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Editorial Section

Editor's Note

Transactional Analysis (TA) is a practice in psychology used to understand one's self in terms of intra-psychic content and how that impacts interpersonal relationships. Practitioners integrate and apply its scientific models and tools in various fields of Psychotherapy, Counselling, Education and Organisations, to enhance personal growth through self-reflection and awareness, thereby improving personal and professional connections and performance.

In India, the nodal body for Transactional Analysts to train, certify and practice is SAATA – South Asian Association of Transactional Analysis. This journal SAJTA – South Asian Journal of Transactional Analysis, is a bi-annual compilation of scientific literature shared by Asian and international Transactional Analysis authors, of their own ideas / theories or developing existing models or application in their fields of operation.

This is the 16th publication of the SAJTA and we are pleased at our steady growth and in how we are evolving. We are slowly but surely receiving creative scientific material from trainees at all levels, and the impetus by individuals and trainers to think afresh, challenge or postulate Transactional Analysis and allied theories and write about it is heartening. It keeps us in the editorial team challenged to read, cross-reference and be creative ourselves. We have augmented the team with 3 more reviewers and have spent many hours as a group, streamlining our own thinking and work methods to maintain and cultivate this journal. In conversations with Aruna Gopakumar, SAATA VP for Research & Publication, we have committed to present a high standard of ethical scientific writing to our readers. This is the guiding post which keeps us aligned to our mission and vision for the SAJTA.

Having said that, I would like to share my sincere appreciation towards the editorial team, who despite several personal and pandemic-related quandaries, pulled strongly individually and as a team, to work through each article with steadfast commitment. Some of us lost loved ones, some were in over our heads given the circumstances, some were new to the work and yet here we are! We brought this issue together and I am proud of each one of us! All members are voluntary and to preserve this level of dedication, especially in tough times, is worthy of mention and note.

I would like to introduce each of the 3 new editors and also say a bit about the rest of the team. *Gunjan Zutshi* is a CTA (P) and has authored articles in past issues. She works as a psychotherapist and OD consultant and brings methodical and clear thinking to the table, with strong conceptual backing. *Karthik Kamal Balasubramaniam* (KK) is a TA Psychotherapy trainee and an IT professional. He is quick to spot and stroke the positives in an article and is an eager initiate to the journal. *Siddharth Shah* (Sid), an OD professional, has a penchant for research and brings that rigour and eye for detail to the review process. The rest of the crew includes *Deepak Dhananjaya*, the veritable pillar and previous managing editor of this journal. He is astute and experienced and is our go-to person when we get stuck! Then there's *Rosemary Kurian*, who has written before and has an article in this issue as well. Rose is passionate and patient, full of creative options. As current managing editor, my skills of being organised and planned are useful and I enjoy bringing the team together as we evolve. Although not directly involved in reviews, *Aruna Gopakumar* is engaged with the team in dialogues over intent, process and quality of the journal. Her wish and personal drive to take the SAJTA places is motivational.

As I write about the SAJTA team, I ask myself what my need was to say all of this. Its twofold. Firstly, to honour and acknowledge what happens behind the scene and give our readers

a glimpse in. Secondly, and more importantly to me, if there's one thing I take away from the 'wave' that enveloped us in India barely a month ago, it is this – *human connection*. Behind every story - of success, love, loss, joy, failure or anger - are people! *People matter*, not the optics of material things, achievements or appearances. And we are the people behind what you are reading.

In that sentiment, here are the people who have brought this issue to life:

1) *Aruna Gopakumar* talks about the value of borrowed wisdom and ideas from earlier TA literature and authors. Reintegrating old material to run a particular experiential concept, she shares her thinking behind how she structures and facilitates a group. With animated anecdotes of interactions between group members, showcasing open and honest communications, Aruna's paper is a comprehensive guide for those choosing to use this methodology.

2) *Rosemary Kurian* takes us into the realm of Artificial Intelligence, with a requisite reminder that for AI to perform in a fair and unbiased manner, it is up to the *people* behind its creation and its end users (especially calling out to mental health practitioners), to deeply examine our own prejudices and biases. Using a cultural TA model to explain biases, Rose suggests an alternative model to inculcate positive changes, which could predicate more humane AI systems.

3) *Joy Roshan's* article explains his reasoning of why one might experience the feeling of being *stuck*, through the concept of psychological energy. He also redefines some well-known TA concepts through this view of energy. Employing easy-to-relate cases to illustrate his hypothesis, he takes the reader through the process of understanding this stuck energy, further elaborating how we may extricate ourselves using free energy to change and grow.

4) *Prathitha Gangadharan* shares personal and client experiences of previously unexamined processes which emerged in therapy as a result of trauma induced by the pandemic. Difficult

environments impel early childhood trauma to manifest insidiously. Prathitha describes one client's conflicts, where the safe space and strength of the therapeutic relationship, allowed for addressal and healing from those primal wounds.

5) *Nikita Bandale* delves into an important aspect of mitigating risks to ensure client well-being, by the therapist's attention to safety and protection protocols. In her detailed analysis and description of this procedure, Nikita incorporates the pertinent role of one's culture in determining their beliefs and actions, thereby inviting practitioners to be sensitive to the context of every individual.

6) *Samiksha Jain* talks about a Professional Will – what it comprises, it's importance and how it is drawn up. She describes her experiences of making and using a professional will in her counselling practice, sharing the impact doing so had on herself, her clients, colleagues and her family. Samiksha explains how this has helped her grow personally and professionally.

We hope that you and yours are staying safe. If the times stimulate your thinking, put them into words and send us your article. We look forward to hearing your views, ideas, questions or feedback. You could write to any author and / or us, at journal@saata.org.

Nisha Rao

Managing Editor

SAJTA

Theme for Jan 2022 Issue

“Open Issue”

(No specific theme)

Deadline for submissions: **October 15th 2021**

Email : journal@saata.org

Please follow the [Guidelines for Writing for SAJTA](#) before you submit.

Editorial Board (The People)

Volume 7, Number 2, July 2021

Deepak Dhananjaya	Co-Editor
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Relational Stroke City

Integrating 'Old' and 'New'

Aruna Gopakumar

Abstract

This paper presents the design and outcomes of an experiential learning group inspired by Claude Steiner's groups that he named *Stroke City* (Steiner, 2003). The paper describes the objectives of the group, the structure of the sessions, the principal aspects of the process and some learning outcomes for participants. While the practice of stroke city may be more than 50 years old and not widely used currently, the paper challenges the separation of methods of working into 'old' and 'new' and invites creative adaptation of older methods for contemporary use.

Why Stroke City

I observed Claude Steiner facilitate a stroke city session at the TA conference in Bangalore in 2004. Fascinated, I thought to myself, "I must do it someday." Stroke theory is easy to teach, understand and apply. People are drawn to the idea and want to engage with it. I believed Stroke City offered a simple and potent format for people to use TA to improve their own lives. Also, I was keen to work with a format for groups that used Transactional Analysis proper, the way Berne had conceived it. I ran my first stroke city group in 2018, 14 years after I first thought of it!

What Stroke City Is

Stroke City is an experiential learning group designed to help people understand and change their stroke economies. Members use the group as a laboratory to explore their needs, feelings and meaning making.

In the session, participants offer genuine, positive strokes to whoever they feel like in the group. Participants respond to the strokes offered, ask for strokes and stroke themselves. They

share their here-and-now experiences in the process of stroke exchange; for instance, “I am feeling sad that I am getting fewer strokes than others in the group.”

As they engage with each other in the here-and-now, some unconscious archaic processes come into awareness. With an awareness of the same, they make choices on the best way to respond in the here-and-now. They take risks. In learning to get their own stroke needs met while staying away from games, participants learn to relate authentically.

How the Sessions are Structured

I evolved the following structure for the groups that I ran. These were closed groups of 8 - 12 members who signed up voluntarily on receiving information about the process and structure of the group. The group met six times, once every two weeks. Each session of 3.5 hours had four segments:

- Check in
- Brief teach on strokes with some interactive exercises
- 60-mins of facilitated stroke exchange called “Stroke City”
- Making of contracts with self or “Homework contracts” (Widdowson, 2010, p.195)

I experimented with varying the structures in the subsequent groups that I ran. I facilitated two groups where each session ran for the whole day which allowed more time for each of the above segments, including 90-mins for the Stroke City exercise. The last group that I ran was fully online and done weekly. I only did the Stroke City exercise without the other segments. I wanted to check if it would work to do just the experiential section without the teach. It did. However, it involved a new element of participants watching themselves on video and drawing insights. This yielded rich learning for them which they shared with their group members on WhatsApp.

I chose to run every group for six sessions because it allowed ample time for games to surface. Groups could work for longer of course.

There was no teaching, interpretation or leading by me in the Stroke City session. Members structured their time, took charge of their own learning, experimented with their behaviour and derived insights from the same. As a facilitator, I was outside the process. I didn't offer strokes or respond to strokes.

What the Contract Was

The power to this process came from what Claude Steiner defined as a co-operative contract (Steiner, 1974, p.319). Participants were asked to agree to five contracts:

1. Ask for a 100% of what you want a 100% of the time
2. No rescues
3. No power plays
4. No lies (saying what they don't mean)
5. No secrets (holding back what is relevant to an authentic exchange)

Steiner covered all three drama triangle roles through these co-operative contracts. Asking for what you want a 100% of the time meant that people take responsibility for their needs and move out of the victim role. No power plays ensured that persecution of overt (put downs) and covert (too much air time) kinds were avoided. Steiner wanted people to engage without getting into Drama Triangle roles (Karpman, 1968).

The responsibility for these contracts lay with the whole group and not the facilitator alone. To operationalise these contracts, group members committed to naming any breach of contracts that they observed.

For me, the power to the process came from participants recognising that despite their commitment to the co-operative contract, games emerged in the group. The co-operative contract helped them recognise some of these as they emerged and offered a way for them to come back to the present and relate authentically.

Steiner wrote extensively about the pervasive activity of the internal adversary or Critical Parent, which belittles us from time to time, invites catastrophic expectations and prevents us from enjoying stroke exchanges with others. He said one of the goals of Stroke City was to learn to recognise and neutralise the voice of the Critical Parent (Steiner, 2003, p.19).

The manner in which I operationalised this was to invite participants to verbalise the Critical Parent voices in their heads and then find words (sometimes with the help of the group) to respond to these. These often acted as powerful permissions.

These were some other guidelines for participants in the group:

1. When you give a stroke, talk directly to the person you are giving the stroke to, making eye contact.
2. When you get a stroke, talk about how you feel receiving the stroke. Use feeling words.
3. If you do not accept the stroke, partially or fully, tell the person why.
4. Honour your urges. Share your feelings. Ask for what you need.
5. If you are a giver, talk about how you felt about how your stroke was received.
6. Take risks. Experiment with what feels scary and vulnerable.
7. Take care of yourself in the process. Ensure you have a therapist or a space where you can take what is triggered here for processing.

Learning Outcomes

The following vignettes give glimpses of some learning outcomes for the participants (Names have been changed to protect the privacy of the participants):

Learning to Move from Games into Intimacy

Yamini to Nidhi: How was my articulation? I am asking you because you will give me genuine feedback.

Krishna, a listener in this exchange, felt hurt that Yamini did not think that she could offer her genuine feedback. This could be seen as an unintentional carom transaction. (Woollams & Brown, 1978, p. 74). This could also be seen as a person manufacturing a negative stroke for themselves (Bruce and Erskine, 1974, p. 18). Experiences like these helped participants recognise that it was the receiver who determined whether the stroke was positive or negative.

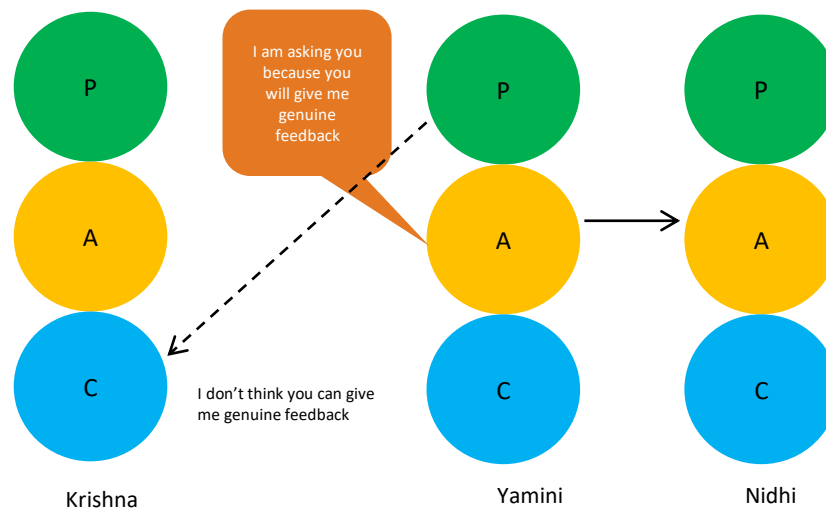


Figure 1: Carom Transaction

Yamini recognised that a stroke for one person in a group can trigger a process for others even though she may not have intended it at a conscious level. It invited her to think of her own unconscious processes in the choice that she made.

The challenge for Krishna was then to make a direct ask without getting into drama triangle roles. *She asked Yamini, "Could you please ask me for feedback too since I am capable of giving genuine feedback?"* and stayed away from 'You are being unfair'.

When Krishna made a direct ask to Yamini, she took a risk. *Yamini responded with, "I think that you will be nice to me and not say what you are really thinking"*. Krishna valued that feedback and decided to think deeper about it. Both risked being vulnerable and had an experience of intimacy. Boyd and Boyd (1980, p.281) describe intimacy as a set of transactions in which each party communicates effectively through words and/or behaviours, the quality and intensity of feelings, and the other party acknowledges that understanding. Intimacy is not always about being nice. It often involves challenges to another's perspective or sharing of vulnerability or confrontation of behaviour.

Learning that they Survive Despite their Catastrophic Fantasies

Participants learnt that while they may ask for strokes, they may not always get what they want. And they survive the process.

Seema to Shankar: Could you please tell me how I look?

Shankar: What qualifies me to say how you look?

This was a blocking transaction. (Mellor, 1975, p.305). Both Seema and Shankar paused and attended to what was happening for them. Seema felt a welling anger inside her. However, she remembered the co-operative contract. *She centred herself and asked Shankar, "Could you tell me what you felt about my ask?"* Shankar thought for a minute and said, *"I was scared."* He had

never been asked by a girl to comment on her looks. He felt inadequate. Seema's anger subsided and she empathised with Shankar. She got a different outcome for herself.

On reflection, Seema said that without the co-operative contract, she might have believed, 'I am not attractive', which would have shown up as anger towards men. She also recognised how vulnerable she felt when she asked for a stroke. She had mustered huge courage and challenged her script beliefs to ask a man for a stroke about her looks. She did not get one, but she survived. She recognised how the other was vulnerable too.

Learning to Ask for Specific Strokes; Taking Responsibility for Themselves

Megha: Can anybody in the group give me any stroke?

Me: What is it that you would like to hear? And from whom?

Pauses and then asks Radha, "Radha, would you tell me how I impact you?" and then even more specifically, "Radha, I worry that I come across as intimidating. How do you see me?"

She recognised that she could take control and ask for what she wanted rather than making a vague ask.

Recognise their Underlying Needs and their Unconscious Processes

Participants recognised that their actions may be motivated by needs that they may not be fully aware of.

Mia: I just want to share with you all what happened last week.

Me : What is your need in sharing with the group?

Mia: I have no specific need.

Me: Are you sure?

Mia: Yes

Me: Looks to me that you want to be heard and understood.

Mia (after a pause): I want to be loved.

She then went on to share her fantasy, that she had imagined all the group members listening to her with loving expressions. She also recognised her anxiety. She would anxiously scan people's expressions to look for evidence of love.

So, she recognised that her 'just sharing' with the group was not for nothing. That was her way of asking for love. She had a chance to evaluate whether that was working for her or if she needed to change her approach.

Here is another example of a participant getting in touch with unconscious processes.

Nimmi: I am feeling angry with all those who are taking up space

Me: I am wondering if you are implying that they are doing something they shouldn't.

Nimmi (Pauses): Actually I am unable to take space. It is easy for me to blame those who do easily.

Recognising When they were Giving out Plastic Fuzzies

Steiner (1977) described plastic fuzzies as strokes that sounded positive, but left people feeling not OK. Participants recognised how their own contaminations could show up in the strokes they offered and create ambiguity for the receiver.

Shyamala to Ravi: You are so young to be participating in stroke city. Also, not many men participate in activities like this.

Ravi: I am not sure if I see this as a positive stroke. I am thinking, "Is there something wrong with me that I am here?" Are young men not supposed to participate in such an exercise?

Rama says to Bala in the fourth week, "Today I got to know the real you."

Bala: How do you assess if this is the real me? Why was the me of last week not real?

Differentiating Between Rescuing and Helping

Some recognised their own urges to rush in with strokes, divide strokes 'fairly' in the group, attend to the quieter ones and 'push' them into asking for strokes. Some others struggled to differentiate between rescuing and helping.

Rajesh: I am sitting with discomfort that Shobha hasn't said anything so far.

Me: What do you need?

Rajesh: If I ask Shobha how she is feeling, I would be rescuing.

The discussion that followed helped Rajesh see that he could invite Shobha to share what was going on for her and trust her capacity to respond as an Adult. And that would not be rescuing.

Learning to Diffuse the Critical Parent Voice

Whenever the Critical Parent voice appeared, I would ask the group members to think about whose voice it was and what would they like to say to the voice in that moment, so that they could enjoy and trust the strokes that they were getting. Often participants would respond to the Critical Parent voice with messages such as, "*I am tired of listening to you. Right now, I want to enjoy this stroke. I trust this person and I have earned it*" Often group members would offer suggestions, such as "*I know you meant well or I know you want to protect me, but I am an adult now.*"

One of the Critical Parent voices in a participant's head was, "*Be a man.*" He felt stuck. A group member offered a response to the voice, "*I am the man.*" He enjoyed the response. He was jovially referred to as *the man* by the group, going forward. The Critical Parent was diffused by the humour in the response.

Recognising their own Stroke Filters (Wollams, 1978)

Participants recognised their own stroke filters. *"This is all so sugary," said Nina expressing her disgust in the first session.* In a later session, she spoke about her own distrust of positive strokes.

"You are not my family. You hardly know me. How can you give me any meaningful strokes beyond my looks and my intelligence?" said Sunil. And later recognised how he discounted several strokes in his life.

Overall, the bi-weekly practice of healthy stroke exchanges within and outside the group, lively discussions around stroke theory and creative homework exercises allowed participants to deepen awareness about their stroke economies, understand interpersonal and intrapsychic dynamics and develop Adult resources. Thus, Stroke City was experienced as a learning process that was fun and efficient.

The Tyranny of 'Old' or 'New', and the Genius of "And"

Some people saw my work with Stroke City as my experiment with an 'old' way of using Transactional Analysis. That is true in a way. Berne had conceived of Transactional Analysis as a method of group therapy. Berne's key contribution was to work with the observable and make connections to the intrapsychic. He provided a conceptual framework for a transaction by transaction approach to group psychotherapy. He used therapy by interpretation to analyse each member's transactions, to identify their script patterns, and to provide them with alternatives.

Stroke City has elements from Berne's way of working. It involves attending to every transaction, being sensitive to ulterior messages and making contracts for behavioural change. The key distinction is that there is no interpretation, though there may be some explanation or

confrontation. Stroke City was my experiment with reviving what I saw as an 'old' and yet a powerfully growth-enhancing way of working with groups.

However, Stroke City can also be described as a relational learning group as the route to self-awareness and change involved attending to how each participant impacted the others and was impacted by them. "Relational group process emphasizes transaction-by-transaction interpersonal contact, the processes of intersubjective relating, and the reciprocal and mutual influence of each group member on the other members". (Erskine, 2013, p. 268) The facilitator invites participants to respectfully attend to their own and others' relational needs in the group. The co-operative contract invites sharing of feedback in a tentative and gentle manner, with the giver accounting for own subjectivity. Participants are encouraged to attend to their own and others' phenomenology, speak their truth compassionately, recognise the presence of multiple truths and challenge their own beliefs and fantasies. So, we could call Stroke City a 'new' or contemporary way of working.

Leigh and Lasker (2013) in their article, "Old Tricks, New Dogs" challenge the need to classify methods as old or new. TAJ has over 50 articles on strokes, most of them written in the 70s and 80s. Did we lose interest in stroke theory because it was 'old'? I found some gems of ideas in older articles like Recycling Strokes, Sensory Based Target Strokes, etc. They offer simple and effective techniques that can be taught to people to recognise their stroke needs and get them met in healthy ways. Finding ways to use them and integrate them in practice today was my way of honouring TA's rich history and also its original intent – accessible understanding of psychological processes using layperson language. I urge practitioners to use older ideas and methods skillfully and creatively with new sensibilities (Leigh and Laster, 2013, p.142). When we substitute 'or' with 'and' we open up a range of choices, gaining the best of all worlds.

The format of Stroke City holds possibility for wide use and recognition of Transactional Analysis. I invite practitioners to further experiment with the format, and scientifically study the short term and long term impact of groups such as this.

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About the Author

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Aruna is an engineer from Anna University (1991), MBA from IIM-Bangalore (1993), an MCC (Master Certified Coach with the ICF) and a psychodrama practitioner. She is the Vice President of Research and Publication for SAATA. You may contact Aruna at aruna.navigati@gmail.com.

Working with Energy Hypothesis for Psychotherapeutic Change

Joy Roshan

Abstract

This article explains the concept of cathexis (psychological energy) as proposed by Eric Berne and attempts to specify the relationship between energy, mental stuckness and will power. It invites readers to see how the origin of issues of feeling stuck and the process of psychological and behavioural change can be understood in terms of this energy. It also proposes what to do to release this stuck energy so that more energy is available under the control of an individual's will power in order to accomplish what they want. It explains several concepts of Transactional Analysis in terms of cathexis.

Motivation for this Article

Berne introduced ego states as one of the central concepts of Transactional Analysis. In his book *Transactional Analysis in Psychotherapy*, in the chapter *Personality Function*, Berne explained the concept of energy within ego states as *cathexis* (Berne, 1961, p. 40). When I started my journey as a student of Transactional Analysis, I was drawn to this explanation. In the literature I read and amongst people that I talked to, I perceived that this concept of energy is one that is discussed less as compared to other Transactional Analysis concepts. I was attracted to this concept and started looking at psychological issues from this lens of cathexis.

During the psychotherapy process, I have found it advantageous to ask myself questions like: “Where is the energy stuck?” “What is causing it to not move?” “What movement in energy was caused by this intervention?”. I have found that I can relate to several aspects of Transactional Analysis more easily when I see them through the lens of cathexis. Recently, a colleague observed that I explained cathexis in a unique way and suggested that it would be useful to publish my

thoughts. That invitation led to this article where I explain cathexis the way I relate to and work with it.

Defining and Understanding Mental Stuckness

The idea of “mental stuckness” will be used below to gain entry into understanding cathexis or psychological energy (will be referred to as “energy” in the rest of this article). As a support to that, a definition of the term “mental stuckness” is attempted here. When one is able to choose thoughts, feelings, behaviour that can help them solve problems in their life, and support their functioning, one feels content. But when the individual experiences a lack of ability to do so, and hence not fulfil what they want to do, it can be said that they are experiencing stuckness at a mind-body level. Hence *mental stuckness* is explained and defined here as an individual experiencing a lack of ability to choose the thoughts, feelings and behaviours that they want.

This can be understood using the case of Seji. Seji went to a party at a common friend’s house. The party started and dance music began to play. He saw that some people started getting up from their seats and swaying their bodies into dance moves in response to the rhythm of the music. He found himself looking at the people who were dancing, feeling envy and thinking: “Oh! I so want to do that.” But he experienced an inability to get up and dance like others. Seji felt his body tighten, and mind repeatedly saying things like “Don’t make a fool of yourself.” Here Seji was experiencing a mental stuckness - his mind and body felt stuck. He was experiencing an inability to choose the thoughts, feelings, and behaviours to get up and have a good time dancing.

Understanding Bound and Unbound Energy

Berne names three states of energy: *bound*, *unbound*, and *free* (Berne, 1961, p. 40). He does not specifically define these states but uses an analogy of a monkey to explain how these three states of energy behave. He explains bound and unbound energy as below:

- **Bound energy:** Berne compares bound energy to a monkey that is sitting on a tree. The monkey is inactive. This monkey is said to hold potential energy due to the virtue that it is sitting at a height.
- **Unbound energy:** When the monkey on the tree falls down, its potential energy is transformed into kinetic energy. What Berne does not mention specifically is that the fallen monkey will hit the ground with force. The kinetic energy released will manifest as the impact of collision between the monkey's body and the ground.

Bound and unbound energy correspond to the state of mental stuckness. This essentially means that when we experience mental stuckness, we are either manifesting the energy as bound or unbound. In the above example of Seji, when he started from home, he was not even thinking of dancing. So the energy related to that thought, feeling, and behaviour is manifesting in a bound, inactive state. When Seji saw that people were starting to dance, the monkey fell from the tree. He had thoughts of negative self-talk, feelings of anxiety and tightness in body. This means that the bound energy becomes unbound. The monkey had hit the ground and was now experiencing the pain of the fall.

Let us call both bound and unbound energy as two states of *stuck energy*, the energy that manifests as mental stuckness. When bound energy becomes unbound, an emotional issue becomes evident and visible. Panic attacks, episodes of rage, anxiety, all are examples of this bound energy becoming unbound. There are other examples also like feeling a bout of shame, unexplained fatigue, experiencing mental disturbances, unpleasant dreams etc.

Both bound and unbound energy represents stuckness in life. When bound, it is dormant and is not perceived. It is locked up somewhere with a potential to manifest when conditions support its unbinding. When unbound, it is perceivable but it manifests in some way that limits the

functioning of an individual. As long as the energy is in these two states, it is largely unusable and stuck.

Understanding Free Energy

The next question that may arise in the reader's mind is on how this energy can be made usable? To understand that, free energy is explained below. Berne (1961, p. 40) explained it so:

- **Free energy:** Berne says that “when he (the monkey) jumps, he adds a third component by free choice.” For this the monkey uses the energy stored in its muscles. Berne explains this as muscular energy.

Berne acknowledges that free energy has something to do with free choice of the monkey. But he does not mention anything specific to what free energy means for a human. To understand free energy with respect to human experience, I would define it here as “the energy that is under the control of free will of the individual.” This means that the person can move free energy to the ego state they want by using their will power (which means, simply by willing it).

Let us see how this would look in Seji's example while attending the party. If Seji had access to enough free energy, he could have summoned his will to push away the self-defeating thoughts, relax his body, and say internally: “Let me enjoy with others.” He would then have gotten up and joined the dancing. However, that is easier said than done. The stuck energy within Seji was higher than the available free energy and hence he could just not use the will power alone to convert his wishes into action. Energy does not go from stuck to free just because the monkey is free to choose.

What must then be done to convert stuck energy to free energy? To answer that question, another question needs to be answered first:

How did the Energy get Stuck?

The word "Free Child" indicates the child carrying a lot of free energy. I believe that being free is the nature and purpose of energy. However, a child has a lot of experiences in life that inhibit this freedom. Unlike an adult, the choice of such experiences is largely out of child's control.

When Seji was a child and was freely dancing with joy when music was playing, his mother yelled: "Will you just stop that? You are causing a ruckus!" Till then, little Seji was using his free energy to dance and enjoy. After mother yelled, Seji suddenly stopped dancing. The free energy of joy and sense of freedom now changed its state to stuck energy of shame. Without little Seji being aware of it, the energy got stored as bound energy within an ego state that represents that moment of experience. *Trauma* can be understood as such an experience where free energy got bound.

Freeing Stuck Energy

The title of this section refers to the process of change or growth. Change starts when an individual decides that they do not want to feel stuck anymore in relation to a particular context of their life and that they want to free themselves. Such a decision usually happens first in the Adult ego state. This can be seen as *readiness to change*. Once the individual is ready to change, the next requisite is to feel safe to undertake this change. The energy getting stuck is an adaptation for survival for the child and that adaptation lacks safety. For the Child ego state to break free of the adaptation, safety needs to be re-established.

For little Seji, the free energy getting bound had helped him to be safe from mother's ridicule and anger. Hence, for the energy to revert to its free state, it also requires a sense of safety. Now as an adult, Seji decides "I also want to dance in social events and have fun. I am done with feeling

tightened up and watching others dance from a corner.” However, such a cognitive decision alone will not enable the stuck energy to become free.

Once these prerequisites are met, the Child ego state corresponding to the trauma needs to be cathected. This essentially means that the corresponding bound energy needs to become unbound first. This may cause the individual to feel the feeling that was repressed when the traumatic event happened. In that moment, the individual from their Child ego state makes a new decision to take up a new thought, feeling, and behaviour. In transactional analysis, this process is referred to as *Redecision* (Goulding & Goulding, 1971).

During Seji’s psychotherapy, his psychotherapist helped him to reproduce the scene where little Seji was being shouted at by his mother. Instead of going to the state of shame and tightening his body, Seji, who was now experiencing the scene as little Seji, was encouraged to feel anger and express it to mother: “I will dance because I want to. I am not creating any ruckus, I am just enjoying” supported by relaxing and moving and continuing to dance. Such an intervention led to the unbound energy in the traumatized Child ego state being freed.

Once bound energy in various contexts has been freed through redecisions, individual can experience a surge of mental energy and will power with which they can choose to create the type of life they want. The energy also tends to flow into the path of least resistance. This means, it may go and mobilize that area in our life where we have deep desires and interests. There are several examples of people who feel a liberation through psychotherapy and suddenly start on some form of music, art, dance or any creative endeavour. We can also consciously move it to achieve well-defined goals just using will power and directionality of our intent.

Defining some Terms using Energy Hypothesis

The above sections demonstrate that the energy hypothesis can be used to explain the entire process of psychotherapy from origin of issue till facilitation of change. Prior to concluding this article, this section describes several terms that are used in Transactional Analysis and to describe them using energy and its states:

- **Spontaneity** (Berne, 1964, p. 160): Amount of free energy available compared to the sum total of all energy:
$$\% \text{ Spontaneity} = 100 \times (\text{Free energy}) / (\text{Free energy} + \text{Bound energy} + \text{Unbound energy})$$
- **Physis** (Clarkson, 1992): The push from within to keep freeing the stuck energy so that we can realize our potential.
- **Trauma** (Berne, 1961, p. 53): An experience that has limited, and is continuing to limit the freedom and growth of an individual because energy that was free was converted to stuck energy.
- **Rubberbanding** (Kupfer & Hamowitz, 1971): The process of bound energy becoming unbound temporarily and later going back to its bound state.
- **Goal of psychotherapy**: To free as much bound energy as the individual is ready
- **Redecision** (Goulding & Goulding, 1971): The process of facilitating the bound energy to become unbound and converting it to free energy.

This is by no means an exhaustive list of Transactional Analysis concepts or phenomena within psychology that can be explained using the energy hypothesis. But it is given here as an invitation to the reader to look at energy as a concept generic enough to explain a wide range of concepts and to see that it can be useful as a central concept in Transactional Analysis.

Conclusion

We are quite familiar with body sensations like the butterflies in the stomach and heaviness in chest that are triggered side-by-side with certain thoughts and feelings. Those who have experienced deep release in psychotherapy can attest how certain body parts feel totally free as a result of the cure. It feels as if the energy of that part is reconfigured from stuck energy to free energy. Expanding further on energy hypothesis through research can potentially reveal where and how this energy is stored, and what facilitates its release. Considering the possibilities that this path has to offer gives the feeling of standing at the verge of discovering something greater and deeper.

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Closing Escape Hatches: Under the Cultural Lens

Nikita Bandale

Abstract

Escape hatch closure is a risk management practice in transactional analysis counselling and psychotherapy. The first half of the essay summarises the procedure of escape hatch closure. In the second half, the author explores criticism for the procedure of escape hatch closure through a cultural lens and offers some questions and invites the reader to think with them.

What are Escape Hatches?

Berne (1972) said that in early life the child decides on a life plan, which is referred to in Transactional Analysis as the script. The script is laid out in the form of a drama, with a beginning, middle and end. In talking about this end, Berne et al, (1963) identify three types of tragic scripts: scripts ending in suicide, scripts ending in homicide and scripts ending in insanity. Holloway (1973) named the three tragic outcomes as “escape hatches”.

Boyd and Boyd (1980) describe escape hatches as the ultimate Child solution to intolerable situations. Much as the three hatches of suicide, homicide and going crazy appear tragic, to the Child, they are legitimate next steps to “if things get bad enough”. In common parlance, escape hatches are doors used as emergency exits in transportation - Holloway’s choice of name for these tragic script outcomes seems appropriate then. In moments of crisis or when faced with intolerable feelings, we choose escape as a means of releasing the tension.

An important task of psychotherapy and counselling is to assess and manage risk, usually in the form of harm to oneself or another. Being new to the application of transactional analysis in counselling and psychotherapy, I set out to read about risk assessment and management in TA - which led me to the concept of escape hatches. Early writing on escape hatch closure was heavily

influenced by Boyd and Boyd (1980, 1982, 1986); they laid out the procedure of escape hatch closure and encouraged therapists to use it routinely and early in work.

The more I read about escape hatch closure, the more difficulty I had imagined how I would invite clients to close them. Some questions that nagged me were: How do I invite early closure if our therapeutic relationship was not ready? Will closing escape hatches make them feel like we cannot discuss their suicidal thoughts? - routine closure did not seem to suit everyone.

At the time of writing this article, I have not yet invited clients to close escape hatches in the manner described in the first half of this article. In this essay, I summarise the process of escape hatch closure and invite you to ponder these questions with me.

Closing Escape Hatches

In the current literature available on escape hatches, three are identified and worked with in psychotherapy - harming or killing oneself, harming or killing another and going crazy. Stewart (2007) shares that not everyone has escape hatches open and those who do may not carry out these tragic decisions.

Boyd and Boyd (1980, 1982, 1986) recommend deliberate and specific closure of these escape hatches early in therapy. They opine that clients with escape hatches open are committed to maintaining a reservoir of bad feelings, which allows them to keep the option of a tragic end open. The option of keeping escape hatches open limits the course of treatment to soft or awareness contracts, hard or change-oriented contracts are rendered unworkable; the client has the option of just escaping.

Stewart (2007, p.102) describes the closure of escape hatches as central to changing the script. He describes killing oneself as the fundamental escape hatch and the other two as alternatives to suicide: the Child thinking is interpreted as, "Instead of killing myself, I will kill

another” or “Instead of ceasing to exist, I can stop being a thinking being”. Closing these escape hatches entails a decision from the Adult to renounce these escapes as solutions.

Boyd and Boyd (1980) clarify that closing an escape hatch is not a contract, rather it is a decision. They view contracts as being subject to circumstance and conditions and possibly containing covert clauses; whereas a decision is understood as a permanent and non-conditional commitment.

It is important to differentiate between the Adult decision and the Adapted Child’s compliance to the invite to close the escape hatches. The decision to close escape hatches if made with the decontaminated Adult, will result in social control of the tragic script, the script issues and Child decisions will remain.

Stewart (2007) suggests that the Child hears the Adult making the decision to close the hatches, and realizes that escaping intolerable situations is no longer an option. This realization can be met with panic or fear or even somatic disturbances (Boyd, 1980) as the Child now has to find alternate solutions. The discomfort is brought into the therapy room, giving the therapist and the client a chance to work with it.

Procedure of Closure

Stewart (2007, p.110) details the process in a comprehensive manner in his text *Counselling in Action*.

Introduction of Escape Hatch Closure. In order to close the hatches, the client has to decide to never, under any circumstances to kill or harm oneself, kill or harm another, or go crazy. The client is informed that this is a decision they make for themselves, not a promise they make to you (therapist), but that you will witness the decision.

The decision, if made, will be for always and unconditional; the client will be deciding to never take these options, no matter what happens and what they feel. The therapist explains that they will reflect back to the client if they observe them making the decision from a clear Adult or with influences of the Child. The therapist then gauges whether they want to invite closure of the hatches right away or to allow the client to ponder it for a few sessions.

Wording of the Closure. The client is asked to repeat after the therapist and say aloud that they will never in any circumstances kill or harm oneself, try to kill or harm oneself, or set up to kill and harm oneself, accidentally or on purpose (Stewart, 2007, p. 111). The same wording is used to close the hatches to kill another and go crazy. The client is only encouraged to make them if they mean them and are ready to close the hatches.

Boyd and Boyd (1980, p.228) also add the question, "Are you willing for that statement to be true for you?" and a final question of "If you find that you have left loopholes will you close them immediately?".

Incongruity. Stewart (2007) advises the therapist to monitor the client for incongruity that signals that the decision is coming from your client's Child ego state rather than the Adult. Being observant of body language and non-verbal signals can reveal that the client is discounting their own statement. The therapist must monitor ego states throughout the process and be watchful of slipping into their own Parent ego state which is likely to earn a Child promise.

Length of the Process. Boyd and Boyd (1980) explain that the integration of the decision to close all hatches often takes several months; if the client does not close all the hatches congruently in the session, the therapist is asked to facilitate temporary closure. The client is asked to commit to a time period in which they are willing to keep all hatches closed (Stewart, 2007) and

this time specific contract can be renewed multiple times till closure is obtained for all decisions from the decontaminated Adult.

If the client is not willing to close the hatches for even specific time periods, the therapist is urged to arrange for institutional treatment as an extreme response.

Once the Hatches are Closed. Once the clients have congruently closed all three hatches, the therapist and client are able to proceed to work on contracts that focus on script change.

Criticism from the Transactional Analysis Community

While Boyd and Boyd (1980, 1982, 1986) advocated for escape hatch closure, there were voices amongst the transactional analysis community that cautioned against the routine closure of escape hatches. Mothersole (1996) opines that untimely escape hatch closure can have the unintended impact of preventing an exploration of suicidal and self-destructive fantasies. He suggests that “*transactional analysis theory has a blind spot with respect to endings in general and death in particular*” (1996, p.151).

Mountain (2000) in her paper *The Relevance of Culture and Relationship Dynamics for Closing Escape Hatches in Therapy* invites therapists to account for a client’s cultural context and environment. She contends that closing escape hatches routinely and early in therapy poses the risk of being premature and potentially counter-therapeutic. Three considerations are cited for consideration; accounting for cultural differences, hope as integral to making the commitment to close the hatches and the developmental nature of the therapeutic relationship.

Cultural Views and Beliefs about Death, Dying and Insanity

La Roche and Maxie (2003) explore the role of cultural differences in psychotherapy. They opine that discussing cultural differences is an important skill for therapists to build as all clients exist within multiple contexts and are influenced by them. They invite readers to acknowledge that

cultural differences are subjective, complex and dynamic; therefore therapists must explore the meanings that clients ascribe to their experiences and concerns. I interpret that a client's view of suicide, death and insanity must be impacted by their culture and that this must manifest in the therapy room.

Mountain (2000) has a similar opinion when it comes to paying attention to cultural variables while closing escape hatches. She attends to the example of suicide rates in the Irish community being the lowest in Europe at one time. She regards this as a cultural manifestation that is consistent with Catholic religious thinking. The Irish internalized these cultural-protective factors that, in Transactional Analysis terms, could be referred to as the introjected Parent - the Church. Mountain also contrasts this with the Irish method of political suicide through a hunger strike as honourable; she invites us to not view cultural beliefs simplistically, rather with nuance.

Mountain also comments on the Asian Indian thinking as being influenced by determinism; which is understood as a philosophical view that all events are determined by previously existing causes. She observes that the law of karma says that happiness and sorrow are predetermined - which can offer comfort and protection for some. However like La Roche and Maxie (2003) recommend, if we are to understand the Asian Indian client's experience and thoughts regarding suicide, death and more, we need to explore how they make meaning of the same.

Hope as Socio-Political Dimension in Escape Hatch Closure

Mountain (2000) views hope as a part of physis; she emphasizes on the importance of hope if a client is to feel motivated to make changes or believe they can impact their own life through autonomy. She shares that hope has a socio-political dimension as well, citing an example from the context of British society. While people find themselves in challenging situations like

unemployment because of script decisions, circumstances such as the economic climate cause increases in unemployment too; accounting for both choice and circumstance becomes important.

When translated to the Indian context where oppression and discrimination are experienced by individuals of minority communities, the socio-political nature of hope begs attention (Verma, 2015). Mountain describes hope as crucial for promoting an “I’m okay, you’re okay” position and to close escape hatches. I understand the procedure of escape hatch closure as hinging on the individual’s commitment to autonomy, which requires an innate hopefulness in one’s ability to take responsibility for their life.

Developmentally Needed Relationship

Mountain (2000) invites therapists to build a relationship with clients before moving into closing escape hatches or contracting for outcomes. If the therapist enables the client, through the relationship, to explore and reveal their inner world, they are able to demonstrate acceptance of the client as well as their unique frame of reference which is influenced by culture. This frame of reference involves aspects of attachment; it is noted that attachment is not confined to childhood and varies across cultural context.

How the client experiences attachment in a therapeutic relationship impacts the client’s response to closing escape hatches as well. Mountain warns that early closure can invite a client to overadapt or make a promise and a client; a promise rather than a decision, can be broken. This can invite issues of protection and impact the therapeutic relationship adversely.

Suicidal and Self-Destructive Fantasies

Mothersole (1996) explores the impact of no-suicide contracts and escape hatch closure. While he recognizes the benefits of the process, he contends that routine closure has the potential to be unhelpful. The existential realities of life and death and the client’s suicidal or self-destructive

fantasies may remain unexplored, leaving thoughts and feelings relevant to safety and protection undiscovered.

Mothersole, like Mountain, insists that the therapeutic power of such interventions must be based on a strong therapeutic bond. The bond then makes it likelier for the client to experience the escape hatch closure as arising from their needs and from a position of empathic understanding on the part of the psychotherapist. If the closure is introduced too early, there is the possibility of it being experienced as prohibiting the exploration, or even the existence, of further self-destructive thoughts and feelings.

Mountain (2000) adds that responding to the client's need to explore these often scary thoughts and feelings connected to harm to the self or other provides them with the developmentally needed and accepting relationship. This leads to development of trust and physis.

Discussion

As I read Boyd and Boyd's concept of escape hatch closure, besides the obvious advantage of safety and protection, it struck me as a powerful way to invite the client to take charge of their life. In making the decision, supported by the therapist, the client is able to make a profound choice to exist, think and be 'OK'. The reiteration that the client need only make the decision when they mean it and are ready to close them can potentially create room for the client to explore their thoughts and feelings, and choose to commit when they feel sure - cathecting their Adult.

The closure of escape hatches would also mean that the client would be compelled to look at alternate ways to deal with uncomfortable feelings and thoughts. With the energy used to maintain the hatches undirected, the therapist can invite more attention to the parts of the script

that maintained the hatches - through hard or change-oriented contracts. Despite the advantage of protection, the insistence on using the process routinely and early in work raised questions about whether it would be suitable with every client and at an early stage.

Mothersole (1996) and Mountain's (2000) writings on escape hatch closure solidified some of these questions I had. While they agreed with the potency of the process, they found it lacking in its sensitivity to the individual's context. Their interpretations and questions made me see the process as nuanced. Like with most aspects of psychotherapy, there seem to be differences and complexities that are created when two individuals - client and therapist, meet with their own two worlds full of stories and context.

Our stories are set in backgrounds, and so it must be important to pay attention to the client's culture and context - remembering that culture can be multi-fold too. In the Indian context I would observe how the client's experiences and views were impacted by their gender identity, caste, religion, languages spoken, economic background, whether they experienced urban or rural life. Recognizing that hope is an important component of making the decision to close escape hatches, I might wonder about their experiences of hope.

With my clients who have faced consistent systemic oppression and lack of access to resources, I have learnt to expect challenges in cultivating and harnessing hope in the relationship. Even when hope is created in the therapy room, it faces challenges outside.

Escape hatches are decisions made in the Child as a response to injunctions from the Parent. I interpret that injunctions of Don't Exist, Don't Belong, Don't Think, Don't Feel, Don't Be Important, Don't Succeed are given to minority communities to maintain the cycle of power or maintain the script of their community. These injunctions can impact the Child's decision to use an escape hatch - 'If I mustn't exist or I don't belong, I must die'. Being sensitive to cultural and

personal injunctions a client has received could be imperative in order to close escape hatches in a manner appropriate for a client.

The other aspects of challenge by Mountain and Mothersole that I found compelling were; paying attention to the nature of the therapeutic bond and holding space for the client to explore suicidal and self-destructive tendencies.

Mothersole (1996) calls death a provocative issue for all of us; the prospect of a client's death can evoke fear in us - about their death or even our own death. In closing the escape hatch, are we taking care of our own anxiety? When we explore the roles played in the therapeutic relationship, by inviting escape hatch closure, is the therapist assuming the position of an expert - who does not approve of suicidal or self-destructive thoughts or tendencies?

Mothersole (1996) asks some very powerful questions that we must ask ourselves as we invite clients to close escape hatches. Am I acting out of professionalized horror and rejection that is consistent with typified reactions to suicide in many cultures? Am I inviting closure because I am uncomfortable being around someone in so much pain that they want to die? Am I doing this out of fear of professional consequences to me? And perhaps the most provocative of them all; is there no conceivable situation where I or someone may shorten their life that is not pathological?

Conclusion

Escape hatch closure is a powerful therapeutic tool that offers safety and protection to the client and therapist as well as a route to creating outcome-based contracts. However, one must pay attention to the different aspects of the client's experience that contribute to them maintaining the escape hatch; themes in their personal story, their cultural context and views and the therapeutic relationship.

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Covid & Trauma

Unravelling of Unconscious Processes & Script Protocol

Prathitha Gangadharan

Abstract

2020, the year the world experienced the once-in-a-generation pandemic that brought sea changes in our lives and fear, anxiety and uncertainty took hold. This article is about forgotten and dissociated experiences coming alive in the therapy room contributed by the fear of the unknown that COVID brought in its wake. It explores the use of these shared experiences to uncover protocol in one case and emergence of nonverbalized experiences in another. It also looks at how therapist counter transference provided a way of understanding and working with clients in these difficult times.

Introduction

COVID times have been strange as they have been tough. The unknown nature of the crisis brought its own set of challenges, throwing into sharp relief, the differences between the haves and have nots. It was gut-wrenching to watch the images unfold on our television screens. There was a pervasive fear in the environment. Today we are learning to live with it but at the time the first lockdown began, there were huge uncertainties in our physical spaces and equally turbulent emotional domains and a fraught political climate.

Suddenly, work shifted online. For us in India, the lockdown was so sudden that it left no time to think, let alone plan for this transition. Reflections on what it would mean for therapy led to questions around the boundaries and what that meant when working virtually. Next, I wondered if we would end up working at the level of social control and symptomatic relief (Berne, 1961) and more importantly would it be prudent to attempt work that threw up trauma and unconscious

processes? Questions around safety and protection became paramount. How would the clients and I manage difficult experiences sitting in our private spaces? How will I provide containment remotely? What will be the effect of the collective trauma we were experiencing in the therapy room (virtual!). The ethical dilemma of whether I was doing enough was haunting me. The uncertainty and fear in the air was palpable!

I got my answers soon enough. Clients did not hold back, on the contrary I saw emergence of deep and unconscious processes related to *preverbal, never-verbalized, unacknowledged, nonmemory, and avoided verbalization* (Erskine, 2008) brought up by clients who have been in long term therapy with me. I share two significant cases of what happened during the pandemic and how I navigated through them.

Trauma and Emergence of Protocol

“What was never “conscious” has an opportunity to become conscious through an involved therapeutic relationship”, Erskine, 2008.

Meenu, in her forties, has been in long term therapy with me. We did decontamination work in the initial phase. She has a strong Critical Parent and a watchful Child. We went through cycles of work and on reaching a critical point she would take a break and stop coming for therapy. I hypothesized that I must have become the Critical Parent at these points for her. And just as she went back to her mother, she kept coming back for therapy.

Late in 2019 after two years of work, there was a shift in the therapeutic relationship. The holding (Hargaden and Sills, 2002) she experienced and acceptance when she resumed therapy helped in deepening the therapeutic alliance. I sensed that the projection had shifted from a critical mother, whom she took a break from periodically, to a benevolent person, a favourite aunt. We

explored the earlier moments of rupture (Safran, Muran & Eubanks-Carter, 2011) which led to repair in the form of regular recurring therapy, just before the lockdown was announced.

The first session during the pandemic was about an unexplained anxiety. The affect was very visible. Meenu's husband and daughter, managed to be get back in the nick of time before the lockdown. The "what if" scenarios seemed to be playing on her mind causing her a lot of discomfort. I could relate with her because the unknown nature of the virus made me feel terribly anxious especially as I have my 80-year-old mother staying with me. I shared this and how I was feeling in response to COVID with her. I focused on holding the space (Hargaden & Sills, 2002), resonating with her and affirming her feelings which seemed to reassure her.

In the next session she presented a strange phenomenon. She reported feeling parched and needing to frequently sip water. Sipping water however did not quench her thirst. She cooked for the family but did not feel like eating any of it. For a person who liked experimenting with food and rummaging through her snack cabinet, this felt strange for her. She said that she was constantly anxious and worried because of the uncertainty surrounding the pandemic.

The ego image, (Berne, 1977, pp. 111-119) I had was that of a baby that has been deprived of feed and feeling anxious and confused about it. I wondered if this had anything to do with her protocol (Berne, 1955/1977b). Berne defined the primal image as the infant's "*pre-symbolic, non-verbal representations of interpersonal transactions*" (p.67). "*In essence, a primal image is an impression made on the child's body by a significant other's "mode of relating"*" (p.68).

On a hunch I asked her whether she knew her birth story. She told me that her father was very thrilled about her birth but could not celebrate as he was summoned on duty to the border, being from the forces. This was apparently the 1971 Bangladesh war of Independence in which India had played a key part.

She said, “I don’t know much about those times...” and I jumped in. It had triggered vivid memories for me. She shared the month of her birth which was the same as my brother’s that year. I could feel my heart beating. I recalled my own experience of the blackouts we had in the steel city where I lived, in preparation for the war and I told her about them. Meenu’s family was far closer to the action in India’s eastern border which was the epicentre of the crisis. These shared experiences had a surreal feel to them.

I hypothesized that Meenu’s mother would have been terribly anxious for her father’s safety. Those were turbulent times politically and economically. So, I checked with her whether there was a possibility that her mother might have faced issues with lactation and not been available to her because it was probably an existential crisis for her. And the current crisis related to the pandemic was also existential in nature because of its effects and the uncertainty of outcomes. We both sat in silence absorbing and making our connections. After some time, she said that she felt “*sukoon*”, an Urdu word best described by succour.

Later in the evening, she messaged me that she had reached out to her mother which surprised me because of her tenuous relationship with her. It must be the “*sukoon*”! Her mother told her that she was conceived in the beginning of that war. She spoke of fearful, uncertain times with bombings and tragic news about people they knew. The war was brutal with terrible atrocities reported. For a woman, in those times life without a husband could be oppressive, almost not worth it! Apparently, she wasn’t lactating enough, and her grandmother had to give Meenu supplements. When her father returned from the war, the only clothes he had was the ragged uniform he was wearing. Meenu’s response, “I am soothed till the deepest point in my body” touched me deeply.

Cornell & Landaiche (2008) write, “*The most salient aspects of protocol, as distinct from script, is that it cannot be cognitively changed, redecided, or rescripted. Protocol can only be*

brought into awareness, understood, and lived within. We can only alter how we behave as a consequence of our protocols. In short, we can decide not to act on the sense made with our bodies at one time in life if that sense does not serve us well at this time in life”. A few sessions later she brought up what she felt was her almost addiction to sweet tea in the context of wanting to stop sugar. She said it soothed her anxiety and is associated with many happy memories. We did cognitive processing and connected it with anxieties around not being good enough, but later when I was listening to the recordings I wondered if this was in anyway connected to the supplement her grandmother fed her. Culturally, there is a tendency to feed small children with extra sweet stuff. I left this with her as something for her to reflect on.

Through this entire time, our shared experiences, both the historical and the current helped us explore beyond the obvious and eventually stitch together her protocol. While the pandemic played a major role in triggering this memory, our long association meant that I was privy to many stories of her life that I could access in making meanings. The secure therapeutic alliance born of multiple ruptures and repairs meant that I could share my process and offer hypothesis about her mother’s struggles without overthinking about it. I can’t help thinking how long it may have taken for this to emerge in therapy had it not been for the crisis that was upon us and anxieties it brought. It has a surreal feel to it, just like life in the pandemic has at times taken a surreal feel, and I feel goosebumps even now when I think about this.

The Never-Verbalised Experiences

In therapy, COVID times became synonymous with anxieties and traumatic memories coming up. There was this client who got in touch with a memory of being confined to the balcony without clothes as a young child for not conforming to expectations, by her father where her mother

supported the father. The extent of the effect on the client emerged when she shared about her process in a subsequent session that it took her couple of days to recover from this awareness!

Another client Uma, remembered violent arguments in the neighbourhood that led to a suicide and her mother not understanding her fears and expecting her to go to the washroom alone which happened to be in the direction of that episode. She got so triggered as she shared this that she needed to rush to the washroom to vomit. As I sat and waited for her, I reflected on how I had missed her process so completely. Eventually her husband told me that she was unwell, and she would call back later. That was doubly uncomfortable. My worst fears of working online were realized. Since we can see only a part of the person, if there is no perceptible change, one could miss it, as I had done in missing out how the client was feeling. It brought up a sense of shame and fear and questions of safety and protection for the client.

Both these cases are long term clients for whom these episodes had not come up in therapy so far. I had felt good initially that my doubts about unconscious processes not emerging online were unfounded. But working remotely with clients during these difficult times was proving to be hard and posed some very uncomfortable questions. These experiences disturbed me leading to almost panicky reflections and triggering my own past traumas and anxieties. The collective trauma triggered by the “unknownness” of the pandemic was showing in how my clients and I were getting in touch with our past traumas.

Supervision did not provide much relief. While examining my countertransference, I reflected on the amount of distress I felt and how my feelings of fear and shame were also informing me about what my clients might be feeling. There was fear for the safety of the clients and my own safety. Rules around integrity were a big part of my childhood. Punishments and

related shaming were traumas I carried from then and COVID and my clients' experiences of their traumas triggered those feelings for me.

Getting hold of my countertransference helped me reflect on what the pandemic was unleashing on all of us. This understanding helped me to bring some changes to the way I was working so that I could create space for these feelings to emerge in therapy while providing containment for them. One of the changes I decided on was to ask the clients explicitly, how they were doing when sensitive and traumatic experiences were shared. While my countertransference was useful, I did not want to rely only on that.

I also signed up for a workshop on "Trauma Informed Therapy" to better equip myself to work with what was emerging and take care of my own feelings and also be able to provide that containment for my clients.

An important take away was the model to understand the effect of trauma on the brain (Siegel, 1999), of working with the client to expand the window of tolerance before working actively with the trauma. *Figure 1* below shows the impact and strategies to manage based on the zone we may find ourselves or the client in.

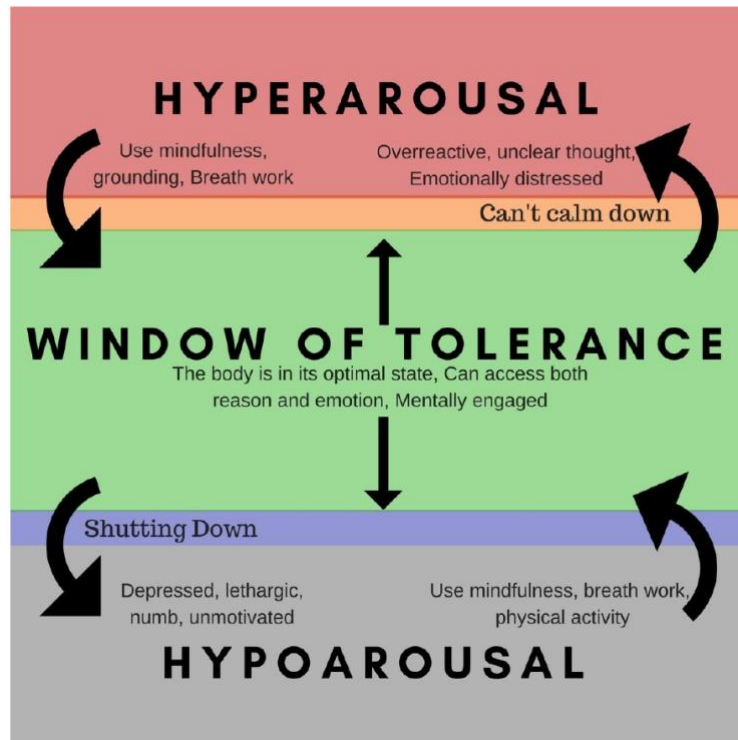


Figure 1: Window of Tolerance (Siegel 1999)

The workshop had the effect of normalizing my experiences with a facilitator who had a calming and holding presence. I felt contained, like I had someone I could reach out to. This effect was apparent in my work subsequently. I invited Uma to talk about her experience. She feels responsible for everything wrong happening around her. She was told constantly that she was the reason of her mother's ill health and that her mother almost passed away while giving birth to her. Even in the sessions, her experience was one of being accused if I so much as specified what might be happening for her. She shared that she needed time to process the distress from the sessions. We agreed to allocate time towards the end of the session to do a process check. The experience of being able to share what did not work for her vis-à-vis me was new. It was like she had some power too and all of it did not reside with me. For me too, it was a relief to share this power, to know that client will assert herself and it does not have to be just me. It's akin to what we learned

during the pandemic – to find our own agency, to take control in whatever ways we can and collaborate with others to find newer ways of dealing with the situation.

Subsequently she shared that she has put herself and her needs first at times which is new for her especially vis-à-vis her mother. This experience of collaborating with Uma gave me a probable template of working when I am dealing with trauma in sessions. Using the model in *Figure 1* to facilitate expansion of the window of tolerance for the client and ensuring containment within a session are two clear takeaways that have worked with other clients as well. Understanding my process and pursuing skill-building in the presence of a facilitator who could contain the distress helped me find capacity to be present and flow with my clients.

Conclusion

Unconscious and Covid are alike in that they cannot be seen but their effect is pervasive. As I reflect on these experiences, I wonder how long would it have been before some of the trauma that the clients had dissociated from, came into the therapy room. The unknown nature of the pandemic accelerated the process and led to some challenging experiences that also provided opportunities for learning and growth. Looking at it systemically, one of the biggest issues COVID unleashed was lack of containment. What purportedly started in a place called Wuhan, spread through the world like the proverbial wildfire! We became helpless observers. No containment measures seem sufficient and anxieties about future abound. Nothing feels enough... have we washed hands enough, is the mask layering and covering enough, are the vaccines going to be enough?! Fear of not doing enough, not being able to provide containment and then finding ways of doing that – seems like what is happening in the environment is percolating into the therapy space. Learning to stay with the uncertainty and anxieties, making meaning, learning new methods

and tools to work with what's emerging and knowing that its "enough" has been my journey through these times.

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Empowering our Present and Future with ‘Humanness’: *A Mental Health Practitioner’s Role in the Age of Artificial Intelligence*

Rosemary Kurian

Abstract

This article is an invitation to mental health professionals to think about the emergence of technology, especially the impact of Artificial Intelligence (AI) on our society and reflect on ways we can initiate a movement towards a ‘Good AI society’. In the age of smart and intelligent machines, as Transactional Analysts, we can bring a positive change by looking beyond the present, by looking within to explore the commonality we all share and want to spread – ‘Humanness’. This core quality of ‘Humanness’ is ever-present in our individual stories, across cultures, but maybe presently getting lost in the biases we hold. This article intends to use a Transactional Analysis lens to look at the biases that are steeped into our cultures becoming data points for AI systems, and proposes a new take on the social roles triangle to arrive at positive behaviours.

Introduction

The purpose of this article is not to add to the already existing scaremongering bandwagon about Artificial Intelligence, but to objectively look at change as we proceed into this exciting new world. Being a 90’s kid myself, I grew up with television sets that had shutters and antennas on roof tops and the only thing close to a remote control was the other human being on the rooftop turning the antenna to catch signal to watch cricket.

Since then, I have witnessed with amazement the technological advancements I see around me impacting human life in so many spectacular ways. My generation has seen Sci-Fi movies

come to life. Technology and automation have improved the quality of our life tremendously and we are only at the tip of the iceberg in this change. Like they say, the best is yet to come.

As AI lengthens its reach, it is becoming increasingly crucial for psychologists, therapists, and counsellors to understand the existing capacity and future potential for the technology to transform mental healthcare. AI offers a promising approach to assist and sometimes replace selected practices involved in mental health assessment and treatment (Fiske, Henningsen, & Buyx, 2019). The technology has the potential to provide new types of treatment (including virtual and augmented reality, and games) and the ability to engage with populations that are difficult to reach or engage with. Such innovative approaches can also free therapists and mental health professionals' time and resources to focus on urgent or more specialist care (Fiske et al., 2019). Luxton (2014) says that AI can simulate a practitioner, with capabilities beyond its human counterpart.

However, there are inevitable ethical issues. At present, there is limited guidance on the development of such tools or how to integrate them with the work of health professionals, their existing technology and tools, and regulatory frameworks (www.positivepsychology.com, 2021).

Therefore, this article throws light on some of the ethical considerations for practitioners, both as designers of tools or as consumers using such technology.

Just as prevention is better than cure, keeping safety in mind, let us explore this technological and cultural revolution with curiosity and a questioning mind so we can participate in building the 'Good AI Society'.

Culture and Artificial Intelligence

Culture is the collective programming of the mind which distinguishes one category of people from another (Hofstede, Hofstede and Minkov 2010). It is a set of traditional beliefs and values, transmitted and shared within a society.

AI refers to the ability of machines to perform cognitive tasks like thinking, perceiving, learning, problem solving and decision making (Niti Aayog, 2018). The term "artificial intelligence" is applied when a machine mimics "cognitive" functions that humans associate with other human minds, such as "learning" and "problem-solving" (Gandhi, S. 2018).

Learning and problem solving are an integral part of how each of our cultures have emerged and evolved. It is also what our cultures facilitate. Therefore, it is important to acknowledge the influence of AI on our culture and vice versa. The key question to ask now is, how can we mindfully navigate towards a healthy integration of AI into our culture?

Artificial Intelligence Today

Artificial Intelligence is an extension of our culture as it uses massive volumes of data from us. What we think, feel, and do is the fuel that goes into developing various AI systems. We leave trails of data as we shop, watch shows on OTT platforms, scroll through our social media pages, use our phones etc. Our thoughts, opinions, comments, behaviour, and response are all data points that add up to an algorithm to present to us more of what we responded to. And hence, that sofa you merely looked at for a few seconds will continue to reappear on multiple sites as you go through your day. In other words, the AI could be a mirror of who we are but magnified.

This could have significant implications, some of which are discussed below:

1. Since the data used to develop AI is from us, it carries with it all the cultural biases that we carry consciously and unconsciously and even heightens it as it translates it into

actionable outputs. MIT Media Lab researcher, Joy Boulamwini (2016) observed that the face-analysing AI she was using to do her project worked significantly better for white faces and not black faces simply because the programmers did not use black faces in their training data for the software. Hence, the software did not recognize a black face until she identified this bias in the system.

AI systems use past data. This data includes our human fallacies - racism, power distances, gender biases, religious, regional biases, etc. These biases colour our understanding, perception, and how we make our decisions. Imagine a company modernizing and using AI for recruitment saving time, cost, and systematizing processes. We make assumptions that this data-driven decision making is good, fair, and that the algorithms are neutral. However, this argument does not recognize the fact that the existing data may have biases, which may have been reinforced over time. We need to understand that the AI for recruitment in this example will have been developed using the past data of the same company. If the company had a history of not recruiting women or were giving preference to one race or religion over another, then this would be captured in the system, the new AI system will then process information based on the same biases rejecting and hiring similar candidates as in the past. The consequences of letting these biases seep into AI is dangerous.

The question to ask ourselves is, are we mindful enough of these biases that we hold and are we willing to expend our energies into smoothing out these creases and folds before we allow the machines to fabricate our reality?

2. “Artificial intelligence and robots will kill many jobs”, predicted Jack Ma, CEO of Alibaba at the World Economic Forum in Davos (Presse, 2018). According to McKinsey

(2018), Global Institute, robots could replace 800 million jobs by 2030. AI4People's Ethical Framework (Floridi, 2018) state that AI could be overused or misused in the following four areas:

- i) Devaluing human skills
- ii) Removing human responsibility
- iii) Reducing human control
- iv) Eroding human self-determination

Keeping this in mind, as practitioners, we can step into this new era of machines with awareness and a commitment to hold on to our core strength and reignite it – Humanness.

A Deep Dive into our Culture and AI

Dr. Donald Smith suggests an onion-shaped model for understanding and exploring a culture (Smith, 1992).

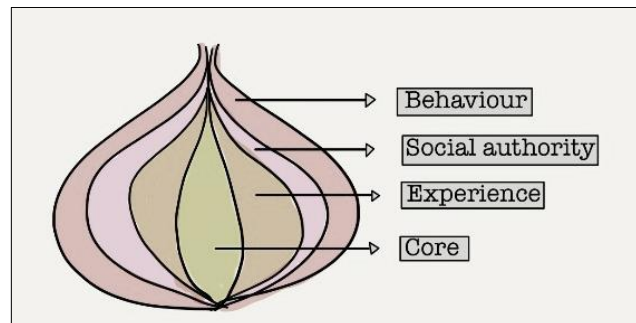


Figure 1: Onion Model of Culture (Smith, 1992)

According to Smith, culture has four layers.

- i) The outermost layer is that of external behaviour. Smith outlined twelve signal systems to aid cultural observation. They are arranged by decreasing consciousness of use - verbal, written, numeric, pictorial, artefactual, audio, kinesics, optical, tactile, spatial, temporal, and olfactory.

This layer of external behaviour is being captured currently as data for the AI systems in how and what we communicate, use of our senses etc.

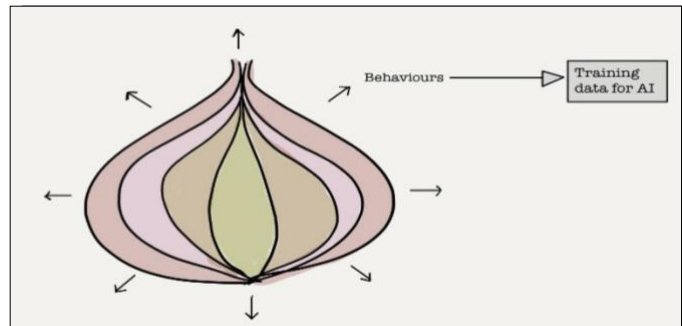


Figure 1: External Behaviours and AI Data

- ii) The next layer is social authority. Smith defines social authority as “the approval of the group to which we belong or wish to belong”. Following the norms of the groups and recognition from the social authority in a way results in the behaviours in the outermost layer.
- iii) Underneath social authority is experience. This includes two components – personal and collective experience.
 - a. Personal experience is the story of an individual forming the basis of our script which is valuable as an organizing support structure originating in childhood” (English, 1988).
 - b. The collective experience is the history of people forming the personality of the culture. Cultural scripts have been defined as the accepted and expected dramatic patterns that occur within a given society. They are determined by the spoken and unspoken assumptions believed by the majority of people within the group (James and Jongeward, 1971). When a group of people form a social network or community, they share Parental values, Adult procedures, and Child emotions which Berne (1963) names Etiquette, Technicalities and Character respectively

(Drego, 1983). The Etiquette, Parent-type contents of a culture are the transmitted designs for thinking, behaving, and valuing in a particular society; the Technicality, or Adult-type contents consist of the actual organization of the material and social life of a particular human group; the Character, Child-type contents include socially programmed ways of feeling, handling biological needs, emotional expressions, especially compliance and rebellion (Newton, 1983).

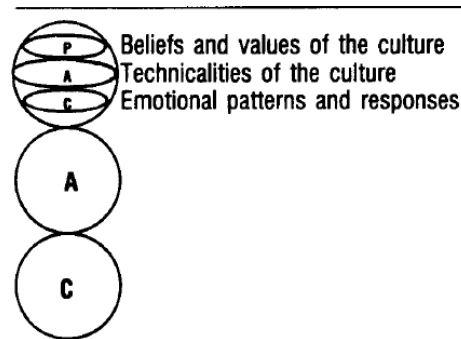


Figure 3: Cultural Parent, (Drego, 1983)

iv) Lastly, the core of the culture is what shapes one's worldview and the rest of the layers.

For example, a core stemming from "Not OKness" with the presuppositions of viewing a race superior to the other will reflect on its Cultural Parent as below:

Etiquette - Beliefs about race and their status in the society, about their privileges etc.

Technicalities – Procedures for maintaining social hierarchy by giving prestigious positions to the imagined superior race, giving menial jobs to the other, inequalities in wages etc.

Character - Feelings of obligation, deprivation or satisfaction, feelings of worth or worthlessness and the feelings of power or powerlessness.

This Cultural Parent impacts personal experiences (script) of people belonging to both the races influencing the decisions made by social authority. The three layers then reflect on the external behaviours in the society ready to be data points for our AI systems.

Pearl Drego (1983) states that an unhealthy Cultural Parent is one which wants to

- (1) repeat old history over and over again without change.
- (2) keep things the way they are because this is safe and familiar.
- (3) assume responsibility for others that these others can well assume for themselves.
- (4) provide punishments for new and untried behaviour even where such behaviour is lifegiving and healthy
- (5) keep power over others and enjoy controlling them for the sake of controlling.
- (6) destroy anything, however good, that threatens the maintenance of control.

MIT Media Lab researcher, Joy Boulamwini's experience shows us how this unhealthy Cultural Parent will reflect in our technology.

The transformation of beliefs, opinions, and traditions of the Cultural Parent of a given community is important because it is this part which justifies and imprisons a given social order by providing legends, rules, punishments, and rewards for specific types of behaviour in the community (Drego, 1983).

Way Forward – Towards Humanness

Several institutions and governing bodies are working on statements of ethical principles which should guide the development and adoption of AI. AI4People (Floridi, 2018) presents a comparative analysis of several of these sets of principles and have put forth five overarching principles - beneficence, nonmaleficence, autonomy, justice, and explicability to keep check on

the application of AI. This work is about how to keep checks and balances of the data already captured and building justice and fairness to the algorithms and its application.

As practitioners, we can look at ways of offering prevention and cure at the 'core' impacting the 'external behaviour' or training data for AI. The biased data at hand is a result of 'Not OKness' at our culture's core, every culture having its own unhealthy Cultural Parent. This manifests in personal and collective experiences, leading to scripty decisions and playing out scripty roles in the Drama Triangle (Karpman, 1968).

Creating awareness and confronting the existence and influences of human biases in our daily decision making and engaging with others is how we contribute. Our role as practitioners becomes relevant as we confront this in ourselves and others, gently paving way for the 'core' to embrace OKness. *Le Guernic* (2004) proposes a positive triangle of social roles in contrast to Karpman's (1968) Drama Triangle. Depending on whether they are supported by a positive life position or not, social roles can lead to either personal growth and autonomy or negative scripty outcomes. *Le Guernic's* model offers fluidity of movement from a raised to a lower position, all the while remaining in an OK position. What would be the impact of functioning with freedom from raised positions of the Guide and Helper and the lowered position of the Beneficiary or the Hero, while remaining grounded in an OK core on the biases we hold, and the cultural scripts? Steiner (2012) defines the OK/OK position as—signifying freedom, equality, democracy, and a level playing field for the pursuit of happiness and human potential—be adopted as a flagship symbol for the rapidly developing global Transactional Analysis movement of the twenty-first century. Would it not lead to the transformation of the Cultural Parent, shifting the core towards OKness, and displaying 'Humanness' in our behaviour?

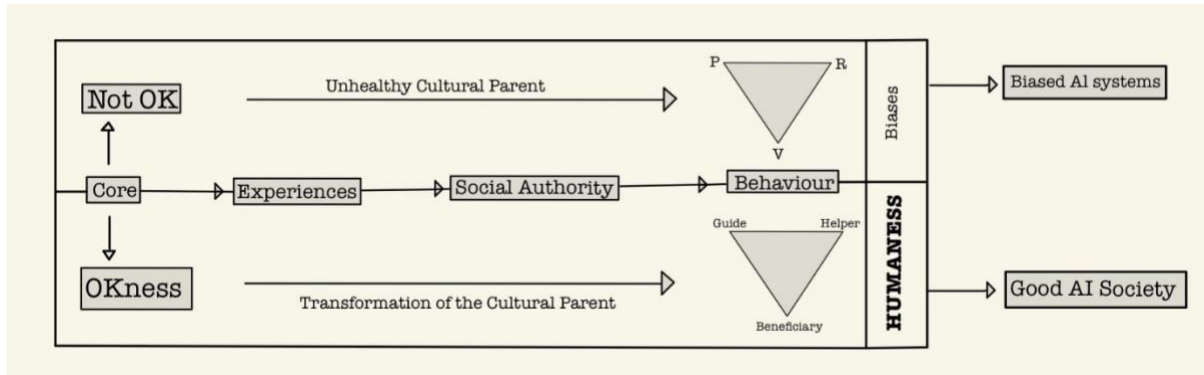


Figure 4: Journey to Humanness

I facilitated a few conversations in various practitioner groups to explore the relationship between *Le Guernic*'s positive roles and humanness. There was excitement and hopefulness as the participants discussed the fluidity of social roles triangle. They explored and shared experiences of them taking up these roles both in personal and professional spaces. I then encouraged them to come up with words that would describe how they behaved while shifting in these positive roles.

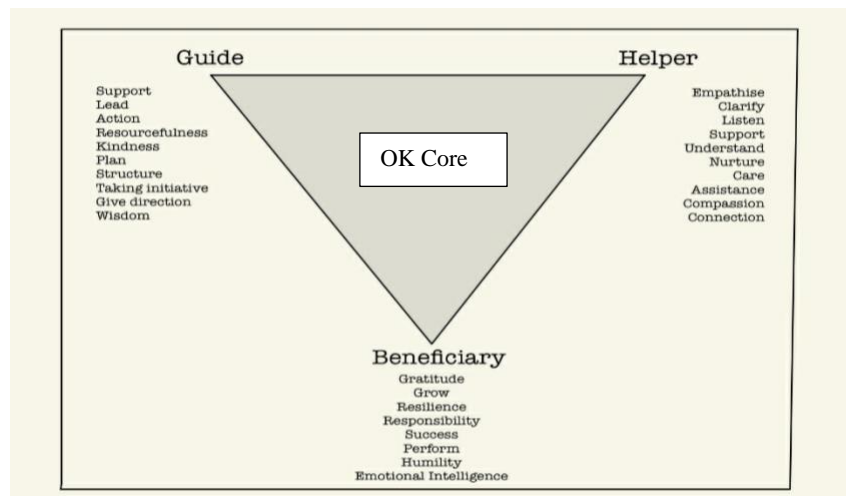


Figure 5: Behaviours, Social Roles Triangle, Le Guernic (2004)

With OKness at the core, during the above discussions, a bouquet of behaviours emerged. As the behaviour words surfaced, it became apparent that they were no longer raised nor lowered. The triangle had become flat (as depicted in the *Figure 6*) where the Guide contributes to the

Beneficiary's growth, the Helper *collaborates* to solve problems, while the Beneficiary receives to *cocreate*. A positive behaviour triangle was beginning to come alive in these discussions as we collated the behaviours of each social role.

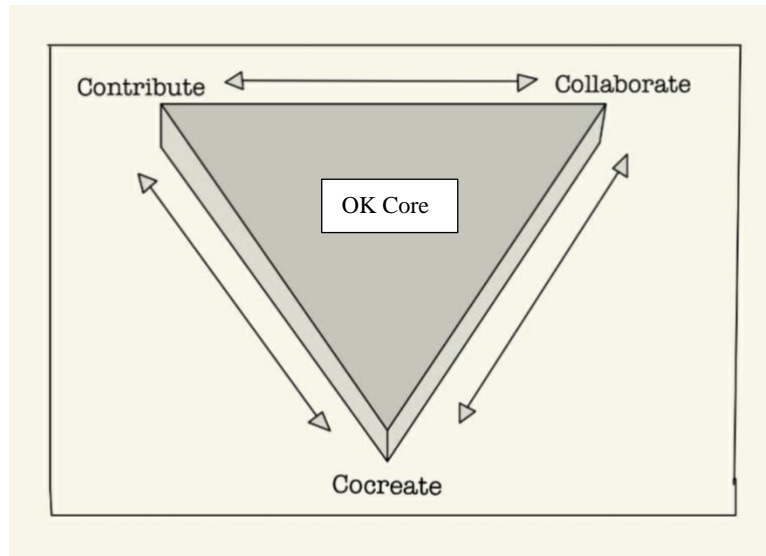


Figure 6: Positive Behaviours Triangle

As we fluidly move across the Positive Behaviour Triangle contributing, collaborating, and cocreating, we keep the OK core alive in us. And when we do this, we are offering good, unbiased and growth centered data to the AI systems allowing it to discover our Humanness. Humanness is at the core of who we are, the inherent capacity that allows us to *contribute*, *collaborate*, and *cocreate*. It is that which creates freedom, equality, democracy, and a level playing field. The 'Good AI Society' that we aspire for is this level playing field.

Conclusion

To remain relevant, the four skills that Edward D. Hess and Katherine Ludwig recommend are: Quietening Ego, Managing Self (one's thinking and emotions), Reflective Listening and Otherness (emotionally connecting and relating to others) (Hess & Ludwig, 2017). Keith Tudor proposes that Integrating Adult is an expansive Adult ego state which characterizes a pulsating

personality, processing and integrating feelings, attitudes, thoughts, and behaviours appropriate to the here-and-now present at all ages from conception to death. This present-centered state of the ego has the ability and capacity to act autonomously... to laugh, have fun and be silly, to learn, to develop and maintain a critical consciousness, to aspire, to express ambivalence and disappointment, to have a sense of community feeling, social justice, spirituality and much more (Tudor, 2003).

Cultivating and nurturing our Humanness lies within this expansive and pulsating core that exists in each of us – the Integrating Adult that *contributes, collaborates, and cocreates*.

As practitioners, we have a twofold responsibility, one, to be mindful and question unhealthy Cultural Parent seeping into the technology we use or contribute to designing. Two, to actively empower the present with the options of exercising positive behaviours while remaining grounded in the OK core, in bringing awareness of how our clicks impact the playing field. We can welcome the change that technology brings joyfully, with responsibility and awareness. And this will take courage.

“It takes courage to experience the freedom that comes with autonomy, courage to accept intimacy and directly encounter other persons, courage to take a stand in an unpopular cause, courage to choose authenticity over approval and to choose it again and again, courage to accept the responsibility for your own choices, and, indeed, courage to be the unique person you really are.”

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Where There is a Will, There is a Way

Professional Will: A Tool for Ethical Practice

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Keywords

Professional will, mental health, suicide, unforeseen circumstances, impairment, incapacitation, sudden termination, ethical practice, ethical growth, sudden demise, executor, re-traumatization, client protection, ethical closure, relational needs

Abstract

This article aims to draw the attention of mental health practitioners to the significance of a professional will in their practice. The author describes her personal and professional journey of using and adopting a professional will in her practice that allowed her to remain ethically grounded in her practice, her relationships with colleagues, and her family. The article also discusses the process of drawing up a professional will.

Background

Numerous surveys have indicated that mental health practitioners are at risk for mental health problems such as depression, anxiety, substance abuse, and suicidality (Kleespies et al., 2011a). There have been reports of high-profile cases of practitioner suicides such as that of Lawrence Kohlberg (Walsh, 2000) and Michael Mahoney (Warren, 2007) that have raised concerns about the impact of such events on the surviving colleagues, family, clients, patients, and the profession (Kleespies et al., 2011b). Petruska Clarkson's death by suicide left the practitioner community in a state of shock (The Script, 2006). Considering these events, in 2009, American Psychological Association (APA) set up an ad hoc committee to investigate further. They found that it took between 1-2 years for colleagues to make sense of and cope with their loss and that

many students and trainees started questioning their career choice because of the act (Larsson, 2012).

Clients, too, have written about their personal experiences on various public platforms after losing their mental health practitioner to physical impairment (Psychiatric Times, n.d) and suicide (The Vice, 2019). The description of their experience revolves around shock, disbelief, helplessness, anger, abandonment, mistrust, meaninglessness, and hopelessness towards their practitioner and therapy.

Such sudden disruptions, caused by physical and/or emotional impairment or demise of a practitioner, have the potential to adversely impact colleagues, family, clients, patients, and the profession.

Therefore, in 2014, APA recommended the inclusion of a professional will as a part of its ethical guidelines for psychologists (Legal and Regulatory Affairs Staff, 2014). British Association of Counselling and Psychotherapy (BACP Ethical framework for the counselling professions, 2018) and the UK Council for Psychotherapy (UKCP Code of Ethics, 2019) have implemented a similar guideline in their ethical code.

What is a Professional Will?

When the practitioner is critically impaired or passes away suddenly, often the responsibility to close the practice falls upon the colleagues and family, who are either unwilling or ill-equipped to take on this responsibility. This can lead to utter chaos, as they are already coping with the sudden loss of their colleague and a family member. In the Code of Ethics, APA recommends that psychologists make plans to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice (American Psychological Association Practice Organization, 2014).

A professional will is a verbal or a written agreement that is made in advance, drawn between the practitioner, an executor, the client, and/or family members. It contains the details of the administrative, financial, and operations of the practice. This agreement aids the colleagues and family in closing the practice as per the practitioner's wishes in their absence. It protects the business from litigation, legal proceedings against the practitioner, aids in informing the clients, and offering them a holding space. Furthermore, it carries information regarding client referrals to ensure continued psychological support from qualified professionals. APA urges its members to prepare their will at the earliest, as disaster can strike anytime (Clay, 2019).

Significance of a Professional will

I believe that both Contract (Berne, 1966) and Contact (Erskine, 1993) with the client are suddenly disrupted when the psychologist stops their practice due to sudden unforeseen circumstances.

1) **Contract with the client:** As a practicing psychotherapist in training, using Transactional Analysis as one of the approaches for my work, making a contract with the client is an integral part of my work. Berne (1966) defined it as an explicit bilateral commitment to a well-defined course of action. Berne has further distinguished the contract into three types.

a) **Procedural Contract:** Cornell (2019) defines it as the level of a contract between the professional and the client (organization) that contains agreements on the reasons for intervention, the course of events, and the cost of intervention. According to Cornell (2019), it answers the following questions:

- i) What legal requirements do the client and the professional must adhere to?
- ii) What are the duties and responsibilities of both the client and the professional?
- iii) What facilities and other support are offered by the organization?

A professional will becomes an essential part of the procedural contract with the client, and all other parties, like the bank and landlord, involved. The initial procedural contract comes to an end with the incapacitation/demise of the practitioner, and the professional will becomes the new procedural contract and comes into action. In my absence, my professional will carries the requisite information that I wish to pass onto my clients, bank, and other organizations. I have a procedural contract with my clients, which mentions the official location, frequency of sessions, charges due, and cancellation policy, amongst other details. This contract becomes null and void, post my incapacitation/demise, and my professional will becomes the new contract and comes into action.

b) **The Professional Contract.** Cornell (2019) describes this aspect of contracting as the agreement made between the practitioner and the client (organization) about the goals of the intervention. The professional will ensures that the goals of the intervention are held safely even when the practitioner is not available due to reasons stated earlier. By offering an opportunity for continued professional services, as notified in the will, the practitioner can ensure that the client gets an opportunity to continue with his/her treatment plan and the goals for intervention, albeit under another practitioner.

c) In the **Psychological Contract**, Cornell (2019) observes that the motives at a psychological (hidden) level between the client (organization) and the professional play a crucial and often disruptive role. The key question here is, what could stand in the way of a successful outcome? I believe that the sudden passing of the practitioner is not a commonly held reason for poor outcomes and disruption to therapy. Yet, when it occurs, it has the potential to cause significant harm to the client. By offering a listening space to process the news and a qualified professional for continued services, the professional will

offers care and safety to the client in the absence of the therapist. If the client chooses to take up the offer, then the client may not regress into a dysfunctional state, thus ensuring that he/she continues his/her path to successful outcomes.

2) **Contact with the Client:** Erskine (1993) describes contact with the client within psychotherapy like the substructure of a building: it cannot be seen, but it undergirds and supports all that is above ground. Contact provides the safety that allows the client to feel again and remember. He further elaborates that when a psychologist attunes to the client's emerging relational needs, he/she responds differently as the needs emerge in the foreground (Erskine et al., 1999). "The therapist responds empathically to the needs of the client and to the clients' painful recognition of the past relational ruptures. While the psychologist cannot meet the client's archaic needs, he/she can validate and normalize these needs, which may initiate a grieving process for the unsatisfied relational needs of the past." (Zvelc et al., 2020).

I believe that the therapeutic relationship becomes the healing agent, and the practitioner assumes a vital role in the clients' healing. If this vital person goes missing suddenly and does not answer messages, calls, or opens their doors, it can be traumatic for the clients and stall the healing process midway. The clients might experience a sudden onset of emotional upheaval, ranging from confusion, anxiety, anger, rejection, abandonment, and depression. This can be prevented to some extent if the practitioner makes prior arrangements for the clients to be informed and provide them with holding space and referral services with qualified professionals.

Professional Will – The Process

In the event of sudden unavailability of the practitioner, the executor of the will is the person(s), who shall proceed with the necessary due diligence to carry out the terms agreed upon on their behalf. Besides closing the practice/business, executors are expected to place calls to the

clients, inform them and be willing to answer some questions at that time, and arrange for referrals when the client is ready. The practitioner can offer remuneration to the executor(s) after reaching a mutual agreement (American Psychological Association Practice Organization, 2014).

Appointing an Executor

APA recommends that it is ideal to choose a colleague with whom the practitioner can have a reciprocal arrangement. They could appoint someone who fills in for them when they go on a break. The executor can be a local colleague who can visit the physical premise to shut it down, speak with the landlord, bank officials, interact with their clients, and offer referrals wherever needed (Clay, 2019). I believe that it is best to have two or more executors. If one of them is unavailable due to any reason, the other can take over the proceedings. In a workshop I attended, I realized that clients preferred to interact with someone who knew the deceased practitioner. It helps them to open and share easily. I recommend that the practitioner discusses with the executor, what they want their clients to know about themselves.

My Experience in Preparing the Professional Will

Felix Saloman, Ph.D., past chair of the Arizona Psychological Association ethics committee, observed that there are not too many professionals who go to the extent of caring for people after their death. He further added that making a professional will could be a good educational approach to helping psychologists understand their own attitudes about death (Holloway, 2003).

I decided to prepare my professional will as I saw its relevance in my private practice. The process of making my professional will turned out to be an emotionally overwhelming yet enriching experience. This was an opportunity to identify my apprehensions and biases towards incapacitation, passing, and my attitude towards my clients. I was anxious and fear-ridden as I researched the topic and wrote my will. Yet, the wish to work ethically gave me strength and

courage. Whenever the process became overwhelming, I took a break from preparing and processing the will to take care of myself. I have used the structural model of ego states (Berne, 1972, p. 11) to process my contaminations (Berne, 1972, p. 155). This is depicted in *Figure 1*, which describes some of the critical contaminations that I processed in therapy.

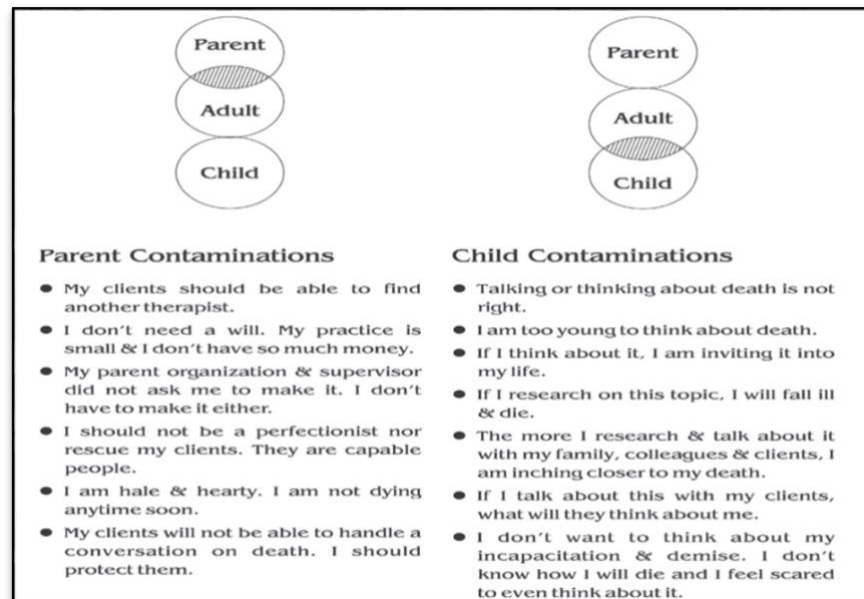


Figure 1: Parent and Child Contaminations

After working through my contaminations, I made some new decisions, which empowered me to continue the journey. Some of these are listed below:

- Other practitioners are making their professional will and surviving. I can, too.
- I am taking enough measures to maintain my health, yet unforeseen incidents can occur.
- My clients' well-being matters to me after my passing also. I want to face my fears and safeguard them from any psychological harm caused by my unavailability.

This journey also allowed me to speak to my family openly about our biases, fantasies, and fears on these topics. I felt very supported and understood by them, and they appreciated my efforts

to work ethically. After naming the executors and involving them in the process, my family feels more prepared for these uncertainties whenever it happens.

My Experience with Clients

My 'general information and consent form' has a clause that briefly informs the clients about how our engagement would conclude in the event of my unavailability due to some unforeseen circumstances. In the form, I also have an open invitation to the clients to have a conversation with me regarding this if they choose to have it. However, none of my clients have explored this conversation further than the consent form. I contract for and initiate the discussion when I have adequate evidence that the client has enough resources to access their Adult (Berne, 1966) and process this conversation. I avoid talking about it when they are emotionally unstable. I talk about future possibilities of sudden impairment and demise, which could impact my availability and functioning. Often, I have noticed clients shifting into either Parent (Berne, 1966) or Child (Berne, 1966) ego state immediately when I broach this topic. I am usually met with concerns and statements listed below:

"Is something wrong with you?"

"Can I do something for you?"

"What will happen to our sessions?"

"Will my growth stop?"

"Who is there for me after you're gone?"

"How will I go forward?"

"Do you think about committing suicide?"

"I don't want to think or talk about it as I have lost a family member to suicide."

“Finding a new psychologist, telling them everything again is so difficult, I will manage by myself”.

We spend some time processing these questions and statements, the emerging emotions, identifying, and understanding the underlying relational needs (Erskine, 1999). Sometimes, this also presents with an opportunity to grieve the unmet relational needs from previous insecure attachments and focus on some needs in the here and now. We work together by exploring options that the client might suggest and some from the professional will.

Contents of My Professional Will

I have a private practice. I have not availed of any legal opinion for formulating my professional will. My professional will is a combination of a verbal and written agreement. I have created an excel sheet that is stored on a digital cloud service. I have a verbal agreement with my family, and they have access to the names and phone numbers of the executors of my professional will. They have access to the undermentioned list on cloud service.

The list contains the following items, listed below (*Figure 2*):

PROFESSIONAL WILL	
<ol style="list-style-type: none"> 1. Clients under therapy, their phone numbers (I revise this list every 3 months) 2. Clients on a break, their phone numbers. 3. Location of financial records, payables and receivables. 4. Location of written notes and voice recordings. 5. Name of supervisor(s), therapist, their phone numbers, email address. 6. List of professional memberships, ID and email addresses 7. List of Directory listings, membership id and email address. 8. Professional website, email address of agency which maintains my website. 9. List of referral services eg. Psychiatrists and psychologists and Email addresses. 10. Digital footprint- Laptop- user id and passwords 11. Email accounts- user id, passwords 12. Social media accounts- user id and passwords- Instructions regarding their future 13. Mobile phone- user id and pin, lock pattern 14. Digital Applications- user id, passwords 15. List of articles authored by me- Instructions regarding their future 	<p>Signature:</p> <p>Date:</p>

Figure 2: Professional Will Template

This is not an exhaustive list. It is recommended that practitioners add what is useful for their practice. They can take a legal opinion, if they deem it necessary, to prepare their professional will.

My Ethical Growth

I have used the Ethics grid from ITAA (International Association of Transactional Analysis, 2014) to plot my ethical thinking and the impact of incorporating a professional will on me as a practicing psychologist, my clients, my colleagues, and my family. *Figure 3* describes my thinking about my personal and professional growth across the core values of respect, empowerment, responsibility, protection, and commitment in a relationship.

Ethical Values	People involved			
	Self as a practicing Psychologist	Clients	Colleagues	Family
Responsibility	Prepare a plan	Provide them a space to have conversations regarding their beliefs, fears on death, and incapacitation	Build awareness about their attitude towards unforeseen circumstances	Create space to have conversations on the topic of my sudden unavailability
	Close practice in the way I want	Informing them	Leave a plan for them to act upon	Prepare a plan for them to act upon
	Offer holding space for clients, referral services	Offer holding space Offer referral services		
Protection	Protect my practice from litigation, and legal complications	Boundary between clients, and family	Minimize mental, and emotional trauma by involving experienced colleagues as executors	Boundary between clients, and family
	My professional image	Confidentiality Minimize the possibility of re-traumatization, and self-harm		Minimize mental, and emotional trauma by involving experienced colleagues as executors
Respect	Acknowledge, and accept my fears and, biases	Their need to confidentiality	Their time, and effort taken to close my practice	Their time
	Towards my practice	Our therapeutic relationship	Boundaries by preparing a plan for them to act upon	Their need for directions to close my practice
		Their right to continued professional services		Their relationship with me
Empowerment	Facing and working through my fears and fantasies, beliefs on impairment	Talk about their beliefs, fantasies, fears of demise	Spreading the knowledge	Talk about their fears, fantasies, and beliefs about above mentioned subject
	Remaining grounded in ethical values and practices	Prepare them for a possible event and how they could address it	Sharing my experience and, growth for them to reflect upon	Hold conversations and, foster emotional intimacy
Commitment in a Relationship	Towards my personal, and professional identity, and growth Minimize the dissonance between these 2 identities, and create a space for congruity	Offering them psychological protection through the continuation of procedural & professional contract	Respect their boundaries in terms of time, effort, and emotional impact of my unavailability	Create a space for open conversations on this topic
		Confidentiality	Mutual learning, and growth	Be vulnerable
		Sharing my journey where appropriate		Listen, understand, and guide them
		Work through fears, and beliefs		Create an agreement to close practice
Working relationally		Involvement in the process	Respect their time, emotions, and need for privacy	

Figure 3: Professional and Personal Growth on Ethics Grid

Conclusion

I am aware that my clients will ultimately decide how they react to the news of my impairment or passing. However, the professional will is my way of showing care and minimizing the possibility of harm. The Professional will forms a significant part of the contract, safeguarding the interest of the mental health practitioners, clients, colleagues, and family. It is a tool that aids in minimizing the risk of re-traumatization of clients by offering a space for emotional holding and continued professional services. Moreover, this journey of implementing the will can be an empowering experience for both the practitioner and the client.

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Once you have met the above submission requirements and timelines, you will receive a 'receipt of your submission' mail in a week. Over the next 3-4 weeks, your manuscript will be anonymously reviewed by at least two of *SAJTA's* co-editors, who will assess basic readability (i.e., professionally written English, clarity and novelty of the ideas presented, relevance for the transactional analysis community and its contributions to the evolution of transactional analysis theory, principles, and practice) as below.

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 - If the paper includes **figures, tables, or other graphic images**, are they necessary, easily understood, and integrated well into the main text and with the ideas of the paper?
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