

## Transactional Analysis Psychotherapy

### Stages of Psychotherapy - Impasse Theory and Transference

#### Dave Spenceley TSTA

**My Story:** I qualified as a Transactional Analyst psychotherapist in 1990, however my first experiences of TA was in the late 1970's within the world of Christian counselling. While my friends were at the electric onion disco at the age of seventeen, I was enthusiastically reading I am OK – You are OK, and Games People Play books which made a great deal of sense to my young, idealistic self and were central to the formation of my own script narrative.

Prior to TA psychotherapy training I had a 3-year flirtation with being a psychoanalyst, being a member of a psychoanalytic psychotherapy group and with a place reserved on a well renowned psychoanalytical training course in Manchester. With hindsight I was fortunate that I had to wait a year before the place on the course became available because one stormy night a colleague who was sheltering in my office suggested I attend a TA 101 course in London.

A few weeks later I found myself heading south to London for a life changing 101, which I quickly followed by attending further TA courses and therapy groups. To my delight and astonishment, I was learning an exciting theory and an effective approach to psychotherapy which to my surprise I and my clients actually understood. I learned and made changes in my life, I met wonderful therapists and I really believed they could do almost anything. A little idealisation fuelled my enthusiasm to train in TA rather than psychoanalysis and while I am no longer caught in idealising transferences, I do continue to delight in being a Transactional Analyst and have never regretted my decision.

On a visit to the Freud museum in Vienna I imagined that I was visiting “my great grandfather’s office.” I felt the connection with my own and TA’s psychoanalytic past and was moved and grateful for the pioneering work of Freud and others. The impact was especially intense as I read a postcard from Freud to Paul Federn who was later to become Eric Berne’s analyst. Reminding me of the direct connection from myself to Freud through my own trainer’s connections to Berne and his connection to Federn.

In my own approach to psychotherapy, I have always been interesting in integrating effective approaches including different schools of TA alongside various approaches in which I have some training and experiences, psychoanalysis, person centred counselling, gestalt, systemic psychotherapy, NLP, and hypnosis. While never forgetting my experiences in psychoanalysis and the centrality of the healing relationship, the transference and counter transference matrix which is co-created within the therapeutic encounter. Therefore, working both in and through the transference relationship has always been central to my understanding of TA psychotherapeutic, training and supervision practice believing that is in and through the empathically attuned therapeutic relationship that learning and healing occurs. Christopher Bolas a psychoanalyst states the following beautiful description of the work of a psychotherapist: Cultivating a freely aroused emotional sensibility the analyst welcomes news from within himself that is reported through his own intuitions, feelings, passing images and fantasies. In order to find the patient, we must look for him within ourselves.

**Two Phases of psychotherapy:** Light from one perspective is a wave and from another perspective light is a particle. A great mystery: how can anything be a particle and a wave at the same time? Physics tells us that in fact it is true of everything.

- Psychotherapy is particle like as we deal with specific problems, using specific techniques and creating strategies to deal with problems of life and relationship.
- Psychotherapy is wave like as two people, or a group of people move with intensity in transformational relational experiences which changes and heals each individual.

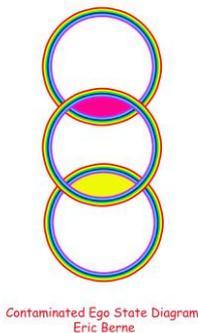
### The therapeutic endeavour:

During the first session I always say something along the lines of the following:

**First:** I am very interested in getting to know you, listening carefully to your story, seeking to understand your motivations, the reasons you have decided to come for therapy, and chosen to work with me. How come now is the time for you to do therapy, has something changed or disturbed or challenged you. During the initial stages of the work, I am interested to explore with you what it is you are wishing to change in your life, and how you would like to be after therapy has finished.

If there is a particular problem or problems that you identify, that has prompted you to come for therapy then the initial goal will be for you to find strategies in order to deal effectively with that problem or problems.

- Theoretically I think of this first stage of therapy as exploring and resolving 1<sup>st</sup> degree impasse(s), strengthening the Adult ego state boundaries. Berne described this stage of healing as gaining social control and symptom relief.



- This process is frequently referred to as “decontamination” work. Decontamination therapeutic work is focussed on differentiating between archaic Parent or Child beliefs, feelings, behaviours and thinking and what is appropriate in the here and now – which is Adult functioning.
- In the picture the Parent and Child ego states overlap with the Adult – so the person believes they are functioning appropriately in the here and now – however they are actually acting on archaic beliefs and experiences. The Adult is “contaminated” by Child or Parent.

**Secondly:** I am very interested in how you are in your life: Your motivations, fantasies, and desires, how you live, what you believe about yourself, others, and life. How do you think and feel? How do you make decisions about what you do and don’t do? I will be noticing with you the way in which your life outside the therapy room is reflected in your intimate relationships, family, friendships, and professional relationships. How are you in your relationship with me?

I will be looking for repeating patterns in your life, which you may or may not be aware of. Are these patterns in your life healthy and functional or would you like to change them?

Over time as the therapy progresses our psychotherapeutic relationship will increasingly become a major focus of our explorations and work.

The goal of TA psychotherapy is for you to make lasting significant changes in your life and relationships with yourself, others, and the world around you, which enable you to manage and contain your future life.

Frequently the goals of TA psychotherapy are described as healing the hurts of the past to live fully in the present. Autonomy – Intimacy – Spontaneity in relationship to yourself, others and life is another frequently quoted goal of TA psychotherapy.

- Theoretically the second phase of psychotherapy is understood as exploring and resolving embodied 2<sup>nd</sup> and 3<sup>rd</sup> degree impasses. Which Berne described as psychoanalytic / script cure. Rather than describing this as being script free as Berne would have done, I and many TA practitioners describe and understand the process as creating a healthy and functional script narrative to guide you in your life.
- This phase of psychotherapy is therefore focussed on deconfusion of the Child ego state and constructing a healthy Parent ego state. As the core competencies of TA say so well: Healing the hurt of the past in order to live fully in the present.

During both phases I use specific techniques and approaches from the TA however the goal is always to enhance the empathically attuned exploration of your experience with the therapeutic relationship. It is often said that it is the relationship which heals.

**Fish and Fishing:** an old story...

- The first phase of therapy is ensuring you have a fish and so you don't starve today, going to the local shop to buy a fish.
- The second phase is about learning all you can about how to catch fish so you will never starve. Building a fishing boat, learning where the fish live, understanding the hidden currents, tides, and winds. The life and dangers of the deep as well as learning to captain the fishing boat all of which makes for a long-term project!

According to research clients can expect to achieve socially observable changes within the first 12 sessions, and often more quickly. While the second phase takes as long as needed. In many ways personal growth and healing can be seen as an endeavour for life, although as I say that I am not proposing that clients can never leave therapy!

**A new theory of impasses:** Transference is an externalisation of the intrapsychic impasse.

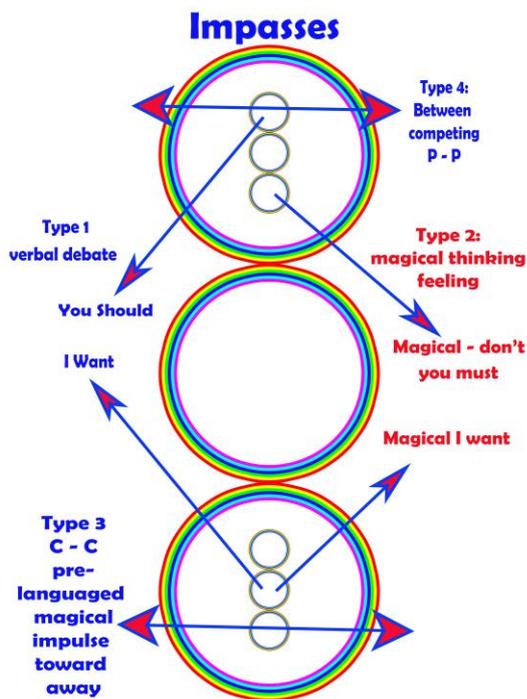
The Goulding's and then Ken Mellor described how the impasse is a "stuck" place caused by a conflict between competing needs and demands of the Parent and Child ego states. I have found no better way of understanding and analysing the developing intra-psychic process as it is enacted by clients and psychotherapists in their co-created experiences and in the transferential process.

**Parent – Parent impasses – Type 4 impasse.**

In addition to the Child – Parent impasse as described by the Goulding's and Mellor my understanding is that there are also impasses between competing Parent ego states which I describe as type 4 impasses. and different Child ego states, which the Gouldings described as type 3 impasses.

Impasses are expressions of the dysfunctional aspects of life script system.

- Games / symbiosis / racketeering, dysfunctional life narratives are all externalisations, reflections of the internal struggle. Internal impasses which are being enacted in relationship with self, others and the world.
- Transference enactments are an externalisation of intrapsychic impasse is a phrase I repeat often to trainees and clients who understand the theoretical framework I use.



Impasse theory - Bob and Mary Goulding developed by Dave Spenceley TSTA

**Examples:**

**Parent – Parent type 4 impasse:** A client with a fearful mother and demanding father experiences an internal dilemma when faced with a decision. Experiencing an internal demanding Parent introject competing with their fearful Parent introject.

This Type 4 impasse can be explored in many ways and in addition to the traditional P-C conflicts there also be multiple levels of experience in the client’s experience:

Type 4 impasse at a 1<sup>st</sup> degree: the client hears their mother and father as competing voices in their head. The resolution is to make an Adult decision based on external reality checking.

A type 4 impasse at a second degree of impasse will experience their P1(mother) and P1 (father) in a conflict. The client will experience this as a struggle between two (or more) competing aspects of themselves, a somatic and almost wordless and magical conflict, with very exciting or catastrophic outcomes if the impasse is not resolved. This will be expresses in the language of a very young child and will also be experienced in physical / somatic feelings.

A type 4 impasse at the third-degree level P0 (mother) > P0 (father) will be experienced none verbally, and so can only be understood and made meaning of through unconscious expressions of transference, body experiences and dreams.

A simple understanding of transference processes can be that transference is experiencing the present as if it is an external expression of an internal impasse. Transference is an unconscious process with the goal of resolving the intrapsychic impasse.

**Impasses and Transference:**

A type one impasse leads to transference processes in which the client can normally recognise the transference in response to questions such as – “Am I reminding you of your mother” or by saying something like “I am feeling angry – I am wondering if you are angry?”

The client can then move to resolving the impasse / transference using Adult. Be another / be me are types of transferences I use to describe the dynamic of transference based on type one impasses.

- 1) **Be another:** In this process the client invites the therapist to be a key figure from their past and can be idealising or demonising.

- 2) **Be like me:** In this the client invites the therapist to experience themselves as the client experiences him / herself. In this way the client can experience being understood and identified with. (described as concordant transferences)

Second and third Type impasses leads to more profound transference processes in which the client is unconscious of their transference process and experiences the transference as a very real and embodied experience. The client does not recognise the transference even in response to Adult questions. Therefore, the transference process needs to be accepted and worked with in deconfusion.

- 3) **You are another:** in which the transference is powerfully experienced so that the client perceives the therapist as the other person.

- 4) **Be me:** In this projective identification process the client projects themselves (and their unexpressed / unconscious impasse) into the therapist and invites the therapist to then resolve the impasse.

- a. The client induces in the therapist an impasse which corresponds to their own state which they are unable to experience for themselves.
- b. The therapist allows / invites this process to take place and resolves (metabolizes) the impasse, transforming and surviving which the client then re-internalizes, creating a new metabolized / transformational experience for the client.
- c. The therapist then becomes a healthy new Parent figure for the client and the client's Child can work through their confusion.

All the while this work is only possible if the therapeutic relationship is contained / maintained by the working therapeutic alliance which acts as a container – and therefore through this complete process there is also a strengthening of the Adult ego state boundary.

### **Impasse & Transference theory - two stage Psychotherapy:**

**The first stage of TA psychotherapy:** Leading to social change and strategies for daily living. That is dealing with 1<sup>st</sup> degree impasses. Invariably a client enters therapy because of disturbance and stress in their lives, finding ways of managing / containing their lives safely and effectively is their primary concern, they do not need to wait for a long-term unfolding of and resolution of the transference their therapy in order to do this. Indeed, many clients will not have the desire or motivation needed to engage in the second phase of psychotherapy.

Often an idealised transference maintains and contributes to the hope and belief that the therapist can be used to find the first level of healing. If the client leaves therapy after successfully making the change, they desire in the first phase of psychotherapy it is very likely that their idealisation of the therapist will be heightened and remain unresolved, I do not believe this is a problem.

### **Steps in psychotherapy process:**

- a. The first priority is to establish and maintain an empathically attuned therapeutic relationship and contract forming a therapeutic alliance.
- b. Attention to the client's transference process, on occasions it will make sense to use this transference process during the first phase of work, at times naming the transference and at other times without naming the process.
- c. During the first phase the emphasis is on "classical" TA approaches such as ego state analysis, ta proper (using ego states to analyse transactions), game, script, and racket analysis with the goal of:
  - Understanding and finding an Adult impasse resolution and strategy.

- Strengthening the Adult ego state boundaries so that the client can continue to function in the here and now and so be effective in their daily life.
  - It is likely that this work may take the form of the client making a Redecision. In the first phase of treatment this is more likely to be a rededecision as described by Berne, the client understands the impasse and the solution in the here and now and makes a new decision in the Adult ego state to change their script narrative, their feelings, thinking and behaviours.
- d. Once the initial presenting problems are effectively dealt with then it is important to review the client's therapeutic contract, asking if they wish to continue on to the second phase of the work?

**The second stage of TA psychotherapy:** The goal of this phase is to work with the client's pre-conscious and unconscious processes leading to a lasting change in the client's script narrative. Dealing with type 2, 3, and 4 impasses, which will lead to deconfusion of the Child and Parent ego states while continuing the task of strengthening the Adult ego state boundary.

The therapeutic relationship increasingly becomes a major focus, with fewer techniques being used. The emphasis in the therapeutic work shifts so that the therapeutic relationship and process is itself is the focus. Working in and through the transference will lead to many transformational experiences. The Goal during this phase is for the client to make new meanings for him / herself and in this way for their new lives to take shape and direction.

Often clients find difficulty articulating the issues as they are dealing with their core existential experience of being themselves. Their script beliefs regarding themselves, others, and life often only find expression through non-verbal, unconscious transference expressions, dreams, fantasies, and somatic experiences. Following the work, the client may well find it just as difficult to articulate their new self-experience, however, their unconscious transference expressions, dreams, fantasies, and somatic experiences will change, often dramatically. Consequentially their lives will also transform.

**Steps in psychotherapy process:** The contractual psychotherapeutic relationship becomes the container for the ongoing psychotherapeutic work. The unconscious expressions which are externalisations of impasses are welcomed and worked with, leading to deconfusion of the Child and Parent ego states.

- 1) Depending upon the style of therapeutic relationship that evolves the actual process in the therapy room will take a variety of forms and we know that any one technique does not prove to be better than any other in creating transformational experiences.
- 2) At times this may look like the psycho-dynamic / analytic approach, at times it may involve passionate and energetic body work and at other times this may take the form of rededecision style work.
- 3) The work may look and feel similar to how the Goulding's approach – working directly with the Child ego state.
- 4) The work may reflect approaches described by Mellor and then later Erskine and Moursund who work directly with the Parent ego state.
- 5) The unconscious expressions of the transference, somatic / body experiences, dreams, and fantasies are all worked with.

**Endings** – If a client is struggling to leave it invariably indicates further work is needed. It is important to reflect on how the ending of the therapy is managed, asking if the ending is a healthy relational process or is it an old script narrative being enacted through a game. However, in my experience when a client is ready to leave therapy it is not a struggle to end.

Saying goodbye and celebrating together is an important aspect of the psychotherapeutic journey with both the therapist and client mutually experiencing the grief and celebration involved.