

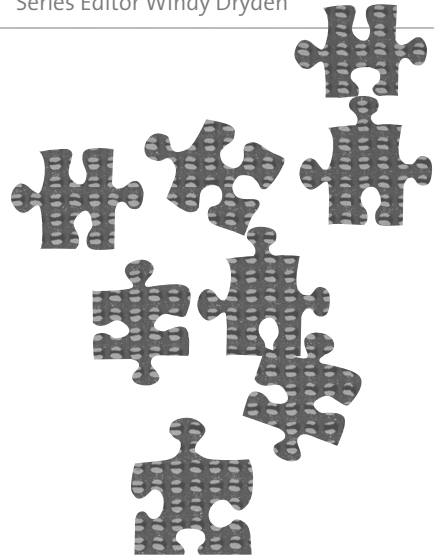
# Transactional Analysis Counselling in Action

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# 1

## Counselling with TA

- Practice and Philosophy in TA
- The Effective Counsellor
- Space for Reflection
- Further Reading

This chapter gives you an overview of TA work and TA skills. In this first section I outline some distinctive features of TA practice. The second section discusses some personal and professional qualities of the effective counsellor.

### Practice and Philosophy in TA

TA practice is founded on a set of philosophical views about people and the goals of change (Stewart and Joines, 2012: 6–8). The philosophical assumptions of TA can be summed up in three statements:

- People are OK.
- Everyone has the capacity to think.
- People decide their own destiny, and these decisions can be changed.

From these assumptions there follow two guiding principles of TA practice:

- Contractual method.
- Open communication.

### ***People are OK***

Everyone has worth, value and dignity. This is a statement of essence rather than behaviour. At times, I may not esteem or accept what a person does. But always, I esteem and accept what he or she is.

In the counsellor–client relationship, this implies that you and your client are on an equal footing. Neither is one-up nor one-down to the other.

This assumption will be familiar to you if you know person-centred counselling, since it implies Rogers' 'unconditional positive regard' (Rogers, 1961: 62; Mearns and Thorne, 2007). The TA assumption also underlines the need for the counsellor to maintain unconditional positive regard for *himself* ('I'm OK') as well as for the client ('You're OK').

### ***Everyone has the Capacity to Think***

Everyone, except the severely brain-damaged, has the capacity to think. Therefore each person has the ability to decide what she wants from life. She carries ultimate responsibility for living with the consequences of her decisions.

### ***Decisional Model***

Each person decides her own behaviour, thoughts and feelings, and ultimately her own destiny. No one can be *made* to act, think or feel in particular ways by other people or by the environment, except by physical coercion.

From this *decisional model* of human action follows TA's emphasis on *personal responsibility* for feeling, thought and behaviour.

The decisional model is also at the root of the theory of psychopathology in TA. The young child is viewed as *deciding* his or her responses to environmental pressures. This has implications for the process of personal change in adult life. Because dysfunctional patterns were originally decided upon, rather than being forced upon the individual, they can be changed by making new decisions.

Thus TA holds that people can change. This change can be genuine and lasting. Change is not brought about merely by achieving insight into old patterns. Rather, the person can actively decide to replace these patterns by new ways of behaving, thinking or feeling that are appropriate to her grown-up abilities.

### ***Contractual Method***

From the assumptions that people relate as equals and that everyone is personally responsible, it follows that you and your client have joint responsibility for the process of change. To facilitate this, you enter into a *contract*. Your client states the goal he wants to achieve, and says what he is willing to do to help bring this about. You say whether you are willing to work with the client to achieve the chosen goal, and undertake to use the best of your professional skills when you do work together.

### ***Open Communication***

In TA practice, you keep your case notes open to the client's inspection. This open communication helps your client take an equal role with you in the process of change.

### ***Treatment Direction***

The phrase *treatment direction* implies an informed choice of treatment procedures, decided upon in the light of psychodiagnosis and systematically followed through in the service of the contract goal. Current TA practice lays great importance on the need to choose and maintain direction in treatment.

It is important to register that the word 'direction', here, does *not* imply that the practitioner somehow 'directs' the client rigidly through the process of counselling. The 'direction' we are speaking of in TA practice would fit in the sentence 'This signpost shows us the direction to London.' It would not fit in the sentence 'I gave my employee a direction to complete the job.' In TA counselling, every step in treatment direction is decided by *agreement* between counsellor and client.

*Treatment planning* – the informed choice of treatment procedures – is always a deliberate and explicit process for the TA practitioner. It includes decisions on *treatment sequence*, the order in which various stages of the treatment process will be carried out. There are certain steps which the transactional analyst will usually follow in sequence when carrying through his treatment plan. These stages of treatment will be described one by one in the successive chapters of Part II. Chapter 2 introduces this with a bird's-eye view of the typical treatment sequence.

### **Process Awareness: ‘Thinking Martian’**

TA stresses the need to stay aware of the *process* of communication as well as its content. That is, you need to pay attention to how people say things as well as to what they say.

Eric Berne urged TA practitioners to ‘think Martian’ (Berne, 1972: 100–4). He pictured a little green man from Mars arriving on this planet to study Earthlings. The Martian has never been conditioned to accept what human communications *should* mean. He simply observes them and considers the results which follow. From this he deduces what these communications *do* mean. The practitioner, said Berne, needs to redevelop this skill of ‘thinking Martian’: observing human interaction without preconception. It is a skill every infant possesses naturally. As part of the process of growing up, most of us are systematically discouraged from using that skill (‘It’s rude to stare, dear!’), and we lose it through disuse.

In TA work you therefore re-learn to pay close attention to your client’s non-verbal clues: breathing signals, bodily tensions, changes of posture. You observe these signals over short time-spans, since they change from one split second to the next.

You pay attention also to the person’s choice of words. This is part of judging *how* things are said. For example, you would interpret the statement ‘That makes me feel bad’ as having a different meaning from ‘I feel bad about that’. (I explain the difference in Chapter 9.) You will choose your own words with equally close attention.

### **Social Level and Psychological Level**

As part of ‘thinking Martian’, TA distinguishes two levels of communication: the *social level* and the *psychological level* (Stewart and Joines, 2012: 70–4). The idea behind this is that when people communicate, they often convey more than one message at the same time.

As an illustration of this, consider the following exchange between counsellor and client:

- Counsellor: So will you complete the assignment we’ve just agreed?  
 Client: [Breaks eye contact, shakes head slightly] Yes, I will.

Intuitively, you feel the client is communicating something more to the counsellor than the literal meaning of his words would indicate. The ‘Key Ideas’ box below sets out the ideas that TA uses to explain this kind of exchange. I shall illustrate each of them by this same example.

### Key Ideas 1.1

#### Social-Level and Psychological-Level Messages

- 1 All communication proceeds at two levels: the *social level* and the *psychological level*.
- 2 The *social-level message* is the meaning of the communication as it is conventionally understood in the social circle of the people concerned. In our example, the client's social-level message is that he will complete the assignment.
- 3 The *psychological-level message* is the communication's real meaning, the 'Martian'. You will pick this up initially by intuitive judgement. Usually you will follow up by asking the other person whether this judgement is accurate. The counsellor in the example might judge that his client's 'Martian' is conveying 'No, I won't do it' or 'I'm very doubtful if I'll do it'.
- 4 Often, but not always, the social-level message is conveyed in the literal meaning of the words and the psychological-level message is conveyed by non-verbal signals. In our example, the client's head-shake and breaking of eye contact signal the psychological-level message.
- 5 If the social level and psychological level convey the same message, the two levels are said to be *congruent*. This is not so in our example. To make his messages congruent, the client might have maintained eye contact with the counsellor and made a slight nod of the head instead of shaking it.
- 6 If the message conveyed on the psychological level is different from that conveyed on the social level, there is said to be *incongruity* between the two levels, and the psychological-level message is said to be *ulterior*. In the example, the client's head-shake belied his agreement to doing the assignment, and thus was a signal of incongruity. The possible ulterior messages conveyed by the incongruity have been suggested in (3) above.
- 7 The behavioural outcome of any communication is determined at the psychological and not at the social level.

Eric Berne (1966: 227) put forward statement 7 above as a 'rule of communication'. You will note that he wrote 'is determined', not 'may be determined'. Berne is asserting that the psychological-level message is *always* the

'real message' in this sense. In our example, this is to say: if the counsellor wants to know what the client really means by his communication, he should pay attention to the client's ulterior message and not his social-level message.

At first sight it may seem too sweeping to claim that the outcome of communication is *always* decided at the psychological level. Yet researchers into body language in fields other than TA are familiar with the notion of 'non-verbal leakage' (for example, Schefflen, 1972). Implicit in this idea is that the non-verbal signals do indeed always convey what is 'really going on'.

### **'Overt' vs. 'Covert' Messages**

It may seem at first sight that the social-level message is 'overt' while the psychological-level message is 'covert'. In fact, both levels are overt. The psychological-level message only appears 'covert' if you view it from within the conventional social framework of what a communication is 'supposed to' mean. This in turn demands that you blank out your awareness of non-verbal signalling, as most of us are taught to do during childhood.

There are occasions when the psychological-level message is overt even in the literal meaning of the words. Example:

Counsellor: So will you complete the assignment we've just agreed?  
 Client: Yes, I'll try to.

In TA practice you would assume here that your client's real message is accurately conveyed by what he says. He will try to complete the assignment. But he will not actually complete it, because if he did, he would not be 'trying to' any more. This message only appears 'covert' if you interpret the words in terms of what they are conventionally 'supposed to' mean in everyday conversation.

In cases like this, the presence of the double message is signalled by the fact that your client has not actually answered the question you asked. (You enquired if he was going to do the assignment, not if he was going to try to do it.) I expand this topic in Chapter 9.

## **The Effective Counsellor**

The TA practitioner, said Eric Berne, needs to be a 'real doctor'. Berne was not suggesting that only medical doctors should become transactional



analysts. He meant that the TA professional must be prepared to take on certain responsibilities expected of a medical doctor (Berne, 1966: xvii). The ‘real doctor’, said Berne, must:

- be oriented first and foremost towards curing his patients
- be able to plan his treatment so that at each phase he knows what he is doing and why he is doing it
- take sole responsibility for his patients’ welfare within the area of his professional competence.

### ***Permission, Protection and Potency***

Pat Crossman (1966) and Claude Steiner (1974: 258–67) have suggested ‘three Ps’ which the effective practitioner must bring to her counselling work. They are *permission, protection and potency*.

#### *Permission*

To offer someone *permission*, you provide her with new messages about herself, others and the world. These messages realistically describe the person’s grown-up resources and options. She can use them to replace old restrictive or destructive messages that she may have perceived her parents as giving her in childhood. Examples:

‘You do have the power to think and make decisions.’

‘You are valuable and lovable.’

‘You *can* survive and get your needs met even if you don’t work hard all the time.’

‘As a grown-up person, you will survive even without your parents’ support.’

If you choose, you may convey permissions to your client in words. But more important is that you yourself must *model the permissions congruently*. That is, what you do must match what you say. Or to put this in the language we used in the ‘Key Ideas’ panel on page 7: to be congruent, you must convey the same message at both the social level and the psychological level.

For example, suppose you want to convey the permission ‘You have the power to think clearly’. If you like, you may say this in words to your client. With or without the words, she is most likely to take the permission if you show in your behaviour that you fully believe she can think clearly. One way to model this would be to invite her consistently to

think for herself. You would avoid any temptation you might feel to try to 'think for her'. For instance, if you asked her a question and she acted confused, you would not fill in the answer for her. Instead you would wait for her to find her own answer. Another element of modelling would be for you to show her that you can think clearly yourself.

To be congruent in modelling permissions for your client, *you yourself must already have taken the permissions you are modelling.*

### *Protection and potency*

If the client does take new permissions, he will be going against directives that he perceived his parents laying down for him during his childhood. Outside of awareness the client may experience this change as risky, even life-threatening (Chapter 6). He may fear that he will lose the support of his internalized parent, bringing about some catastrophe such as extinction or abandonment. Thus, without being fully aware of it, he may look to you for *protection* against this fantasized disaster. This requires also that he perceives you as having enough *potency* – enough power – to provide the needed support and protection.

For example, suppose you are working with a client who wants to be more free in showing his feelings. You thus offer him the permission 'It's OK to show your feelings in ways that are safe for you as a grown-up person.' But suppose also that this client decided in infancy 'If I show my feelings, my mother will leave me and never come back, so I'll die.' Without awareness, he may still be clinging to this infant motivation for concealing his feelings. If he is to make use of the new message you are offering, the young child part of him must first be convinced you can protect him against being abandoned and dying. And he can only achieve this conviction if that same child part of him sees you as having the power to offer the needed protection.

Protection and potency, like permission, are conveyed first and foremost by congruent modelling. You must be confident that you do possess more power than the client's fantasized parent. You must feel secure in your ability to protect and support the client during the process of change.

As well as this internal confidence, potency and protection are exhibited in the way you work. The potent counsellor is one who knows what she is doing and why she is doing it. This quality will be shown by the economy and appositeness of her interventions.

As one element of protection, TA lays much emphasis on forestalling three tragic outcomes. They are: killing or harming self, killing or harming

others, or going crazy. In Chapter 7 we shall look at this protective process of ‘closing the escape hatches’.

Protection for the client also means you must provide a physically safe environment. For example, if the session is likely to entail a physical release of anger, you can give protection by setting up the room so that neither the client nor yourself can get hurt during the process. Two other essential ingredients of protection are confidentiality and an effective system for medical and psychiatric referral (Chapter 5).

To ensure competent decisions on referral, you need to have a working knowledge of some topics on the interface between your own practice and other fields. These areas of knowledge include:

- child development
- principal current theories of psychology and behaviour
- general physiology and biochemistry
- diagnosis of organic disorders or substance abuse
- the effects of medication and physical treatments
- general psychodiagnosis, including the use of standard diagnostic manuals
- legal issues in the area of counselling.

### ***Counselling and Supervision for the Counsellor***

You need to resolve your own therapeutic issues if you are to be fully effective as a counsellor. This is because congruent modelling is so important in conveying the ‘three Ps’. You can only help your client achieve a particular goal to the same extent as you yourself have achieved it.

It follows that you need to enter counselling or psychotherapy yourself whenever you become aware of unresolved personal problems. To be fully effective with a wide range of clients, you need to be willing to resolve a correspondingly wide range of your own personal issues. If you become aware of a personal problem you have still not resolved and which you are putting in the way of your work with a given client, you need to refer that client to another counsellor.

Equally important is to be in on-going supervision. Since you are using the TA model, this will ideally be with an accredited TA supervisor. In Part II of the book, I have provided you with a sequence of ‘Practice Checkpoints’ for each of the TA methods described. Each set of Checkpoints consists of a set of questions to give you a starting-point for the issues you may usefully explore in supervision. Indeed, you do not need to wait until you see your supervisor: you can use the ‘Practice

Checkpoints' panel as a key to *self-supervision*. This is a useful tool: it helps you to stand back from your work and reflect on it 'from the outside'. By doing this, you can often pick out points where you could have intervened differently or more effectively. You may well become aware of 'blind spots' in your own awareness that you did not notice while you were actually working with the client.

But work with a supervisor gives you the extra benefit of another pair of eyes, which see your work from a different perspective. Importantly, this often enables the supervisor to pick up and reflect back to you any 'blind spots' in your perception that you did not notice, even during self-supervision. (We shall discuss these 'blind spots' in detail in Chapter 9, where we look at the TA concepts of *redefining* and *discounting*.) Another obvious benefit of supervision is that, unless you are already a highly experienced counsellor, the supervisor can advise you on the specifics of technique and treatment planning, drawing on her or his own experience. Supervision helps you avoid 're-inventing the wheel'.

In the next chapter, I give an overview of the successive stages that make up the typical process of treatment in TA. My own image of this sequence is that it resembles building a house. First you put in solid foundations. Then you start with the bottom bricks and work upwards. The soundness of the whole structure depends on how well you have laid the foundations and the bottom bricks.

I believe that this sequence describes not only the order of effective treatment, but also the best order in which you can build up your own TA skills. By achieving fluency in each successive aspect of the treatment sequence, you lay a sound foundation for developing skills in the stage that follows.

### SPACE FOR REFLECTION

If you are working in a group, I suggest that for each of the following reflection topics it is a good idea to begin by taking some minutes in which each member of the group, without consulting the others, makes out her or his own personal set of answers. Then compare notes, discussing similarities and differences.

If you are currently in training, rather than already in practice, please adjust the wording of the questions to suit.

- 1 Do you agree with TA's universal assumption that 'people are OK'? Or do you believe there are certain behaviours that are so offensive that the person committing them should be considered not-OK? If so, what behaviours, and what are the thinking and feelings behind your judgement? Would you be prepared to offer counselling to such a person?
- 2 *Who are you* as a counsellor or therapist? As you think of answers to that question, you may like to note down the many facets that make up your unique professional identity. As well as immediate features like your name and age, these may well include: gender, the modality you were trained in, your professional qualifications, career background and experience, sexual orientation, nationality, ethnicity, cultural background ... and what else?
- 3 Considering each of the features you have listed at (2): how, if at all, does that feature affect the way in which you work with your clients?

### Further Reading

The first four chapters of Eric Berne's book *Principles of Group Treatment* provide you with a gold-mine of practical advice on the business of being an effective counsellor or therapist (Berne, 1966: 3–100). The book's coverage is not limited to TA, nor (despite its title) to work with groups.

The 'Afterword' in *Developing TA Counselling* (Stewart, 1996a) further explores the concept of 'personal OKness' and its practical application in counselling.

In *Transactional Analysis: 100 Key Points and Techniques*, Mark Widdowson includes a discussion of protection, potency and permission, and offers suggestions about how you can evaluate and enhance your effectiveness as a practitioner (Widdowson, 2010: 303–9 and 323–7).