# Eric Berne: Transactional Analysis (1910 – 1970)

# Basis for Berne's theoretical assumptions

Berne's theory did not spring solely from his imagination. It was rooted in his clinical experience. Though most of his main ideas elaborate on the thinking of earlier theorists, what Berne did that was new was to construct a theory that *could be checked against real-world observations*. Central to his theory are statements about events that can be observed in reality and they provide a means of checking the theory systematically against the real world. Thus observability becomes the cornerstone of his theory as against other theorists who have not so rigorously evaluated their theories against real world experience. Berne is the people's theorist as he uses concepts and vocabulary that is easily accessible for a non specialist audience.

# Ego States

Core to the whole Transactional Analytical model is the concept of Ego States: Parent, Adult Child (similar to Freud's superego, ego and id). While the term Ego State was not new, Berne provided a range of observable classifications of behaviours that would demonstrably fit into each of the 3 categories: this departed in a big way from the cerebral theories introduced by Freud et al which had no basis except for theory.

## Parent ego state

This is evidenced by thoughts, words, feelings and behaviours that we will have learned directly from our parents (ever caught yourself sounding just like your mother or father?)

## Adult ego state

This is evidenced by thoughts words, feelings and behaviours that we have adapted to respond to things that are happening right now (the reasoned and mature part of our psyche)

## Child ego state

This is evidenced by thoughts, words, feelings and behaviours that we are familiar with from our own childhoods and that were once designed to keep us safe.

He further subdivided the Parent and Child ego states into categories which he called functional ego states as follows:



Berne observed 4 ways of identifying the ego states detailed below: they were, Behavioural, social, historical and phenomenological.

## **Behavioural:**

Body language and body positioning. Words, tones, gestures, body postures and facial expressions.

### Social:

Identifiable games that people slip into automatically that are evidential even from therapist – client interaction. How are the same words taken differently between each client? Eg: Client says: I hope you don't think I'm ungrateful etc.... What is client trying to convey? Where does it come from?

#### **Historical:**

Asking questions about a client's childhood. This can give us an idea of the kinds of devices clients have developed to stay safe. Can bridge the here and now with the there and then by asking: Have you always felt sad, anxious? Etc How did you feel as a child when x happened?

#### Phenomenological:

A client relives the emotion that was once locked away safely so that they could continue to be the adapted child. Perhaps the client experiences in your therapy room a sensation of rage that they were, say, sexually abused, which at the time, they buried into their adapted child because it wasn't safe to feel or express. This has been a phenomenon, a small demonstration of the emotion of another time, that gives evidence to the ego state of your client. This is more than likely with hypnosis.

## Transactions

A transaction is an exchange of social/psychological information between 2 people. There are 3 types of transaction: Complementary, crossed and ulterior.

See diagram on page 4 on the Parent, adult, child model. Make sure you have a pen if you are listening to the audio while reading this.

#### Strokes

In TA strokes are also known as a unit of social recognition. Strokes can be:

- Verbal or non verbal
- Positive or negative
- Conditional or unconditional

Make notes here as I explain what each one is.

# **Getting Strokes**

Berne listed the following methods we use to satisfy our need for 'strokes'

- Withdrawal
- Rituals
- Pastimes
- Activities
- Games
- Intimacy

# Life scripts

We run a life script which is uniquely ours that we start to learn and live by from the moment of birth. By the age of 4 or 5 you apparently had decided on the essential elements of the plot. By 7 you filled in the main details. By age 12 you spent a few years polishing it and adding details. In adolescence you updated it with more real life characters.

Now you are an adult the beginnings of your script may be well out of conscious memory. You may not even be aware you wrote it and instead spend your life bemoaning your lot and blaming others for where you are. But you composed that story all those years ago and you are living by it now. That is your life script.

We have made a series of decisions about how our life will pan out. Children from the same family will make different 'decisions' about how they lead their lives. Parents give messages about who the child is and this forms a child's self image and idea of who they are.

Script decisions present the infant's best strategy for surviving in a world that seems hostile, even life threatening.

## Life Positions:

l'm ok You're ok

I'm not ok You're not ok

We are all meant to operate from one of these core convictions about ourselves. Our script has been written based upon one of these positions. I can think of various clients who fall into these positions: I'll mention them in the audio.

For example, the infant who concluded 'I'm ok and all those others are not ok' took up that position to defend against the painful realisation of being one-down and powerless in the face of their parents. To change, as a grown-up, they need to face that infant pain and then let it go.

## Ego states



**Complementary:** Adult to adult, or child to parent, or parent to child: intention concurs with the words used.

**Crossed transaction**: Intention may be child to parent, or parent to child, or adult to adult, but the counter volley to the original behaviour crosses the transaction: a parent to child transaction is crossed by the adult. Or the parent to child transaction is crossed by one's opposite number coming back as the parent. Perhaps ensues a battle of domination between too people. An intention of a crossed transaction is to bring the other person into a different ego state.

**Ulterior transaction:** where intention and words are at odds. We've all had experiences where a perfectly innocent comment lexically speaking has certain other undertones and intentions and we read the message at that level not on the social level. Some people are highly attuned to looking for ulterior transactions, whether they're there or not. Call this paranoia perhaps. Say I might say I'm absolutely fine and feeling good, but all of my energy and tone of voice is saying the opposite. I may be doing this to con myself or to con my counter part. Whatever it is, the words and the intention invite the same kind of crossed transaction in others too.

Fill in the lines as I speak on the audio. You'll see how, if you are stuck in a parent-child dynamic with someone ie: client, friend, colleague, family member, that by crossing the transaction with an adult behaviour and comment (it's important to be congruent here: ie words must match intention. If not it is considered an ulterior transaction where intent and words are at odds), you can break the patterns that have established between you both.

At first when a transaction is crossed in this way, there may be a tendency for the person concerned to dismiss your crossed transaction in order to keep the parent/child dynamic going. It is important that you maintain your composure and reiterate your adult response

to their usual pattern of interaction with you. They may demonstrably dislike your change to begin with, but eventually they will adjust their behaviour.

## Drivers

Drivers are commands that we internalised from our parents. We will do anything to comply with these drivers as they are designed to keep us safe in our family context. The five drivers are:

- 1 Be perfect
- 2 Be strong
- 3 Try hard
- 4 Please others
- 5 Hurry up

For example, my experience with ME/CFS sufferers is that they use a 'please others' driver. As long as they are pleasing others, they are safe. However, this driver can be so strong because it is designed to desperately gain the parental approval many perceived they never really had, that it overrides any other driver to protect themselves or not overwork themselves. Over time this drains the physical, emotional and mental wellbeing of a sufferer of CFS until they develop full blown symptoms of ME/CFS, either through a sudden breakdown of the body after a virus or through gradual decline.

## Injunctions

Injunctions start with the word 'don't' and amount to the things an individual might receive and internalise as forbiddens from their parents. The twelve injunctions are:

Don't be (ie: don't exist) Don't be a child Don't make it Don't be important Don't be you Don't be you Don't grow up Don't (do anything) Don't belong Don't be close (don't trust or be loved) Don't think Don't be well Don't feel

Parental injunctions cannot make a child write his script in a particular way. It is the child ho decides hat to do with the injunctions he receives. Note this dramatic example taken from my notes:

"One child may accept an injunction as it stands. Another may modify it ingeniously to ease its impact. Still another may simply refuse to accept the injunction at all. For instance, suppose a little boy picks up *don't exist* from his mother. He may simply take on board the whole impact of the injunction and commit suicide either as a child or as an adult. The suicide may be overt or may take the form of an 'accident', as where someone drives his car fast whilst drunk. Another possibility is that the child may make a magical early decision to shift the impact of *don't exist* by deciding to kill someone else rather than himself. Alternatively, the magical belief may be in the form of: "If I can stop existing as a sane person, maybe I won't actually have to die." "

There is still quite alot more to Berne's practice and theory which is found extensively in his book, 'The games people play' published originally in 1964, far too much to cover and illustrate in an hour's teleseminar. However, I hope I have given you a taste and a broad framework for your clinical work. I find particularly useful the Parent, Adult Child model as a means of illustrating to some clients, what kinds of behaviour they are using that is inviting the opposite behaviour in their nearest and dearest. In my experience, clients can have quite an insight into their relationships by understanding this simple rule of transactional analysis.