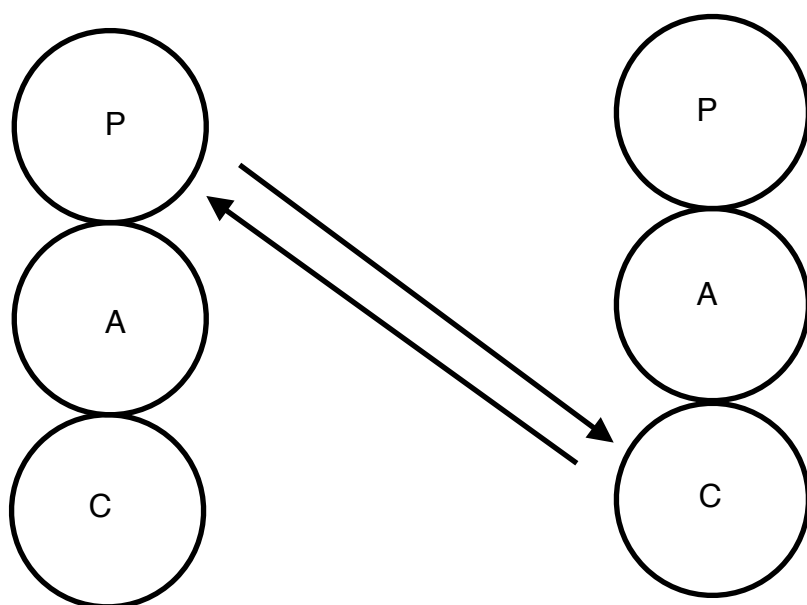


The Book of Transactions:

Part Five

The Monograph Series



Tony White

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Chapter one

The stop smoking transaction

As soon as you tell someone what to do it makes it harder for them to know what they want to do.

It is the Free Child (FC) ego state that knows what the person wants to do. The Adapted Child (AC) which is made up of the Rebellious Child (RC) and Conforming Child (CC) does not know what it wants to do.

The Rebellious Child will want the opposite of what it is told to do

The Conforming Child will want what it is told to do

This is particularly important when you are dealing with a person who has alcohol or drug use problems. Long term non use, or non problem use will only happen if that is what the Free Child wants.

As soon as you say to someone don't smoke cigarettes that puts pressure on them to move out of Free Child and into Adapted Child (either RC or CC) as figure 1 shows. The therapist is confusing the issue for the client. The therapist is making it harder for the client to know what they want to do and hence long term non use is less likely.

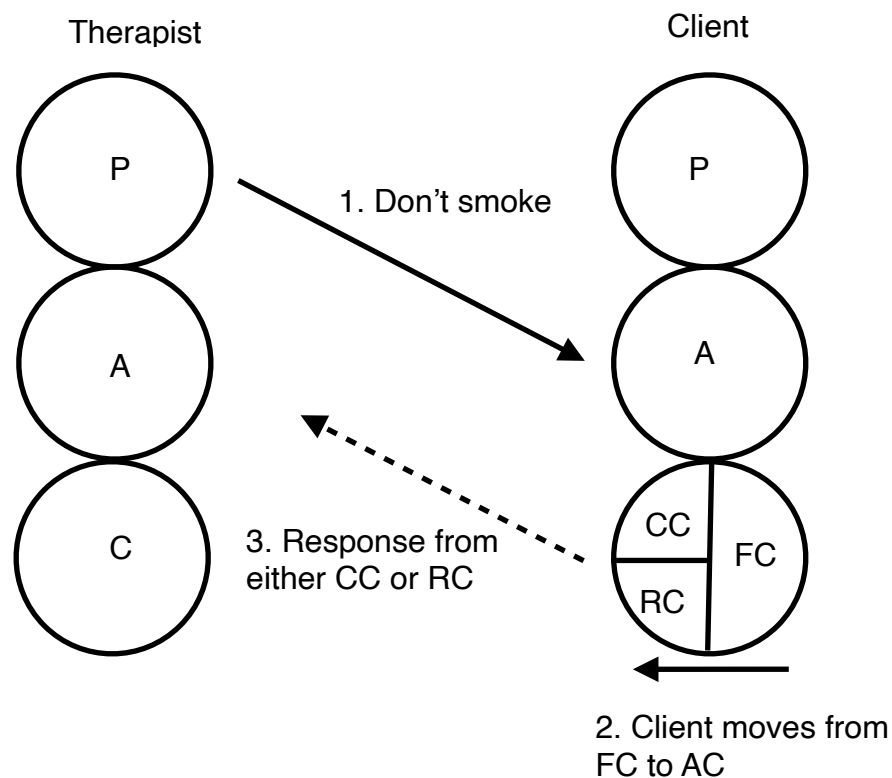


Figure 1

The issue is further confused as wider society tends to give the same message to drug and alcohol users. Most governments have a “War on drugs” policy which tells people that they should not use or that it is bad and unhealthy to do such things. A therapist has no control over such messages going to clients they may see, which of course further hinders the outcome of therapy.

Good drug and alcohol counselling involves assisting the client to access their Free Child and begin to understand what it currently wants to do regarding substance use. For example the person’s FC may think, “This is how I want to live at the moment, drinking alcohol.” As was said above telling someone what to do makes that process harder as it pressures the person to move out of FC and into AC.

A further problem is that the client can do the same to them self. As figure 2 shows the person can transact from their own Parent ego state to their Child ego state with, “Don’t smoke”. This will also put pressure on the person to move out of Free Child and into their Adapted Child again hindering finding out what the person actually wants to do in regards to their smoking. If a client has a very active Parent especially Critical Parent this transaction can occur many times, each time making the therapy process more difficult.

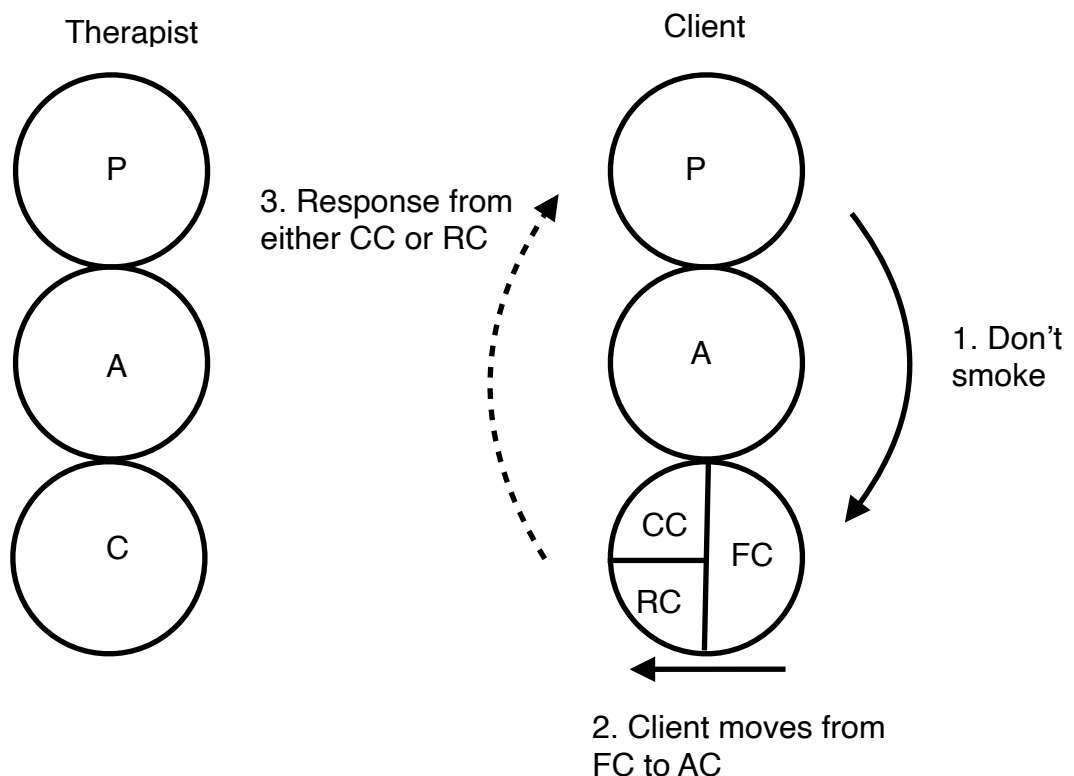


Figure 2

As I mentioned before the alcohol and drug counsellor is wanting the client to gain contact with their Free Child ego state about their substance use. No long term use nor long term sobriety will happen if the Free Child does not want that. The first thing is for the person to develop contact with and a good open understanding of their FC ego state. Then the Free Child and the other ego states like the Adult can develop good communication between each other. If the person is constantly being pressured to move out of their FC into the AC then of course that communication cannot occur.

Chapter two

The anti diet transaction

The previous chapter, described how certain transactions make it difficult for people to know what they actually want and difficult to know their Free Child needs. This chapter examines what is called the anti diet approach to weight loss as it gives full permission to the client to be in their Free Child. Three Australian colleagues of mine (Lister, Rosen and Wright(1985)) wrote an article called the - anti diet approach to weight loss.

As with alcohol and drug use, food and weight problems often involve a lot of Parent ego state involvement for the client. The more the Parent is involved the more you are going to get the dynamics described in chapter one, where the Parent tells the Child ego state what to do and the Child loses contact with what it's Free Child actually wants to do. In these areas of counselling one often ends up with a Parent ego state contract. Goulding and Goulding(1997) state: "A Parent contract is a contract that the client *should* want to fulfil... All contracts to stop over eating, smoking, drinking and using drugs are primarily Parent contracts." (p42).

The Parent ego state contract

What is the process for dealing with the Parent ego state contract? They are quite commonly presented by clients in therapy. The Goulding's suggest that you do not accept the contract. However in the TAJ article cited above on the anti diet approach, they also say you don't accept the Parent contract but they even go further and say the client needs an extra permission, this being:

"Eat what ever you like, when ever you like and as much as or as little as you like."

Not only does the therapist reject the Parent contract from the client but also states a permission to the client that is in direct conflict to the Parent contract. So this approach takes a more active response to the Parent contract by promoting its opposite.

It is an interesting idea that one could say is quite brazen, which means that in this day and age of psychotherapy some might frown upon it. This does the opposite to what is shown in figure 1 in the previous chapter. This permission pressures the person to move from their Adapted Child ego state into their Free Child ego state a shown in figure 3.

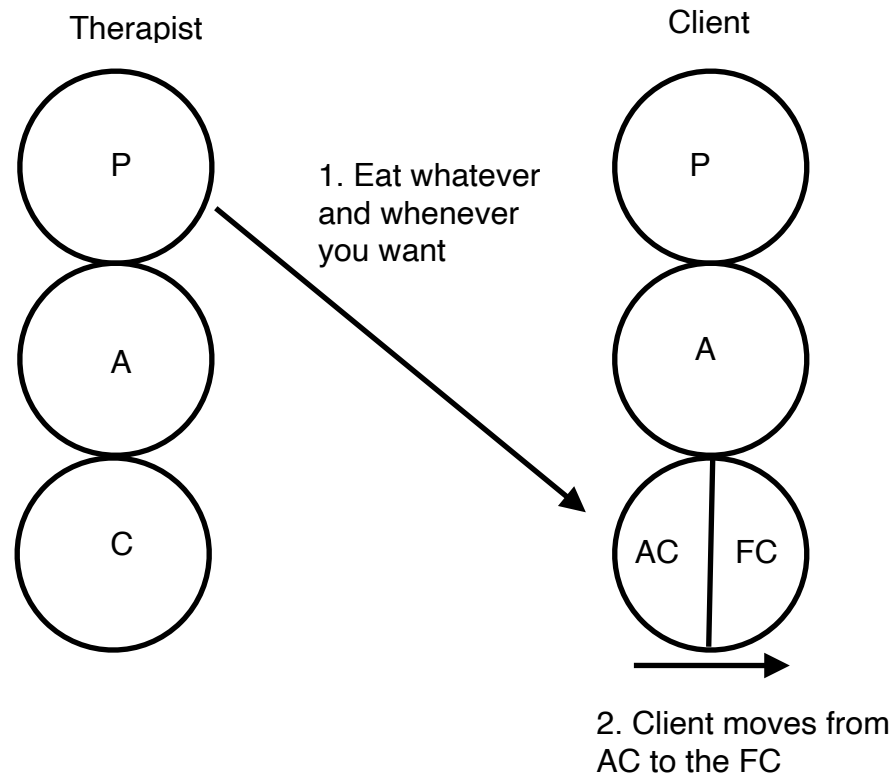


Figure 3

This gives the person permission to move into their Free Child ego state because you are saying something that the Free Child wants. It could be seen by some as risky because it is giving up the controls that come from the Adult or Parent ego states. It assumes that the Free Child will end up doing what is healthy and good for the person in the longer term. Initially this permission can be quite a scary thing for people.

Criteria for psychological change

Psychological change will occur when the person is able to make contact with their own Free Child ego state. The person is given the time and opportunity to understand the wants and needs of that part of self and for it to begin to come to some conclusions on what it wants in life. At this point in life, does it want to smoke cigarettes or not? Once the Free Child has been given that opportunity and it comes to some decisions then the person will move in that direction with their thoughts, feelings and behaviours. Long term change can occur. As we can see in this chapter and the prior one, society in general and therapists can hinder this process of the client discovering and being given time to simply experience their Free Child and what it wants.

Chapter three

The fantasy transaction

Fantasy creation could be viewed as a collaboration between the A2 (Adult ego state) and A1 (Little Professor ego state). A fantasy usually has a factual basis to it provided by the A2 and then it can be as fanciful, dramatic and illogical as one likes. That is the creativity provided by the A1 ego state to the fantasy.

The person is in essence writing a story and then turning it into a movie. So it is an artistic activity in this sense. One thing that often happens in artistic creations is the unresolved conflicts of the artist that have been repressed into the unconscious come out in the artistic creation. They are involuntarily expressed by the artist in what they are creating. See figure 4

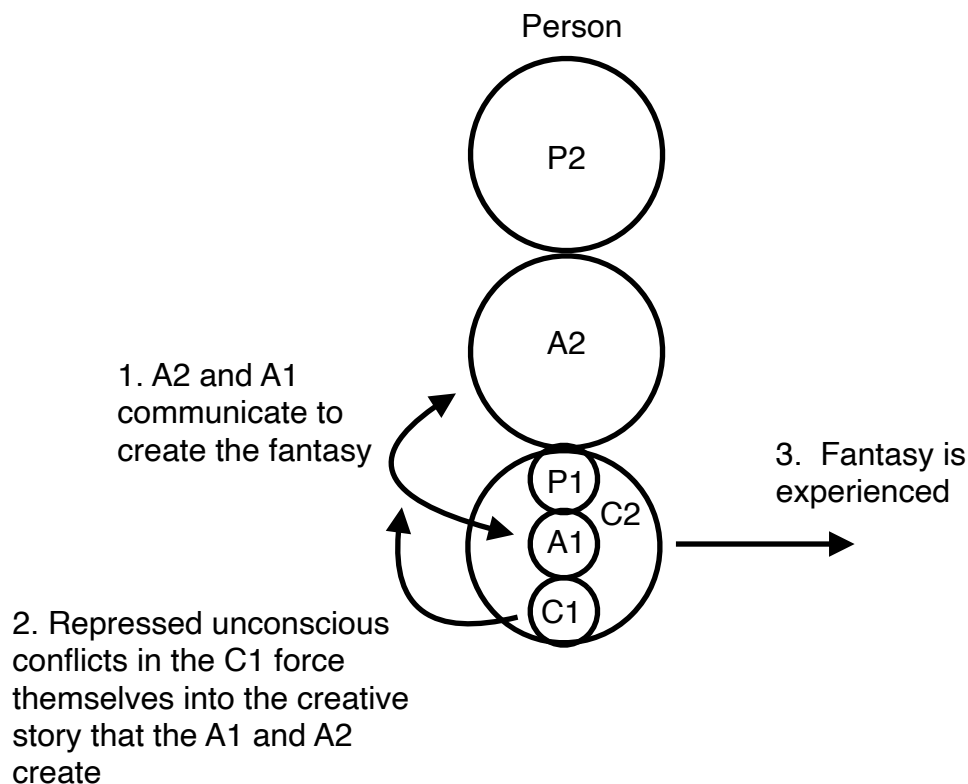


Figure 4

White (2022a) states, “The repressed material in the unconscious has a constant need to resurface into the conscious. This is seen to occur because all the memories and fantasies in the unconscious can be seen to be unresolved, unfinished and not worked through. Hence they create a tension in the psyche of the person, like a twisted rubberband they have a natural and ever present ‘urge’ to untwist and reach a state of relaxation, consistent with the theory of homeostasis.” (p27)

Figure 4 shows the process begins with the A2 and A1 ego states collaborating. This collaboration is impacted by the unconscious of the person. What the A2 and

A1 create will be influenced by the surfacing unconscious material of the individual.

Fantasy and the unconscious

When one creates a painting, song, photograph, poem or sculpture they have little information because they don't even know, to some extent at least, what they are making. That's the creative process - you make it up as you go along. At the same time the person has all their unconscious material wanting to be expressed, even demanding to be expressed. That's why it is inevitable that any creative task will always contain the unconscious repressed conflicts of the person creating it.

The C1 unconscious material is wanting to get out and express it self. The person is looking for inspiration and 'direction' and the unconscious material will gladly provide that. The conditions are perfect for such unconscious material to come out and be expressed. When transactions 1 and 2 combine you have a new fantasy or artistic form that is created.

From a diagnostic point of view such fantasies or artistic creations are most useful and can provide a lot of information for the therapist and the client. It is a matter of finding the unconscious material trapped in the art and then understanding what that means. As I said this can be useful diagnostically for a therapist as it can tell a lot about the repressed unconscious of the person who created the art.

Fantasies are only limited by the extent of the creativity in the person. Fantasies can be erotic, aggressive and violent, fantasies of great wealth and talent or fantasies of subjugation, humiliation and persecution. Fantasies are completely personal and no one will ever know they are even being created and what their content is, unless the person tells someone. There is perfect confidentiality for the creator. No one will ever know about it unless the creator decides to disclose it. This it could be said, further contributes to the production of fantasies and the more elaborate their content can be.

Fantasy and behaviour

There is a big difference between fantasy and behaviour, a big difference indeed. People can and will fantasise about behaviour which they do do and will do again and people also fantasise about behaviour they would never do in real life. A good example of this is aggressive and violent fantasies. Some people report being disturbed about the violent fantasies they have because they think this means they want to be violent in real life.

Everybody has aggressive and violent fantasies at some time and many have such fantasies relatively often.

100% of people have violent fantasies

Less than 10% of people will display violent behaviour

A lot of people have such fantasises but will never be violent in real life.

Figure 5 shows the violent behaviour transaction and as can be seen it is quite different to figure 4, the fantasy transaction.

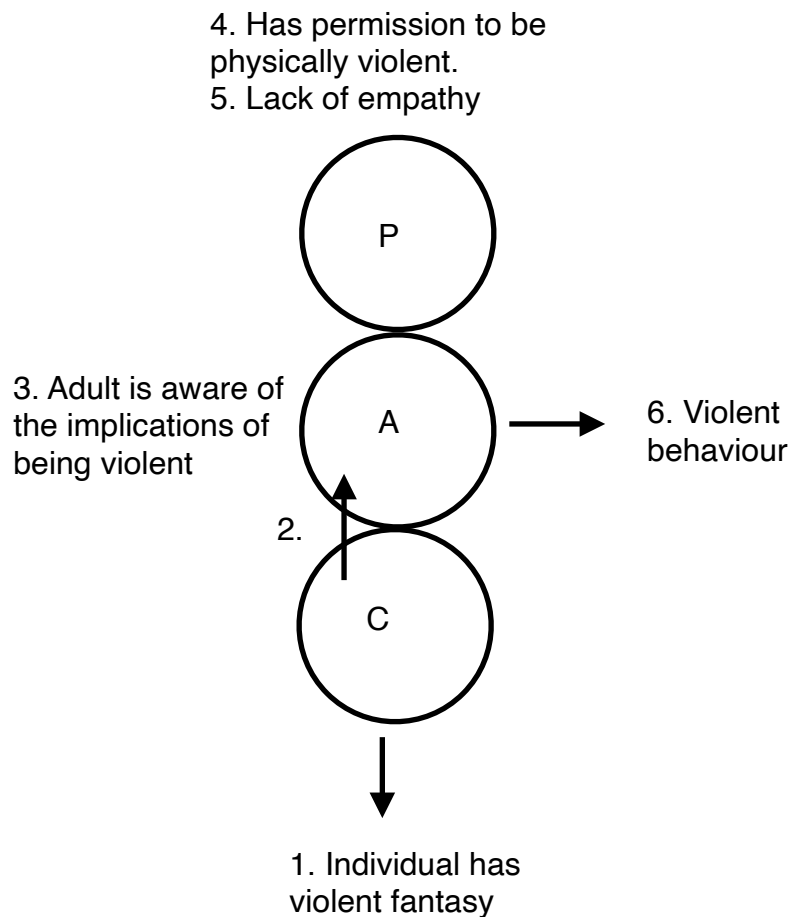


Figure 5

1. Individual has violent fantasy
2. Communicates that to the Adult
3. Adult is aware of the implications legal and otherwise of being violent. Assault is usually a serious crime and the police will pursue you. If you hit someone often they want to hit back. You will have a reputation amongst your peers and family for being violent person.
4. Person has permission to be violent
5. Person lacks empathy - Guilt (at least at the point of hitting)
6. Violent behaviour

As one can see, unlike the violent fantasy in figure 4, in this transaction the Adult and Parent ego states are heavily involved. They play a major role in influencing the Child's desire to be violent. To actually express violence one has to pass the two big gatekeepers of Adult and Parent whereas in violent fantasy that is not so. As mentioned before fantasy is completely private and does not impact anyone else.

Erotic fantasy

Pursuant to this idea, it is also the case that just because someone has a fantasy of certain behaviour that does not mean they want to do the behaviour in real life. This is commonly found in erotic or sexual fantasies. The sexology literature has for a long time researched the area of female rape fantasies, where a woman fantasises being raped by one or more men, Bivona and Critelli (2009), Critelli and

Bivona (2008), Bivona, Critelli and Clark (2012) Strassberg and Lockerd (1998). Well over half of women (as high as 62%) have erotic rape fantasies, with 14% reporting such fantasies at least once a week. Obviously none of these women would want that behaviour to occur in real life. Just because a behaviour is desired in fantasy in no way means the individual wants to express that behaviour in real life. This is particularly so with erotic sexual fantasies and violent aggressive fantasies. Almost all people have fantasies of killing and maiming others that the vast majority (but not all), would never want to do in real life.

As shown in figure 4, it is the unconscious urges that have the central role in fantasy generation. One could simply view an erotic fantasy as self generated pornography. In fact it is the perfect pornography. The pornographic movie is generated by self, for self and therefore includes exactly what the individual wants. Indeed erotic fantasies are especially prone to being influenced by the unconscious because they involve very intense and intimate relationships. In sexual behaviour the two parties are involved in very close and intimate relating. If one has a fantasy about being an especially talented musician or basketball player that is interesting in what that means for the person but it has nothing to do with close intimate relationships. Because of the centrality of intimate relationships in sexual behaviour then the unconscious is going to be especially interested in fantasy using that.

Let's consider women's rape fantasy. The sex is really just a distraction or an excuse. Take the sex out of the woman's fantasy and what relationship are you left with? You have a woman who is fantasising being in a relationship where she is totally submissive, with little or no control in the relationship and almost completely powerless. One does not have to think hard to find a similar relationship in all our lives. That describes every young child's relationship with their mother and father. Every one of us has experienced a relationship where mother and father are totally in control and dominant over us, physically and psychologically. That is the very first relationship we all have and invariably troubles and difficulties develop in that very first relationship. That results in fixation points and split off traumas that are stored in the unconscious and those seek to break out into the conscious through the erotic fantasy the person generates. It really has nothing to do with the sex, that is just the means to an end.

However the unconscious is even smarter than that. It knows that if it can make a particular type of relationship erotic in fantasy, then that person will be motivated to do that same type of relating over and over. Not only just in fantasy but in actual sexual behaviour with their consensual partner. Allowing for further expression of the unresolved unconscious issues and fixations through that fantasy and behaviour.

Of course it is no different for some men who can and do have erotic fantasies of being dominated and the weak powerless one in the erotic fantasy (relationship). The dominatrix is created. Again take the sex out of the relationship and what is one left with? A man voluntarily seeking a relationship with a woman who is totally in charge, dominating and controls the relationship. The same relationship

qualities that he initially had with his mother in his first ever relationship. What would motivate him to recreate that in his current life? One answer is that the unconscious sees the opportunity to again express itself in an intimate relationship in the hope that the fixations and unresolved feelings from that initial relationship with mother are finally resolved.

The success of that varies from person to person and from time to time. Ray Little(2013) talks about the repeated and needed relationships. People sometimes will repeat the same old relationship and that will further support the life script. At other times people will find the needed relationship and then their unresolved conflicts from the past are dealt with and lessen. If the man never felt secure in his first relationship with mother he can recreate that relationship in his sexual behaviour with a woman. Once created then its up to his Child ego state to feel secure in that relationship, or not. Sometimes it will and sometimes it won't.

He can do this whilst always claiming it is about the sex which is true to some degree but it is likely there are other probably more powerful psychological forces lurking in the background which determine what he will find erotic in fantasy and behaviour. He can remain blissfully ignorant of all that and convince himself it is about sexual gratification whilst the unconscious unresolved fixations obtain their expression again and again in his fantasy and behaviour.

Fantasy and self soothing

There are three primary ways that one can self soothe. The process begins with the Child ego state feeling some kind of distress or angst such as fear, anger, sadness, shame and so forth (Point 1). The person is then in a state of emotional disequilibrium which means the person will then seek to emotionally regulate. In some way they seek to regulate their emotions thus easing the distress and state of disequilibrium.

As can be seen in figure 6 the first way one can self soothe is by using their own Nurturing Parent (NP) ego state. This involves a transaction from the NP to the Child ego state with soothing words and actions (Transaction 2). Usually these are learned from the parents when the person was a young child. When a six year old feels scared mother and father can do a series of things to soothe the child such as hug it, talk to it kindly and protectively, reassure it and give it emotional support. The child then feels like it is being taken care of and the fear or anxiety reduces, it is soothed and the equilibrium returns to the person. If the person got this in childhood then in adulthood they will tend to use the same methods to soothe self from the NP. If they received little of this in childhood then they find it much harder to self soothe like this in adulthood.

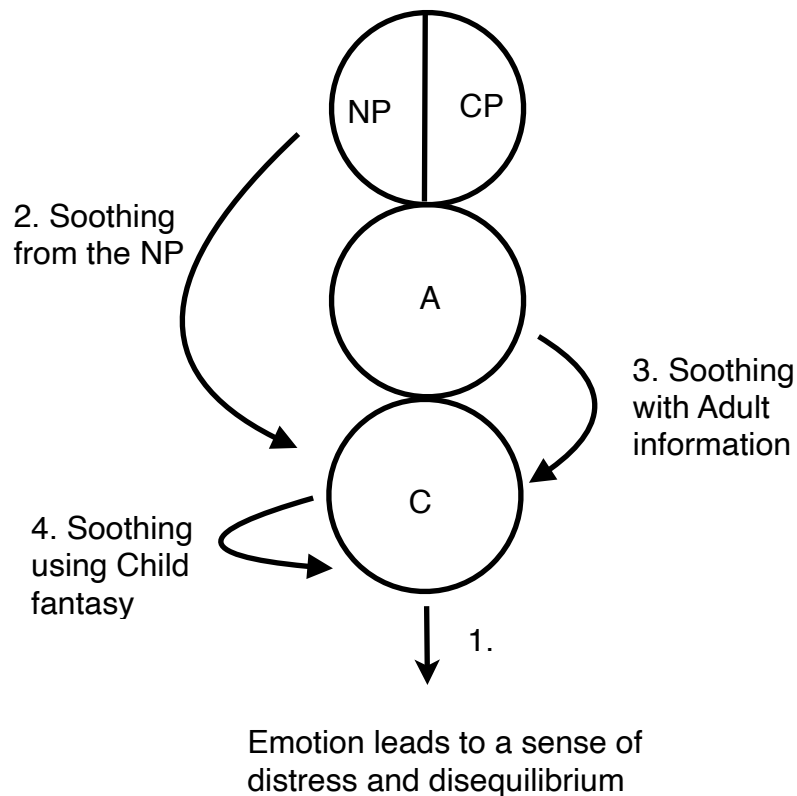


Figure 6

It is also possible to soothe an agitated Child ego state by providing Adult information which the Child finds positive (transaction 3). For example during the covid pandemic the Australian Psychological Society recommended that people only got their information about covid from non media sources. Do not get information from the media but only from organisations such as the World Health Organisation. This is good Adult information that will soothe the fearful Child ego state because media tends to present information in an alarmist way whereas the WHO does not. A person may be stressed about doing their examinations. The examinations finish in three days time. This is good Adult information to tell the Child ego state as it highlights that this stress is finite and will not go on forever which will tend to soothe the Child. The Adult can also soothe by recalling a nice memory such as being with family or doing successful things which felt good at the time. By recalling the memory the Adult is letting the Child experience the situation again which can also ease its current distress.

Finally transaction 4 shows that one can self soothe feelings of distress by creating a Child ego state fantasy. The person creates a fantasy as shown in figure 4 that is pleasing and nice for the person to experience. This is not a memory of a previous event that was just mentioned but a creative process of developing a new nice movie for one to currently experience. The fantasy could be of doing nice things or being with people who you love and feel supported by which again allows the Child ego state to ease its angst.

An interesting example of using fantasy like this is provided by Bob Goulding in Goulding and Goulding (1997). Bob is working with a client who, when he gets stressed he starts to do obsessive compulsive thinking and acting. In response to this Bob says, "When you want to do an obsessive-compulsive act, instead of choosing to do it, will you choose to have a sexual fantasy instead?"(p206). Bob is providing the man with a way to self soothe his distress using Child fantasy.

Fantasy and the treatment of obsessive thinking

This is also interesting because it is using an unusual therapeutic approach. He is using the client's pathology to treat the client's pathology. The man is an obsessive thinker so he thinks too much, which is his pathology. Bob's recommendation is to use his thinking to create a fantasy which is meant to treat the man's pathology. The problem and the treatment become the same thing. He is a very good thinker so he should be able to create prolific fantasies which are meant to soothe his distress. Again this is using the pathology to solve the pathology. An interesting therapeutic approach indeed.

It allows the therapy to get inside the person and disrupt the personality structure. He is good at thinking so the therapist uses his thinking to disrupt the problem, which is obsessive thinking. One could say, "fight fire with fire", but this can only go so far. One could say that this approach also supports the problem as it encourages thinking, which it does. At some point one also has to address that and take a non thinking approach to that. The obsessive person thinks and usually has an aversion to feeling. The OCD personality is often seen as an anxiety condition so the feeling of anxiety is allowed but not other feelings such as sadness or anger or a sense of vulnerability. Thinking often allows people to feel like they are in control and indeed they are but with feelings that sense of control of self disappears. You cannot control feelings like one can control their thoughts. Eventually with the OCD you are wanting them to express feelings and become more comfortable with not feeling like they are always in control of self. In this way fantasy is of use to generate feelings that are then felt and expressed. So one thinks first to get to the point of non thinking and feeling instead.

To have successful feelings or true feelings, one has to let go and submit to them. That can be sexual feelings, angry or sad feelings. To successfully work through feelings one needs to at some point stop thinking and move much more into the Child and feel the feeling. The Adult (thinking) needs to become much more secondary in this process, to get out of the Adult and into the Child. This needs to happen if one is to successfully work through a feeling. In this way fantasy is a good way to start the process like Bob Goulding suggested but at some point it needs to be abandoned as it is part of the problem - thinking instead of feeling. At first fantasy is the client's friend but then it becomes the client's enemy.

Figure 7 shows the dynamics involved in this. In fantasy the combination of A2 and A1 thinking gives the person a sense of control. The obsessive compulsive needs to become more comfortable with moving from thinking to feeling or moving from the Adult to the Child ego state. To become more comfortable with feeling and not so much in control of self. To lose their mind and come to their senses, one could

say. If they achieve this acceptance of loss of control of self then their need for obsessive thinking and compulsive behaving become less. The obsessions and compulsions only exist because they are unsophisticated attempts by the Child to stay in control. They work in the short term but not the longer term. As mentioned before fantasy helps this process begin but then it needs to be abandoned as it eventually becomes self defeating.

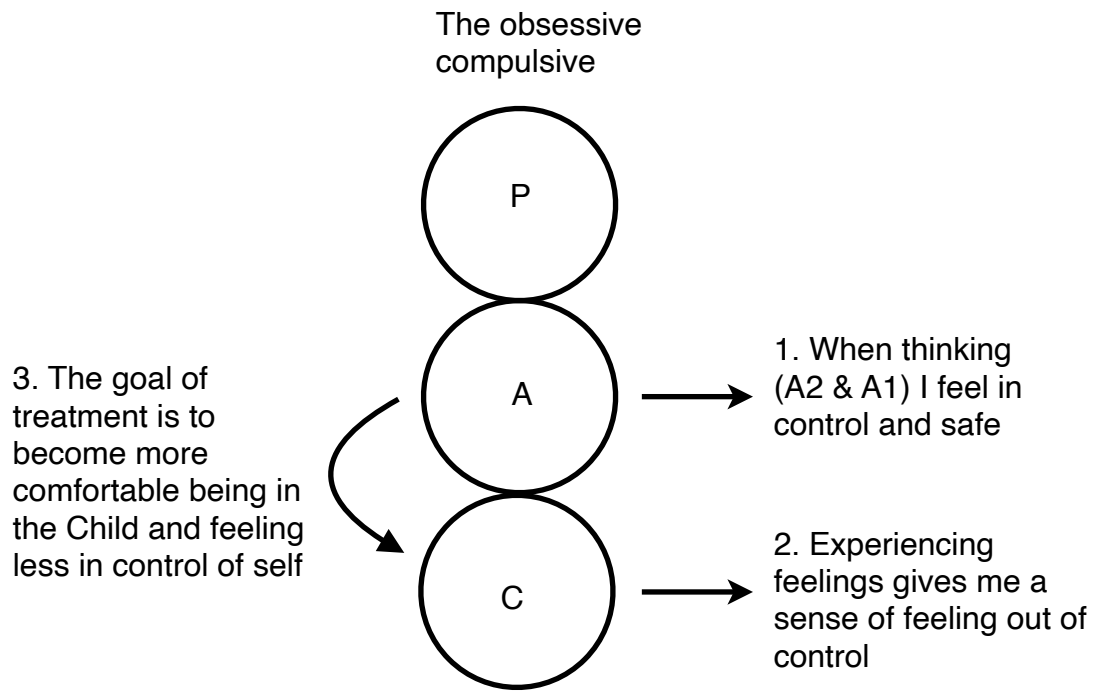


Figure 7

How fantasy works as a means to soothe

Fantasy as a means to self soothe uses the distraction technique. It does not address the distressing feelings directly. If one is feeling scared or anxious one can address that directly by using the Nurturing Parent ego state as shown in figure 6. For example the NP might ask what are you scared about or what is distressing you? The Child may answer - I am scared that my dog is going to die soon. The Nurturing Parent may then comfort the Child with words like - I will be with you when you see the vet, we can seek others out to support you through this difficult time. He has had this problem before and was OK. You are not alone in this. Whatever happens we will deal with it with help. Suggestions of comforting activities, food, music and so forth. These transactions are directly focused at the scared and distressed Child ego state.

Fantasy does not do that. Instead fantasy attempts to distract the upset Child ego state. Instead of thinking about the dogs condition the person is distracted to think about something else, in this case a positive and soothing fantasy. By creating a fantasy about something positive then the person's mood state is likely to alter to a different positive mood.

This approach is similar to that used in Cognitive Behaviour therapy (CBT). It has taught for a long time that often thinking leads to particular types of feelings. If one thinks good thoughts then one often feels good. If one thinks bad thoughts then often one has distressing feelings. The solution is to change what you think to more positive ways of thinking and then the Child is soothed and improves its mood. Indeed in CBT they have identified common thinking errors that can lead to distressing feelings, for example

Catastrophization - the person only sees catastrophe and bad outcomes in the future and ignores a possible positive outcome. "I made a spelling error on that report so I won't get the promotion or they will see how stupid I am."

Over generalisation - drawing conclusions based on only one or very limited number of examples. "That person didn't seem to like me, so everybody does not like me."

What this does is give the person a choice - I can now think in a way that over generalises or think in a non generalising way. This is what the fantasy approach to self soothing does as well, it gives the person a choice to use that fantasy or not. It gives the person the choice to distract self away from the thinking that leads to distressed feelings to a way of thinking that leads to a more positive mood. It does not address the cause of the distress directly but just gives the person a way to distract their attention so the distress subsides.

However it is a little more complicated than this, as it is not just only a choice that the person has to use fantasy or not. Humans are very habitual creatures. After thinking a particular way for a while then it becomes habitual. As White (2022b) says, "Habit is all about repetition and automaticity. The more you repeat a behaviour (or feeling or thought) the more likely you will automatically repeat that behaviour in the near future." (p59).

In using fantasy as a way to self soothe one is wanting that use of fantasy to become habitual for the person. The first time one uses such a process it takes time and effort to think to use it and then how to do the process of fantasy use. After this has been repeatedly used a number of times it starts to become habitual and thus much easier because it is now a habit. White (2022b) says that this takes about two months for a new habit to become fully formed. Repeating the same thinking pattern of using fantasy over that length of time, then the thinking will have become a fully developed habit. This is shown in figure 8.

The individual feels distress (1). The Adult then informs the Child that it has a choice to use fantasy to self soothe or not (2). The Child then will make a decision to use the distraction of fantasy or not (3). If this process is repeated over a few months then a new habit will form such that the Adult does not need to inform the Child and the Child does not need to make a decision. Instead the process moves directly from transaction one to transaction four and a new habit of using fantasy as a way to self soothe has formed.

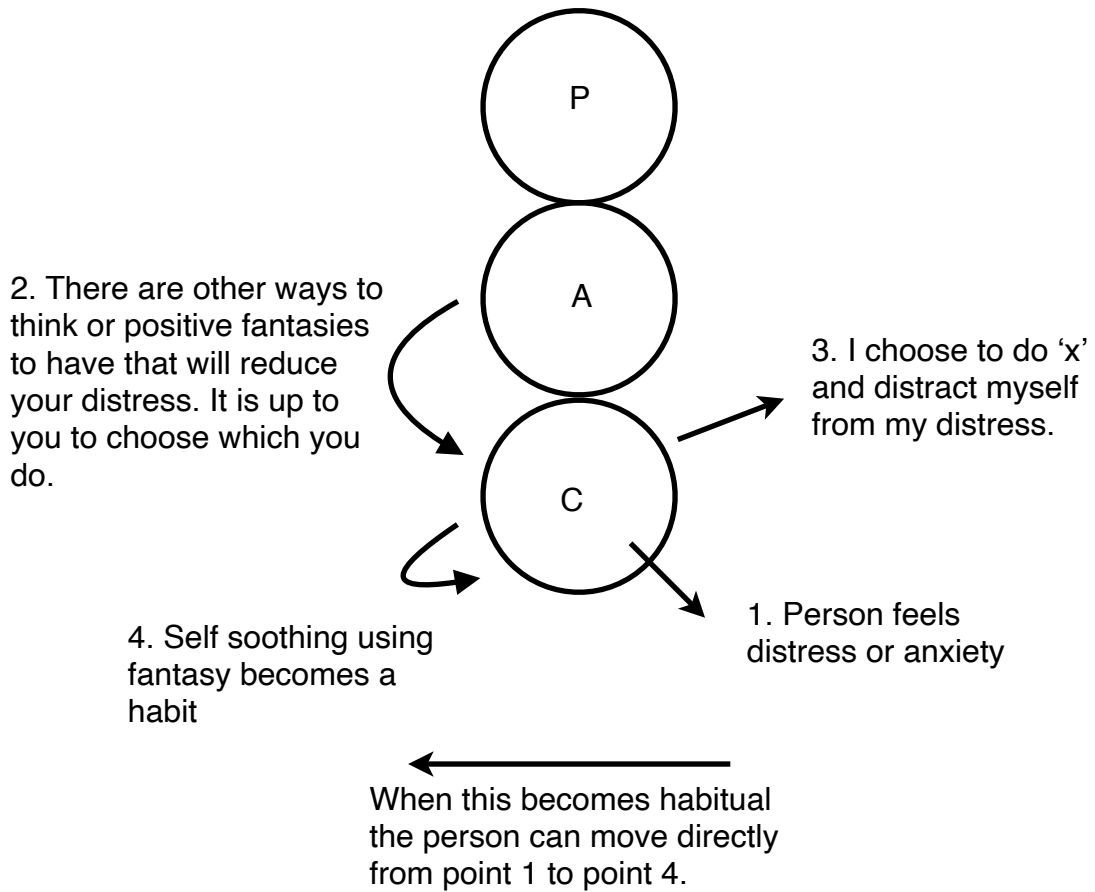


Figure 8

Chapter four

Ego syntonic and ego dystonic transactions

Something is said to be ego dystonic when the person perceives it to be foreign to them, outside them or not belonging to them. Something is ego syntonic when the person sees it to be part of them, belonging to them or forms part of who they are.

These are two important concepts in psychotherapy. Is the problem presented by the client ego syntonic or ego dystonic? A client may present with agoraphobia or perhaps insomnia. The therapist needs to ascertain, if the client in his own mind, sees self as:

1. A person who can experience agoraphobia, (ego dystonic)
2. An agoraphobic (ego syntonic)

Does the client experience self as:

1. A person who can suffer insomnia, (ego dystonic)
2. An insomniac (ego syntonic)

Unfortunately in most circumstances by the time the client gets to therapy the problem has become ego syntonic. A person sleeps normally and then for some reason starts to sleep poorly. Initially this will feel abnormal to the person and the problem is seen as ego dystonic. They perceive self as someone who sometimes does not sleep well but not as an insomniac.

Over time if the insomnia continues the person's view of it changes. It becomes something they expect to happen because it has happened many times before. They tend to start to view it as part of who they are - an insomniac. When this change occurs the problem then becomes ego syntonic. The insomnia is perceived by the person as part of who they are and how they live. Figure 9 explains the process.

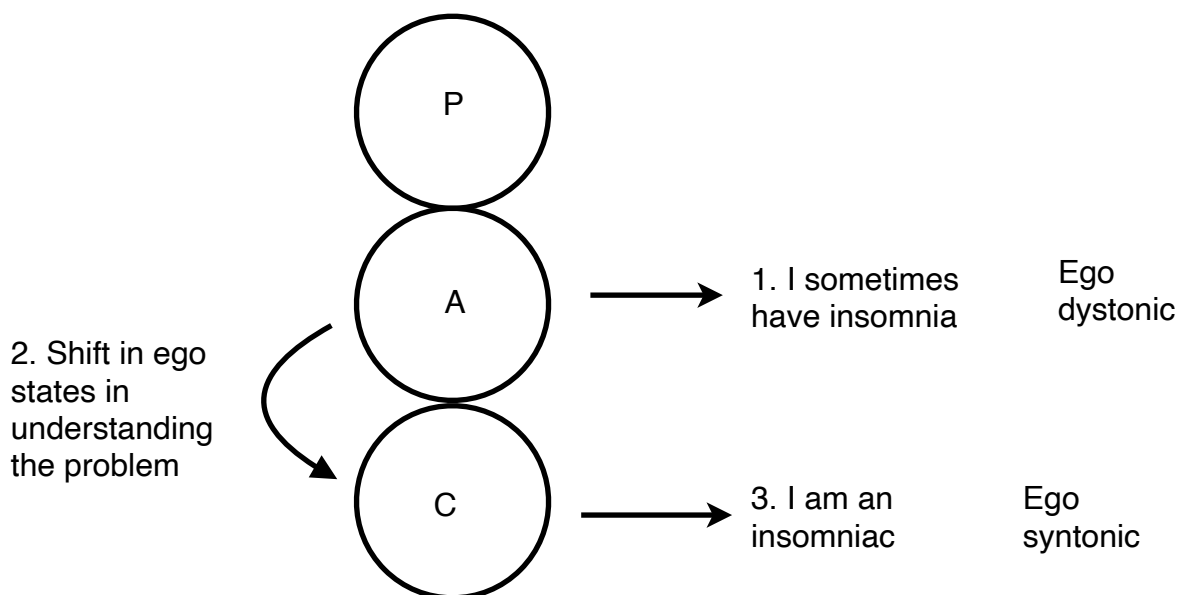


Figure 9

The person initially understands their sleep difficulties in an Adult ego state fashion or transaction 1. The Adult facts are that I have sleep difficulties on occasion, so the problem is seen as ego dystonic with the rest of the personality. If the difficulties persist over time then there is a switch in ego states from Adult to Child in how the person understands their problem - transaction 2. Then in transaction 3 the person understands their sleep problem as part of who they are. They now think, "Insomnia is part of who I am" and the problem is now ego syntonic with the rest of the personality.

When this occurs, therapy is made more difficult as the initial problem actually becomes two problems. There is the first problem of the insomnia, and also another problem develops where the person's identity or sense of self has altered to incorporate the problem. The person now thinks and feels, "I view myself now as an insomniac, as part of my personality". As a result change becomes more difficult. The individual has to change the sleeping difficulties as well as change the sense of identity they now have.

The shift from ego dystonic to ego syntonic can be seen to have at three aspects.

1. It becomes habitual

If a person has slept poorly most nights for the past year then the insomnia is partly a habitual way of being for the person regardless of any other causes for it. As was mentioned in the previous chapter in the discussion by White(2022b), the more you repeat a behaviour the more you will autonomically repeat it in the future, it becomes a habitual behaviour. The person can have insomnia the next night simply because that behaviour is now a fully formed habit.

2. It becomes part of the persons life style

As it becomes a habitual pattern of being the person will adjust the practicalities of their life style to fit for it. They will tend to do the same things like get up, do some kind of activity and then go back to bed and then wake up again. They develop a routine at night time that incorporates the insomnia.

3. It becomes part of the person's self perception or part of their identity.

As it becomes part of the person's lifestyle it then starts to become how the person sees self and a sense of who they are as a person. Being an insomniac is now part of the person's sense of identity. The insomnia has become ego syntonic for the person.

If a person has slept poorly three nights in the last four months then it wont be habitual, they have no routine when being awake and it is not part of who they see they are. Any future insomnia is seen as being ego dystonic with the rest of the personality.

How long does it take a problem to shift from being ego dystonic to ego syntonic? Trauma debriefing research indicates that therapy should start within 6 weeks of the trauma occurring if possible. The earlier you start the better. Walker(1990) talks

about critical incident stress debriefing (CISD) and when it should occur in relation to the critical incident or trauma. Treatment should begin "...ideally within 24 to 48 hours. As the length of time between the incident and the CISD grows, the effectiveness of the intervention decreases." (p17). There is significant agreement of this in the literature including Bamber(1992), Allevay(1987) and Gordon(1997). One reason given for the early intervention is because after six weeks it is harder to treat the PTSD as it has now become ego syntonic.

As mentioned above by White (2022b) research on the formation of new habits indicates that it takes two months for a new habit to fully form. After that the person will behave habitually in the new way. Of course this varies on how often the new behaviour occurs and if there are any relapses along the way. This suggests that it will take about one and a half to two months for a problem to move from being ego dystonic to ego syntonic if the new problem occurs regularly.

As mentioned above when a problem such as insomnia becomes ego syntonic it means there are now two problems. An extra problem is created by the switch from the initial ego dystonic insomnia

First there is the initial problem of insomnia

Secondly now the insomnia has become part of the person's identity or a sense of who they are. If a person says, "I am an insomniac" that means they now see their insomnia as part of their personality and it has become ego syntonic. They now have two problems to address in psychotherapy - their insomnia and their sense of identity as an insomniac. If they say, "I sometimes suffer from insomnia" that means the insomnia is still ego dystonic for them.

Life script heptagon

Another way to consider the change from ego dystonic to ego syntonic is with the life script heptagon, originally proposed by White(2022b). In order to explain why the life script is so resistant to change he proposes this diagram to explain the geometry of the life script, see figure 10.

White states,

"The heptagon life script is drawn in such a way to illustrate its strength or resilience. If one built this heptagon out of wood, it would be geometrically strong. Each corner has six other wooden supports coming from the other six corners to strengthen that one particular corner. If one was to hit a corner of the wooden heptagon with a hammer it would be very hard to break. One would have to strike it with considerable force because if you hit one corner then you have all six wooden slats from the other corners supporting and resisting the force of the hammer making it a very strong structure. Just like the life script is." (p53-54).

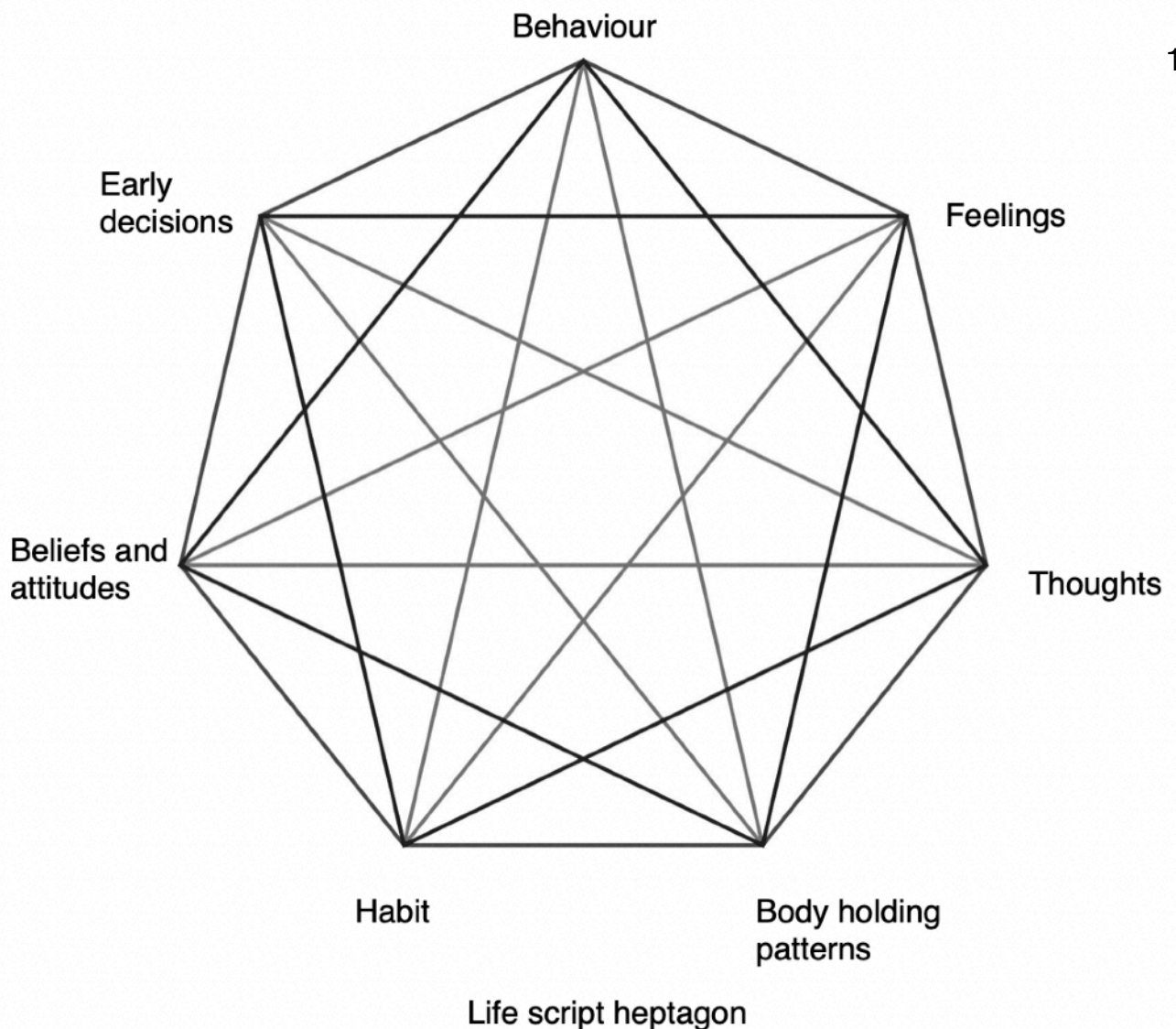


Figure 10

What this means is when a person develops a new behaviour such as insomnia, only one corner of the heptagon is changed, the behaviour corner. This will feel odd (dystonic) because all six other corners won't 'fit' with it. It will feel out of place. However if the behaviour persists then slowly all other corners begin to adjust to make the new behaviour feel accepted and right in the script. The psyche naturally modifies itself to again reach a state of homeostasis where all seven corners are consistent.

With the new behaviour of insomnia the person has to adjust their feelings about it and self, what they now think about self with this new problem, their body holding patterns and so forth. It seems that this may take about six to eight weeks to fully modify the other corners so the new behaviour then feels right for the person. The insomnia initially feels ego dystonic. As the other corners modify themselves the insomnia starts to feel more ego syntonic and that takes about six to eight weeks according to the research mentioned above.

Chapter five

The carom transaction

Woollams and Brown(1978) discuss the carom transaction. A carom transaction involves at least three people. This is where two people talk about a third person who is in front of them and can hear the conversation. A mother and her friend are talking about her daughter when the daughter is listening on and the mother says to the friend, "Jenny is a very good swimmer and wins most of her races." Jenny hears this and may hear the messages from her mother:

"Jenny is the sporty one (child) in the family".

Mother is communicating to two people at the one time, her friend and her daughter. The daughter is learning that mother is structuring the family (the children) in particular way by assigning certain roles to the various children. This is not an uncommon thing to occur in families and is sometimes called an attribution. For example in this case Jenny could be the sporty one, her sister may be the academic one, her older brother may be the funny one and the younger brother is the problem one. This is what family systems theory particularly focusses on and all families develop a structure like this where various people take on various roles. The carom transaction is one way a mother can communicate the roles to the various children and provide the attribution of their role to them.

The carom transaction in therapy

The carom transaction can be particularly useful in group therapy, in couples therapy with a husband and wife or when working with say a mother and her teenage daughter. When there are at least two clients in the therapy room then the therapist can use the carom transaction. See figure 11.

In group therapy the therapist begins by talking to client #1 about client #2 in front of them. In transaction 1, the therapist makes a positive comment about what client #2 did. At the same time the therapist is sending an ulterior transaction to client #2 and giving them a stroke. After that, the person may or may not respond to the ulterior transaction. In this case they do respond back to the therapist with transactions 3. The carom transaction is a particularly powerful way by which to give someone a stroke. Usually more powerful than giving it to the person directly.

In couples therapy there maybe a husband and wife. At one point the wife is talking about a trauma she suffered as child and then she does some two chair work with the therapist and her abuser. This happens while the husband watches on so another carom transaction is occurring. By opening up the wife's traumatised Child ego state the husband is also watching and listening on and sees a part of the wife that he may never have seen before. A carom transaction is occurring. The therapist may then say to the wife, "There seemed to be a lot of anger at your father." knowing that the husband tends to take the wife's anger personally when it is not even directed at the husband. He is using a carom transaction to communicate this to the husband in the hope that this information

allows the husband to better understand the wife's anger and not personalise it as much.

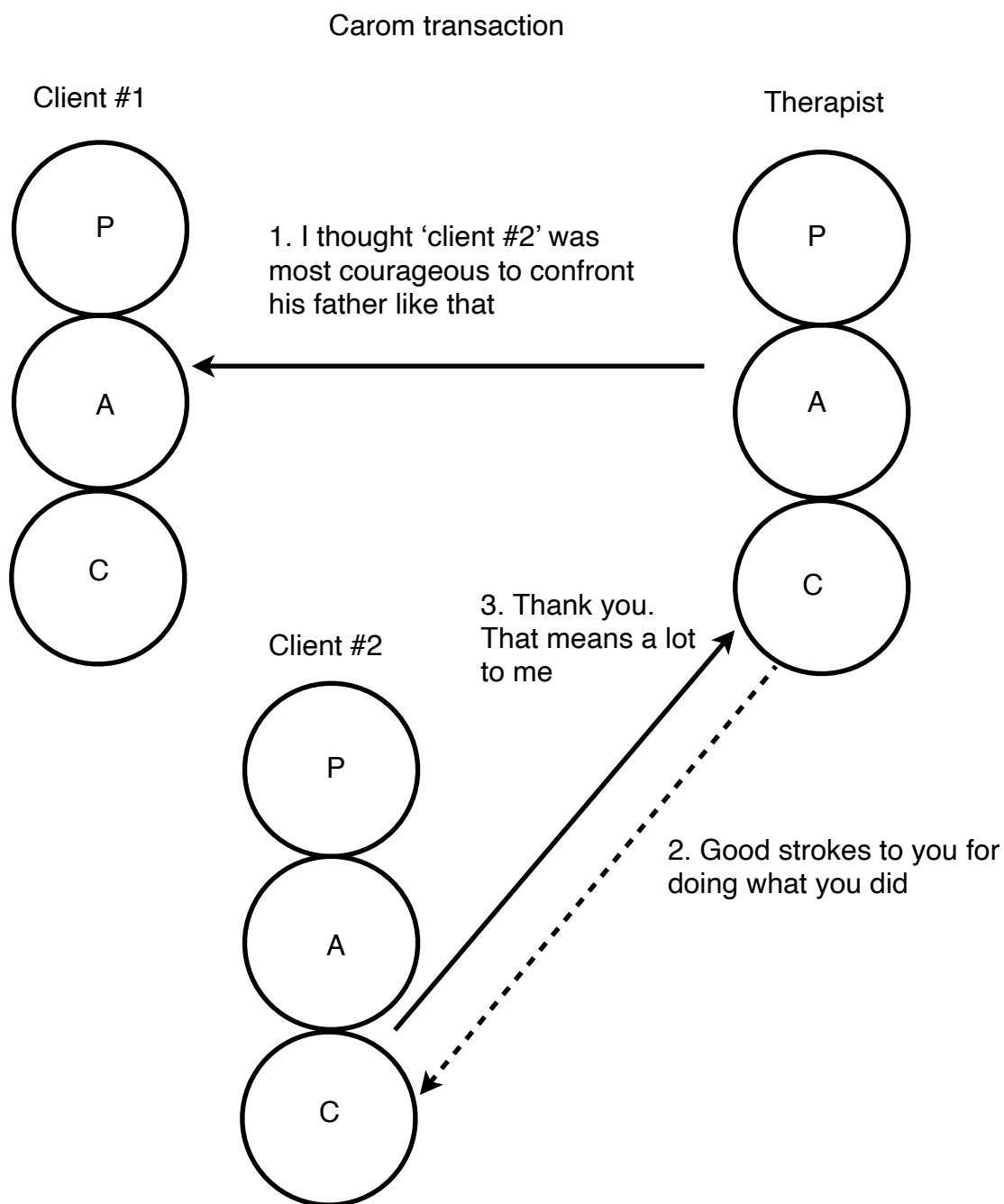


Figure 11

Features of the carom transaction

In many instances the carom transaction is more powerful, some times much more powerful than the usual direct transaction from one person to another. The information that it is communicating can be felt as more correct or true. It can give the third person a sense of being like a child. Imagine this scene. The parents have put the children to bed but the children get up and sit outside the room where the parents are talking and they listen in, unknown to the parents. This can give the

information more potency because the child thinks that what the parents say will be less censored and more true because the parents don't know the children are listening in. The information is thus more accept as true by the person.

Second, when one enters into a conversation their Adult ego state must be functioning quite well. It must be able to hear and comprehend what the other person is saying and then often it has to formulate some kind of response and then produce the response. This takes up quite a lot of energy in the Adult. A third person listening on does not have to do any of that if they do not want to. As they are not being addressed directly their Adult is under no pressure to be functioning at a high level in comprehending what is being said and they have no pressure on them to formulate and provide a response to what is being said. This allows the person's Child ego state to be more involved and 'hear' more of what is being said than if they were being addressed directly. Thus the Child is impacted more by the information. In figure 11 one can see the transaction to client #1 is directed at the Adult whereas the transaction to client #2 is directed at the Child ego state.

Clarkson(1992) talks about hypnotic transactions occurring when the receiver has their Adult decommissioned in some way. The person delivers information to the other whilst the other has a poorly functioning Adult. This means instead of the information going through the Adult first which would normally happen, the information tends to go directly to the person's Child ego state. Thus it is more directly impacted and therefore the transactions develop a quality of a hypnotic suggestion. As we know hypnotic induction and suggestion is a very powerful form of communication from one person to another where the other tends to take the new information on fully as correct and accurate. Client #2 in Figure 11 in essence is being given a hypnotic suggestion by the therapist which makes the transaction much more powerful.

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