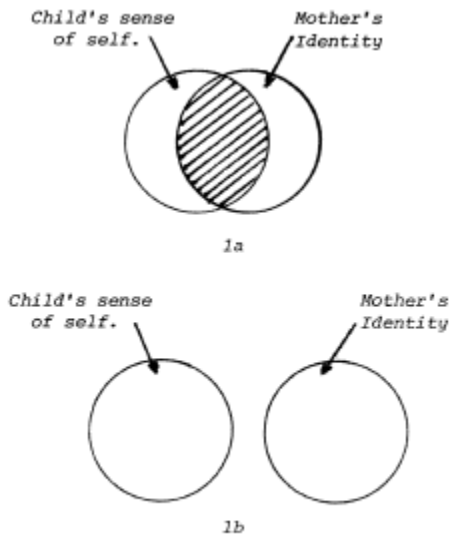
FIGURE 1.

attachment or fusion of boundaries. The child's identity is now his own and not dependent on mother's.

Individuation is a necessary component of separation, and vice versa. For a child cannot separate unless he has some form of individual self. That is, he must be able to answer the question: "Who am I?"

Person A   Person C   Person B

Individual Self   Relationship Self   Individual Self
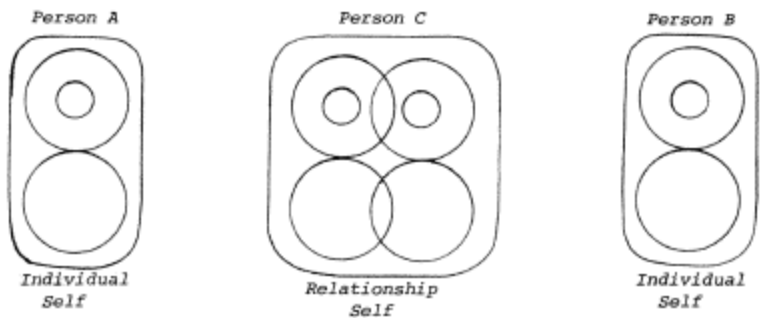
FIGURE 2.

This idea of separation and individuation has been addressed by White [1984] with his relationship diagram. See Figure 2.

The individual self represents individuation. The relationship self represents attachment. Figure 3 indicates the healthy, young child/parent relationship.
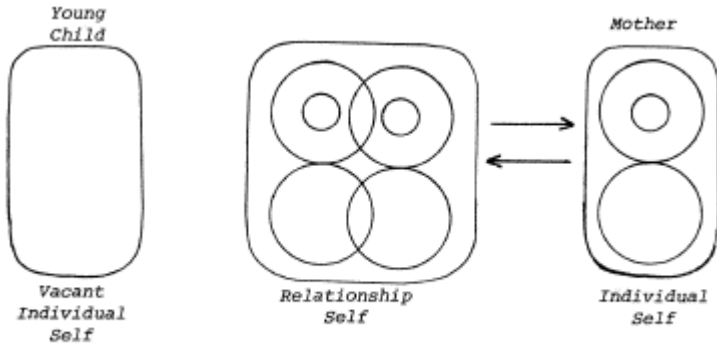
FIGURE 3.

The young child has no sense of its own identity, so it can only remain fused to mother's identity. The mother does have a sense of her own identity, so she can move in and out of her individuated self, and the fused self which she has with the child.

As the child begins to make imitations and decisions about himself as an individual, then he begins to individuate or form an individual self. He then finds it easier to separate out and have his own identity. A healthy relationship is one where both parties can move freely between their individuated selves and their non-separate or attached selves. To achieve this they must go through the three separation phases.

THE TRIPHASIC SEPARATION/INDIVIDUATION THEORY

The graph in figure 4 geometrically illustrates the triphasic separation/individuation theory. Each one of the phases results in the child becoming more separate from the parent. These are indicated by upward slopes in the graph. Total separation and hence psychological birth occurs at the completion of the third phase.

This triphasic theory rests on another contention of Mahler's [1965] theory. She suggests that the mild and moderate negativism used by the child is essential for the development of a separate identity. By the child using the word 'No!', he is separating out from his parents. It permits him to practice setting boundaries as he is really saying, 'I am me, and you are you,' 'I have my feelings, beliefs, actions,

84
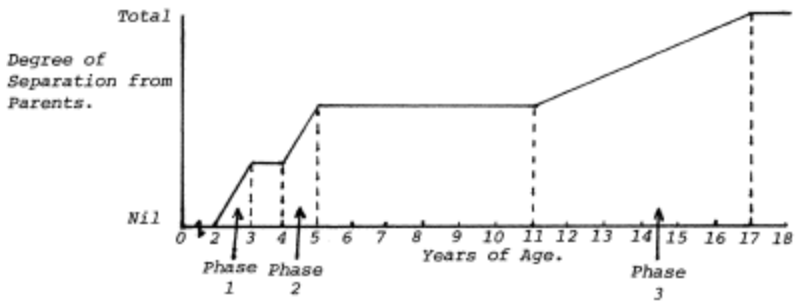
FIGURE 4.

thoughts and values, and you have yours, so we are two people, not one.'

In the triphasic model there are three negativistic phases, or three phases where the child practices new levels and types of separation and individuation. They occur from approximately ages 2-3 years of age, 4-5 years of age and 11-17 years of age. These are all readily observable as any parent will attest. Gesell and Ilg [1949] who agree with the separation/individuation function of the child's negativism, also agree with the existence of the three phases, and they have precisely documented them in the now famous Gesell developmental scales.

As there are three negative stages, and they serve the purpose of separation/individuation, then we must conclude as was done previously that the child of four does not feel separate from his parents. If he did, then why should he progress through the other two negative stages? Hence we have the basis of the triphasic separation/individuation theory.

As indicated in figure 4, each negativistic stage brings about more separation of the child from the parents. As will become apparent later, each negativistic stage differs in its purpose, and the child can get 'stuck' at any one of the three stages. The stages are:

Stage 1: the stage of Infantile Symbiosis
0-2 years. All children, except those suffering from primary autism, form an omnipotent fusion of identities with mother. This results in a symbiosis where the child is entirely dependent on the mother for its psychological and physical wellbeing. At this stage no negativism is apparent. The infant is merely going on his merry way, and is not yet concerned with being separate from mother.

85

Stage 2: the Infantile Negativistic stage
2-3 years. Historically this has been labelled the 'terrible twos', because of the extreme negative attitude of the child. The actual negativistic attitude seems to only occur from 2-3 years of age; yet Mahler [1965] notes that it can begin from as early as 14 months of age. For the first time in the child's life he feels a need to see himself as a separate individual.

Stage 3: the stage of Childhood Symbiosis
3-4 years. This stage is commonly called the 'friendly threes', as the negativistic attitude of the prior phase disappears. Many parents are astonished at how rapid and comprehensively the child's attitude changes from absolute disagreement, to one of being quite pleasant and agreeable. As with stage 1, the first symbiotic phase, the child is not concerned with being different and separate from his parents. It is almost as if he is taking stock of what he learnt in the previous negative phase.

Stage 4: the Childhood Negativistic stage
4-5 years. In the 'fearsome fours', again there is an appearance of negativism. Again the child is concerned with breaking the psychological chains that he had previously established for himself when he bonded to his parents.

Stage 5: the stage of Juvenile Symbiosis
5-11 years for females and 5-12 years for males. After the age of five, again the negativism disappears and he again forgets about his feelings of being unseparate or not a complete individual.

Stage 6: the Juvenile Negativistic stage
11/12-17 years. In the 'torrid teens', as any parent will testify, negativism becomes paramount again. In this stage the adolescent is again concerned with being himself as an individual with his own identity. To achieve this he rebels just as did the two year old and four year old. However, it is not merely a rehash of these two previous stages, for as will be noted later, the adolescent is concerned with very different forms of separation than the two earlier stages.

Stage 7: Psychological Birth

18+ years. At this stage, having successfully gone through all previous stages, the individual will feel completely separate from his parents. He possesses his own identity and feeling of 'selfness'.

FURTHER CONSIDERATIONS OF THE TRIPHASTC THEORY

As with all models of development, this one is sequential in nature. Failure to successfully complete any of the stages results in more problems in later stages. For instance, to take an extreme example, Mahler notes that the psychotic child does not successfully complete the Infantile Negativistic stage. Consequently he has no chance of completing the second or third negativistic stages, because he is stuck or fixated at the first. That stage needs to be redone before the individual can move onto later stages. However, for instance, it is possible to complete the Infantile Negativistic stage and them completely 'strike out' in the second negativistic stage, that of the Childhood Negativistic stage. So completion of previous stages does not mean that the subsequent stages will be successfully completed.

The three negativistic stages are all quite consistent in their quality. The attitude held by the 2 year old is very similar in quality to that of the 4 year old and adolescent. As Gesell and Ilg [1949] note in their summary of the two-and-a-half year old; "It is helpful to think of him as a preschool edition of a slightly confused adolescent who has not yet found his way" (p. 179).

Another characteristic of these negativistic stages is that they are also stages of extremes, where the child's behaviour will often seem quite contradictory. One minute the child may be an obstinate, disagreeable, little so-and-so, and in the next minute quite an agreeable, appealing child. Sometimes these extremes can become 'place' oriented. Often parents report at how astonished they are to learn that at school, or at a friends house, their offspring is a model child, while at home he is quite negative.

It would seem, that in order for the child or adolescent to work out who he is, he needs to try all options and that includes the extremes. So when junior walks in the door with green, three inch, spiked hair, it is reassuring to know that he is only saying to his parents "I am me, not us, and I want to find out who 'me' is". One way of finding out who he is, is to go to the extremes of appearance. Hence the 'unique' hair style.

The three symbiotic stages can be viewed as latency stages and they present somewhat of an enigma. Freud [1963] in his book 'Two Short Accounts of Psychoanalysis', says the sexual latency period extends from 5 years of age to adolescence. This is of course in terms of Freud's psycho-sexual theory. He sees this latency period as a somewhat boring time when there is no significant personality development.

Within the triphasic separation/individuation theory there are three 'separation latency periods'. In these periods no significant changes in the child's separation take place. However, they must not be viewed as boring or uneventful times, for in these periods it would seem that there is much practising of the present level of separation. Also the child could be seen to be preparing himself physically and psychologically for the next negativistic or separation phase.

As with the three negativistic stages, the three latency phases also appear to be similar in their quality. Again we find support for this from Gesell and Ilg [1949] who state that the five year old "is an advanced version of delightful three year oldness" (p. 248).

THE SEPARATION OR PUSH/PULL CYCLE

Before further examining the nature of the three negativistic stages, it is necessary to consider one more aspect regarding separation. That is, the cyclical process of how the child actually separates out from his parents.

As has been noted by many theoreticians, such as Gesell and Ilg [1949], Bowlby [1969] and Mahler, Pine and Bergman [1975], the process of separation involves the apparently paradoxical behaviour of pushing away and clinging on. This process can be seen to function in a cyclical manner, which is indicated below.
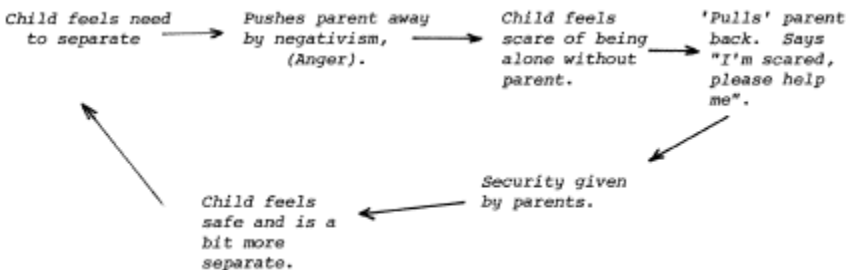
This cycle goes on many, many hundreds of times during each negativistic phase. The problem for the child is that the cycle is not fully

in his control. For a successful cyclical movement the parents must be able and prepared to play their part, and this is where the system often falls down.

For instance, during the negativistic stage the 'push' away behaviour can be quite extreme, and may include a high level of anger. Of all the emotions which humans display, anger is usually the one they have most difficulty dealing with. As a result many parents find the child's anger intolerable for one reason or another, and in some way demand that it is not expressed.

Due to the undeveloped coping mechanisms of the child, the parents are endowed with a great deal of power in this cycle. Just as the anger during the negativism can be quite intense, so can the scare when the child realizes that he has pushed the parents away and is out on his own. The child needs the parents to appease this scare with comfort. Hence, if the parent cannot cope with the child's anger, or does not want the child to separate out, then as a sanction they can refuse support when the child is scared. Thus separation becomes a very difficult process for the child, because separating is a very fearsome thing to do, and they have no way of appeasing the scared feelings.

There are many other ways in which the cycle can break down due to parents' counter-transference problems. For instance, if the parent is of a weak psychological stature, then she may crumble under the force of the child's negativism. This creates problems for the child, because if the parent is of a weak identity, then she cannot provide adequate support when the child is scared.

Mahler and Furer [1963] comprehensively address the question of parents counter-transference issues in relation to separation and individuation. In accordance with script imago theory (see White [1985b]) they note that every mother bonds to her children. The quality of the bond, and its subsequent demise through the process of separation/individuation according to Mahler and Furer [1963], is determined when the mother is a young child in her formative years. Hence we find that Mahler's theory is consistent with the contention that dependent figure or counter-transference slots on the script imago are formed in childhood.

Consequently the mother (and father) have to cope with two concomitant separation/individuation processes. In the words of Mahler and Furer [1963], "in addition to the separation/individuation process

in the infant, it appears that there is a concomitant and similar process of separation in every mother from her child" (p. 12). Hence, not only do parents get caught up in the child's push/pull cycle, but they also have to cope with their own feelings about separation from the child. Not an easy task by any means.

THE THREE PHASES REVISITED

It would seem conducive at this stage to diagram, or geometrically present, the triphasic separation/individuation model with regards to the degree of separation, apparent at each stage (figure 5).

As noted previously, the three negativistic stages are not merely a rehash of the same material, instead they are concerned with different aspects of the personality. The purpose of the first negativistic stage is clear, as this is the phase that Mahler's separation/individuation theory addresses. After successfully completing the first negativistic stage, the child has a clear awareness of his body-self boundaries, and that these are separate from his mothers. Or as Schave and Ciriello [1983] state, "He (the child) will have a mental picture of the mother as separate and individual from himself" (p. 34).

Hence at the completion of the first negativistic phase the child has a mental picture of himself as being physically separate from his mother; and non-separate in the areas of values, sexual identity, thoughts, beliefs and feelings. Mahler and her followers have only considered the physical aspect of separation, and viewed all those other aspects as not important in a basic sense of identity. Hence the first negativistic stage, that of the Infantile Negativistic stage, is concerned only with the physical separation and individuation.

As for the Childhood Negativistic stage, or the second negativistic stage, its purposes are more complicated. In this stage of development there are no physical boundary formation problems; the child has a sense of those for he has successfully passed through the first separation/individuation stage. In this second negativistic stage, the child wishes to take control of and use his boundaries. One cannot have his boundaries or 'space' invaded unless one has boundaries already. It is impossible to 'invade' a two year old because he has no boundaries, whilst it is possible to invade the four year old because he does have a sense of his boundaries. The four year old in the negativistic phase is saying "You can only come in if I let you!" He wishes to gain a sense of

Child   *Mother*

Birth
(Infantile Symbiotic
        Stage)

Almost total fusion
of identities.

2-3 Years
(Infantile Negativistic
        Stage)

Separation Cycle
is Manifested

Anger and Scare
with attachment
figures.

3-4 Years
(Childhood Symbiotic
        Stage)

A significant fusion
of identities.

4-5 Years
(Childhood Negativistic
        Stage)

Separation Cycle
is Manifested

Anger and Scare
with attachment
figures.

5-11 Years
(Juvenile Symbiotic
        Stage)

Moderate fusion
of identities.

11-17 Years
(Juvenile Negativistic
        Stage)

Separation Cycle
is Manifested

Anger and Scare
with attachment
figures.

17+ Years
(Psychological
        Birth)

No fusion of
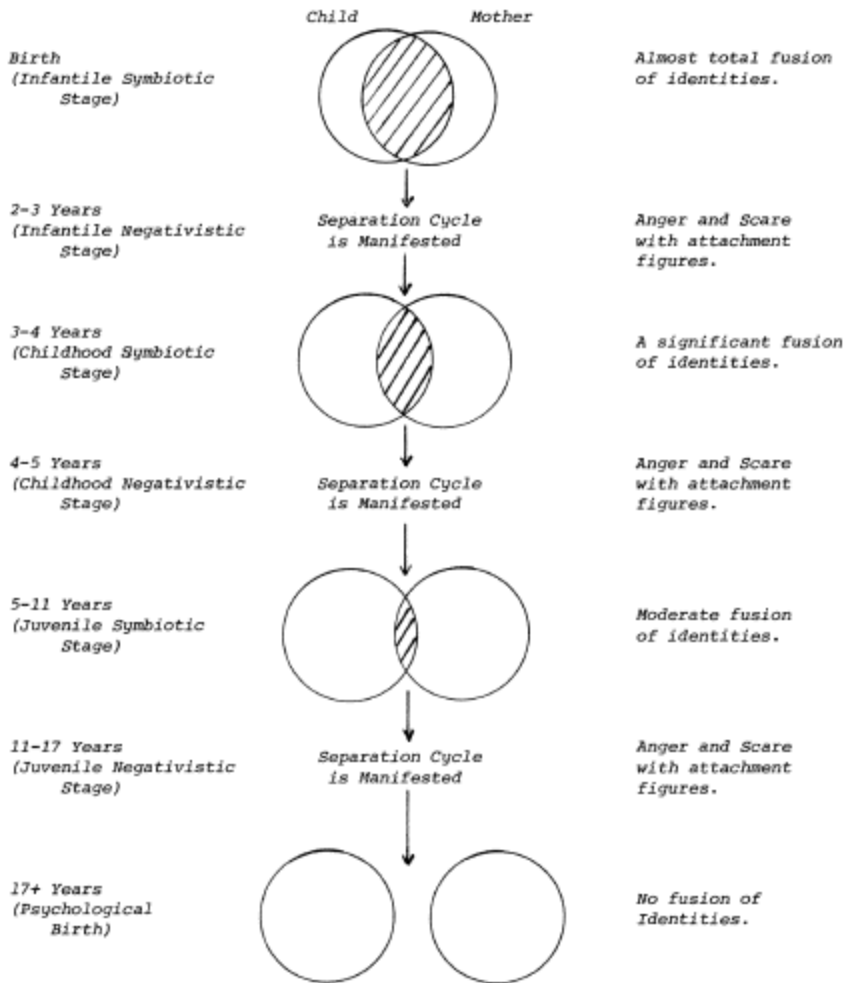Identities.

FIGURE 5.

control over others in terms of allowing them in to his space or physi-
cal boundary.

The second purpose of the second negativistic stage is the develop-
ment of a sexual identity. This Childhood Negativistic stage, occurs in
the phallic stage of development. Here the child states, "I know I am
not you physically, who am I sexually". The three year old child is not

91

separate in terms of his sexual identity, and in the second negativistic stage he is wishing to attain this.

Combining this with Freud's psycho-sexual theory, we can conclude that the other means by which a boy separates his sexual identity from mother's is by being attracted to her. For by feeling this the boy can know that he is not the same as her. Furthermore, if one subscribes to the notion of the Oedipus complex, the male child can further delineate his sexual identity from mother's by building up a competition with father for mother's affections. So in terms of sexual identity formation, separation via only the separation cycle is not enough, if one agrees with Freud's notion of the Oedipus complex. This is further elaborated at a later time.

Furthermore, regarding this problem of sexual identity formation it must be noted that the psychoanalytic pregenital stages of oral, anal and phallic are narcissistic in quality. That is, the child in these stages is concerned with and learning about self only. In the phallic stage (ages 3-5 years) he is concerned with who he is sexually and has little concern about others. Hence in the second negativistic phase, the child undergoes a 'narcissistic sexual identity' crisis. This is very different from the sexual identity crisis of adolescence. In the genital stage of adolescence, the individual is concerned with how he relates sexually to others. So in the third negativistic stage of adolescence, the individual does not suffer a narcissistic sexual identity crisis but instead goes through an 'altruistic sexual identity' crisis. He does not ask, "Who am I sexually?" instead he asks., "I know who I am sexually, but who am I in a sexual relationship?"

Another major purpose of the second negativistic stage (the Childhood Negativistic stage) relates to the establishment of a separateness of affect or feelings. It appears that the child who has passed through the first negativistic stage but not the second has a sense of physical separateness from mother, but not emotional or feeling separateness. That is, the three year old child believes that its feelings and mother's feelings are one. They are not separate.

Goulding and Goulding [1979] have presented the notion that people "manage their own feelings instead of deceiving themselves that other people made them angry, sad, depressed, anxious, enraged, confused, bored or worried" (p. 4). A child who has not successfully passed through this second negativistic stage will not understand this and cannot separate her feelings from that of mothers. People 'fixated or

stuck' at a point prior to this stage will never fully believe that their feelings are their own.

Hence in the Childhood Negativistic stage the youngster separates from his parents in the areas of feelings, and (narcissistic) sexual identity. Furthermore, although he already knew his physical boundaries, in this stage he wishes to gain control of them and use them.

In the third negativistic stage at adolescence, the type of separation addressed is quite obvious. The adolescent wishes to find out who he is mentally. He wishes to separate out his own ideas, values, thoughts and gain a sense of personal integrity. It could be said that in this stage the adolescent addresses the problem of mental separation.

Just as the two year old had to go to extremes in order to establish his physical boundaries, the adolescent has to go to extremes to establish his mental boundaries. To never establish ones own thinking system and value system means to remain non-separate at this level. Complete non-resolution of this phase results in the highly conformist personality. The individual with a Banal or Non-winner script can be seen to be stuck at the Juvenile Symbiotic stage. They never completed the third negativistic stage and hence they remain just like a ten year old. They are very nice, very pleasing and do not 'rock the boat' with individual ideas, beliefs or values.

This person will seek out parental figures, or a parental type system such as the government or a large organization, and adopt its philosophies, values and thinking systems. These people have a physical identity, a narcissistic sexual identity and a feeling identity but no mental identity and commonly lack an 'altruistic sexual identity'. For it is at the Juvenile Negativistic stage where the individual learns to be sexy, sensual and how to have good sexual relations. Non-winners do not achieve this and spend their lives going from parental system to parental system each time adopting the new parental philosophy. They never develop their own unique philosophy of life.

THE OEDIPUS COMPLEX, CASTRATION COMPLEX AND PENIS ENVY
Before concluding, I wish to present some most interesting notions with regards to psychoanalytic theory. For the proposal at hand throws much light onto the constructs of the Oedipus complex and the Electra complex. Those well versed in psychoanalytic theory would know that the Oedipus complex is of paramount importance in human development and that Electra complex is quite insignificant, indeed it seems

that it was almost an after-thought that was necessary to develop for theoretical accuracy.

The reason for the different weightings given to the Oedipus and Electra complexes by Freud is usually put down to his sexist attitudes. However, the paper at hand provides us with an alternative explanation for this discrepancy. Most children are primarily attached or bonded to the mother, not the father. Hence, with the formation of the first symbiosis which begins at about age 3 months, the child views itself and its mother as one. The child's identity is the mother's identity. In terms of the sexual identity which occurs in the phallic stage of development (ages 3-5 years), the child believes its sexual identity is the mother's sexual identity. Obviously, this is marvellous for girls but not so marvellous for boys.

Therefore girls have much less problem separating out their own sexual identity as they are bonded to someone of the same sex. Boys up to the age of four believe they are at least in part female; because that is mother's sexual identity. Hence, the road to a sound sexual identity is a far more rocky one for males because they begin life with a gross distortion of reality in terms of their sexual identity. Thus the Oedipus complex may reflect the great problems that the male child has in coming to terms with his sexual identity, whilst girls have far less problems and thus the relative insignificance of the Electra complex. Of course, as noted previously, the contention at hand assumes that the male child separates his sexual identity from the mother's by being attracted to her, wanting to possess her, and by competing with the father. Hence he can differentiate himself out from mother by being attracted to her, and fighting someone else for her affections.

Indeed this proposal of sexual identity formation and its relevance to separation/individuation reassesses many other aspects of Freudian psychoanalytic theory. As a case in point, Freud [1933] in a discussion of the castration complex states, "Fear of castration is naturally not the only motive for repression; to start with, it has no place in the psychology of women…" Of course, in the context of the paper at hand this statement makes a great deal of sense. In terms of sexual identity, the three year old child is his mother. So if he sees that he has got genitalia that she has not, then he will begin to wonder why. And it seems reasonable to assume that because the child believes he and mother are one in sexual terms, then it would be reasonable for him to think that if she lost hers, then he is going to lose his. On the other hand,

girls are let of the hook because they have no reason to fear any such great a loss, because their genitalia is the same as mother's. If the girl's primary bonding figure was father, then she may suffer the afflictions of the Electra complex, and penis envy. With changing sex-roles this may become more apparent in subsequent generations.

CONCLUSION

In this paper the triphasic separation/individuation theory is presented. This has come about as a result of the incomplete nature of Margaret Mahler's one phase separation/individuation theory. Unlike Mahler who states that psychological birth occurs at age 3 it is contended here that psychological birth occurs at age 17. This should put a halt to all the gross misconceptions of what Mahler is proposing. She only refers to one very specific aspect of separation and individuation between the mother and child. The triphasic theory outlines when and how all other aspects of separation and individuation occur. There is no way that one can rightly suggest that a three year old child views himself as separate from mother.

As stated before the child of that age is still hopelessly fused with mother. He must complete two more separation/individuation stages before he can gain a sense of his own identity. The table in figure 6 summarizes when the child separates out the various parts of his personality.

Finally of course the theory presented at hand provides an excellent system by which one can diagnose relationships, conduct relationship counselling, and clarify the therapeutic relationship. As Bader and Pearson [1983] note, couples in their relationships tend to get 'stuck' at the developmental phase at which they never successfully mastered. Such a contention also underlies relationship counselling using this theory of development.

For instance, most Personality Disorders, such as the Impulsive Personality, Anti-social Personality or the Borderline Personality are fixated at stages 3 or 4. The Borderline Personality is battling with sexual identity problems, boundary control problems and problems with separating out his feelings from others. Hence the Borderline will form relationships which involve a fusion of identity characteristics of the Childhood Negativistic stage. This will be both in his everyday relationships and his therapeutic relationship. The goal in this case is to allow the Borderline to work through the separation cycle with the

STAGE	AGE (Years)	TYPE OF SEPARATION/INDIVIDUATION
1. Infantile Symbiotic	0-2	None

2. Infantile Negativistic	2-3	Achieved:
		
		    Physical boundary formation.
		
		Not Achieved:
		
		    Sexual identity
		    Physical boundary control
		    Separation of feelings
		    Mental separation

3. Childhood Symbiotic	3-4	None

4. Childhood Negativistic	4-5	Achieved:
		
		    Narcissistic sexual identity formation
		    Physical boundary control
		    Separation of feelings
		
		Not Achieved:
		
		    Mental separation
		    Alturistic sexual identity.

5. Juvenile Symbiotic	5-11	None

6. Juvenile Negativistic	11-17	Achieved:
		
		    Mental separation (i.e. a separation of thoughts, ideas, values and beliefs).
		    Alturistic sexual identity.

7. Psychological Birth	17+	

FIGURE 6.

therapist and hence achieve the identity formation relevant to stage 4. Then he can move onto subsequent stages.

A more detailed explanation of how one uses this theory in relationship counselling and the therapeutic relationship remain the content of the next seminar paper on Transference Based Therapy.

96

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PROCEEDINGS
Brief Communication 2
HIGHER LEVEL THOUGHT

BEGINNING

In this brief communication, I wish to begin by referring you back to White's (1984) paper on the paradoxical nature of knowledge. He presents a conception of knowledge as:
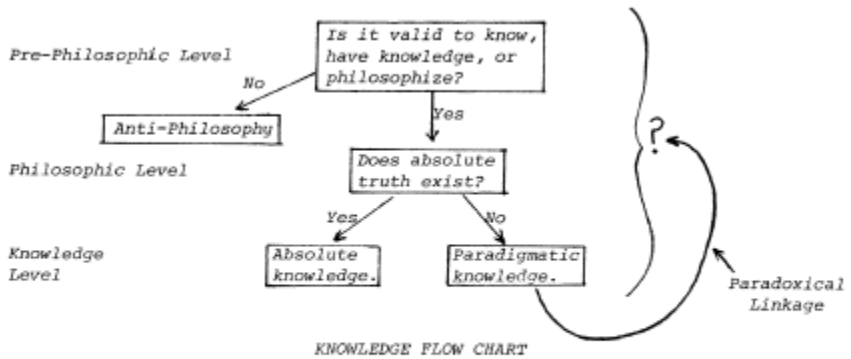
FIGURE 1.

To begin at the pre-philosophic level, where we go beyond philosophy, we can question whether or not it is valid to think, philosophize or have knowledge. If we come to the conclusion that it is not valid, then we arrive at solipsism or anti-philosophy. Obviously both writer and reader are assuming that antiphilosophy does not exist, for if it did then this brief communication would be redundant and serve no function. So all readers must assume that it is valid to have knowledge and philosophize. Thus we can move on to the philosophic level.

At this level we must question what form truth can take. Can it be absolute, or is it valid to look at the world from a number of different perspectives or paradigms. At our present state of knowledge development, she who subscribes to the notion of paradigms or paradigmatic knowledge, is generally seen to be more enlightened than those who do not. She is considered to be more flexible than those who believe in the notion of absolute truth, yet she is however, no more correct. For abso-

99

lute truth may exist and paradigms may not. She can only assume one way or the other.

However, for the purposes of this communication let us take the individual who believes that it is possible to view the world from different paradigms. For it is this individual who can progress on to higher levels of thought. The clue to achieving these states of mentation lies in the paradoxical linkage. Before proceeding, however, you must let me digress for a short time. Of course, if one wishes to delve into the realm of philosophy, then the paradoxical linkage as shown in figure 1 could be understood as a geometrical representation of the theory of Subjective Idealism. That branch of philosophy adhered to by such philosophers as Berkeley and Hume. However, such a contention is correct only in part. For the paradoxical linkage allows us to go beyond this limited understanding of solipsism as it is known in philosophy today and on to that form of mentation which is synonymous with the theory of anti-philosophy.

The paradoxical linkage questions the assumptions one uses to arrive at her conception of knowledge. Those who subscribe to paradigmatic knowledge employ just as many assumptions as do those who subscribe to absolute knowledge. Indeed those who believe in the existence of paradigms are walking on very thin ice. Bronowski (1976), in his book *The Ascent of Man*, sums up this position with the statement "There is no absolute knowledge." Yet he is saying that this is absolute, so a more correct phraseology would be, "It is absolutely true that there is no absolute truth." Indeed, this is a somewhat dubious statement, yet indicative of those who subscribe to the notion of paradigms, without applying the paradoxical linkage.

MIDDLE

As mentioned previously it is the paradoxical linkage that permits us to move in to higher levels of thought. However, of what are these higher levels of thought constituted? In answer to this meretricious question, the two higher levels of thought can be known as:

Tabula rasa thought, and
Peremptory thought.

Tabula rasa, which is Latin for 'blank state', is representative of nothingness; a void or a vacuum. It represents the human mind as having no innate ideas, the universe is seen as a fabrication, nothing exists, it is only imagined to. It is solipsism in the extreme; it is anti-

philosophy. In *tabula rasa* thought, not even one's mind exists. There is total nothingness, there is not even nothingness. Its true definition is shown in figure 2.

FIGURE 2.

The problem with philosophy to date is that it has debated solipsism or the content of figure 2. It is not debateable. The process of debating destroys it. It is anti-philosophic in nature. *Tabula rasa* thought is representative of anti-philosophy.

The difference here between *tabula rasa* thought and what is suggested by those who argue for the existence of solipsism—that is, the Subjective idealists—is that the Subjective Idealists talk about solipsism or the paradoxical linkage, whilst *tabula rasa* thought is the application of solipsism or the paradoxical linkage. Anti-philosophy theory states that it is not possible to talk about or debate solipsism, one can only be it. *Tabula rasa* thought is being what is in figure 2.

To achieve the *tabula rasa* level of thought is at first a frightening experience, as it represents a loss of touch with reality, or a loss of touch with those absolutes upon which we base our cognition and experience. With no reality, one only has solipsism or anti-philosophy and experiences a total loss of psychic structure. White (1985a) has demonstrated how fearsome a loss of psychic structure is. It is for this reason that only those with the most secure sense of self should endeavour to attain this level of thought.

The positive aspect of *tabula rasa* is that when engaging in this type of thought, one spends a period of time not believing anything. Being capable of perception, yet having no belief systems. When achieved at both a head and 'gut' level, it is a most liberating exercise for one's thought processes. The world takes on a whole new meaning for one sees it without pre-attributed meaning. To have the ability for true paradigm-free thought, or true Martian type thought, *tabula rasa* thought must have been attained.

The opposite to *tabula rasa* thought is Peremptory thought. It is correct to perceive that one progresses from the lower level of paradigmatic thought through to the higher levels of *tabula rasa* and Peremptory thought, even though these two higher levels of thought are in direct contrast to each other.

Peremptory thought is absolute, unqualified and imperious. It includes the deepest belief by the individual that she knows how to understand the world, that her way is the right, and all other ways are wrong. Unlike *tabula rasa* thought, the attainment of Peremptory thought is not a frightening or disorienting experience, in fact it is the opposite. It is a very solid frame of mind to possess. One experiences total control and understanding. In essence, the process of psychotherapy with thought-disordered individuals such as schizophrenics, is for them to move from a *tabula rasa* style of thinking, to a Peremptory style of thought. Schizophrenic thought lacks order and structure, whilst Peremptory thought has absolute order and structure.

The student of knowledge in his quest for liberated thought must strive to attain true Peremptory thought, for it is a very real way of thinking and most useful for the acquisition and development of knowledge.

In its nature the Peremptory thinker is the same as the individual who believes in absolute truth. However, they are not the same because the process by which one arrives at Peremptory thought is different from the process by which one arrives at a belief in absolute truth.

To elucidate this process a developmental perspective is illustrative. See figure 3, which depicts a four point cycle beginning at birth, and if successfully completed, arriving back at the same point by training in *tabula rasa* thought. The newborn enters the world in a largely knowledge and structure free state.

She thinks in a somewhat similar fashion to that of the *tabula rasa* thinker, the psychotic or the individual under the influence of hallucinogenic drugs. In order to survive or become social, the infant must gain some absolutes or reference points on which to structure her thinking. (White [1985a] explains this process.) If achieved, she will move from point one to point two. She will begin to construct a set of beliefs about the world and herself, and these will be seen as absolute truths. Later on in life she learns language, the alphabet, basic numer-

```
        1.  Birth.  Tabula Rasa
            Style Thinking



4.  Training in                          2.  Absolute Truths
    Tabula Rasa                              Gained by Child
    Thought                                  for Structure.



        3.  Paradigmatic Truth.
            Training in Philosophy
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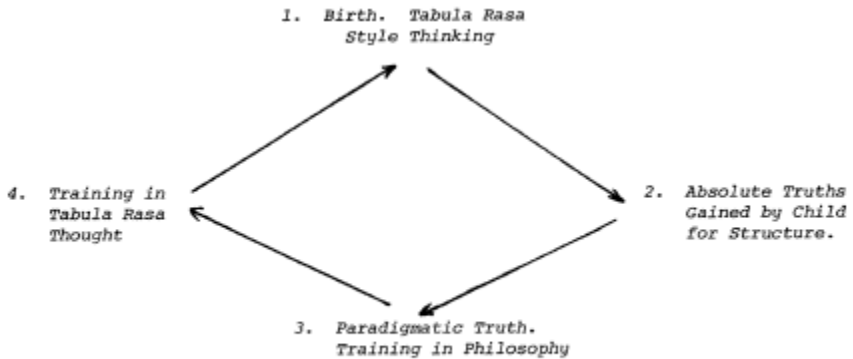
FIGURE 3.

acy and the laws of nature. To gain a structure for thinking she will treat these as absolutes.

The believer in absolute truth does not go beyond this point. She is kind of stuck or fixated at this stage. Concrete structure is very important to this individual, and this person will often get good grades in school.

As our hypothetical individual progresses along the educational path she may eventually get some training in philosophy. If this occurs then she will learn that things are not always as absolute as they first seem. She will learn about alternative ways of knowing, thinking and perceiving. She learns about paradigms and begins to look at the same thing from different perspectives. The believer in paradigms does not go beyond this point and remains fixated here. Philosophy is stuck at this point.

By training one's mind in *tabula rasa* thought, the individual can go beyond the paradigmatic level of thought. She can go back to the nothingness or structure-free nature of infant- and psychotic-like thought. This is totally unclouded thought, whereas at points two and three, the thinking and perceiving is very clouded and restricted.

The individual who has proceeded through all four points on the thought cycle is capable of higher level thought. Point one represents *tabula rasa* thought whilst point two is representative of Peremptory thought. The higher level thinker merely oscillates between these two points.

Some artists such as Salvador Dali could be seen to think from a point one position, as this represents uncontrolled creativity. Like

tabula rasa thought, the creativity is undirectional and unharnessed. Yet people such as Galileo, Darwin and Copernicus all had the ability of harnessing their creative thoughts and making them directional. They were capable of engaging in higher level thought. They used controlled creativity by combining *tabula rasa* and Peremptory thought. This is possible by going through the thought cycle.

END

The sequential discoveries of the two ego state model, anti-philosophy, *tabula rasa* thought, and finally the thought cycle leave us at a most exciting point. For these discoveries allow us, in a concrete manner, to conceptualize how the minds of such great scientists as Galileo, Copernicus and Charles Darwin function. For instance, as will be shown in a subsequent seminar, from Darwin's autobiography he displays what could be called a thought disorder. He was capable of simultaneously holding in his mind two contradictory beliefs. On the other hand Galileo and Copernicus displayed a loosening of associations in their thought. Hence they could make idiosyncratic and illogical jumps in their thinking. Secondly, the above discoveries provided us with a system by which one can train her mind to emulate that functioning of these three great scientists.

The content of that training process will not be described here, for two reasons. Firstly, as Eric Berne (1964) stated in his discussion of the 'Intimacy experiment', he was concerned that it could become a fad similar to the uncontrolled L.S.D. experiments in the 1950s and 1960s. A similar danger exists here because of the perceptually distorting and disorienting effects of *tabula rasa* thought. Secondly, the training program is destabilizing in its nature. It breaks down and casts off the structure and reference points that one established for her thinking in childhood. Hence one must be very definitive as to who can and who cannot cope with this. Destabilizing an unstable person is obviously a very dangerous path to follow.

Finally, some of the more astute readers may have noticed that in this brief communication and in the one prior, titled 'Anti-Philosophy' (White [1985b]), the sub-headings may have appeared a little odd. However, they are not. For as every youngster learns, all good essays have a beginning, middle and an end. These two 'communici' have three such sections, and hence they must be good.

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PROCEEDINGS

TRANSFERENCE BASED THERAPY: PSYCHOSEPARATION

INTRODUCTION

Consider these quotations:

> "Incidentally, I may remark that it is not the only mechanism made use of by the analytic method; you all know that far more powerful one which lies in the use of the transference."
>
> Freud (1952)

> "The decisive part of the work is carried through by creating—in the relationship to the physician, in the transference—new editions of those early conflicts, in which the patient strives to behave as he originally behaved, while one calls upon all the available forces in his soul to bring him to another decision. The transference is thus the battlefield where all the contending forces must meet."
>
> Freud (1952)

> It soon becomes evident that this fact of transference is a factor of undreamed-of importance—on the one hand an instrument of irreplaceable value and on the other a source of serious dangers."
>
> Freud (1938)

Of all the phenomena that Freud described in his voluminous works, he remained consistent throughout as to the importance of transference in the process of cure. On many other phenomena he changed his position, yet as to the importance of transference, he did not. Of course since Freud, many others have also acknowledged the major role of transference in cure: Carl Jung and Karen Horney to name just two.

However, explanations to date have been inadequate as to why the transference is so powerful. The usual explanation is summed up by White (1984) in his initial statement on Transference Based Therapy.

He states that the therapist must "Encourage and facilitate the working through of archaic unresolved conflicts, by inviting the client to direct them at the therapist" (p. 86 of the 1984 edition, p. 114 of the 2000 edition).

Yet my Martian Ego state says that this is not an adequate answer. Consistently, the transference has been ascribed with tremendous curative power, and the previous explanation does not do it credit. Archaic unresolved conflicts can be worked through with many different types of techniques: yet something else goes on between the therapist and patient that gives the transference, that extra power. This paper describes what that 'something else' is.

WHAT IS A SCRIPT?

Many people believe that the script matrix, as present in figure 1, represents a script. They are wrong.
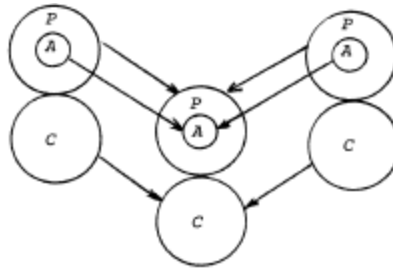
A Script Matrix:
Representing The Symptoms of a Script.

FIGURE I.

As indicated in figure 1, the script matrix diagram represents only the symptoms of a script. That is, the counter-injunctions, program and injunctions are only symptoms of the script theme. To deal with them only is to deal with the symptoms only.

To define what a script is, it is necessary, of course, to refer to Eric Berne's early writings. Again consider two more quotations:

> "Scripts belong in the realm of transference phenomena, that is, they are derivatives, or more precisely, adaptations, of infantile reactions and experiences. But a script does not deal with a mere transference reaction or transference situation; it is an attempt to repeat in derivative form a whole transference drama, often split up into acts,

exactly like the theatrical scripts which are intuitive artistic derivatives of these primal dramas of childhood."

<div align="right">Berne (1961)</div>

"The transference consists not merely of a set of interrelated reactions, a transference neurosis, but of a dynamically progressive transference drama, usually containing all the elements and subdivisions of a Greek tragedy. Thus, as previously mentioned, Oedipus comes to life in script analysis not only as a characteristic personality, but as one moving inexorably toward a preordained destiny."

<div align="right">Berne (1961)</div>

Firstly note how intimately Berne combines transference and script. Such a combination is fully supported here, for as will be suggested later, the way to treat the script (theme) is through the use of transference. Secondly, it is necessary at this point to separate out script symptoms from the script theme. As noted previously, the counter-injunctions, the program and injunctions are script symptoms. With reference to the first quotation, they represent the mere transference reactions or transference situations.

A script theme represents the whole transference drama, it describes the 'preordained destiny' towards which one is inexorably moving. It encompasses one's whole life. It will determine how long one lives, who he will marry, what job he gets, how many children he will have, how he thinks, what emotions he has, what illnesses he gets, what his values are, the chemical constitution of his blood, his posture, how he speaks, etc. etc. All these will combine together and direct the individual down one single path to his final destiny. This is a script theme and it is very different from figure 1, the script matrix.

Berne (1972) provides us with a six-fold classification system of script theme; those are:

> Never script theme
> Always script theme
> Until script theme
> After script theme
> Over and Over script theme
> Open-Ended script theme.

These script themes are not directly attacked when one uses therapeutic techniques. As a case in point, readers are referred back to the

first quotation of Freud's (1952). In that he separates out the thera-peutic technique (in that case the analytic method) from the therapeu-tic relationship. This is a most crucial distinction to make as the therapeutic techniques only address the script symptoms, whilst the therapeutic relationship addresses the script theme (see figure 2).

```
SYMPTOM LEVEL:  Treated by techniques from any therapy
such as:  Hypnosis, script analysis, free-association,
primal scream, two-chair, dream interpretation, game analysis,
de-sensitization, etc.
```

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THEME LEVEL:  Treated with the therapeutic relationship by the
resolution of the transference neurosis.
```

FIGURE 2.

If a therapist is not successfully treating at the theme level, then the client will either exhibit symptom transformation by switching symptoms to fulfil the same theme, or the client will move from an unpleasant neurosis to a pleasant neurosis, where the final outcome of the script theme is less painful or dramatic.

It is often reported that Fritz Perls once said, '80% of patients come to therapy to improve their neuroses.' Whether he actually did say this or not, I do not know. However, I do agree with his figure of 80%, *if* improving their neuroses refers to the patients changing from unpleasant neuroses to pleasant neuroses. I also most emphatically state that such a task is a valid one. Pleasant neuroses are better than unpleasant neuroses. 80% of patients only want this. Changing the script theme involves an enormous upheaval of the patient's life, and most people are not willing to do that.

Why does the transference change the theme, whilst techniques only change the script symptoms? Because through the transference, as will be shown later, the patient has the opportunity to completely repeat her entire childhood development. Obviously therapeutic tech-niques cannot do this. This entire repetition allows for the most basic of personality changes to occur; i.e. script theme change.

Now it is possible to define the first 'something else', or the first reason why the transference relationship is attributed with such power. It operates at not only the symptom level, but at the script

theme level. Hence, if successful, its effects are far more pronounced than the effects of the therapeutic techniques.

THE THERAPEUTIC RELATIONSHIP

As this paper is ascribing so much power to the therapeutic or transference relationship, it does seem necessary to define a relationship. As noted by White (1984), a relationship involves transactions plus a great deal more. Berne (1970) defines a relationship only in terms of transactions. Figure 3 indicates his conception of relationships.

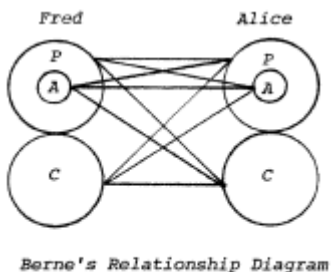Berne's Relationship Diagram

FIGURE 3.

White (1984) believes that this is a reductionistic statement about relationships, if one wishes to use it therapeutically. A relationship refers to the individual's entire psychological perception of another. Transactions can chop and change rapidly, whereas the way one psychologically perceives another is a relatively stable phenomena.

For example, if Fred and Alice were both psychologists, they would have a perception of each other as equals, in terms of their profession. In their transacting they could engage in all nine possible transactions. However, what if Alice was Fred's patient, would they view each other as equals? It is highly unlikely, yet they could still quite easily engage in all nine transactions.

In the second case, Alice would view Fred as a parental or power figure, whilst Fred would view Alice as a dependent or less powerful figure. In the first case Fred and Alice would view each other as equal power figures. In the context of the paper at hand this is what is meant by a relationship. Transactions from only one part of the overall psychological perception of the other.

White (1984) has shown that there are three types of these relationships.

111

parental/dependent
equal/equal
dependent/parental.

He has also outlined a series of factors which people commonly use to decide how they will perceive the other. In all the three types of relationships, all nine transactions of figure 3 are possible. Of course White uses the script imago as his relationship diagram.

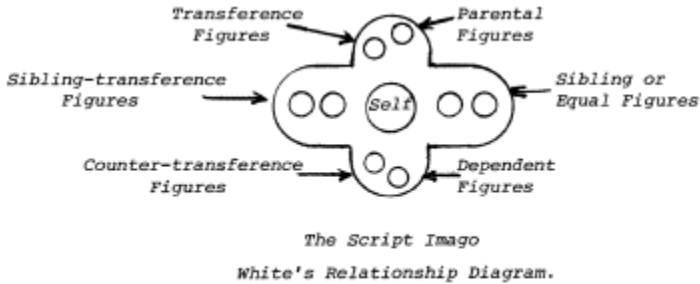
The Script Imago

White's Relationship Diagram.

FIGURE 4.

So the transference relationship occurs when the individual perceives the other person as a parental or more powerful figure. This involves an entire psychological outlook, not just a series of transactions. This difference between transactions and relationships has most crucial implications in therapy.

For example, if Fred saw Alice as a dependent figure, this does not mean that Alice is reliant or dependent on Fred. All it means is that Fred views Alice as having less psychological potency than himself.

A symbiosis only occurs at a transactional level. If Fred and Alice have a parental/dependent relationship in which all nine transactions are used, then no symbiosis exists. As a therapist, if Fred never thinks, feels or does anything for Alice that she can do for herself, then no symbiosis exists, even though Fred views her as a dependent figure. This is the basis of a good therapeutic relationship. It is quite easily attainable, despite that fact that over the years many therapies have said that a parental/dependent relationship in therapy is counter-productive.

This obviously is faulty thinking, for not only is a parental/dependent relationship unavoidable, it in no way needs to imply the formation of a symbiosis. Such is the basis of Transference Based Treatment, or, for the want of a more appealing term, 'Psychoseparation'.

THE TRIPHASIC SEPARATION/INDIVIDUATION THEORY

We now come to the crux of this paper. Consider Greenacre's (1954) statement: "If two people are repeatedly alone together, some sort of emotional bond will develop between them." This occurs in any relationship and is particularly true for the patient in the therapeutic setting. Often she will form a very strong bond to the therapist. The type and quality of the bond formed will depend on the level of separation the patient gained from her parents in childhood. White's (1985a) Triphasic Separation/Individuation Theory is useful in determining what type of bond the patient will form with the clinician. (Note that it can be entirely different from the quality of bond that the clinician develops with the patient.) See figure five as a summary of the Triphasic Theory.

So the patient enters treatment and after a period of time forms an attachment or bond to the therapist. The quality of the attachment, as noted before, will depend on what stage the patient is fixated at. If she had problems separating at age 4 then she will bond to the therapist in the same way that a child bonds to its mother, at the Childhood Symbiotic Stage: see figure 5. If the individual did not successfully resolve the Juvenile Negativistic Stage of adolescence, then she will be fixated at this stage and bond to the therapist in the same way, even though she may be 45 years old.

One can be fixated at any of the stages outlined in figure 5. Those stuck in the symbiotic stages will be 'good' clients who do the right things in the therapeutic setting. Those stuck in the negativistic stages will be the 'bad' clients who do not do the right thing. Techniques are a waste of time with these people.

Of course the individual, who as a child successfully passed through all seven stages, will have no identity fusion problems with the other person. There will however still be a fusion of identities when she bonds to others.

This individual—the autonomous individual—has the ability to easily move in and out of the individual self and the fused identity relationship self. The person in the individual self has a strong sense of her own identity, she is aware of her own psychological boundaries and does not have her identity fused with the other person's identity (figure 6).

Those who have not successfully mastered all seven stages of separation/individuation will have difficulty moving between the individ-

Age	Separation Quantity	Separation Quality
Birth (Infantile Symbiotic Stage)	Child ... Mother	No separation between Mother and Child.
2-3 Years (Infantile Negativistic Stage)	Separation Cycle is Manifested	
3-4 Years (Childhood Symbiotic Stage)		Child has now realized physical separation from Mother.
4-5 Years (Childhood Negativistic Stage)	Separation Cycle is Manifested	
5-11 Years (Juvenile Symbiotic Stage)		Child has now separated out sexual identity, feelings and has physical boundary control.
11-17 Years (Juvenile Negativistic Stage)	Separation Cycle is Manifested	
17+ Years (Psychological Birth)		Individual is now completely separate having achieved mental and altruistic sexual identity separation.

FIGURE 5.

ual self and relationship self. This occurs because most often the relationship self is painful to that person. For instance the Schizoid patient has a great deal of difficulty moving into the relationship self (hence they have the appearance of being isolated). In a case known to this writer, the Schizoid patient feared the relationship self because as a child his mother would cling to him, get him to look after her, and

114

Person A   Person B

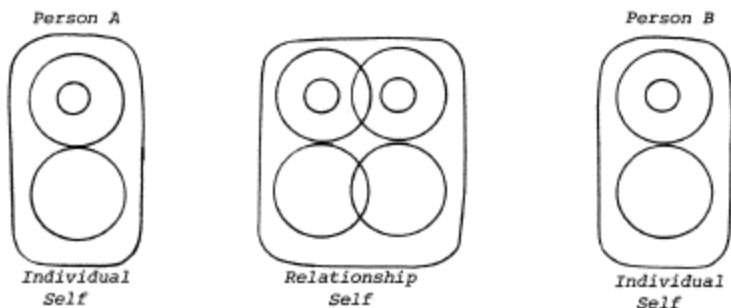Individual Self   Relationship Self   Individual Self

FIGURE 6.

become very anxious when he left the house. He felt enormously drained by her and found her repulsive. His resultant decision was, 'It's too painful to bond, so I never will again.' Thus forming a bond with this patient was very difficult; he eventually did it by testing the water many, many times before going swimming.

ATTACHMENT IN THERAPY

So the patient enters treatment, and after a period of time will form an attachment or bond with the therapist. Once this fusion of identity at the fixated point has occurred, then the patient is in a position to get a second chance at repeating her psychological development. Without this bond formation, such major developmental advances are not possible. Hence we arrive at the second 'something else', or the second reason as to why the transference relationship is endowed with great curative powers. For it gives the patient a second chance at normal childhood development. The patient can go over the whole process again and get all the things she missed out on as a child. Consequently the most basic personality structures can be altered by this duplicate developmental approach.

For those patients fixated at a symbiotic stage, the developmental advances begin with the onset of the separation cycle. The client is encouraged to become angry at the therapist in whatever form that may take. When this occurs and the subsequent scare is experienced, the clinician offers reassurance for that scare and nurturing if applicable. One of the most important factors is consistency and for the therapist not to take the anger personally. This, as Masterson (1978) implies, requires the therapist to be in the possession of a personal maturity.

This separation cycle, indicated by anger and scare reactions, will occur as a matter of course, as has been noted by psychoanalysts for many years. They call it 'negative transference'. For instance, Freud (1952) in his discussion of the patient's change from positive to negative transference, states: "But such fine weather cannot last forever. One day it clouds over. Difficulties arise in the treatment; the patient declares that nothing more occurs to him. He gives the clearest impression of his interest being no longer in the work and of her cheerfully disregarding the instructions given him to say everything that comes into his head and not to give way to any critical obstacle to doing so. He behaves as though he were outside the treatment and as though he had not made this agreement with the doctor. He is evidently occupied with something, but in tends to keep it to himself. This is a situation that is dangerous for the treatment. We are unmistakably confronted by a formidable resistance." This 'formidable resistance' represents the anger part of the separation cycle. The resistance diminishes when the patient is permitted to complete the whole cycle. This is the key to developmental advances.

Those fixated at an negativistic stage are dealt with in a similar fashion as to those of the symbiotic stage, although it can be more difficult as the angry feelings may be of a much greater intensity. Also the anger may be nastier, such as is found in passive-aggressive clients. Remaining detached from the anger in these cases is harder.

The other facet which must be addressed is the quality of the attachment. This is done by finding out how the patient was psychologically and/or physically abused in her attachments as a child. For instance the Schizoid patient, mentioned earlier, faced the abuse of being made the parent in his relationship with his mother. The patient through the use of ulterior transactions and games will unconsciously endeavour to set up the same relationship. The clinician must be aware of this and confront all attempted setups.

Finally, right from the beginning of this form of treatment it is necessary to highlight three ground rules which are also restated periodically throughout treatment. These rules indicate that the relationship between patient and therapist is a most specific one. Firstly, there will never be any sexual relationship between therapist and client. This will obviously never occur during treatment, and will never occur after treatment has ceased. Even if patient and therapist meet 20 years after treatment has finished, no sexual relationship will

occur between them. It is a lifelong contract that is written into the treatment contract. Anyone who does not agree with it is not doing Transference Based Treatment.

Secondly, the patient and therapist are not friends. They can feel for each other, care for each other, and even feel an affinity together, but they do not go to the movies together. Friends are an equal/equal relationship, whereas therapist and patient is a parental/dependent relationship. The two do not mix.

Finally, the therapist must like the patient if he is going to engage in this form of treatment. The therapist must be straight in this treatment, and plastic strokes will become obvious if given to the patient. So having a dependent figure whom the therapist does not like is most counterproductive.

To conclude, after going through this therapeutic process a number of times, one is struck by the naturalness of the whole 'adventure'. It is possible to watch patients grow up in front of your eyes. The boundary or identity issues of thoughts, feelings, sexuality, ideology, etc. all appear one after another and more often than not in their correct order. The clinician never has to suggest them they come into foreground quite naturally. Fortunately, with adults this duplicate developmental period is far shorter than its original counterpart. So the different stages and phases are easier to recognize. It is truly an exciting adventure to be part of.

TRANSFERENCE BASED THERAPY IS NOT REPARENTING

It should be noted that this therapeutic process of 'Psychoseparation' is very different from the Schiffian techniques of reparenting and parenting. They highlight the need for total or partial decathexis of the Parent ego state, and the formation of a symbiosis with the therapist. This is definitely contra-indicated for the mode of treatment described here. In all cases, clients are seen as being personally responsible for their thoughts, feelings and actions. They can rely on the therapist for psychological support, yet under no circumstances does the therapist form a symbiosis with the client.

Again we are confronted with the need to differentiate relationships from transactions. The goal of Transference Based Treatment is to establish a parental/dependent relationship that is non-symbiotic. In the majority of cases the clinician is placed by the patient into the parental figure slot. Thus automatically a parental/dependent rela-

tionship exists. The therapeutic goal within this relationship is to make sure that all nine possible transactions occur, see figure 3. If they do not, then a symbiosis does exist along with the parental/dependent relationship. The two possible combinations of relationship and symbiosis are indicated in figure 7.

```
Reparenting includes:
        A parental/dependent relationship with a symbiosis.


Psychoseparation includes:
        A parental/dependent relationship without a symbiosis
```

FIGURE 7.

Hence the Schiffian reparenting treatment actively encourages symbiosis development, whereas Transference Based Treatment or Psychoseparation actively discourages symbiosis development.

It is now possible to understand the limitations of Berne's relationship diagram in figure 3. As it only includes transactions, it is restricted to predicting only the absence or presence of a symbiosis between individuals. White's Script imago relationship diagram (figure 4) indicates what type of relationship exists outside, just pure transactions. In Psychoseparation it is necessary to differentiate both diagrams, and use both diagrams.

Historically both theoreticians and practitioners have failed to make this differentiation. As a recent example consider the statement by Moiso (1985). He says that in therapy the clinician must accept a pseudo-symbiotic transferential relationship. Within the context of the paper at hand this is obviously not true, for it is clearly obvious that one can have a transferential relationship without any symbiosis. Without making this distinction one is doomed to innumerable problems within the therapeutic relationship.

How one makes this differentiation in practice is quite simple. The therapist can establish himself in the patient's parental figure slots by using the seven factors outlined in a previous paper by White (1984), Chapter six. Once this is done the client has a dependent/parental relationship with the therapist, and a bond has formed. Simultaneously of course, the therapist must be sure not to permit a symbiosis to form between her and the client. This is done by adopting Goulding and Goulding's (1979) philosophy of personal power. Any attempt by the client to deny personal responsibility is confronted, so this mode of

118

therapy involves the therapist establishing herself as the parental figure in the relationship, and not permitting any symbiosis to form.

As a consequence of these differences, Reparenting as a treatment focuses on replacing the patient's Parent ego state with a new Parent ego state. The focus of Transference Based Treatment is on bond formation, identity defusion and personal boundary development and control. Obviously, two very different focuses of treatment.

THE POWER IS IN THE ATTACHMENT

One may think that this attachment of the patient to clinician is of an inconsequential nature, or that the relationship self is not of a potent nature. These beliefs could not be further from the truth, and it is this that provides the third reason as to why the transference is so curative.

Psychoseparation treatment uses bonding or attachment as its primary tool for altering the script theme. This bond contains extraordinary power and potency in that it forms a very important part of each individual's psyche. Both Mahler (1965) and Bowlby have documented this.

They have noted that when an individual has one of her bonds prematurely severed, severe anxiety, panic and anger results. As a case in point of the extreme nature of this anger consider two examples given by Bowlby (1973). They both refer to cases of matricide by adolescents. The first one is of an adolescent, who after murdering his mother exclaimed, 'I couldn't stand to have her leave me'. The second is of a youth who placed a bomb in his mother's luggage as she was boarding a plane. He later said, 'I decided that she would never leave me again'.

These two examples are obviously extreme, however one must never underestimate the power of the bond. And therein lies the third source of power of the transference. As this bond forms such an important and powerful part of the individual's psyche, then when harnessed as in Transference Based Therapy, one has a very powerful psychotherapeutic tool.

THE PROCESS SUMMARIZED

The therapeutic effects of this bonding go much deeper and occur in other areas than have been described here. Unfortunately, time and space do not permit their elucidation; that is for subsequent seminars.

However at this point I will summarize the process of Psychosepara-
tion or Transference Based Therapy.

Initial Contact

Bond Formation

*Separation Cycle
Manifested.
(Treats Script
Theme.)*

*Injunctions Directed
at Therapist.
(Treats Symptoms and
Theme.)*
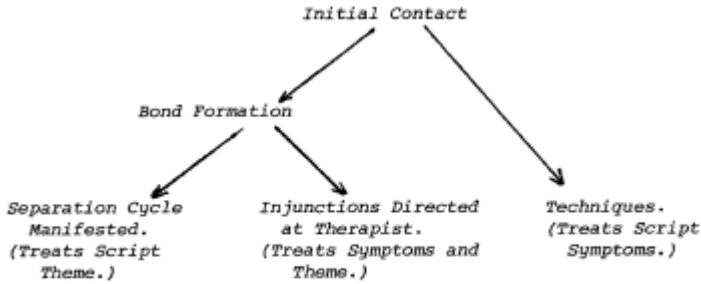
*Techniques.
(Treats Script
Symptoms.)*

FIGURE   8.

After initial contact is made, one firstly treats the script symptoms
by the use of therapeutic techniques. In time, bonding an attachment
inevitably occurs, and then, if the patient is willing, she is invited to
direct her injunctions at the therapist. The likes, dislikes, resentments
and appreciations that the patient had towards her original parents
will as a matter of course develop against the therapist. These are
encouraged and worked through, by having the feelings expressed
directly at the therapist. Work with Broady (1985) has indicated that
co-therapy lends itself very well to this, with one therapist being the
therapist, and the other being the individual upon which the transfer-
ences are made.

This direction of the injunctions at the therapist is seen to be effec-
tive for two reasons. Firstly, it is more powerful than the straight tech-
niques because the injunctions can be dealt with in relation to a real
person who is psychologically important, rather than the fantasy of an
archaic figure. Secondly, the script theme is addressed because such
procedures also effect the therapeutic relationship.

The third and most powerful avenue is the separation cycle. For by
following this path, the patient is given a second chance to relive her
entire development. As this is not always applicable or useable, some-
times one must rely on the first two only.

INDICATIONS AND CONTRA-INDICATIONS
Without a doubt the treatment described in this paper is best suited
for those conditions known as the personality disorders: (using the
DSM-III nomenclature). This includes conditions such as the Schizoid,

Impulsive, Narcissistic, Borderline, Antisocial and Paranoid personality disorders. Personality disorders in this context are characterized as inflexible and maladaptive enduring patterns of perceiving, relating to, and thinking about the environment and oneself. These traits are deeply ingrained in the personality.

It appears that for these deeply ingrained traits to alter, the individual must again go through the developmental process. Hence we can see the role of bonding and the separation cycle. This takes time and requires the clinician to have a good level of personal maturity. This is in full agreement with Masterson (1978) in his discussion of treatment of the Borderline with the therapeutic alliance. The other important point to note is that the personality disorders are clearly differentiated from the psychoses. The psychotic individual, by definition, has a gross impairment in reality testing. The personality disordered individual does not have such an impairment, in fact in many cases the reality testing is very good. This is important, for it explains why symbiosis formation has no place in Transference Based Treatment. Psychotics are not capable of dealing with the world and so must rely on someone else to survive. Personality disordered individuals are capable and hence a symbiosis is not necessary.

The other unique feature of this mode of treatment is that it plays a role in every form of psychotherapy. Obviously, every therapist must have some form of relationship with his client and as noted before, when any two individuals spend time together some form of bond will develop between them. Because of the extreme reactions to premature separation, or bond breakdown, even those who do not use relationship based treatment must be aware of what is happening between client and therapist.

Related to this, is the notion that any technique from any form of therapy will only be successful if the relationship permits it. For instance, if a patient as a child learned that he could beat her parents by messing up or playing stupid, then she will treat the therapist the same way. All patients know that therapists want to do successful treatment, so the patient may endeavour to beat the therapist by messing up and doing unsuccessful treatment. Techniques will only work if the patient has a parental figure slot in her script imago which says something like 'Parents can help you'. If this does not exist, then the techniques will not work but will be merely used to again show

how ineffectual parents are. In these cases, the relationship must be worked with directly and the techniques kept for a later time.

So at any point in therapy the clinician must be aware of the patient's transference issues. More specifically, he must have formally or informally completed the following:

      A) Done a script imago analysis.

      B) Defined what type of bonding the client will form in relation to the Triphasic Theory.

      C) Defined what problems the patient has had with her separation cycle in the past.

To know these three things will greatly facilitate the success of any psychotherapy.

Other clear indications for a relationship based treatment is in the cases of rape victims, incest victims and battered wives. The individual in each of these cases has had her boundaries grossly violated and this results in bonding problems. Psychologically, this person is usually very hesitant to move into a relationship self (see figure 6). As a consequence the person becomes isolated. Furthermore, once she finally does form a relationship self, she finds it very difficult to move back out to the individual self.

Therefore, through this treatment the patient is given a chance to work out these bonding problems and re-learn how to put up and take down boundaries at will.

The other notable problem in these cases occurs with a belief system which results from being invaded in these most unpleasant ways. The individuals, when they do eventually establish a relationship self, find it very difficult to protect themselves from further injustices, with the belief 'they can do what ever they want to to me, because I am to blame'. Hence, through regressive bonding work this belief can be changed.

Of course this form of treatment in these cases must only occur in the later stages of treatment. It is not applicable in the early shock period when the emotional feelings are very pronounced and confused.

Another most advantageous way in which Psychoseparation may be used is in the area of relationship counselling. Most relationship counselling to date has not even addressed the bonding or attachment aspects of relationships. As a consequence, most therapy in this area has been restricted to social control and/or individual script work e.g. Novey and Novey (1982) and Boyd and Boyd (1981). The script work

in these cases involves the patient doing individual work about how they will be in a relationship, then social contracting with the partner about how the relationship will be different. In Psychoseparation the client enters a relationship with the clinician and can work through the relationship attachment problems directly. In this case the patient can do regressive work in the relationship self first hand. Previous relationship counselling involves doing regressive work in the individual self, about the relationship self.

For example, Fred was fixated at the Childhood Symbiotic Stage in his relationship with Alice. This resulted in many problems for both of them. When Alice went away for work, Fred would experience separation panic, and Alice found Fred's demands on her smothering. Instead of doing individual script work with Fred about how he will be different with Alice (and vice versa), through Psychoseparation Fred could develop the same attachment problems with the therapist. Then with careful management Fred could have a second chance at going through the respective separation cycles, and hence become less clinging to Alice. (This of course rests on the ethical premise that Alice should not be asked to become Fred's therapist.) Traditional relationship counselling does not permit regressive work with attachment problems. Therefore such counselling must be restricted to non-severe relationship problems only, whereas Psychoseparation can address the more deep-seated relationship problems.

Again, time and space do not permit further elaboration of this important area. Yet as any 'anti-philosopher' (White [1985b]) will attest, such elaboration and further experimentation must be pursued with vigour. Hence we have the birth of Volume 3 of the Loftus Street Seminar.

CONCLUSION

This paper asks the question: Why does the transference contain such enormous power as a curative agent? Conventional explanations have been inadequate in answering this, and the paper at hand sets about finding a more convincing answer. It comes up with the reasons as to why the transference is so powerful.

> Reason 1: The transference relationship attacks the script theme directly, whereas therapeutic techniques only address the script symptoms.

Reason 2: The transference relationship gives the patient a second chance to redo her whole childhood development.

Reason 3: The transference relationship harnesses the extraordinary power inherent in psychological bonding and attachment. If handled correctly this power can then be used to fight the power of the script.

Transference Based Therapy or Psychoseparation uses both therapeutic techniques, and the therapeutic relationship to facilitate change. The therapeutic relationship is used at two levels. One the therapist invites or encourages the patient to direct the injunctions at the therapist. This is found to be more powerful than having the client direct the injunctions at an image or fantasy. Secondly, if the patient is willing, she can have a second chance at reliving her entire development. This will begin with bond formation at the stage where the patient is fixated. With the onset of the separation cycle she can then move through the normal developmental phases until she reaches her psychological birth.

Central to this is the distinction that the clinician must make between relationships and transactions. This is represented by the differences between Berne's relationship diagram in figure 3, and White's relationship diagram in figure 4. From White's diagram it is possible to have a transference relationship without a symbiosis. From Berne's diagram it is not. This permits the avoidance of most dependency problems and negative transference problems.

This is of course a reductionistic statement about Psychoseparation as a treatment style. In practice it is quite simple, yet in theory there is a lot to know. Thus more communication is required, and this as mentioned before, will be done in the next series of papers.

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