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## Developmental TA

Julie Hay, TSTA OE

### Why 'developmental'?

The term 'developmental' was introduced to distinguish the TA applications that address growth and development rather than 'cure'. When different fields of TA application were first introduced, they were referred to as 'special fields'. Therapeutic application was known as the 'clinical' field, which is of course now called psychotherapy field.

At the time I took my CTA exam, successful special fields candidates were allowed to choose the way they described their field so there were many different things written on the certificates – including, I recall, a CTA Architecture which has intrigued me ever since. Eventually, the fields were rationalised into the educational, organisational and counselling fields for which we now have separate examinations, and those CTAs with different labels were re-classified.

However, it always seemed to me that the three special fields had a lot in common with each other, and were distinct from clinical in similar ways. I will describe those similarities and differences in more detail below – the essence seemed to be that we all worked with an emphasis on functioning in the here-and-now and keeping out of transference whereas therapists worked with regression and actually used transference as a way to help clients. I do not mean that developmental TA clients never regress or go into transference; what I mean is that we work to invite them back into the here-and-now rather than working directly with those phenomena.

As the numbers of organisational and educational practitioners and trainer/supervisors increased, I found that many shared my view about the special versus the clinical fields. We wanted to encourage closer integration and needed a way to describe ourselves collectively. Over the years, the special fields label had acquired a somewhat derogatory meaning within the TA community, as if only the original therapeutic

applications were real TA. Special also sounded as if we were somehow claiming to be better than others. Most importantly, it failed to be descriptive enough to tell anyone what we were actually doing with TA.

We therefore decided to refer to ourselves as developmental. We recognised that there might be some confusion with developmental being applied to children growing up but were confident that people would soon get used to the term developmental transactional analysis (DTA). Being asked to write this chapter is, on the one hand, a confirmation that this is happening as we hoped, and on the other hand, a great opportunity to tell more of you about it.

One final point on DTA versus PTA (psychotherapy TA). It is not the intention to have only two fields. Instead, we view both as groups with similarities. From the fields within DTA, educational could in turn be subdivided into, for example, teaching children or teaching adults, or working in schools compared to working with refugees, or focussing on life skills or parenting skills or citizenship skills, and so on. Organisational TA requires different skill sets depending on whether the practitioner is operating as an organisational consultant or trainer or facilitator or mediator, and so on. The current counselling field describes work that might be undertaken by a coach or a mentor as well as by a counsellor, and either job title can refer to practitioners working on personal or professional development of clients. The psychotherapy field is also extensive – therapists might specialise in working with children, or adults, or the elderly, with addictions, with domestic violence, with individuals or with family systems – so again lots of variety of application.

I think instead that DTA and PTA are the major groupings, with any number of sub-divisions of each as are found to be necessary once we consider the competencies required. This would be instead of having PTA as one huge field of application alongside several somewhat smaller but still extensive fields. Our current divisions generate many queries when trainees are choosing their own professional base.

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## Our shared heritage

There are a number of key features of DTA, some of which are of course shared with PTA and others which differentiate the two broad approaches.

The shared principles include our commitment to behaving in non-discriminatory ways that respect diversity in all its forms, the use of contracting so that we work with clients rather than on them, our underlying philosophy around okayness, adherence to codes of ethics and professional practices, and our openness to analysing ourselves and using supervision in order to maintain continuous professional and person development.

In addition, we all refer to the same TA theories, albeit that we vary in which ones we prefer to apply most often, the theoretical depth we go into, and the non-TA theories we choose to use alongside or combined with TA.

We thus have a strong shared heritage which keeps us together as a TA community. This is important because it allows us to learn from each other. Applying similar concepts in different situations generates much of value to us all.

## Health or pathology

When we come to differences, one of the most significant in my opinion is the focus on health rather than pathology. The basis for DTA is the emphasis on people learning to develop more ways of functioning in a healthy manner and not on dealing directly with pathology. Thus, we work with all the same theories but often develop a simplified format that is more readily accessible to the layperson. And although we draw on all TA theoretical approaches, including now the cocreative (Summers & Tudor 2000), our working methods are closest to the original classical TA methodology. Berne said teach the clients the theory and worry about analysing them later if it is still necessary – we find that teaching TA is often enough for people to

make significant shifts once they realise that their limitations have been self-imposed.

Pathology obviously arises for all of us from time to time but the DTA practitioner looks for ways to connect with the client that sidestep any pathology. Viewed systemically, we operate on the basis that our patterns are interlinked like spider webs, with core beliefs at the centre and observable behaviours at the outer rim. Thus any change at any point on the web will resonate and probably cause linked changes elsewhere. PTA practitioners working at the central core will help clients to generate changed behaviours as they change their core beliefs: DTA practitioners working at the behavioural periphery will lead clients to initiate core belief changes. In both cases, the client will make the adjustments to avoid the discomfort of cognitive dissonance (Festinger 1957) – we all prefer that our beliefs and our behaviour feel coherent.

DTA practitioners support change and growth by emphasising the TA concept of physis (Berne 1957) – the urge of all living beings to grow and develop. We may use the concept of script as well, so that people can understand how physis may have become constrained whilst they were growing up. Thus, we talk about developmental rather than deterministic scripts, encouraging people to recognise that they can change the decisions they made as children, and can operate improvisation theatre (English 1988) instead of being stuck in ways that may have helped them survive whilst young but are not relevant in their current circumstances.

To comprehend physis, it helps to imagine that people are like plants that have been concreted over but are still seeking to reach out to the sun. If you've ever laid a path in your garden, you'll be aware of how difficult it can be to stop plants from appearing wherever there are openings. Gardeners work hard to keep the pathways clear, whereas the DTA practitioner welcomes whatever emerges as signs of physis. Our aim is be the person with the pickaxe, who creates cracks in the concrete so that sustenance can get through to the living being underneath and they can grow up to the light.

### Complexity of contracting

Another way in which the DTA and PTA practices tend to differ significantly is in the way in which contracting is approached. PTA contracts tend to involve therapist and client, with some involvement of organisations such as those paying for the therapy on behalf of the client. Fanita English (1975) introduced the notion of the three-cornered contact to represent the involvement of what she called the Big Powers – the organisations who brought in trainers to teach TA to their employees, who were often in the classroom reluctantly or apprehensively.

Since then, it has become apparent that most DTA contracting is even more complex, with multiple parties and multiple levels to be taken into account. Berne (1966) suggested the administrative, professional and psychological levels – this list can be extended to consider the paradigms, or models of the world, of those involved. Most people are unaware of their frames of reference, so in addition to their personal scripts they will be operating in accordance with cultural and organisational paradigms. For instance, people working with refugees may unwittingly discount the values of the country of origin; trainers working within organisations may unknowingly seek to enforce their own views of 'good' organisational cultures; teachers within schools may generate problems for children by subtly disparaging the ways their parents are behaving.

The levels are not the only source of additional complexity. DTA contracting typically involves at least the three parties identified by English (op cit) – the practitioner, the client and an organisation. Often, there will also be a line manager of a client, who may never meet the practitioner but who nevertheless may be the ultimate judge of the impact of the TA on the client. The organisational contact who sets up the DTA work may not be the ultimate authority. In school settings, there are the parents to consider, as well as the local and/or national authorities who determine education policy. Coaches and counsellors may well be operating within some organisational structure, such as an in-house scheme, even though the practitioners themselves may be self-employed.

To complicate the contracting even more, the DTA practitioner may be working for a consultancy company that is in turn contracted with an organisation to work with the students or employees. The practitioner may not even meet their ultimate clients until the day on which the DTA service is to be provided, at which time they must somehow convey the complex contracting arrangements in such a way that the clients understand what is intended and are able, and willing, to give informed consent – and have the opportunity to present their own needs and preferences as part of this final stage of contracting.

An example of a relatively simple organisational contracting diagram is shown in Figure 1. The dashed lines indicate significant relationships that involve no direct contact at the social level, although it may occur at the psychological and will certainly have impact at the paradigm levels. In the example shown, the facilitator never meets the participants' line managers and the participants do not meet the facilitator's manager yet those parties still have a major impact on aspects such as the boundaries of the work and how the results are evaluated.

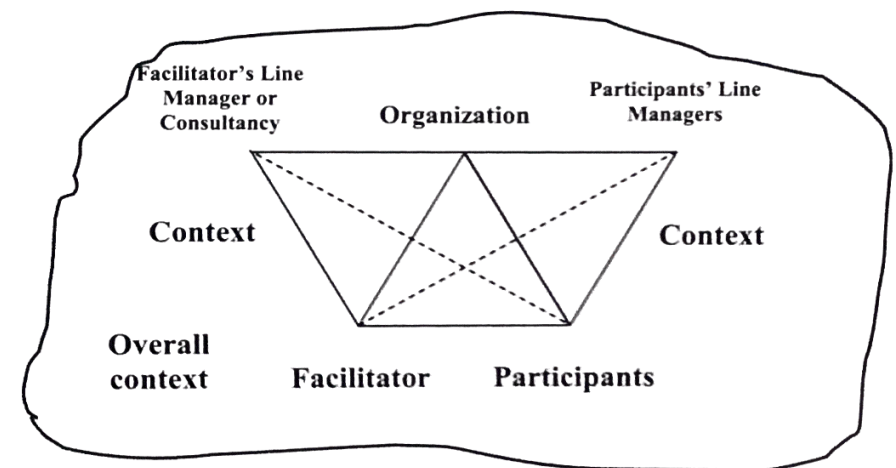


Figure 1: Multi-party contracting

This multi-party contract diagram becomes even more complex if we combine it with Micholt's (1992) ideas about psychological distance. If the lines of the various triangles are not equilateral, the extra closeness or distance between some parties will have a serious negative impact on the relationships. I refer to this as the 'kite' theory of contracting, because we can imagine the lines in three-dimensional format as if they create a kite. If the shape of the kite is not balanced, it is very hard to control its flight.

Kites may be even more complex in educational settings, where we must often take into account pupils, parents, head teachers, parent-teacher associations, boards of governors, the local and the national education authorities, the teachers' professional association or trade union, the head teachers' separate professional association, the government, the electorates of both national and local government, civil servants – and probably more. No wonder teaching is often regarded as a stressful occupation!

### Working in the here-and-now

I mentioned above that DTA concentrates on working in the here-and-now and keeping out of transference. This can be contrasted with PTA, where transference is a valuable mechanism that can be used to help the client. Picking up on whatever the client transfers onto the therapist, and whatever the therapist realises they wish to transfer onto the client, can provide insight into the client's likely issues and can also become a relationship bridge through which contact can be made with the client in a way that allows the client to be held and supported while they rework their history and re-decide.

DTA works instead on the basis of Functional Adult-Functional Adult (Hay 2000) behavioural ego state transactions, with Internal Adult (Hay 1995) engaged. In Bernean terms, this is Adult to Adult with Integrated Adult in the executive. In other words, it is the classical Bernean approach of assuming that the client has a functioning Adult ego state and our role is to make contact with them through that. They

can then apply TA to themselves and work out, again for themselves, perhaps with some prompting, what they might do differently.

This assumes, of course, that they are capable of functioning autonomously. If they move into scripty behaviour, the DTA practitioner aims to bring them back to autonomy. If they consistently fail to stay in the here-and-now, the DTA practitioner will find some tactful way of providing details of the requisite minimum of three possible therapists for the client to contact and choose between.

### Contextual factors

Referring the client on for therapy is the equivalent of a PTA practitioner referring on an enquiry for organisational or educational work instead of providing an inappropriate therapy group experience for a work team or class of pupils. Each form of TA application usually rests upon knowledge of the contextual factors and the likely norms of the situation.

Application of TA in therapeutic settings might require the practitioner to be conversant with addictions, family systems, child abuse, torture, to know about possible medical treatments, psychiatric services, and so on. Application of TA within organisational settings requires the practitioner to understand the dynamics of organisations, to know about leadership, management, teamworking and so on. Application of TA within educational contexts needs an understanding of learning and teaching processes, how adults and children learn, the dynamics within the educational system, and so on.

Being a competent practitioner in each context requires so much specialised knowledge and experience that each TA field could be regarded as a profession in its own right. There are indeed other professional bodies in existence, which will include within their membership professionals who may or may not apply any TA but who in other respects are doing the same job. In the UK, for instance, there are professional bodies for consultants, for organisational trainers, for teachers and educators, for coaches and mentors, and of course there is



the UK Council for Psychotherapy and the British Association for Counselling and Psychotherapy.

Reviewing the professional membership requirements of the relevant bodies is another way in which we can see how essential non-TA elements combine with some similar and different TA theories and methods to create distinct fields of application.

### DTA theories

Changing the emphasis from pathology to 'normal' and finding ways to simplify concepts without losing their depth and robustness, has resulted in many developments of original TA theory. Berne wrote of the principle of Occam's Razor (1972), stressing the importance of scientific economy. We need just enough theory to use for our current purpose. The following are just a few of the ways that I have followed Berne's advice whilst also emphasising health rather than pathology.

#### *Autonomy Matrix*

I talk of the autonomy matrix rather than the script matrix – see Figure 2. The respective positions of the caregivers and the individual are reversed to provide a visual representation of children developing beyond the limits of the previous generation, and being supported rather than held down by them.

The lines stop short of entering the child's ego state circles (Holloway 1977) to emphasize that many script decisions are not 'inserted' as Berne (1972) wrote and diagrammed. The dashes are to indicate that many scripty messages are not part of any social level transaction but are in fact interpretations of and reactions to what the child believed was meant.

This provides us with a model of healthy development that explains why some negatives also exist, rather than an image of largely negative development that must somehow be overcome. It also eliminates the invitation to simply blame our caregivers.

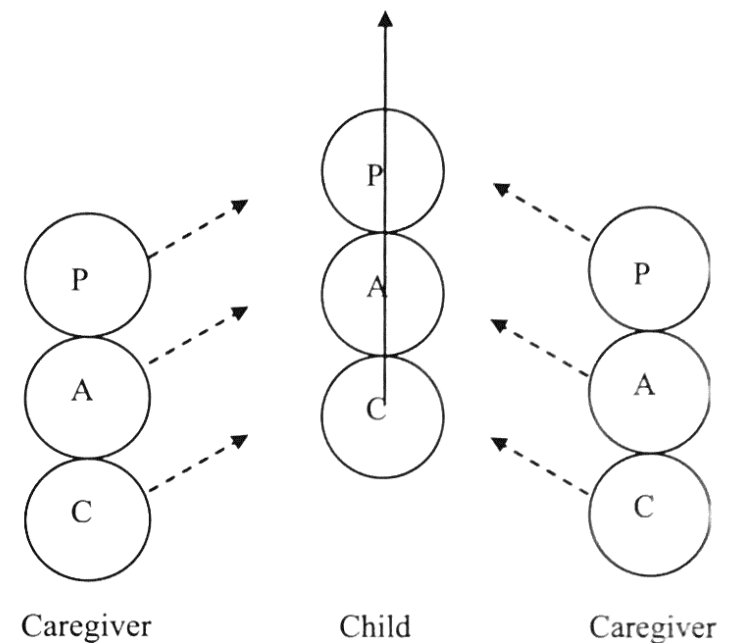


Figure 2: *The Autonomy Matrix*

#### *Potency Pyramid*

Likewise, I use the potency pyramid (Hay 1995) as the counter to the drama triangle (Karpman 1968). This is a development of Choy's (1990) Winners Triangle. In my case, the visual is reversed to emphasise the difference, and the labels for the potent positions also begin with PRV to emphasize that they are the counterparts to the drama triangle roles. Recognising when we are Vulnerable is what allows us to avoid taking on a Victim stance; Persecutor becomes Powerful which refers to using our power when it is appropriate to do so, and Rescuer becomes Responsible which refers to taking responsibility only for that which we rightly should. All three must be converted and combined in order for us to be potent.

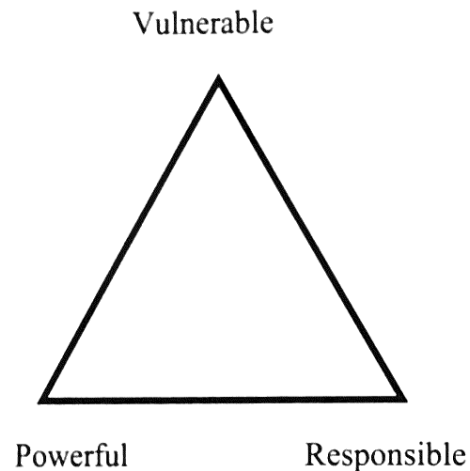


Figure 3: The Potency Pyramid

### Competence Curve

I have converted the Cycles of Development (Levin 1982) into a Competence Curve (Hay 1996) that shows how competence varies after a change occurs. The advantage of this instead of the more commonly used change curve based on death and grieving (Kubler-Ross 1969) is that child development provides a far more positive framework for change. It still shows how change has negative stages and can be used to illustrate why further change can be so stressful when it occurs just as you are moving into acceptance of the last change.

The link back to childhood development also provides an explanation of why some people find some stages of the change process harder than others do – whatever we missed out on developmentally as children will still be affecting us. This adds to the positive application of the model as clients realise that every change is another opportunity to rework and deal with any prior developmental deficits.

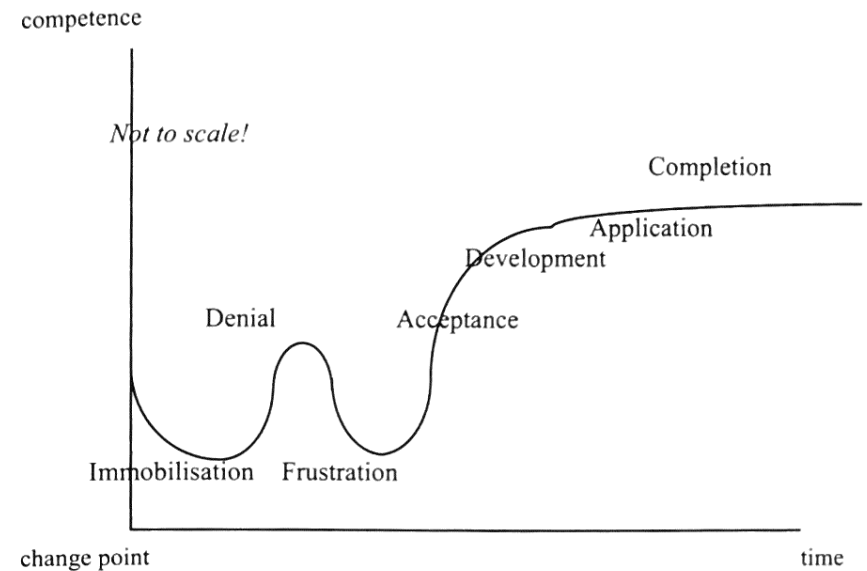


Figure 4: Competence Curve

### Steps to Success

I have developed a problem solving model called Steps to Success (Hay 1995) that reflects the treatment levels of the discount matrix (Schiff 1975). This provides an easier presentation so that discounting as a concept can be taught. The people on the steps are to illustrate how we can spot someone else's discounting when they cannot – if we want to help them become aware of their discounting we need to go down the steps and join them at the point where they are aware of reality, before helping them to walk up the levels.



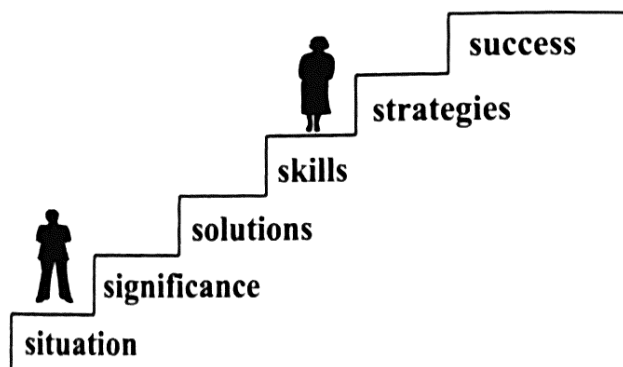


Figure 5: Steps to Success

### **BARs to Success**

One final example – I use a metaphor of (prison) bars to create BAR (beliefs, actions, reinforcements) based on Erskine & Zalcman's Racket System (1979). This simplified representation helps clients to see how they create self-fulfilling prophecies, and how they can break the cycle at any of the three points – by changing their beliefs, changing their actions, or changing the situation and/or people around them to get different responses.

The practitioner can therefore work directly with beliefs, including core beliefs using life positions, or what I call windows on the world. They can prompt clients to change actions through role playing or skills practice. They can provide changed reinforcement by having the client practise within a supportive group, or advise them to practise their new behaviours in a 'safe' situation before they use them in 'high-stakes' interactions.

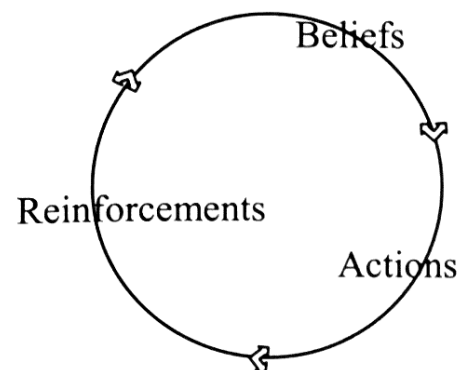


Figure 6: BARs to Success

The intention with these revisions to existing TA theories is to present the material in ways that:

- Promote health rather than pathology
- Reinforce the message that we are all 'normal', albeit with some quirks
- Capture the essence of the theory accurately whilst still being simplified enough for easy comprehension
- Provide models that are easy to understand so that children learn them easily – and so that adult learners are not invited to

regress back to negative memories of struggling to learn at school

- To maintain the links into 'mainstream' TA theory so that practitioners can work with the additional complexity for enhanced understanding

## The IDTA

In 2001, the three developmental TSTA's within the UK (Julie Hay, Trudi Newton, and Anita Mountain) decided to set up an Institute of Developmental Transactional Analysis (IDTA). It was already apparent that there was much interest in such an institute. The fact that the Institute of Transactional Analysis (ITA) had for some years been a member of the UK Council for Psychotherapy had meant that UKCP requirements were often inappropriate for the developmental fields; the ITA had also to invest a high level of resources into their UKCP membership.

After consultation with ITA, IDTA was set up and completed the process of affiliation with EATA. As I write, it has well over 100 members, including some outside the UK. The third IDTA conference is being planned for 2006, following successful conferences in 2003 and 2004. In 2005, IDTA worked with ITA, EATA, and ITAA to organise the highly successful World TA Conference in Edinburgh.

A significant innovation has been the IDTA Professional Qualifications (IPQ). These are a Certificate and Diploma, requiring respectively about 25% and 50% of the TA training, supervision and application requirements for CTA. Candidates typically attend TA training and supervision workshops for 2 days each month, and produce portfolios that demonstrate their TA application together with their ability to analyse what they do and learn from it, plus essays that show their understanding of TA theory.

Another equally important innovation is the IDTA TA Proficiency Award (TAPA). This is aimed at those who learn TA but do not intend to apply it as a helping professional. Whereas the IPQ is for trainers, educators, facilitators, consultants, coaches, etc, who will be using TA

to help others to grow and develop, the TAPA is for those whose application of the TA they learn will be for themselves, so they can interact better with friends, family, colleagues, etc.

Thus, TAPAs are awarded on the basis of portfolios that demonstrate an understanding of any 6 TA concepts, such as ego states strokes, games, etc. TAPAs are for children who learn TA at school, managers who attend TA-based training programmes and use what they learn to be better managers, employees who learn TA as part of teambuilding courses, human resource professionals who want to check out their understanding of TA but do not want to undertake a professional qualification (often because they already have enough qualifications for their role), and anyone else who learns some TA and wants confirmation that they have understood it and applied it appropriately.

IDTA is willing to share the work done to establish the IPQs and TAPAs with other TA groups around the world – details can be found on the IDTA webpage at [www.instdta.org](http://www.instdta.org)

## References

- Berne, Eric** (1957) *A Layman's Guide to Psychiatry and Psychoanalysis* Simon & Schuster
- Berne, Eric** (1966) *Principles of Group Treatment* Grove Press Inc
- Berne, Eric** (1972) *What do you say after you say Hello?* Grove Press
- Choy, Acey** (1990) *The Winner's Triangle* Transactional Analysis Journal Vol 20(1) pp 40-46
- English, Fanita** (1975) *The Three Corners Contract* Transactional Analysis Journal Vol 5 (4) pp 383-4
- English, Fanita** (1988) *Whither Scripts?* Transactional Analysis Journal Vol 18(4) pp 794-303
- Erskine, Richard and Zalcman, Marilyn** (1979) *The racket system: a model for racket analysis* Transactional Analysis Journal Vol 9(1) pp 51-59
- Festinger, Leon** (1957) *A Theory of Cognitive Dissonance* Stanford University Press
- Hay, Julie** (1995) *Donkey Bridges for Developmental TA: Making transactional analysis memorable and accessible* Sherwood Publishing
- Hay, Julie** (1996) *Transactional Analysis for Trainers* Sherwood Publishing (previously published 1992 by McGraw-Hill)

- Hay, Julie** (2000) *Organizational Transactional Analysis: Some Opinions and Ideas* Transactional Analysis Journal Vol 30(3) pp 223-232
- Holloway, William H** (1977) *Transactional Analysis – An Integrative View* as Chapter 11 in *TA after Eric Berne* ed Graham Barnes, Harper's College Press
- Karpman, Stephen** (1968) *Fairy Tales and Script Drama Analysis* Transactional Analysis Bulletin Vol 7(26) pp 39-43
- Kubler-Ross, Elizabeth** (1969) *On Death and Dying* Macmillan
- Levin, Pam** (1982) *The Cycle of Development* Transactional Analysis Journal Vol 12(2) pp 129-139
- Micholt, Nellie** (1992) *Psychological Distance and Group Intervention* Transactional Analysis Journal Vol 22(4) pp 228-233
- Schiff, Jacqui Lee** (1975) *Cathexis Reader*
- Harper & Row Summers, Graeme and Tudor, Keith** (2000) *Cocreative Transactional Analysis* Transactional Analysis Journal Vol 30(1) pp 23-40