INTRODUCTION
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An individual’s behaviour and social relationships reflect an interchange between parental, adult and childlike aspects of personality established early in his life. This enables social scientists to analyse social transactions of individuals and find out the pattern of communication as a means to understand the individual’s behavior (Woollams, S., & Brown, M., 1978). Eric Berne, a Canadian neurologist, was the first scholar to come up with the idea of Transactional Analysis (TA), who immigrated to the USA in 1935 to excel as a psychiatrist, put forward the basic model of his theory of Transactional Analysis in 1956. Berne was well interested in social psychiatry and was a passionate scholar in psychoanalysis. The new theory of Berne quickly harnessed popularity in the early years of 1960’s after the publication of his book ‘Games People Play’ in 1964. The Games People Play, a lucidly written piece of writing introduced the major themes of TA developed by Berne. Transactional Analysis (TA) has become an interesting subject of discussion and it was debated even among the common men. The book clearly defined the themes of TA such as ego-states, transactions, games, and scripts. The concept of ego-states is the most basic and is the foundation upon which TA is built (Stewart & Joines, 1987). Berne’s book gave a clear-cut picture of TA even to a common man. Later scholars, developed new theories and applied TA in the treatment procedures.

Transactional Analysis is defined as ‘a theory of personality and a systematic psychotherapy for personal growth and personal change’ (Stewart & Joines, 1987). When Berne coined the term Transactional Analysis, and was writing about it in the late 1950’s, the main focus was on psychotherapy. Since then, vast amounts of
writings by other authors have added depth to the theory. TA has also expanded and now has a wider range of applications. From a transactional analysis perspective, TA helps to understand that the underlying and unresolved script issues may lead to relapse or a return of symptom.

Berne took psychotherapy processes to a new level by engaging the client as a collaborative partner in the therapy and demystified the psychotherapy process. This intervention of Berne helped to popularise psychotherapy. TA is used in the treatment of anything from the general problems of everyday living to severe disorders such as psychosis (Berne, 1966).

Being a theory of personality, TA helped in the understanding of how people ‘express their personality in terms of behaviour’. Berne was one of the first psychiatrists to invite patients into case conferences in hospitals and he actively invited them to participate in choices about their treatments. (Berne, 1966). The uses of accessible language and concepts have likely contributed to TA’s popularity. Some TA professionals have speculated that the colloquial labels typically used in TA theory might give an impression of lack of academic substance or even amateurishness. Despite this, some authors argue that the use of accessible language and the diagramming of internal and interpersonal processes is one of TA’s strengths. (McLeod, 2009; Stewart & Joines, 1987).

TA’s popularity makes it clear that using colloquial words make the theories acceptable in society rather than keeping people away from it. Interestingly in the last 40 years TA has grown above the level of a theory of psychotherapy. As it noticeably
explains personality, child development, and communication, TA has expanded its scope and it is widely used in the fields of business and organizations, management, welfare, police and prisons. TA has applications for individuals, couples, groups, large companies, and organizations. (Stewart & Joines, 1987). The present work focuses on four sub domains of TA. They are Functional Ego state, Stroke, Life Position and Time Structuring.

**Ego States**

Before the emergence of TA life was considered as a constant battle between good and bad, right or wrong. TA challenged this traditional view of human nature and of life as being a constant battle between good and bad, right or wrong. Instead it introduced the notion of three primary ego-states - parent, adult and child. TA replaced the traditional view of duality in human nature with the all-new tripartite division. These notions made it possible for one to view oneself in a new way as a prelude to life changes (Widdowson, 2013).

‘Parent, Adult and Child ego states were first systematically studied by transactional analysis, and they are its foundation stones and its mark. Whatever deals with ego states is transactional analysis and whatever overlooks them is not’ (Berne 1972: 223).

Berne’s theory of ego states developed from the theories of his analyst, Paul Federn (1952) and those of Eduardo Weiss (1950) and Ronald Fairbairn (1952). Among them Federn was particularly interested in understanding one part of Freud’s tripartite structure of the personality- the ego. Federn’s definition of an ego state was of the
entirety of an individual’s internal subjective experience at any given moment (Federn, 1952).

Berne (1966) defined an ego-state as ‘a consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behaviour’. He identified three such ego-states, which he designated as Parent, Adult and Child. Berne developed this definition of an ego state to include the element of observability (Berne, 1961) that posited that an internal shift of an individual’s ego states might be directly observed (or inferred from observations of shifts in an individual’s behaviour) by an external observer (in this context, the therapist). Berne developed Federn’s theory that an ego state could be a direct response to the here-and-now situation the individual was presently experiencing, or one re-experienced as a regression to a childhood state to include an ego state which the individual had ‘taken in’ or introjected from external sources (generally, parents or parent figures). Thus he developed his theory of a tripartite structure of the ego, which was both internally experienced and directly observable (Berne, 1961). According to Berne (1961), the structure of personality is comprised of three organs: the extereopsyche, the neopsyche, and the archaeopsyche. These organs manifest themselves phenomenologically and operationally as three types of ego states called Parent, Adult, and Child, respectively (Berne, 1961). Berne (1957) holds that these ego states exert major influence on how people feel and behave in interpersonal relationships.

The Parent ego state is a repository of introjected ‘others’ - usually primary caregivers but also influences from the social and cultural environment, which were internalised by the infant during personality development (Stewart & Joines, 1987). This
internalisation process is shaped by the quality of the relationship with caregivers, which is ‘recorded’ in the infant’s psyche. The Parent ego state is believed to have a powerful influence on an individual’s behaviour and internal process. Berne defined the Parent ego state as ‘a set of feelings, attitudes and behaviour patterns which resemble those of a parental figure’ (Berne, 1961) - a definition he later extended to include aspects of the individual's personality, which were ‘borrowed’ from others (Berne, 1966).

The Adult ego state stems from here-and-now reality and was described by Berne as ‘an autonomous set of feelings, attitudes and behaviour patterns which are adapted to the current reality’ (Berne, 1961: 67).

The Child ego state is comprised of an individual’s historical experiences and acts as a source of regression from a repository of subjective memory systems, including the affective components of experiences. Berne defined the Child ego state as ‘a set of feelings, attitudes and behaviours which are relics of an individual’s own childhood’ (Berne, 1961: 69).

Fairbairn’s theory of the ego proposed a tripartite structure (Fairbairn, 1952), which Berne described as being ‘one of the best heuristic bridges between transactional analysis and psychoanalysis’ (Berne, 1972: 134). Fairbairn argued that the ego is composed of an observing ‘central ego’, an object seeking ‘libidinal ego’ and an ‘antilibidinal ego’ which he described as the internalised persecutory aspect (Fairbairn, 1952). A key difference between Fairbairn’s theory and Berne’s was that Berne’s theory included nurturing and caring functions within the Parent ego state.
(Clarkson, 1992). Also, Berne asserted that ego states are directly observable phenomena rather than abstract theoretical constructs (Stewart, 2010).

TA therapists pay considerable attention to the analysis of the content of the different ego states and to the internal interaction between ego states, such as internal dialogue (which is often presumed to be pre-conscious or unconscious) (Berne, 1972).

![Figure 1: Structural Model of Ego-state](image)

A healthy, balanced person needs all three ego-states and shifts from one to another for responding to day-to-day situations and in response to different transactions with others.

There are two models of ego-states. Firstly, the Functional Model, according to Stewart and Joines (1987), ‘divided the ego-states to show us how (the process) we use them’. Using this model we can observe behaviours and assess which ego-state...
they represent. Secondly, the Structural Model gives a means of showing the content of the ego-states. Stewart and Joines (1987) said it shows ‘what (the content) is classified as belonging in each ego-state’. What is classified is made up of stored memories.

In the next section, the Functional Model is expanded with an explanation of Functional Analysis of ego-states. This section is followed by accounts of Parent, Adult and Child from a Functional Point of view. It will be seen that the Functional Model is about process.

**Functional Analysis Of Ego-States**

According to the tenets of Functional Analysis, there are five functional ego states:

The Free Child (FC) or Natural Child (NC), the Adapted Child (AC), the Adult (A), the Nurturing Parent (NP), and the Controlling Parent (CP). Both parts of the Child Ego state (FC and AC) functions in a positive and negative manner (Woollams & Brown, 1978). The Positive Free Child (FC) expresses directly what is on his or her mind, has fun without hurting anyone in the process, and expresses natural feelings, needs, and wants in a spontaneous manner (Woollams, Brown, & Huige, 1976). The Negative Free Child (FC), while having fun or expressing self, may injure self or others (Woollams et al., 1976). The Adapted Child (AC) is compliant and rebellious. It also functions in a positive and negative manner. The Positive Compliant Adapted Child uses adapted behaviour to avoid pain or get what is desired without being overly compliant. The Positive Compliant Adapted Child (AC) adapts helpfully by complying (Woollams & Brown, 1978). The Negative Compliant Adapted Child adapts harmfully by complying such as in an overextension of self (Woollams &
Brown, 1978), i.e., discounting self to please others. The Adapted Child (AC) also functions in a manner that is helpless and one that is highly influenced by drivers (prescriptions for living). The individual is OK only if he or she is in the state of Be Strong, Be Perfect, Try Hard, Hurry UP, and Please Me (the drivers). Those parts of the Adapted Child (AC) that are helpless or highly influenced by drivers are not perceived as functioning in a positive manner.

The Adult (A) ego state functions in a logical and methodological manner. Its function closely resembles the function of a computer. The Adult (A) is analytical, abstract, and highly cognitive. It is the information processor of the personality.

Both functional parts of the Parent ego state (NP and CP) function in a positive and negative manner that is expressed inwardly toward self (internal) and outwardly toward others (external). The Negative Critical Parent (CP) is condescending, critical, judgemental, moralistic, and authoritative. The Positive Controlling Parent (CP) is strong, powerful, strongly protective, and principled. The Negative Nurturing Parent is caring, concerned, forgiving, reassuring, permissive, and warmly protective (Woollams & Brown, 1978).

Provided, a full complement of ego states are available to an individual, he or she has a choice as to which ego state will be used to record what is occurring or from which he or she will respond. Different people spend varying amounts of time and energy in different ego states (Woollams & Brown, 1978) in response to internal or external demands (Heyer, 1979), but all possess a certain ego state profile that gives rise to the enduring character traits commonly termed as “personality” (Heyer, 1979).
Differential ego state cathexis (activation) is a learned behaviour that persists as a habitual response pattern, providing consistency of response to objects, persons, and situations.

In the functional analysis of ego-states it is possible to view how a person uses his / her ego-states. The Parent ego-state and the Child ego-state are both composed of two parts, while the Adult ego-state remains constant.

![Functional ego state model](image)

**Figure 2: Functional ego state model**

**Parent Ego State**

As mentioned earlier the Parent ego-state is composed of the Nurturing Parent ego-state and the Controlling Parent ego-state. The Nurturing Parent ego-state functions
when a person is nurturing, caring, or helping. The Controlling Parent ego-state functions when a person is directing, criticizing, or controlling. Some TA writers make a further division of Parent and Child ego-states into positive and negative. Using this division, Parent ego-states could be broken down into Positive and Negative Nurturing Parent and Positive and Negative Controlling Parent.

In the ego-state of Positive nurturing Parent a person would come from a position of positive regard for the person who needs help (helpee) i.e., would probably check whether the ‘helpee’ actually wanted their help rather than assuming they did. In the Negative Nurturing Parent ego-state the helper is likely to smother the helpee. Help is given from a superior position that assumes that the helpee needs help and is unable to cope without it.

In the ego state of Positive Controlling Parent it is possible for a person to be directive and even critical, and well meaning at the same time e.g., ‘Don’t run across the road’. In constant, a person in the ego-state of Negative Controlling Parent is in a one-up position. Such a person is criticizing or controlling another, and putting them down at the same time e.g., ‘You’ve got this maths wrong again’ (You’re so dumb).

**Adult Ego State**

Adult ego-state is the rational aspect of a person and is seen by Berne (1964) as being ‘necessary for survival’. The ‘Adult’ is the aspect of the person which according to Holland, (in Corsini, 1973) ‘acts as a computer recording data and using its data as the basis for computing expectancies regarding future events’. An example of the Adult ego-state functioning as a computer is when a person makes a decision about whether
or not it is safe to cross the road. In this ego-state, information is sought and decisions are made based on this information. The Adult may seek to know ‘When?’, ‘Where?’, ‘What?’ and ‘How?’. The Adult operates in the present, and responds to the ‘here and now’ situation.

**Child Ego State**

Berne (1964) noted that ‘in the Child, resides intuition, creativity and spontaneous drive and enjoyment’. The Functional Model divides Child into Adapted Child and Natural Child. Whether adapted or Natural, in the Child ego-state, Stewart and Joines in 1987 said that, ‘I am behaving, thinking and feeling just as I used to in my childhood.’

The Adapted Child, according to Berne (1964), ‘modified his behaviour under Parental influence’. The Adapted Child may behave in ways ‘that might please a parent e.g., compliance or preciousness’ or may behave in ways that might annoy a parent e.g., ‘withdrawing or whining’.

The Natural Child ego-state, which is also known as Free Child, shows spontaneous expression as recognized, for example, in creativity or rebellion. The Natural Child expresses feelings and / or wants, without references to perceived parental sanction.

As with the Parent ego-state, some TA writers divide the Child ego-state into positive and negative. Thus, in this model there are four divisions of Child: Positive Natural Child, Negative Natural Child, Positive Adapted Child and Negative Adapted Child. Positive Natural Child behaviour is that which Stewart and Joines (1987) mentioned
as being ‘productive and life-enhancing’. Whenever a person expresses feelings in a safe way, he or she is using the Positive Natural Child ego-state.

Negative Natural Child satisfies the person’s urges, but without regard for social conventions. Skateboarding at speed through a crowded shopping mall may feel good, but could be unsettling or dangerous to self and/or to others.

Positive Adapted Child is present in most people most of the time, e.g., looking before crossing the road, and other rule-following behaviours. Simple good manners, like saying ‘please’ and ‘thank you’ are other examples of Positive Adapted Child Behaviours. A person using this ego-state is co-operative. To say it practically, the Schools would have difficulty in operating without a lot of Positive Adapted Child behaviours from both students and staff.

Negative Adapted Child uses old patterns of behaviour learned in childhood that are no longer appropriate e.g., throwing a tantrum in an attempt to get in one’s way. Most at-risk behaviour could be classified as Negative Adapted Child behaviour. Stewart and Joines (1987) stated that ‘an aim of personal change in TA is to replace these old outdated patterns with new ones, which make full use of our grown-up options’.

Although ego state functions are the same for men and women, differences between the genders on them and other personality characteristics have been identified. These include psychological differences (Lang-Takac & Osterweil, 1992; Rubin, 1983) and physiological differences (Iaccino, 1990). Feingold (1994) used a series of meta-analyses to examine gender differences in personality, which could be found in the
literature of the period from 1958 to 1992 and in normative data for well-known personality inventories from 1940 to 1992. His results indicated that males were more assertive and had slightly higher self-esteem than females, while females were higher than males in extraversion, anxiety, trust, and especially, tender-mindedness (e.g., nurturance). His results also indicated that gender differences in personality traits were generally constant across ages, years of data collection, educational levels, and nations.

**The constancy hypothesis of Ego state**

Dusay (1972) suggested the constancy hypothesis. According to Dusay, ‘when one ego-state increases in its intensity, another or other must decrease in order to compensate.’ The shift in psychic energy occurs so that the total amount of energy remains constant.

The changes in the predominant ego states of individuals occur as therapy proceeds. Specifically, successful therapy outcome is accompanied by increases in the representation of the Adult ego state and the reduction of the Adapted Child ego state. Ego states are measurable using dimensional scales that evaluate facial expressions, body posture, intonation patterns, as well as word choice and sentence structure (Dusay & Dusay, 1989). The constructs of ego states specific to transactional analysis have been measured using graphical representations called ego gram (Dusay, 1972).
Contamination of the Adult Ego state (Berne, 1961)

The word contamination, for many, conjures up the idea of disease. It is when the Integrating Adult ego state is contaminated by any of other two ego states. This occurs when people talk of something, as it is a fact or a reality, when in reality this is a belief. Racism is an example of this. The Integrating Adult ego state is contaminated in this case by the Parent ego state. If we are white, we might have lived with parents or significant others who said such things as "Black people take our jobs". Growing up in this environment and having no real experience to go by, it is likely that we believe this. We might also have been told that Black people are aggressive, which in our Child ego state might lodge some scared feelings about Black people and in this ego state we may start to believe "All Black people are scary". This would mean that there would be a double contamination of the Integrating Adult ego state. They fit

Figure 3: An example of ego gram.
with the Integrating Adult ego state and only those people outside of our situation and sometimes outside of our peer group or culture can see that, objectively. Such beliefs are just like that and therefore they can be changed. In the therapeutic process, the process will be concentrated on the decontamination of the contaminated adult ego-state. The diagrammatic representations of Adult contamination are shown below.

The child ego state contaminates the adult ego state, in the form of feeling or archaic experience, when they are inappropriately externalised in the present condition during Child-Adult Contamination. Two of the most common symptoms in this form of contamination are delusions and hallucinations. Especially delusion grounded in fear (Harris, 1967)

Figure 4: Contamination of Adult Ego-state
Recognition of Ego State

It is helpful to be able to assess or diagnose which ego state in the structural model, or which mode in the descriptive model, somebody belongs to. In this way a person can respond appropriately, as well as ensure which mode we are addressing (Berne - 1966). Berne listed four types of recognizing ego-state. He called them:

1. Behavioural diagnosis
2. Social diagnosis
3. Historical diagnosis
4. Phenomenological diagnosis

1. Behavioural diagnosis

Words, tone, tempo of speech, expressions, postures, gestures, breathing, and muscle tone provide clues for Behavioural diagnosis ego states.

Parent mode words typically contain value judgements, Adult words are clear and definable, and Free Child mode words are direct and spontaneous. For example, a person in Adapted Child mode may cry silently, whereas when in Free Child mode we are likely to make a lot of noises. "You" or "one" usually comes from Parent. This can switch even mid-sentence. If we are leaning forward it is likely we are in the posture of the Parent mode, whereas if we are in Adult mode we tend to be erect. These are indicators; not guarantees. Assessment of them needs to be supported by other methods of diagnosis.

2. Social diagnosis

It includes observation of the kinds of transactions a person is having with others. For example, if eliciting a response from someone's caretaking Parent, it is likely that the
stimulus is coming from Child, though not necessarily the Adapted Child mode. Our own responses to someone will often be a way of assessing which ego state or mode they are coming from.

4. Historical diagnosis

The person's past also provides important information. If, as a child we had feelings similar to those we are experiencing now, it is likely that we are in the Child ego state. If our mother or father behaved or talked in the same way that we are behaving or talking now then we are probably in a Parent ego state.

5. Phenomenological diagnosis

This occurs when we re-experience the past instead of just remembering it. This means that diagnosis is undertaken by self-examination. This is sometimes accurate and sometimes very inaccurate as the Child ego state may be afraid to allow our Adult ego state to know what is going on. This may be possible during a therapeutic session or an interview.

Transactions

Berne (1964) stated that ‘the unit of social intercourse is called a transaction’ and explained that when two or more people meet together, and one speaks to or acknowledges the other(s), this is called the transactional stimulus. The reply or reaction to this transactional stimulus is known as the transactional response. According to Harris (1973) ‘Transactional Analysis is the method of examining this one transaction, wherein I do something to you and you do something back and determining which part of the multiple-natured individual is being activated’.
Transactional Analysis attempts to discover from which ego-state of a person’s transactions, i.e. transactional stimuli or transactional responses come from.

1. Complementary Transactions

Transactions can be complementary, by which Berne (1964) meant that ‘the responses too appropriate and expected and follows the natural order of healthy human relationships’. An Adult-Adult exchange is an example of a complementary transaction. Both the stimulus and the response come from the Adult ego-state of the parties involved.

A1 ‘What is your name?’

B1 ‘My name is Stewart.’

This may be shown diagrammatically:

![Diagram of Complementary Transactions]

Figure 5: Complementary transactions
Complementary transactions can be to and from ego-states other than Adult. For a transaction to be complementary the requirements are (a) that the transactional vectors are parallel, and that (b) the ego-state addressed is the one that responds. So, other examples of complementary transactions are

A\textsuperscript{1} ‘This homework is a real mess’

B\textsuperscript{1} ‘Sorry, Miss. I was in a hurry.’

2. Crossed Transactions

In a crossed transaction the response does not come from the ego-state that was addressed. Crossed transactions causes most classroom conflicts as communication ceases when a crossed transaction occurs. In a crossed transaction the stimulus may come from the Adult ego-state, while the response may be directed to the Parent ego-state from the Child ego-state, for example.

A\textsuperscript{1} ‘What time will you be home?’

C\textsuperscript{1} ‘You’re always checking up on me, just like my father used to!’

![Diagram of crossed transactions](image_url)
This Child-Parent response, shown diagrammatically above, has crossed vectors; hence the term is crossed transaction.

Individuals may use this knowledge of crossed transactions to their advantage. An individual might want a particular transaction to continue because it is healthy, productive, stimulating etc. In this instance, the teacher would reply from the ego-state that the student addressed. When a teacher does not want a particular line of communication to continue, he / she may cross the transaction and reply from an ego-state other than the one which was addressed.

3. Ulterior Transactions

Ulterior transactions are, according to Berne (1964) ‘those involving the activity of more than two ego-states simultaneously’. Such transactions seem to be directed at the social level, but have an ulterior (psychological) purpose, for example.

A₁ ‘What are you doing after the show?’

C₁ ‘Wouldn’t you like to know!’

![Figure 7: Ulterior transactions](image)
Shown diagrammatically the content appears to be Adult-Adult, but at the psychological level the Child ego-states are involved. This type of Ulterior Transaction is known as duplex transaction, as it has duplicity in its nature.

**Strokes**

Berne (1971) defined Stroke as a unit of recognition. Strokes are the recognition, attention or responsiveness that one person gives another. Strokes can be positive or negative. A key idea is that people have a hunger for recognition, and when lacking positive strokes, will seek whatever kind they can, even if it is recognition of a negative kind. Strokes can be classified as verbal or nonverbal, unconditional (being) or conditional (doing), and positive or negative. Conditional strokes say, “I will like you if and when you are a certain way”; they are received for doing something. Unconditional strokes say, “I am willing to accept you for who you are and for being who you are, and we can negotiate our differences.” Positive strokes say “I like you,” and they may be expressed by warm physical touches, accepting words, appreciation, a smile, and friendly gestures. These strokes are necessary for the development of psychologically healthy people. Negative strokes say “I don’t like you,” and they too can be expressed both verbally and nonverbally. Interestingly, negative strokes are considered preferable to no strokes at all—that is, to being ignored.

**Stroking Pattern/Stroke Pattern**

The stroking pattern profile helps to measure how a person gives and receives strokes in 5 categories (Jim McKenna, 1974). Later Claude Steiner (1974) developed this theme, in the book “Scripts People Live”, and named as Stroke Economy. The stroke economy describes how society has developed a system to control and compete in the
giving and receiving of strokes. The present tool is based on the following five areas of stroke economy. These domains both positive and negative aspects.

1. **Give stroke**
   - Giving Positive Strokes
   - Giving negative Stroke

2. **Accept stroke**
   - Accepting Positive Stroke
   - Accepting negative Strokes

3. **Reject stroke**
   - Rejecting Positive Stroke
   - Rejecting Negative Stroke

4. **Ask stroke**
   - Ask for Positive Stroke
   - Ask for negative Stroke

5. **Self stroke**
   - Self-Stroke Positive
   - Self-Stroke Negative

Stewart and Joines (1987) defines, stroke as ‘a unit of recognition’. Clear understanding of the concepts of stimulus hunger and recognition hunger will give us better insight about strokes and stroking as applied in TA. We may understand the relationship between stimulus hunger and recognition hunger and their interrelationship with strokes.
1. Stimulus Hunger

Berne (1964) said ‘stimulus-hunger in many ways parallels the hunger for food’. One would wither and die if deprived of food for a period of time. Likewise, deprivation of stimuli such as touch, infants have been found to be retarded, and in some cases have died. For the survival every one need a touch or stroke and this need for actual physical contact and comforts is termed as Stimulus hunger.

As an individual develops, the need for actual holding, rocking etc. reduces. An adult can get along if enough time and attention is received from others, whether or not physical contact is included.

Berne (1964) said “the result is a partial transformation of the infantile stimulus hunger into something which may be termed recognition hunger”.

2. Recognition Hunger

The term recognition hunger is used in TA to describe the need to receive recognition of one’s existence by others. Strokes provide such recognition. “By an extension of meaning, stroking may be employed colloquially to denote any act implying recognition of another’s presence. Strokes could be physical touch, or greetings, acknowledgement, etc”, Berne (1964) says. Holland (in Corsini, 1973) said ‘this concept of stroking is analogous to the idea of physical stroking, an assumption of Transactional Analysis being that either physical stroking or recognition of another meets a basic human need’.
The response needed to satisfy both stimulus hunger and recognition hunger is described in TA as stroke. Stimulus hunger, recognition hunger and stroking reflect different aspects of basic human needs.

While it is clear that the term stroke applies neatly in describing how physical needs are met, abating stimulus hunger, stroking is also used to describe the way in which the need for recognition hunger is met.

**Discounting**

Steiner (1974) defined a discount as ‘a crossed transaction in which the discountee emits a stimulus from his / her Adult ego-state to another person’s Adult ego-state and that person responds from his/her Parent or Child ego-state. In such a situation the discountee’s Adult ego-state is not acknowledged. Holland (in Corsini, 1973) maintained that discounting ‘refers to any action by which a person is persuaded that he / she is not OK, not important or not helpable’.

There are four ways in which discounting can be done:

1. Doing nothing.
2. Over adaptation.
3. Agitation.
4. Incapacitation and Violence.

**1. Doing Nothing**

A condition in which a person actually needs to make an effort to stop him / her from acting is termed ‘doing nothing.’ Stewart and Joines (1987) explained that while the person ‘feels uncomfortable and experiences him / her as not thinking’ he / she
discounts his / her ‘ability to do anything about the situation.’ In a sports training session, I foolishly asked a player ‘What is it that you’re doing that’s making you miss the ball? The player froze, stared ahead and down. He was discounting, doing nothing. It was some time before he spoke again, then I had the chance to use a more positive approach and re-establish our relationship.

2. Overadaptation

Stewart and Joines (1987) defined overadaptation as “discounting (one’s) ability to act on (one’s) own options. Instead (one) follows options (one) believes others want”. A person behaves him / herself in the ways he / she thinks others will want him / her to behave and will approve of the behaviour. Overadaptation may be seen in a person’s behaviour when although he / she does not have to, and has never been asked to, he / she works long hours and sometimes weekends because his / her boss does. He / she might even take this behaviour to the extreme and take extra time with tasks so there actually is something to do out of hours.

3. Agitation

The third form of discounting is termed as agitation. Stewart and Joines (1987) saw agitation as being made up of ‘many common habits where the person is discounting his / her ability to act to solve a problem’. A person may pace, sign, and rattle money around on a shop counter as others in the shop push in, thus showing agitation due to the person’s inability to be assertive. Incapacitation and violence are also ways in which people discount their ability to solve their problems.
4. Incapacitation

According to Stewart and Joines (1987) it is ‘violence directed inward’, whereas violence per se is directed at others and/or at property. Graffiti writing and vandalism may be seen as violent behaviours directed at ‘The School’ and/or the mainstream adult world, with whom the mainly young perpetrators are angry and frustrated. Because of their perceived inability to communicate their feelings and a feeling of lack of power and problem-solving skills, their reactions become covert.

Time Structuring

The concept of Time structuring is developed by Berne and he first discussed it in his seminal work Games People Play (1964). He further developed the idea in later works.

TA identifies six ways of time structuring.

1. Withdrawal
2. Rituals
3. Pastimes
4. Activity
5. Games.
6. Intimacy

These can be illustrated best with examples of classrooms, staff groups and committees in the school.

Withdrawal
One or more members of a class might at some point withdraw. During withdrawal there would be no interaction with the rest of the class. The withdrawn person(s) could be daydreaming or thinking about something else.

**Rituals**

Class members would probably engage in rituals. Before the start of the class students shake hands, greet each other and answer the roll calling etc as a familiar and predictable interaction or ritual. Rituals would also be associated with assemblies, staff-meetings, and school sports.

**Pastimes**

Pastimes may take place as patient wait for the therapy session to start or as individual wait for the meeting to begin. Here people might chat about, for example, the weather, the film they had watched recently, what they did in the weekend and the conversation would tend to be superficial, and about past time.

**Activity**

As Stewart and Joines (1987) point out ‘when the communication between the group members is directed at achieving a goal rather than just talking about it, the activity is in its full swing’. As the lesson gets under way and the homework is checked, the class is engaged in activity.

**Psychological Games**

The possibility of games arises when the class starts to move through the lesson, and discussion opens up. During a discussion one is more likely to put forward personal
views instead of following set procedures. Clashes of opinion in discussion could lead to game-playing, as the class members probably come from negative ego-states and exchange discounts as part of their debating style.

**Intimacy**

As the class debate the issues of the lesson’s topic, it is possible that they will move from game level to intimacy level. If the class, group or staff-meeting want to resolve issues and reach conclusions, they will tend to express ‘authentic feelings and wants to each other without censoring’ (Stewart and Joines, 1987). Because there will not be more straight talk amongst the class/group members, positive and negative strokes might be exchanged and the outcomes for the class/group will tend to be constructive. Games and games analysis are early TA concepts. A lot has been written about games, including classroom games. Knowledge of games theory is of enormous benefit to the therapist and the patient. Games, games analysis and formula G are described next.

**Games And Game Analysis**

According to Berne (1964), in TA, game refers to ‘an ongoing series of complementary ulterior transactions progressing to a well-defined, predictable outcome’. They are not ‘fun’ games. In TA, games are where you end up feeling bad. Games not only take place in the classroom, they are likely to occur all over the school. Games are usually learned in our family of origin. One reason games are played is to provide strokes, which the person is unable to obtain through straight interaction i.e., through intimacy.
As proposed by Stewart and Joines (1987) the features of games are that they:

- Are repetitive.
- Are played without Adult awareness.
- End up with the players experiencing racket feelings.
- Entail an exchange of ulterior transactions between players.
- Always include a moment of surprise or confusion.

Ernst (1972) proposed that ‘every game has predictable cause, moves and payoffs. But the moves are not random. The informed individual can spot the rules governing the seemingly random moves made by the players’.

Formula G was devised by Berne (1964) to show the six stages of a game, namely Con, Gimmick, Response, Switch, Crossup, and Payoff. It can be shown diagrammatically.

$$C + G \Rightarrow R \Rightarrow S \Rightarrow X \Rightarrow P$$

**The Drama Triangle**

Karpman, one of the TA writers to follow Berne and develop Berne’s ideas, devised the Drama Triangle which adds to the knowledge of games. Karpman (1968) devised the Drama Triangle to demonstrate and analyse games. According to Karpman, each person in a game takes up a position on the triangle, and each position entails discounting. At the switch, people change positions on the triangle.
Figure 8: Karpman’s Drama Triangle

**Rackets**

A racket is a pattern of behaviour that is within the script. A person involved in racket behaviour is unaware that he / she is using this behaviour as an attempt to manipulate the environment. A racket is accompanied by racket feelings, which cover up true feelings. People try to get strokes from others by using patterns of behaviour that are rackets or cover-ups. Stewart and Joines (1987) defined a racket feeling as a ‘familiar’ emotion, learned and encouraged in childhood, experienced in many different stress situations, and maladaptive as an adult means of problems solving’. They defined a racket system as ‘a self-reinforcing, distorted system of feelings, thoughts, and actions maintained by script-bound individuals.

**Script**

Script or life script, is defined by Stewart and Joines (1987) as ‘an unconscious life plan made in childhood, reinforced by the parents, “justified” by subsequent events...
and culminating in a chosen alternative’. Decisions about script are made by the Adult in the Child (A1, or ‘Little Professor’). The Child makes decisions as best he / she can at the time, in order to cope. In doing so, he / she may be giving up natural parts of his / her personality. People can change their scripts. Counselling in most of the cases is about making re-decisions about script with full Adult awareness. As part of one’s script, one takes up a life position.

**Life Position**

Stewart and Joines (1987) defined life position as ‘one’s basic beliefs about self and others which are used to justify decisions and behaviour’. The young child adopts a life position as his/her interpretation about him/herself and how he / she ‘fits in’ with others. The four life positions are:

1. **I’m OK, you’re OK**;
2. **I’m not OK, you’re OK**;
3. **I’m OK, you’re not OK**;
4. **I’m not OK, you’re not OK**;

One who chooses ‘I’m OK, you’re OK’ life position is likely to be positive. In TA terms, this indicates a ‘winning’ script; one in which the individual is likely to value him/herself and others. Choosing the ‘I am not OK’, ‘you’re OK’ life position may lead to a losing script. Such people become victims, and will give in easily. At the best, life is ordinary. I’m OK, you’re not OK life position looks like a winning one, but people with this script will not worry about winning at the expense of others. In time, such a person may find him / herself losing friends.
Choosing the ‘I am not-OK’, ‘you’re not OK’ life position is the most likely choice of a losing script. Such a person will find it hard to be close to others and is unlikely to value him / her. Consequently, risk-taking behaviour will not matter. Little purpose is seen in life. Not only will rejection by others come as no surprise, this person will also push others away.

Stewart and Joines (1987) thought that ‘once the child has adopted one of these (life) positions, he / she is likely to construct all the rest of his / her script to fit in with it’. In adulthood, we tend to shift between positions influenced by our daily social interaction; however the position selected in childhood remains our basic position. We move in and out of script-determined behaviour and scripts are usually a mixture of behaviours. We do, though, return to a general pathway that is influenced by our dominant life position.

Life position is formulated during infancy and childhood, and once decided, one’s life script can also be constructed. The games we play are outside of Adult awareness, and this is because life position and script, which determined the nature of the game, are also outside of Adult awareness. As a child, I may have learnt that I ought not to get angry. If I did, I got into trouble, was sent to my room etc. So when I was angry, I learned to keep quiet. What I was actually doing was sulking. Sometimes I would get attention. Someone might say, ‘You’re very quiet’ (that’s good’), or ‘You’re very quiet; what’s wrong?’ Either way, I got strokes. As an adult, I might sulk when things are not going the way I want them to and I have not said anything about it.

Before concluding the chapter a number of basic concepts commonly found in TA literature are also introduced here.
**Stamps**

Understanding of stamps will help the therapist comprehend the behaviour of some of their patients/clients, including that behaviour which just seems to come from ‘out of the blue’. Sometimes racket feelings are stored away like trading stamps. Games are also used to collect stamps. These saved up feelings may be from positive or negative events and they are used to justify some later behaviour.

**Injunction**

Injunction is a negative message received by the child, up to the age of six to eight years. Injunctions, which are passed from child to the parent, generally felt as emotions and body sensations and they are reflected in children’s behaviour. ‘Don’t exist’ and ‘Don’t be close’ are examples of injunctions.

**Programme**

Stewart and Joines (1987) said that ‘the programme consists of messages about how to do things’. Programme messages may be positive or negative, but end towards the former. Examples include:

‘Here’s how to cross the road;’

‘Here’s how to eat your dinner’,

‘Here’s how to regard other cultures’.

**Counter injunction**

According to Stewart and Joines (1987) ‘counter injunctions consist of commands about what to do or not to do, plus definitions of people and the world. Counter injunctions come from parents and parental figures, and might include:

‘Be loyal’;
‘Save your money’;
‘Be a good sport’.

**Early Decision**

Early decision refers to themes given to the child. These themes are injunctions that are given mainly in non-verbal ways. Stewart and Joines (1987) reported on the ideas of Bob and Mary Goulding, who found that 12 such themes occur frequently:

- Don’t exist
- Don’t be important
- Don’t be you
- Don’t belong
- Don’t be a child
- Don’t be close
- Don’t grow up
- Don’t be well
- Don’t make it
- Don’t feel
- Don’t do anything
- Don’t think

Therapists can play a vital role in giving positive messages to clients. A therapist might be able to give messages that actively contradict the injunctions and counter injunctions in the client’s script if the students had been brought up to believe negative things about him / her.

**Permissions**

“Permissions are ‘positive, liberating script messages issued for the Child by the parent and housed in the Child by the child,’” Stewart and Joines (1987) describes.

Permissions are picked up from the pre-verbal stage of life itself. A parent enjoys playing with (stroking) his / her baby. The baby may conclude, ‘Mother / Father wants me and likes me to be close’. These parents have given their baby the permission to exist and to be close. Permissions may be given from any ego-state and
may be the most important thing a therapist gives a client. Positive messages not only enhance our emotional state but also our receptiveness to learning. The positive will always defeat the negative. Examples of permissions are:

- Be yourself
- Be close
- Feel
- Think
- Succeed

**Autonomy**

In therapy, the goal of the TA therapist is to move the client towards autonomy. Therapists also can play an effective part in moving clients towards autonomy by relating in ways that move students out of script and ‘scriptly’ behaviours.

Autonomy in people is most likely to produce ability to move freely between ego-states in response to the different learning situations. The autonomous person is interactive, and thus autonomy must be the most desirable state for learning. Stewart and Joines (1987) defined autonomy as ‘the quality, which is manifested by the release or recovery of three capacities: awareness, spontaneity and intimacy’. They went on to say that ‘any behaviour, thinking or feeling which is a response to here-and-now reality, rather than a response to script beliefs’ would be autonomous behaviour in terms of TA.

**Depression**

The natural course of depression cannot be predicted, as it is possible that many people experience depression due to embarrassment and underreporting and which are
not identified in prevalence studies. As per the type and number of previous episodes the course of depression and prognostic indicators varies.

Symptoms develop gradually over a period of several days or weeks, although early indicators of prodromal symptoms (an impending depressive episode) can occur several months before the onset of a depressive episode. Major depressive episodes variable but it normally occurs in between 6 months and 2 years.

American Psychiatric Association (1994) points out that despite not meeting symptoms for a prolonged period of time diagnostic criteria for MDD many people continue to experience depressive symptoms for a prolonged period of time. APA indicates that 40% of people will continue to meet diagnostic criteria one year after diagnosis of MDD, 20% will continue to have some symptoms without meeting full diagnostic criteria (partial remission), and 40% will have no mood disorder. Initial severity of the episode appears to be predictive of its persistence, with more severe episodes lasting longer.

Recovery from MDD is possible if the individual must not have met diagnostic criteria such as depressed mood or loss of interest or pleasure plus four additional symptoms for a period of 2 consecutive months. If the individual shows a number of depressive symptoms, in which case the individual is considered to be in partial remission.

A study by Piccinelli and Wilkinson (1994) has found that, 75% of people with MDD would have at least one further episode of depression within 10 years. Ten percent of patients in their study had experienced chronic and persistent depression for a period
of 10 years. Approximately 50%-60% of individuals who experience a single MDE will go on to have a second episode. Individuals who have had two episodes have a 70% chance of having a third, and individuals who have had three episodes have a 90% chance of having a fourth episode. Piccinelli and Wilkinson’s study clearly indicates that the number of episodes is a predictor of the chance of recurring episodes of major depression.

Patients with partial remission have high chance of experiencing another episode of depression. People with dysthymia have a high probability of eventually having an MDE, with estimates as high as 79% of people with dysthymia going on to develop an MDD during their lifetime.

People who have had an MDD and who have an underlying dysthymic disorder will also have a much higher rate of relapse for an MDD, with 62% experiencing an MDE within 2 years (Keller, Lavori, Endicott, Coryell, & Klerman, 1983).

**Biological Models of Depression**

Although there are numerous theories to explain depression, no biological model has explained fully why some people become depressed. Subtle unidentifiable and major biological changes take place in the bodies of individuals who are depressed. So far no genetically transmitted case of depression has proved scientifically. The model suggests that depression is caused by an imbalance in certain neurotransmitters, particularly serotonin, norepinephrine (noradrenaline), and dopamine. (Barros, Calil, Guimaraes, Soares, & Andreatini, 2002). Hyperactivity of the hypothalamus-pituitary-adrenal (HPA) axis is visible in people with depression.
Psychoanalytic Models of Depression

Sigmund Freud, the pioneer of the psychoanalytic school examined the similarities and differences between mourning and melancholia (depressive states) in his noted work “Mourning and Melancholia.” He observed that the significant difference between the two states is that in ordinary grief reactions the external world is experienced as diminished in some important way whereas in depressive conditions, what feels lost or damaged is a part of the self”. (Mc-Williams, 1994, p. 228). The aggression theory of psychoanalysis and the theory of defense mechanisms also provide insights into the inner experience of a depressed person.

Interpersonal Models of Depression

Interpersonal psychotherapy (IPT), a manualized treatment approach that was used in a study comparing psychotherapy with medication, is considered one of the effective treatments for depression. IPT is a structured, timelimited, psychodynamically informed therapy. IPT is based on the premise that interpersonal distress is intimately connected with psychological symptoms. Though IPT is based on psychodynamic principles unlike psychodynamic therapy, the transference relationship between the therapist and the client does not become a primary focus of therapy. IPT focuses on the patient’s current, particularly interpersonal, functioning (Weissman, Markowitz, & Klerman, 2000).

Interpersonal dispute, role transition, grief and loss and interpersonal sensitivity are the four main problem areas identified by IPT as the contributor to the cause and maintenance of depression. In IPT parlance Interpersonal disputes refers to the interpersonal conflicts, acute or chronic, the patient is experiencing. Any changes in an individual’s social roles or life-stage changes are seen as a source of stress and
something that require adjustment or a renegotiation of social support. This is referred by Role transitions. Grief and loss refer to both bereavement as well as generalized sense of loss such as illness or the ending of a relationship. Interpersonal sensitivity refers to the problems that are resulted out of an individual’s pattern of relating to others. (Klerman, Weissman, Rounsaville, & Chevron, 1984; Stuart & Robertson, 2003).

**Cognitive-Behavioural Model**

Aaron Beck and his colleagues developed the cognitive-behavioral model on depression in 1979. Error in cognitions (like negative memories, negative images and negative beliefs as well as streams of unhelpful automatic negative thoughts) result in emotions (such as guilt, shame and sadness), which in turn impact upon our physical condition (low energy, sleeplessness, decreased or impaired cognitive functions), and affect our behaviour (such as withdrawal from activity and use of drugs etc). (Mulhern, 2010)

Transactional analysis theory has a number of concepts that are similar to those used in cognitive behaviour therapy (CBT). Concepts such as contaminations (Berne, 1961) and discounting (Mellor & Schiff, 1975) can be seen in CBT approach, relating to attributional style and precipitating and perpetuating factors in depression. It is also found in the racket (script) system (Erskine & Zalcman, 1979) and frame of reference (Schiff et al., 1975) correspond to the CBT concept of schema, as does the transactional analysis concept of life script and an individual’s script beliefs (Berne, 1972).
Types of Depression

Sidney Blatt (1974) was the foremost to come up with the concepts of Anaclitic and introjective depression. His concepts of Anaclitic and introjective depression is similar to that of to Bowlby’s (1980, 1988) concepts of ambivalent and anxious attachment patterns.

Sidney Blatt (1974) developed his theories based on a range of research into depression. Blatt focused on the internal experience, preoccupations, and life experiences of individuals with depression. Blatt’s anaclitic and introjective depression, which are primarily psychodynamic in nature, correspond, respectively, to A.T. Beck’s (1983) subtypes of sociotropic and autonomous depression.

Anaclitic depression is characterised by feelings of loneliness, helplessness and weakness are the characteristics of Anaclitic depression. The individuals with this kind of depression will have intense and chronic fears of being abandoned and left unprotected and uncared for. This keeps them in a state to have desperate need to keep in close physical contact with need-gratifying others. They will be in desperate need to be loved, cared for, nurtured, and protected. Little internalization of the experiences of gratification or of the qualities of the individuals who provided satisfaction occurs within such individuals and they value others primarily for the care, comfort, and satisfaction they can provide. For fear of losing the need gratification others can provide these individuals find it difficult to express anger towards the persons who care them.
Introjective depression on the other hand is characterized by self-criticism and feelings of unworthiness, inferiority, failure, and guilt. These individuals engage in constant and harsh self-scrutiny and evaluation. They normally express chronic fear of being disapproved and criticized. They are also found to be fearful of losing the approval and acceptance of significant others.

Persons with Introjective depression are highly obsessed with excessive achievement and perfection. They work hard and show high competitive spirit, make many demands on themselves, and often achieve a great deal. However, the achievements they make give them little satisfaction.

Their intense competitiveness makes them critical and attacking of themselves and others. They strive to achieve and maintain approval and acceptance. (Blatt, 1974). They trace out the explanation for their painful experiences within themselves. For this they look deep inward. When they are mistreated, rejected, or abandoned, they find it as their fault and attribute their suffering to their own badness, which may be changeable by themselves.

Introjectively inclined depressive rarely succeed to their satisfaction even though work hard to be “good”. Whereas Anaclitically depressive individuals are found to be in distress and disorganization when they experience loss and separation. They give priority to relationship, affection, trust, intimacy and warmth, however they feel emptiness, incompleteness, loneliness, helplessness, and weakness rather than morally perfectionistic and excessively self-critical individuals with Introjectively inclined
depressive disorder. They are haunted by existential despair, i.e., the feeling that life is empty and meaningless.

While treating depressive patients of the introjective type it is imperative to elicit their negative feelings such as their hostility and criticism. This is because they typically idealise the therapist, try to be good patients, and interpret the therapist’s noncritical acceptance as evidence that the therapist has not yet noticed how bad they really are. It is also important that they see how they persist in believing that their badness is the cause of whatever difficulties and losses they encounter. (PDM Task Force, 2006).

**Conclusion**

This chapter has given an outline of the basic concepts of TA. An understanding these basic concepts could assist therapists/clinicians wanting to apply TA ideas and methods. The fundamental ideas about TA came from Berne; however, many of these concepts have evolved from the thinking and writing of later Transactional Analysts.

This chapter also gives some insight into depression and the TA therapy that helps to get rid of depression. As no single approach can claim to be a universally effective treatment for depression, TA therapy joins hands with other methods to make it an effective way to get out of depression. This approach helps therapists to address certain types or aspects of depression.

While this chapter has outlined the basic concepts of TA in a general way, the next chapter, the literature review, is more specific in that, it will give an outline of some of the literature relevant to this study.