# Development or Cure

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*This article is a reproduction of Chapter 1 of a forthcoming new book in the FREE series of TA from Then to Now. This book will be sub-titled Professional Intervention.*

## Chapter 1: Development or Cure

However we intend to practice TA, we need an understanding of the change process so we can decide whether we intend to be 'curing' or 'developing' our clients. It can be argued that any time that a person changes, whether that be their attitudes or behaviours, there will be a script change – if there is not, then they are very likely to simply change back again over time as they reinstate their original script patterns. All applications of TA are, therefore, likely to have a therapeutic impact, in that any change in someone's behaviour will likely be accompanied by a corresponding change in their script, and vice versa. Viewed systemically, as shown in Figure 1, we can use the metaphor of a spider's web (rather like NTA Buzan's, 1993, concept of mind mapping) to represent an individual's patterns or schemas, with core beliefs at the centre, branching out into various operating beliefs and assumptions, which in turn branch out into observable behaviours at the outer rim. Because it is a web, change at any point will cause it to resonate and will often cause linked changes elsewhere.

Psychotherapy practitioners are likely to be working closer to the central core and the behaviours of their clients will change as they change their core beliefs. Developmental practitioners are more likely to be working at the behavioural periphery or slightly further in at some of the operating beliefs, and the resulting resonance from this will mean that the client will begin to change their core beliefs. This process can be understood if we think of the process of cognitive dissonance (Festinger 1957), where the discomfort caused by behaving in ways that do not match our beliefs will generally stimulate us to change those beliefs. This can be illustrated by considering the way in which governments pass laws that are just ahead of public opinion, which get initial responses of rebelliousness and complaint from some citizens but which are eventually accepted because those citizens tire of the stress of believing one thing whilst being required to do something else. It becomes easier to believe that we are doing the right thing if that is what we must do.

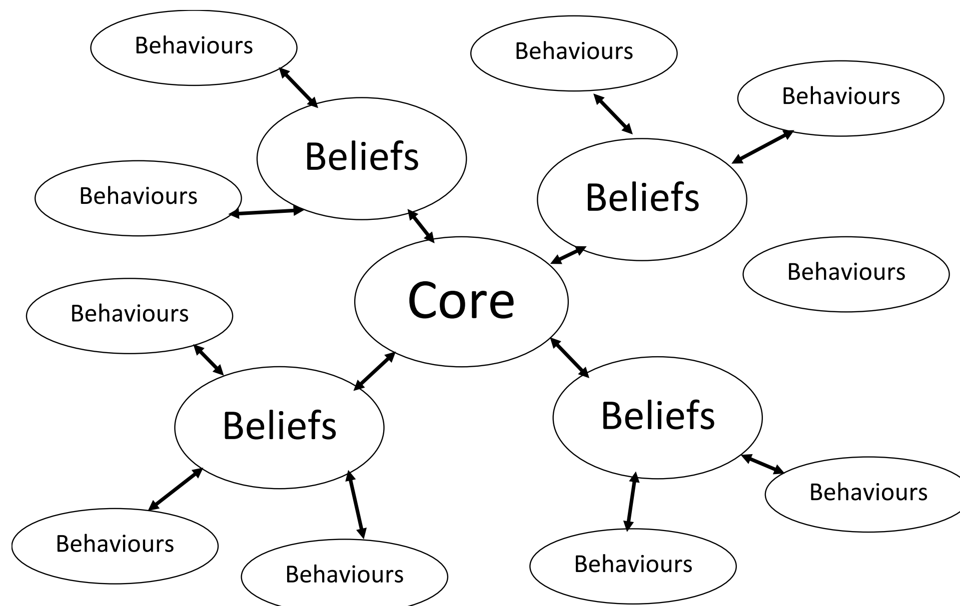


**Figure 1: A Map of Core - Beliefs - Behaviours**

If we use TA concepts, then Core might represent our script, Beliefs may be our rackets, racket system, and how we discount, and the behaviours are what we analyse using ego states and drivers. They are all connected, so any change in any part of the map will lead to corresponding changes in the rest of the map - or the rest of the map will stay as it is and the change will not become permanent.

As you read on, you might keep in mind initiatives outside the TA community, such as the positive psychology approach that is associated with NTA Martin Seligman, and the Mad in America initiative (www.madinamerica.com), where they challenge the notion of 'mental illness'. For example, NTA Whitaker (2001, 2010) used literature reviews to illustrate how 'depression' and 'bipolar disorder' diagnoses have increased in prevalence since the introduction of psychopharmacology, with a corresponding drop in those reaching good outcomes after treatment rather than staying chronic. As NTA Williams (2013, 2014) points out, the term 'mental illness' itself maybe creating the problem because of the self-reinforcing feedback loop that suggests the brain can be deceased. He suggested it is absurd to see "fear due to threat, or sadness due to a loss, or confusion due to a new insight… [as the] manifestations of a diseased brain." (2013, p.5).

## What is Cure

Although cure is mentioned frequently in the TA literature, it tends to have been written about as if the reader will automatically know what is meant by the word, without needing to give any definition. There have been two special issues on cure of the *Transactional Analysis Journal* (*TAJ*), in 1980 and 2021. The 1980 articles will be summarised below; the 2021 articles will appear in future books in this series as that issue contains articles that are more focused on specific perspectives on cure, such as spirituality, the sacred domain, mindfulness, linking cure to redecision, the process of cure, treatment planning, options in the therapy room, working with the damaged core self and working with clients for whom no improvement may be possible.

An earlier article was that by Holloway (1974), in which he commented that there had been a general tone in publications that cure would be attained through the use of protection, permission (Crossman 1966) and potency (Steiner 1971). Holloway challenged this notion, pointing out that in some circumstances permission might actually serve to restrict. We all need affirmations of personal significance throughout life; whilst infants we recognise that our survival depends on gaining such affirmations through a dependent relationship. The problem is that this pattern may well continue into adulthood, preventing us from attaining individuation and the full use of options for attaining strokes from multitudinous others. Holloway pointed out that “Autonomous functioning, therefore, is the condition which permits of intimacy while dependency precludes intimacy between adults.” (p.14).

Although Holloway writes that a cure by permission is possible when the client perceives the therapist as more powerful than the original parent, the use of the permission transaction as a potent Parent-Child transaction may be better viewed as a latter-day counterinjunction because it requires the client to continue to ‘carry the therapist in the pocket’. Holloway proposes that we need to distinguish between social control contracts, which have an end point of some change in behaviour, attitude or feeling, and for which permission transactions may be appropriate, versus autonomy contracts where the outcome is a re-decision to live a life that has been chosen by the individual and which includes choice, spontaneity, creativity and intimacy.

A few years later, Harris Peck (1978) reviewed early TA material to explore how it reflected the influence of psychoanalysis, pointing out that Berne shifted progressively, from describing TA as a complementary approach to psychoanalysis, into presenting psychoanalysis as a specialised aspect of structural (and hence TA) analysis. However, Peck then quotes Berne (1971) for the proposal that structural analysis leads to transactional analysis (i.e. analysis of transactions) and the social control thus

obtained might then be followed by: termination of treatment; or joining a therapy group for more transactional analysis; or undertaking psychoanalysis.

Peck comments that Berne described structural analysis as social control and symptomatic relief, and equated this with the transference cure of psychoanalysis, with the therapist as a substitute for the original parent, decontaminating Adult prior to psychoanalytic treatment. Pointing out the limitations of the interpretative ability of the therapist when deconfusion of the Child is achieved within psychoanalysis using free association, Berne proposed that transactional analysis might instead achieve readjustment and reintegration of the total personality through a process whereby the Child, in the 'waking state', talks about itself in the presence of the decontaminated Parent and Adult ego states.

According to Peck, Steiner's (1972) subsequent development of the script matrix paved the way for Goulding (1972) to work with impasses by combining TA and Gestalt to facilitate redecision work in which the client regressed to be in Child in an early scene. With the addition of the Cathexis approach (Schiff and Contributors, 1975), Peck concluded that transactional analysis had departed from psychoanalysis and fashioned new pathways to cure.

In the *TAJ* special issue on cure, Baute (1980) begins his article with a comment that he attributes to a professional colleague: "Just as our government taxes anything that moves, so you TA people are ready to label anything that moves. But you are a lot weaker at treatment. With all your 'games, ''rackets,' and 'scripts,' your forte is diagnosis. So much so that many of you seem to think that the cure is in the diagnosis" (p.118). He adds that clients have advised that their TA therapists taught them TA language but that they had to go elsewhere to get information on how to change.

These comments prompted him to analyse the topic areas of *TAJ* issues from 1971 to 1979, with the result that there were indeed many articles about diagnosis and relatively few about treatment. There were twice as many articles dealing with diagnosis than there were dealing with treatment alone; even if articles dealing with both diagnosis and treatment were added to those dealing with treatment alone, there was still 1.5 times as many articles dealing with diagnosis. He pointed out that there appeared to be a considerable fascination with diagnostic categories and labels, with far less interest in methods of change or cure. He questioned if we are ". . . not only still in the psychoanalytic shadow of our emphasis on diagnosis, but also in the medical shadow with the concept "cure"?. Perhaps what we are talking about is growth and well-being, both personal and social? And maybe, just maybe, our model of well-being itself (autonomy, intimacy, spontaneity) is ultimately too self-serving, too easily lending itself to the narcissism of our times?" (p.120).

Kline & Group (1980) suggested that we need to think of cure as curing what. Using the splinter in the toe analogy, he points out that when the doctor removes the splinter, the patient stops limping so his knee stops hurting and his back pain clears up. However, can the patient be considered cured if he continues to walk barefoot and gets more splinters? Kline also raises the issue of the method of cure, commenting that if the doctor amputates the toe rather than removing the splinter, is that cure – and if the toe had been infected and failure to remove it would have meant that the patient would die from some systemic infection, then was amputation the appropriate cure. Kline then goes on to consider the case of a patient with several illnesses, of which the doctor cures one; this prompts him to suggest we need to distinguish curing from personal or emotional growth, and he writes "Once we are no longer talking about threats to biological existence, or threats to adequate functioning, but are talking about how happy or enlightened a person wants to be or that the person wants to be "self-actualised" or to reach his potential, we are talking about growing, not curing." (p.122)

## Cure or Change

Blakeney (1980), although published in the *TAJ* special issue on cure, stated clearly that he preferred to consider organisations in terms of effectiveness rather than cure, adding that cure implies sickness and his "approach as a consultant/trainer is more like a coach than a therapist. Thus, rather than a model of cure, I find it more useful to view organisations in terms of effectiveness. How effective in achieving desired results is what the organisation is doing? How effective is the manager's, or employer's behaviour in terms of certain desired outcomes." (p.154).

However, he also wrote that organisations, like individuals, do develop dysfunctional, or ineffective patterns of behaviour. And, "their functioning, scripts, and such can be analysed and changed" (p.154), although he goes on to propose that we view organisations as open systems in order to bring effectiveness into focus, and that we can integrate TA for the individual level with an environmental impact model.

Viewed as a system, an organisation is a set of interrelated parts, with characteristics, that make up an input → transformational processes → outputs system.(Figure 2). Just like an individual has options for transacting (Karpman 1971), so an organisation has options for how they generate outputs – they can tailor inputs to fit the existing transformation processes, they can increase technical efficiency (of those processes), or they can change the outputs to make them appear more attractive, such as advertising to create image as well as content.

Blakeney goes on to consider organisational sub-systems, likening these to how we consider individuals as sets of ego states (Figure 3). The basic productivity system that transforms inputs into outputs requires a maintenance sub-system for structure and processes, an adaptive system that anticipates and adapts to environmental changes and develops future capabilities, and a managerial sub-system that coordinates and integrates. Within the latter are many opportunities for potent applications of TA.

**Figure 2: Basic Systems Model (Blakeney 1980 p.155)**

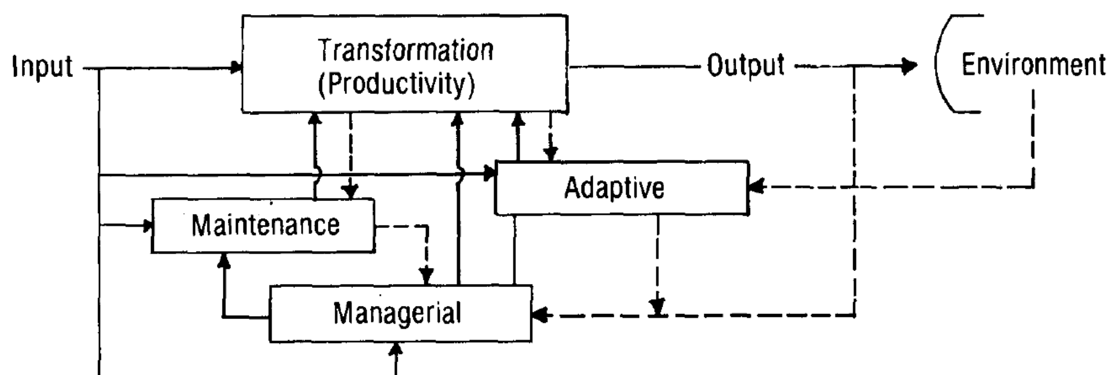


**Figure 3: Sub-systems Model (Blakeney 1980 p.156)**

## Change as Development

The term 'developmental' was introduced to distinguish the TA applications that address growth and development rather than 'cure'. Within developmental TA, there are many different applications, just as with psychotherapy. Educational TA can 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.

The shared principles of all approaches to TA include our commitment to behave 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 OKness, adherence to codes of ethics and professional practices, and our openness to analysing ourselves and using supervision in order to maintain continuous professional and personal 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.

When we come to differences, one of the most significant is the focus on health rather than pathology. The basis for developmental TA 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 cocreative (Summers & Tudor 2000) and constructivist (Allen 2009), developmental TA 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 – sharing TA concepts 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 developmental TA 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 the spiderweb shown as Figure 1, 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 will hopefully cause linked changes elsewhere. Psychotherapy practitioners working at the central core will help clients to generate changed behaviours as they change their core beliefs: Developmental practitioners working at the behavioural periphery will lead clients to initiate core belief changes.

Developmental TA supports 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 (Hay, 2012a), 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 developmental 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.

## Cure as Process

Wagner (1980) invites us in his initial summary to use metaphors as a way of understanding the process of cure, although he leaves us to recognise that his content is metaphorical and does not mention 'metaphor' in the text. He points out that the real meaning of cure referred to medical and spiritual (from Webster's 1954 Dictionary) but that we have dichotomised soul and body. We have also come to think of cure as if it is something done by one person to another and as a mechanistic process, rather like the curing of fish or rubber. Adding that hospitals now keep "alive soulless bodies with complicated machinery" (p.160), he makes the point that "the process of cure is to facilitate wholeness with dignity, even in the face of death. To reach this wholeness there are stages of development, roadblocks to cross, and times to turn to another for help with our interactions." (p.160).

This means that we need a sense of 'I' instead of being confused by the many selves within us, such as sides of the brain, ego states, various nervous systems, and so on. The sense of 'I' requires us to be 'self with others', as we define ourselves in interaction. Finally, we also need 'self with environment', which nowadays is more problematic when we live in cities and have lost the connections to the basics such as "the music of birds, the rocky paths, tomato plants and wheat fields." (p.162).

In referring to cure as it applies to each of the above, Wagner writes that:

- For the sense of 'I': "health is to choose, to affirm the me in myself. To participate in cure is to allow myself to emerge, to risk rejection by being alive, to face loneliness by being separate, to challenge fate by affirming the "me" and the "not-me" without knowing my destiny." (p.161)
- For self with others: "To cure is to be in relationship, looking for possibilities of interaction. Without an identified "You" the "me" in myself is lost. Definitions, meanings, purposes evolve from and through our life with another and another." (p.161)
- For self with environment: "How to live with the marvels of human culture in a healthful manner is at the heart of cure." (p.162)

Wagner goes on to write about 'cures' as an abstraction, and as a dead moment in time, whereas 'cure' needs to be a process of a series of movements towards wholeness. We have concepts that allow us to measure the processes of cure but there is a risk that these are used to objectify the client instead of inviting them into a relationship. Furthermore, we need to know the client's secret decisions about their life course, more than the facts of what happened in childhood. Humans are social, historical and cultural and we need to maintain awareness of this wholeness rather than focus only on the moment.

Wagner concludes that "The outcome of cure is to be curing – to be whole evolving into future wholeness.… To cure is to continue contradictions into new unities of wholeness, self with self, self with community, self with culture, throughout time, within culture, until we find wholeness in risking to love ourselves and another. And that is a process that returns again and again, creating opportunities for life." (p.163)

Ohlson (1980a) asked some of his 'cured' patients what they believed had contributed to their successful outcomes, and identified two major themes of safety and sentences. In terms of safety, this involved the experience of being loved unconditionally, confronted honestly and given positive stroking for change which included both success and failure. It also involved experiencing the therapist as very different to the biological or developmental parents, and knowing that they would not be criticised or ridiculed, or physically or sexually abused. It occurs "when the Child of the client can trust the Child of the therapist enough to allow the Parent of the therapist to nurture and control." (p.170). There is no way of predicting when each client will arrive at that state; no sex and no violence contracts together with clear boundaries in terms of the therapist's time, availability and manipulatability, plus positive regard and stroking, help to create a climate of safety.

In terms of sentences, Ohlson was referring to the ways in which clients seem to recall particular statements by the therapist that then formed the core of a redecision or provided the impetus for a change. It seemed that the clients had picked up the sentences they needed at A1 [Adult in the Child] level and that had enabled them to structure their own curative processes.

## Cure as Metaphor

Campos (1980) points out that 'cure' itself is a metaphor, mentioning the various metaphors used by Berne when writing about cure, including: "Ambrose Pare's dictum Je le pensay, Dieu le guarit' (We treat them but God cures them)… therapy should be like a poker game – it's the results that count…his famous metaphor for the right way of doing therapy: "You find a splinter and you take it out."…the frog-to-prince transformation as the basic goal of TA treatment" (p.172).

Campos adds "His last book (Berne, 1972) was a potpourri of metaphors in which the process of changing a script plot, its roles, cast of characters, and payoff constituted a "script cure." Nevertheless he was also careful to draw a parallel to clinical cure, i.e., relief of symptoms by redecision" (p.172-173). Hence any approach we use is a system of metaphors, whether it be TA, gestalt, NLP, etc, and it would be a mistake to limit our work to one set of metaphors.

He goes on to challenge some of the ways cure has been represented within the TA literature, such as claiming a TA impact when situational changes made the difference, or referring to curing organisations. He also mentions how the integration of TA with other approaches can be more effective, that we need more research to identify evidence, and that such research needs to be credible in terms of the research methodology.

## Social Cure

Mary Goulding's (1980) article is little more than a page, and although it was subtitled as a definition of cure, she did not provide any definition. Instead, she wrote that cure of the individual is subjective, and it should be up to the client to decide which cures they want, with the therapist applauding, and encouraging the client to applaud, whatever cures are selected. Goulding reminds us that Berne said remove the splinter, that someone may be cured of a marital problem but not of a problem at work, and that those who expect to be cured of everything have not cured themselves of their disappointment racket.

Goulding goes on to caution that too much attention to individual cures may mean that the need for social cures is neglected. Claiming that "… cure of social dis-ease is measurable by subjective and objective criteria." (p.133), she gives as examples how Amnesty International "were instrumental in curing the Central African Republic of the disease called Emperor Bokassai. Other groups are forcing a halt to the lethal practice of persuading Third World mothers to substitute the bottle for the breast." (p.134). She concluded that we need to applaud social cures also, without expecting total cure, and to learn and teach the joy of participation in world change.

## Reflection Questions: Your Professional Preferences

Respond to the following questions as part of the process of determining, or reviewing, your professional identity as a TA practitioner:

1. What preferences do you have for where you might focus within the spider's web (Figure 1)?
2. What preferences do you have for clients – individuals, organisations, families, teams, classrooms . . . ?
3. What are your own definitions of cure, development and change?

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