A REVIEW OF VANN JOINES’ ERIC BERNE MEMORIAL AWARD ARTICLE

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Introduction

Last year at the Annual International Transactional Analysis Conference in Aruba in the Caribbean, Vann Joines was awarded the first Eric Berne Memorial Award since 1987. This award is for “Integration of TA with Other Theories and Approaches”. Vann Joines, a Clinical Teaching and Supervising Transactional Analyst, lives and works in Chapel Hill, North Carolina. For the past few years his face, as author, has been seen on the back of the popular TA Today which has been well received in New Zealand.

Transactional Analysis is a model of psychotherapy which uses contracting between the therapist and client, and Vann Joines’ model sits well with the contracting process. Vann Joines notes that as a practitioner, he was aware that the TA theory he had learned needed to be applied differently with different personality types. As he developed and integrated TA ideas with traditional diagnostic categories he saw how the “OK Corral” – a fundamental TA concept, could be used to integrate rackets, scripts, and games (which are other fundamental TA concepts) and personality adaptations. He saw then that if he knew any portion of this information about a client, he also knew a great deal about how that person operated in the world as well as what would be the most useful treatment therapeutically, and in what order.

Many psychotherapists who are not transactional analysts know something about TA – not least the basic model of “I’m OK, you’re OK”, in the therapeutic relationship. Vann Joines’ model gives much to the therapist who is a Transactional Analyst, but I believe it is also useful for others because of its integrative qualities and its useful clarity as a diagnostic treatment planning model.

The basic framework

The framework which Vann Joines uses for diagnosis and treatment begins with Bernes’ (1969) concept of the four basic life positions, which Ernst (1971) later placed over a grid called the “OK Corral”. Kaplan, Capace and Clyde (1984) suggested a revision of Ernst’s work. Van Joines uses their concept of boundaries, expands their ideas slightly and adds Ware’s (1983) theory on personality adaptions. He also uses Schultz’s (1984) ideas on levels of functioning, along with his own (Joines 1986) to correlate his diagnosis framework with DSM categories (he used DSM in 1988).
The revisions

Kaplan, Capace and Clyde (1984) added to the OK Corral a "bidimensional view of interpersonal distance" (p 114) which they superimposed on the Corral diagram. See Fig. 1.) They added the concepts of individual on the horizontal axis and attachment on the vertical axis.

- YOU'RE OK
  - ATTACHED
    - (Near to other)

- I'M NOT OK
  - DEINDIVIDUATED
    - (Far from self)

- YOU'RE NOT OK
  - DETACHED
    - (Far from other)

- I'M OK
  - INDIVIDUATED
    - (Near to self)

Figure 1

A Bidimensional View of Interpersonal Distance Superimposed Upon a Unidimensional One
(Adapted from Kaplan, Capace & Clyde, 1984, p 115)

Joines operates slightly differently from the Kaplan, Capace and Clyde view that the boundaries and walls are either there or not there. He acknowledges Minuchin's (1974) classification of diffuse, clear and rigid boundaries to describe both intra and inter personal boundaries. He composed a new diagram based on the OK Corral (Fig 2) and analyses how clients would present in each quadrant.

He sees clients in the "I'm OK you're OK" quadrant as having a clear sense of self, but there are spaces in their self – other boundaries which allow them to take in new information about themselves which they can use for growth. He notes that they have clear boundaries between themselves and other people so that they will prevent themselves from being hurt or hurting others. Yet there is also room for extension out to others and room for others to come in.

In the "I'm OK you're not OK" quadrant Joines suggests that individuals have rigid boundaries around their sense of self. They are not willing to take in new information or to look at themselves. They also have rigid boundaries between themselves and others. In their transactions with others they "get rid of" others – which may lead to them feeling lonely and "showing off" to make some contact. This is a defensive position and in TA terms the primary racket or outward manifestation of a false self is anger. The TA game they most often play is "Now
I've got you" – a one-up-manship or vengeful position. This keeps others at a distance. They are not intimate with others and the ultimate escalation of this position is homicide.

Joines describes individuals in the “I'm not OK – you're OK” quadrant as having diffuse boundaries around their sense of self; looking always to others for confirmation of their OK-ness. They do not set appropriate limits and do not distinguish whom they can trust or not trust. They become overwhelmed in a relationship and they feel a need to escape from it. This is a depressive position. In TA terms the racket most used is sadness, scare and guilt, and they play the game of “kick me”. The ultimate escalation of this position is suicide.

Joines states that individuals in the “I'm not OK – you're not OK” quadrant have diffuse boundaries around their sense of self and look to others to confirm their OK-ness but because they are seen as not OK they are rigidly walled out. Transactual patterns “get nowhere” and the basic position is of futility and
despair. The rackets or outward manifestations of false self are confusion and frustration and the games are around “why don’t you yes but”. The ultimate escalation of this position is going crazy.

Joines’ final piece of work combines Paul Ware’s (1983) concept of personality adoptions in terms of ego states with the quadrant (Fig 3).

In the “I’m OK – you’re not OK” quadrant the adapting are paranoid and antisocial. The paranoid adaption defines the Child (capital C denotes the child ego state) as not okay and tries to get rid of it. The antisocial adaption defines the Parent (capital P denotes the parent ego state) as not okay and tries to get rid of it. Both these positions tend to keep others well out and to substitute showing off for closeness. Those in this quadrant desire individuation and are afraid of attachment.

![Diagram of personality adaptations]

**Figure 3**

Structural Diagrams of the Personality Adaptations Correlated with the Quadrants
A Review of Vann Joines’ Eric Berne Memorial Award Article

The adaptations that fit with the “I’m not OK – you’re OK” quadrant are obsessive compulsive and hysterical. The obsessive compulsive looks to others to see if they are approving, and the hysteric to see if they are pleased. Joines suggest both get lost in what the other person thinks or feels and don’t define their own OK-ness. They desire attachment and are afraid of individuation.

For the “I’m not OK – you’re not OK” quadrant the adaptations that fit are passive aggressive and schizoid. The latter involves others to initiate and then withdraws, the former looks to others for answers then fights or struggles with what is given. They are afraid of both individuation and attachment. They tend to get nowhere in their interactions.

A further refining of the model for diagnosis is Joines linking the model with developmental process to determine the level of functioning of the individual and then the type of disorder. He uses Vaillant’s (1977) categories of psychotic, immature, neurotic and mature. At the psychotic level the individual never achieves difference between self and others. In TA terminology transactions with others tend to be tangential in order to prevent differentiation and thus conflict – because conflict feels life threatening. The result is a psychotic disorder. At the immature level, the individual achieves differentiation between self and others but never incorporates others who were co-operative in getting needs met. In transactions with others the individual tends to “act out” and let others be the feedback mechanism or “act in” on the self and let one’s physiology be the feedback. The result is a personality disorder and/or a psycho/physiological disorder.

At the neurotic level the individual succeeds in incorporating others who would be co-operative but at a price, in TA terms, by incorporating an overbearing Parent (parent ego state). In transactions the individual shuts themselves down in inappropriate ways resulting in a neurotic disorder with the symptoms of anxiety and depression. At the mature level, the individual succeeds in incorporating others who would be co-operative in getting needs met freely – or achieves this later through therapy. In transactions with others this individual is assertive in getting needs met co-operatively. Occasionally this person will have difficulty in response to a specific environment stress resulting in an adjustment disorder.

Vann Joines’ model is a useful and detailed map for diagnosis. For the Transactional Analyst aware of client’s ego states, games, transactions, rackets, the map is easily used to make diagnoses. For others who are prepared to consider the OK Corral as a piece of basic theory the map is also useful. Vann Joines rightly emphasises in his writing the importance of the therapeutic alliance and the need for the therapist to formulate a contract with the client which accounts both for what the client wants and for what the therapist sees as necessary in order to accomplish the therapeutic goals they have identified. He states that treatment
planning needs to be done largely on the basis of the therapist’s clinical assessment of the client in addition to the stated goals of the client. It is continually modified on the basis of the client’s motivation, change and the emergence in the treatment process of new data. As a clinical Transactional Analyst I find this integrative work stimulating and useful. I believe any therapist with even a basic grasp of TA concepts would find it helpful in diagnosis and treatment planning.

Vann Joines award winning article is published in the *Transactional Analysis Journal* v 18 no 3, July 1988 and reprints are available from him at Southeast Institute, 103 Edwards Ridge Road, Chapel Hill, NC 27514, USA.

**REFERENCES**

**American Psychiatric Association**


**Kaplan, K J, Capac, N, and Clyde, J D.**


