



Volume 18, Number 3, 2020, ISSN: 1556-9195

Psychotherapy and Politics International

Special Issue: Transactional Analysis and Politics

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WILEY



PSYCHOTHERAPY AND POLITICS INTERNATIONAL

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AIMS AND SCOPE

Psychotherapy and Politics International explores the connections and interactions between politics and psycho-therapy, both in theory and in practice. The journal focuses on the application to political problematics of thinking that originates in the field of psychotherapy, and equally on the application within the field of psychotherapy of political concepts and values internationally. The journal welcomes articles from all modalities or schools of psychotherapy and from across the political spectrum.

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Editorial

I have great and especial pleasure in introducing this issue to the readers of *Psychotherapy and Politics International* (PPI). For some years, I have harboured the idea of bringing two subjects—transactional analysis (TA) and politics—each and both of which have been close to my heart, mind, work life and activity for many years. I am also delighted to welcome and thank Bill Cornell, an elder in the TA community, a colleague and friend, for his acceptance of my invitation to co-edit this issue—tēnā koe, thank you, Bill. I am also grateful to the international TA community for its response to the call for papers for this issue, as a result of which we have some 17 voices in 13 contributions, one of the largest issues in the journal's history—and, as we had such a good response, further articles on the subject will appear in future, generic issues of the journal.

You, the reader, will also see that we have reproduced two pieces of writing from Eric Berne (1910–1970), the founder of TA, in this issue; both Bill and I are grateful to Terry Berne, Eric Berne's son, for his permission to reproduce them as well as for his support for this project/issue. Terry is very involved in curating his father's legacy, not least in the development of the Eric Berne Archives at the University of California, San Francisco: www.ericbernearchives.org, which are a great source for research on TA as well as Eric Berne.

I would also like to take this opportunity to note my thanks to Leah Royden, my editorial assistant on the journal for the past year for her hard work, excellent editing and people skills, which I know many contributions have appreciated, and her overall efficiency—tēnā koe, Leah. At the same time, I am delighted to welcome Dr Shoba Nayar, who has taken up Leah's mantle in the middle not only of a special issue but also a pandemic and a change of management and production team at Wiley! Shoba is already proving invaluable—nau mai, haere mai, welcome, Shoba.

As we were thinking about the construction and presentation of this special issue, Bill and I decided that, instead of writing an extensive introduction to the issue, we would offer a concluding article that offers some reflections on and dialogue about the issue—which we've done, and, so, without further ado, I'll leave you to this special issue of PPI on TA and politics.

Keith Tudor

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Man as a political animal

Eric Berne

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Abstract

In the old days, scientists left politics to the Wilsons and Hapsburgs, but nowadays, it is the duty of every citizen to interest himself in world events, lest they overwhelm him and all his fellow citizens. The psychiatrists and the physicists, who are deeply concerned with studying the realities of man and nature, can no longer remain aloof, but must tell the world what they know of its probable future, even at the risk of becoming involved in outside affairs and of being criticised. It is no longer wise for scientists to refrain from expressing strong opinions and bringing strong influence to bear in a vigorous attempt to change the trend of history. The following short sections are an attempt to show people how psychiatrists can help them think more clearly about political events. A few selected subjects only have been touched upon but, even today, psychiatry has enough to say about the psychology of masses of people in political situations to constitute a separate department of 'political psychiatry', and to fill a textbook in the near future with useful and pertinent observations and principles. Psychiatrists, even more than physicists, should and must concern themselves with political affairs. Originally published as an Appendix in Berne's (1947) first book *The Mind in Action*, it is reproduced with permission from the Berne estate.

KEYWORDS

ego, evil, political images, reality principle

1 | HOW DO PEOPLE THINK ABOUT POLITICS?

The rule of images applies most tragically in the all-important field of politics, namely that men do not act in accordance with reality, but in accordance with their images of it. We know how images can be distorted by emotions even when reality is there to guide them in the direction of truth. In politics, which is really speculation about the future and about men's characters, there is little reality to go by. There are few beacons to direct the Reality Principle, and these are camouflaged by the unscrupulous so that many people are left at the mercy of such leaders.

The average citizen's political images are almost completely determined by his emotions. Politicians realise this well, and the one who makes the shrewdest use of this knowledge is often the most successful. It is a simple matter for him to manipulate people's selfishness, so as to make them forget that the first qualification of a good congressman is that he be a good legislator, that is, that he draws up and supports laws which will bring the most benefit to the greatest number. Instead, if he is evil, he presents them with a simple image of his own making of what a good congressman should be like, an image based on their prejudices and their selfish desires of the moment, and then he tries to show them that he is that man. Instead of basing this image on a judgement of the future which he hopes they don't have, he bases it on the simple wishes which he knows they do have, such as the wish to believe that their names are worth remembering and their babies worth kissing, and other wistful thoughts which have little to do with their futures in a shifting world of competition.

So we have the spectacle of a man being elected to Congress not because he is wise, but because he is jollier than his opponent, or because he can play the banjo better or make better pancakes; or, even more frequently, because he is a better talker, that is, a better influencer of other people's images, regardless of his honesty. Of course, good oratory is an asset in Congress, but if it is applied to distort images instead of make them truer, it is highly undesirable for the good of the people.

The average voter has little chance of forming an accurate image of what a candidate is like. He only knows what the candidate and the newspapers tell him, and they both have their axes to grind and will present images fashioned accordingly for public consumption. The tragedy is that the public adopts these images, and acts and feels accordingly without regard to reality. A good example of how political images affect political feelings was offered by the occupation and liberation of France. The French had their image of what the Germans would be like when they came and prepared their feelings in accordance with this image, which was an evil one. The result was that it was not too difficult for the Germans to please many of the French people. Since the French expected them to be entirely bad, anything good they did seem praiseworthy because it was better than the image the French had of them. On the other hand, the French had a rosy image of how the Americans would behave and what they would do for France. Since the French expected them to be entirely good, anything bad they did seem blameworthy, so it was not difficult for the Americans to offend them. In other words, the French praised and blamed not in accordance with reality, but in accordance with the differences between reality and their image of it. This principle applies to our own politics, as well as to marital relations and religion. In marriage, a good husband may be less often praised for his goodness than blamed for some little trespass, while a bad one may be less often blamed for his badness than praised for some little show of affection. In religion, the repentant sinner causes more rejoicing than the man who lives a good life throughout.

To show how easy it is to form the public's images for them without regard to reality, one has only to think of how public opinion concerning certain countries in Europe has swayed back and forth during the past few years. The newspapers have recently been at pains to promote a 'bad' image of certain European nations. The average citizen feels that he has a pretty good idea concerning the realities of these nations and their people. What he has, actually, is an image of them which is made up by newspaper publishers, and which he has accepted. Most Americans with opinions about these things have not only never been to these countries, but have never even talked to any of their citizens. These are subjects which affect the future of every human being in the world, and about which accurate images are urgently needed. Realistic information about these countries is usually available at

public libraries, yet most Americans base their images on emotional incidents carefully selected by the newspapers – selected for publicity from amongst the thousands of incidents which happen every day. Each man is at liberty to approve or disapprove of other nations as he sees fit, but on such important subjects he should be sure his information is not one sided.

2 | HOW DO EVIL MEN GAIN FOLLOWERS?

A competent leader knows that morale is more important than butter, and a feeling of security and satisfaction more inviting than a fine banquet. An evil leader, such as Hitler, knows that there are three types of people to whom he must appeal before he can succeed, three types of people with three different goals – all of them selfish and largely useless to society, but which can be used by unscrupulous men who know how to use other people's selfishness (a field in which Hitler was a genius).

1. The egotists, the cold and power-hungry, of whom he was the leader. The others went with him because they saw, and he made it plain, that following him was the most likely way to get what they wanted.
2. The ego-searchers, those who were weak and searched for security in leaning upon a stronger personality. Any strong and unswerving leader can win some following amongst these two groups. To the first, he promises power, to the second, he offers support and a feeling of security, if only by making their decisions for them and saving them this tedious and distressing task for which they are so ill equipped.
3. The egocentrics, those who sought not power and not decisiveness, but approval: the human sheep. They would not join his organisation willingly, until by doing so they would win approval from their neighbours. Thus the larger his organisation became, the more attractive it appeared to the egocentrics, and so it fattened like a snowball: the bigger it was, the faster it grew. The egotists are the executives, and the ego-searchers form the machine of any political party, but this is only the nucleus. No political party is a success until it starts to attract the egocentrics, for only then can it grow by geometric bounds.

Hitler was an evil leader, and appealed first to those who like himself had questionable or selfish interests at heart. There are also good leaders who are interested in common welfare, and appeal to those of like mind, and they must have similar groups of followers. The leader is the one who determines the policies of his disciples, and he can only get most of them by appealing to their unconscious minds. The policies of his group are determined by whether he takes the easy way of the Id (always with a 'valid' excuse): rape, kill, grab; or the harder way of the Superego, which needs no excusing: love, help, give. So we have two types of leaders, the good and the evil, each lonely at the bottom, and each with his nucleus of ambitious followers and his club of admiring ego-searchers, gradually winning over the bulk of egocentrics, the conventional churchgoers and party members. The masses of humanity, the ego-searchers and egocentrics, will follow their leaders – and not the rightest but the strongest will win for the moment. It is our task, therefore, to make the leaders 'of the Superego' stronger than the leaders 'of the Id'.

3 | HOW DOES AN EVIL LEADER HOLD HIS FOLLOWERS?

A 'good' leader holds his followers by demonstrating the truth of his teachings through the Reality Principle, and by continually appealing to their Superegos and their Physis, their desire to do right. He convinces them that only by keeping the common good in mind can they attain maturity and happiness for themselves. An 'evil' leader holds them differently. He first changes their Superegos to suit his own ends, so that they will think it a duty and a 'should and ought' to do as he wants them to. This is the harder part of his task, and the more important one for his own stubborn interest. He then keeps them interested by supplying them with opportunities for crude Id satisfaction.

With their old Superegos, they would not have allowed themselves to indulge in the infantile and selfish gratifications which he now offers, or, if they did, they would have felt guilty and uncomfortable. With their new Superegos, however, they can permit themselves such indulgences with less guilt, providing they have been successfully taught that they no longer owe any duty to their old consciences but only to their new leader. If the leader has the privilege of bringing up his followers from birth, this shaping of the Superego can be started from the very bottom so that it is practically unchangeable in later years. He gives them breeding camps for their libidos and extermination centres for their mortidos, and in exchange they give their devotion to him instead of to humanitarian ideals.

Life is complicated, and the evil leader holds his followers by making it appear simple. Hitler stated the principle of his kind of leadership as follows: 'The great masses' receptive ability is only very limited, and their understanding is small, but their forgetfulness is great.' The evil leader knows that there are many ignorant people who are unhappy because they feel their own stupidity, and must remain silent and obscure while the learnt speak. But they have votes, and their votes are as good as anyone else's and their shillelaghs as strong. So, he lulls the already drowsy intelligent ones to sleep while he woos the ignorant. He woos them by giving them answers, so that they become convinced that they too are intelligent, and they fear the enlightened no more. He raises them in their own estimation and brings them a happiness they never knew before: the happiness of the sure and informed. The answers he gives them are simple: so simple that even the dullest can use them to answer all questions new and old, they who never dared answer a new question before but waited first for the enlightened to speak. He gives them an image of the world and he gives them a sureness about this image, and sureness is what they want above all. Once they accept this image they act in accordance with it, even in the face of all reality to the contrary. So the poor, ignorant, beaten down peasant becomes a Superman.

The evil leader does all he can to use his power to twist reality, so as to make it appear like the images he gives his people to go by. It is not for his followers to seek the dark causes of war and poverty, or the complicated reasons for their own unfortunate position. He gives them a simple answer for all to say aloud confidently: Who causes war? The Aztecs! Who causes poverty? The Aztecs! Who causes them to lose their pitiful jobs? The Aztecs! Who devised the devilish laws of nature? The Aztecs! With such a simple catechism, it is no wonder he wants to kill off all the intelligent people as fast as he can before they can ask any questions about such a silly way of looking at things.

He puts on demonstrations to show his followers that he is absolutely right, in case there is any doubt left in their minds. Which is the dirtiest race in the world? They know the answer and they all shout it in unison: 'The Aztecs! They all have dirty feet!' A party is sent out to find proof of this. They find an Aztec on the street, and drag him to headquarters. His shoes are removed and his feet are examined. They are clean.

Well, of course, says the leader, 'this fellow isn't a typical Aztec. You know, some Aztecs are all right. In fact, some of my best friends are rich Aztecs. But the usual run of Aztecs, they are the ones who are foul'.

The gang sallies out and brings back another Aztec – again with clean feet. It is the same story. He is not the typical, dangerous, dirty Aztec. So they bring in another – and another – and another – always the same story. They bring in 99 Aztecs, all with clean feet. Finally, they find a broken-down Aztec, an old drunkard who has fallen in the gutter and got his feet dirty. They bring him back to headquarters. His shoes are removed, the leader peers at his feet, spies the dirt, and a cry of triumph arises as they shove him onto the platform before the assembled throng.

'See!' shouts the leader. 'It is just as I told you. All Aztecs have dirty feet!'

From that time on, all the members of the party are convinced of one truth: all Aztecs, as far as they are concerned, have dirty feet. If any of them haven't, it is because they are not only dirty, but hypocrites into the bargain, and have been slyly washing their feet for years. The party members know the truth underneath this false

appearance of cleanliness: the dirty Aztecs, like true hypocrites, have for generations been teaching their children to take baths. Ah, the slippery swine!

4 | FOOTNOTES FOR PHILOSOPHERS

- 1. The voter's image. In this connection, the works of Korzybski, op. cit., and the more easily available book of Hayakawa, op. cit., may be thoughtfully consulted.
- 2. The psychology of the follower. The ideas about the life goal of the individual and its relationship to the common good are modified for political psychology from Kahn's 'teleological' concepts. See *Psychopathic Personalities*, by Eugen Kahn, op. cit.
- 3. The evil leader. Hitler's *Mein Kampf* is the textbook on the technique of the evil leader in the modern world. See also Nietzsche, Machiavelli, Carlyle, etc.

AUTHOR BIOGRAPHY



Eric Berne was a Canadian/American doctor and psychiatrist, and founder of transactional analysis. He studied and published on cultural psychiatry; viewed transactional analysis as a social psychiatry; and, as this contribution attests, was interested in social psychology.

How to cite this article: Berne E. Man as a political animal. *Psychother Politics Int*. 2020;18:e1568. <https://doi.org/10.1002/ppi.1568>

Transactional analysis and politics: A critical review

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Abstract

This article offers a critical review of the literature on transactional analysis (TA) and politics. It discusses Eric Berne's own relationship with politics, makes some distinctions between social psychiatry and social psychology, and comments on the influence of radical psychiatry on TA—especially in the 1960s and '70s. Finally, it offers a conceptual framework that categorises the interplay between TA and politics, and gives examples of these different aspects of TA and politics.

KEYWORDS

politics, radical psychiatry, social psychiatry, social psychology, transactional analysis

1 | INTRODUCTION

This article brings together two subjects, that is, 'transactional analysis (TA)' and 'politics', which are rarely joined. Eric Berne (1910–1970), the founder of TA was highly ambivalent about politics, and, indeed, in 10 years of the *Transactional Analysis Bulletin* (1962–1970), nearly 50 years of the *Transactional Analysis Journal* (1971–2019), and 10 years of the *International Journal of Transactional Analysis Research* (2010–2019), the phrase 'transactional analysis and politics' (or 'TA and politics') does not appear once. While Berne had an interest in the social world, especially in comparative psychiatry, for example, Bernstein (1939), Berne (1950, 1956, 1959a, 1959b, 1961), and defined transactions as 'The overt manifestations of social intercourse' (Berne, 1961/1975, p. 86), his view of the social was predominantly interpersonal, not political. In his first book, *The Mind in Action*, Berne (1947) included in an Appendix a piece on 'Man as a Political Animal', but dropped this in the revised edition of the book published 20 years later as *A Layman's Guide to Psychiatry and Psychoanalysis* (Berne, 1969/1971). At the same time, one of his leading disciples, Claude Steiner (1935–2017), who worked closely with Berne during the 1960s, was a radical thinker, a co-founder and proponent of radical psychiatry (see Steiner, 1975c; The Radical Therapy Collective, 1971) and somewhat involved in Left-wing politics, and, over many years, initially to a greater and then to a lesser extent brought the political as well as the personal into TA.

I should clarify that I use the word 'ambivalence' not in the sense of referring to a lack of interest in an object or subject (such as politics) but, rather, in the Freudian – and Bernian – sense of the ambivalent attitude of love and

hate towards object of love or, in this case, the subject of politics. Berne (1947), who undertook a training in psychoanalysis, described ambivalence as:

The existence side by side in the same individual of two apparently 'opposite' feelings toward the same object, such as simultaneous love and hate of the wife or husband. Both feelings may be either conscious or unconscious, or one of the pair may be conscious and the other unconscious. (p. 331)

As I hope will be evident in this article, I think this describes Berne's relationship with politics rather well.

On a personal note, when, in the mid-1980s, and having completed a year's training course in Gestalt therapy, I was choosing a further psychotherapy training program, I was keen to find an approach that was compatible with my own radical politics and political activism. I chose TA, partly because of its connection with radical psychiatry (which I had come across previously), and partly because of its emphasis on group treatment or therapy. What I did not know at the time was actually how little influence radical psychiatry had on TA. Thus, Steiner's (1966) script matrix was taught without any reference to power dynamics, which had been part of his original analysis. In my association and engagement with TA and with Transactional Analyst (TSTA), which spans over 35 years, I have been both impressed with its (and their) radicalism as well as disappointed by its (and their) conservatism (see Tudor, 2010b) and, in some instances, outright reaction—and, of course, I have had to deal with my own ambivalence about TA, a point to which I return in the conclusion of the article.

In offering this critical review of TA and politics, the article begins, appropriately enough, with Eric Berne and a brief discussion of his own attitude to politics. This is followed, in the third part of the article, by some clarification of the terms 'social psychiatry' and 'social psychology', including examples of how these have been taken up TA, which leads into a discussion of the influence of radical psychiatry on TA. Drawing on Totton's (2000) framework of the interplay between psychotherapy and politics, the fifth part of the article summarises the interplay between TA and politics with reference to TA and its literature. The one disclaimer I make with regards to the scope of this critical review is that I have drawn only on TA literature published in English; I can only hope that other colleagues in the TA world will point out other connections between TA and politics both in theory and in practice in non-English-speaking countries and literature. In the context of this special, themed issue of *Psychotherapy and Politics International*, the article also aims to offer some historical background to the other articles in the issue.

2 | ERIC BERNE AND POLITICS

Berne's reputation, at least within the TA world, is that of an innovative and radical thinker—in terms of developing ego psychology (Berne, 1977), challenging psychiatric practice (Berne, 1968b), and making psychotherapy more accessible to the layperson (Berne, 1947/1971)—but a social conservative. From his observations of Berne, especially in the context of the San Francisco Social Psychiatry Seminars (1958–1962 and 1965–1970), Steiner (2010) reports Berne's lack of sympathy with any political statements made, his mocking of participants talking about 'arsacity' (our society), and his interpretation of participants in such conversations as playing a psychological game (of 'Greenhouse'; Berne, 1964/1968a). Neither the biographical sketch of Berne offered by Cheney (1971) following Berne's death, nor the transactional biography of Berne written by Jorgensen and Jorgensen (in 1984) refer to Berne's politics. Nevertheless, it is clear that he held strong values—of equality and individual freedom—which had and have political roots.

2.1 | Jewish background and heritage

Eric Leonard Bernstein was raised in the Jewish quarter of Montreal, Canada—though interestingly and significantly, in his own memoirs of his childhood (Berne, 2010), he refers to the street to which his family moved when

he was 2 years old as 'unique in the city for the cosmopolitanism of its inhabitants' (p. 39). Berne goes on to explain: 'In those days, the peculiar geography of the town revolved around still unsettled questions about the nature of the Crucifixion' (p. 39). Lest the reader should be deceived by Berne's somewhat laconic, intellectual style, he gets more explicit about his experience of going outside the 'buffer area' of the Jewish community and into the English (Protestant) part or the French (Catholic) part of the middle-class residential belt of Montreal:

O Woe, Woe, to a Jewish boy from the ghetto who crossed St Denis Street, for he would be instantly recognized, surrounded and stoned until blinded by his own blood and he staggered back across the boundary to his despairing Mother to have his cuts and bruises dressed, pursued by cries of 'Christ Killer!' and 'Cursed Jew!' (ibid, p. 40).

Berne himself describes a number of ways in which he and his family experienced anti-Semitism, including abuse (being harassed, spat on, and called names); restriction of assembly (from certain hotels and beaches in and near Montreal); discrimination (his mother lost a job due to being Jewish); and restriction of opportunity (of joining the Boy Scouts and being a section leader in the gymnastics team). Indeed, Berne's decision to leave Canada in 1935 to take up a medical internship at Englewood Hospital in New Jersey was driven by the restriction of internships in Montreal hospitals to only two Jewish medical graduates per year. This background is also noted by Jorgenson and Jorgenson (1984) and Hargaden (2003b) and discussed as an experience and example of a theme of loss in Berne's life by Heathcote (2016).

In January 1941, on the same day as he was naturalised as an American citizen, Eric Bernstein formally shortened his last name to Berne, according to his sister, Grace, because Berne himself felt that Bernstein was 'no name to make a name for himself with' (quoted in Jorgenson & Jorgenson, 1984, p. 35). This has led to some discussion within the TA community about the impact of anti-Semitism on Berne; the extent to which he denied his Jewish heritage; the significance of what might be understood as shame (Heathcote, 2016) or internalised oppression on Berne himself and for TA (Hargaden, 2003b)—and, indeed, whether this is a suitable topic for reflection and discussion (Hargaden, 2003a; Steiner, 2003). What is clear is that Berne was conscious of being Jewish, was aware of what was happening to Jews in Europe in the 1920s when he was a boy (Berne, 2010), and maintained some Jewish customs throughout his life (Jorgenson & Jorgenson, 1984), and that all this did contribute to his thinking about TA being a social force for good in the world.

2.2 | Political persecution

What has not been clear—or, at least, was not clear until just over 15 years ago—is the fact that Berne was persecuted by the US government in the form of its House of Representatives Un-American Activities Committee, later known as the McCarthy Committee. When he appeared in front of the Committee, he did so with a paper bag over his head. In an interview with Bill Cornell, Terry Berne (Berne's youngest son) told the story:

Terry: ... And you know, an interesting outcome of his travels and international research was that he suffered persecution during the McCarthy era.

Bill: I didn't know that!

Terry: Among his papers I found a file related to him being investigated by the House of Representatives' Select Committee on Un-American Activities, which began in the late 1940s and was the precursor to the McCarthy investigations. My dad lost his job with the government—he was a psychiatric consultant to the US Army—because he was considered a security risk.

Bill: Wow!

Terry: Yes, he was interrogated over a period of several years and even had his passport rescinded. He had to justify and give his reasons for travelling to places like Turkey and Russia. It's really amazing ... He also signed a petition circulated by prominent scientists calling for the US government to stop politicizing scientific research. At that time, the government was pressuring private research foundations that were financially supporting scientists that the government deemed to be too liberal. Again, just like now. The Central Intelligence Agency even requested a list of all the maps in his possession. The ironic thing was that my father was, if anything, anti-Communist (T. Berne & Cornell, 2004, p. 6).

Steiner (2007) considered that Berne had been 'badly frightened' by this experience, as a result of which, as far as TA was concerned, he took 'an absolutely apolitical stance' (p. 309).

2.3 | Politics and personal values

Nevertheless, there were and had been signs of Berne's liberal politics. As early as 1947, when he published his first book *The Mind in Action*, he had written:

Nowadays, it is the duty of every citizen to interest himself in world events, lest they overwhelm him and all his fellow citizens ... It is no longer wise for scientists to refrain from expressing strong opinions and bringing strong influence to bear in a vigorous attempt to change the trend of history ... Psychiatrists ... should and must concern themselves with political affairs (p. 292).

In this piece (a short Appendix), Berne, who defined politics as 'speculation about the future and about men's characters' (ibid, p. 293), emphasised the importance of acting in accordance with reality and, specifically, the Reality Principle. He also acknowledged that in this 'all-important field of politics' (p. 292), people acted more in accordance with their images of reality than with reality itself. This led him to focus on the manipulation of people's selfishness, in the course of which Berne reveals his utilitarian inclinations (laws that will bring 'the most benefit to the greatest number' [p. 293]); and on how political images, including those of different peoples and nations, affect political feelings (for a contemporary vision of which, see Nussbaum, 2013). Finally, Berne offered an analysis of how what he referred to as 'evil men' gain and hold followers. In doing so, Berne identifies three types of people to whom the evil leader must appeal: Egoists, 'the cold and power-hungry'; Ego-searchers, 'those who were weak and searched for security in leaning upon a stronger personality'; and Egocentrics, 'those who sought not power and not decisiveness, but approval' (ibid, p. 295).

Berne writes about a good leader as someone who demonstrates truth through the Reality Principle, who appeals to people's superego and physis, as well as their sense of the common good and complexity. As he put it succinctly: 'Life is complicated, and the evil leader holds his followers by making it appear simple' (p. 297). Earlier this year, Cornell (2020) wrote an article about this piece of Berne's work in which he both acknowledges the historical context of Berne's concerns, and offers a contemporary perspective on his ideas, citing as an example of the oversimplification of life Trump's slogan 'Make American Great Again'. As Cornell observes: 'Trump is a true master at reducing the complex and the painful to simple, empty slogans' (p. 6).

Although, following his experience at the hands of the McCarthy Committee, Berne became—as Cornell puts it—'publicly and professionally apolitical' (p. 5), as Steiner later discovered and reported in the late '60s, Berne was expressing liberal political views—in Carmel (where he lived), though not in San Francisco (where he worked) either

openly or privately: 'It is my impression now that Torre (Berne's third wife) revived Berne's cryptically buried political instincts' (Steiner, 2010, p. 213).

Steiner also saw in TA the manifestation of Berne's politics, which he (Steiner) summarised as: 'deeply populist, anti-elitist, libertarian, and egalitarian' (ibid, p. 213), the first example of which he gave as Berne's approach to staff-patient staff conferences (Berne, 1968b):

Nowhere did this fact manifest itself more clearly than during his weekly therapy groups in the closed ward of St. Mary's Hospital in San Francisco, groups that I observed in the late 1960s. For an hour Berne led a therapy group for the inpatients of the ward, with the staff seated around the group observing. Next, switching chairs, Berne conducted a staff discussion of the group therapy session with the staff sitting in the inner circle and the inmates observing. This was a dramatic and radical upending of the usual boundaries that required staff discussions to take place beyond the patients' hearing. It was a clear anti-elitist statement to both staff and patients that he saw them as equal human beings. Not only did he emphasize that both staff and patients were to be taken seriously, he expected them to speak to, and about, one another in understandable language (Steiner, 2010, p. 213).

Steiner also highlights other key aspects of TA as emanating from Berne's liberal values and, in effect, his politics, including: the emphasis on the contract (and, I would say, the bilateral nature of the contact), and the centrality of OKness, as well as Berne's advocacy of lay practitioners and his ability to absorb disagreement.

Although Berne was clearly protective of his fledgling theory and, later, organisation (first, the San Francisco Social Psychiatry Seminars and, later, the International Transactional Analysis Association) toward the end of his life, he wrote:

It is now 13 years since the reading of the first formal paper on transactional analysis (at the annual meeting of the Los Angeles Group Psychotherapy Society), and the Seminars are 11 years old and the Bulletin eight. We are sufficiently well established to undertake one, or even two crusades, or rather the Editor feels that he can take it upon himself to do so (E. Berne, 1969, p. 7).

He went on to suggest crusades against infant mortality, war, and oppressive governments, what he summarised as 'the Four Horsemen', that is, war, pestilence, famine, and death.

It is against this background that TA and some TSTA have engaged with the social world.

3 | SOCIAL PSYCHIATRY AND SOCIAL PSYCHOLOGY

As TA has been referred to as a social psychiatry and a social psychology, this part of the article defines these terms and considers these claims, and reviews the engagement of TA and TSTA with the social if not so much the political world.

3.1 | TA, a social psychiatry

Although Berne (1961/1975) referred to TA as a social psychiatry—his book *TA in Psychotherapy* is subtitled 'A Systematic Individual and Social Psychiatry'—he defined this simply as denoting: 'the study of the psychiatric aspects of specific transactions or sets of transactions which take place between two or more particular individuals at a given time and place' (p.12)—and, as Steiner (2010) pointed out, 'not of society at large' (p. 212). In a unique article on the subject within TA, Massey (2007) pointed out that 'Berne delimited his conceptualisation of social psychiatry to inner

experiences of specific transactions between individuals with an accent on the possible pathological qualities' (p. 52). Reviewing Berne's work on group process, family processes, the structure and dynamics of organisations, and culture, against the background of the existing literature on social psychology, Massey went on to argue that:

Berne's stance split lived experiences of humans as beings-in-the world into analysable dimensions removed from their ongoing interpersonal and sociocultural contexts. It reflected a viewpoint based on attentiveness to psychopathology in preference to an inclusive search for the dynamics of human development with balanced attention to growth and dysfunction involving the interconnecting of self, others, and communities over the life cycle [concluding that] Berne's themes of experiencing, transacting, and diagnosing pathology within the therapist-client relationship have endured in the TA literature (p. 60).

Although some within TA have seen the concept of 'social psychiatry' as a coat peg on which to hang an argument for greater social consciousness and action—notably Moiso (1995), when he wrote that 'ideological and political involvement is crucial ... to foster Berne's idea of TA as a model for social psychiatry' (p. 75)—this is a misreading of Berne's own approach to social psychiatry. In this context, it is perhaps significant to note that in 60 years of TA, there has been only one major international TA conference on the theme: the 1980 International Transactional Analysis Association (ITAA) Winter Congress, one of the hopes for which was an exploration of 'how to take ego state analysis beyond narcissistic introspection' (Wagner, 1979, p. 8). As Barnes (2003) put it: '[Berne] redefined social psychiatry so that it focused on intrapsychic metaphors rather than relationships' (p. 323).

In addition to Massey's major critique of Berne's concept of social psychiatry, two other commentators have weighed in on this: 'TA proposes to be a system of social psychiatry, yet is no more social than almost every other theory of personality and change which are a reflection of our predominant cultural values of individualism, privatism, and hedonism' (Baute, 1979, p. 171); and, arguing that the present major divisions of TA—that is, the structural analysis of ego states, TA proper, script analysis, game analysis and racket analysis (the last two of which she separates)—Zalcman (1990) stated that these '*are not sufficient* to establish TA as a comprehensive theory and method of social psychiatry' (p. 4, original emphasis).

3.2 | TA, a social psychology

Social psychology refers to the branch of, or approach to, psychology that concentrates on human behaviour in its relational field and context: others, groups, institutions, and society as a whole. Wilhelm Wundt (1832–1920), the 19 century philosopher, physiologist and founder of experimental psychology, proposed that both a collective and an individual psychology were necessary for understanding the human condition. However, following Wundt's distinction between experimental psychology and *Volkerpsychologie* or social psychology, the differences between these two branches became sharper—with sociologists such as Emile Durkheim (1858–1917) claiming the focus on the social for sociologists. Nevertheless, social *psychologists* have drawn freely on ideas, models, and methods from other sciences and particularly sociology and, since the early 1980s, there has been a particular interest in integrating the theories, methods and applications of these two disciplines. In response to this, Holland (1988) commented that: 'for both disciplines language has taken on great importance. Potentially this provides a meeting point for social and psychological (sociopsychological) study' (p.1). For Berne, the direction toward this meeting point emanates from the individual:

The inner causes and motives that result in specific transactional stimuli and responses are the individual's private concern and lie within the field of social psychiatry. The study of the outward effects

of such stimuli and responses is the science of social dynamics. Both of these may be considered to be branches of sociology or social psychology (Berne, 1963, p. 176).

As with social psychiatry, there are few discussions of TA as a social psychology—the exceptions being two articles by Price (1978) and Massey (1996) which, by now, are respectively over 40 and nearly 25 years of age. There are, nevertheless, a number of applications of TA to social systems such as nations (Orten, 1973); the 'dependency cycle' (Symor, 1977); modern racism (Batts, 1982); and notably, in the work of Jacobs on power (Jacobs, 1987, 1994), nationalism (Jacobs, 1990), and autocracy (Jacobs, 1991). As three of these articles were cited as evidence for Jacob's Eric Berne Memorial Award (in 1996) for his work in the area of TA and social psychology (Jacobs, 1997), this is not insignificant. Indeed, in his interview, Terry Berne reflected:

That brings to mind how TA can be applied to society and culture as a whole as opposed to just the individual—in the spirit of something like Freud's Civilization and Its Discontents or the work of Erich Fromm. The way TA can be applied to broader societal and political patterns is of particular interest to me (in T. Berne & Cornell, 2004, p. 7).

The application of the psychological to the social is not without its problems or critics. For instance, applying an ego state analysis to an organisation implies that an organisation has a personality. The major problem with applying theory in an area far, far away from the discipline and/or place in which it was originally created is known as 'the magnification of error', a problem Rogers (1959) summarised as:

When the theory is projected to explain more remote phenomenon [an] error may be magnified ... Thus every theory deserves the greatest respect in the area from which it was drawn from the facts and a decreasing amount of respect as it makes predictions in areas more and more remote from its origin (p. 193).

Thus, Karakashian (1974) objected to Orten's application of TA theory to nations on the basis that 'theories developed to explain one level of organisation (in this case, the psychological) can be uncritically applied to another level (the governmental). To do so is to seriously warp reality' (p. 45).

Nevertheless, it is this reading—of TA as a social psychology—that has been both promoted and accepted within TA, as evidenced by the following:

1970, July (at the ITAA Summer Conference): the establishment of a Women's Caucus, which agreed on a list of 15 recommendations for the ITAA (Levin, 1977). In 1973, it was organised by Terri White, who, over the next 2 years, wrote a regular column in *The Script* 'All About Women in the ITAA', which, in 1976, was discontinued in favour of a column 'All About People in TA', a change that suggests that the analysis of oppression that leads to support for autonomous groups and columns had been challenged, or was no longer accepted in TA, though the caucus met again in 1980 (Levin, 1980; Levin & Fryer, 1980). Notwithstanding these changes and interruptions in the regularity of meetings, the Women's Caucus not only influenced the establishment of a Social Action Committee within ITAA (see next point), it also led to the women's journal issue of the *Transactional Analysis Journal* (TAJ) in 1977 (White, 1977b), and, even though it no longer meets formally as such, it did establish the tradition of autonomous group and caucus meetings at TA conferences, which still continues from time to time.

1971: the establishment of a Social Action Committee, with Pam Levin as its first chair (Levin & Fryer, 1980). As Maxwell (1974, December) noted, the Committee 'is charged with the responsibility of making suggestions on social and political matters for the Association' (p. 4). In 1975, this Committee established two Task Forces, one on TA and minority groups, and the other on prisons. Also, in 1975, the Committee

(which had held its first social action day) presented a number of issues to the ITAA's Board of Trustees, including that:

1. 'In the event of adoption of National Health Insurance, [the] ITAA should go on record as supporting reimbursement of non-medical practitioners' [and]
2. '[The] ITAA should continue to support advanced clinical members as practitioners of Transactional Analysis treatment, irrespective of state and federal licencing law' (Maxwell, 1975, October, p. 6).

The Board of Trustees affirmed its support for both.

The Social Action Committee also took the initiative in recommending (in 1977) that the ITAA should not hold meetings in states (of the United States America) that had not ratified the *Equal Rights Amendment*, a decision that was taken and implemented by the Board of Trustees, but also led to some considerable discussion in the pages of *The Script*—both for and against. Reports on the Committee appeared in *The Script* in June 1975, October 1977, and October 1978; it was mentioned in a list of ITAA committees in May 1978 and March 1979; but, after, a short report in March 1980, it appears to have discontinued.

1973–1975: A graduate program in psychotherapy and social change was initiated and conducted by the Southwest Institute in Chapel Hill, North Carolina, USA, which included coursework on social theory and social issues (see Lessler, 1977).

In addition, numerous ITAA conferences with social themes took place, such as 'Alternatives and Responses to Violence' (held in San Francisco, 1977); 'Strategies for Cooperative Change' (Santo Domingo, 1985); 'Common Heritage & Cultural Perspectives' (with the European Association for Transactional Analysis [EATA], Brussels, 1990); 'Freedom with Responsibility' (with the United States of America Transactional Analysis Association [USATAA] and EATA, Philadelphia, 1998); 'Reconciliation: Restorative Processes, Relationships' (Sydney, 2001); 'Violence—Let's TALK' (Utrecht, 2002); 'Freedom and Responsibility' (with the EATA, Edinburgh, 2005); 'Cooperation and Power: Relationships, Choices, and Change' (with the USATAA, San Francisco, 2007); 'Cradled by Culture' (Johannesburg, 2008); 'The Dance of Culture' (with the SAATA, Kochi, 2018); and 'Promoting Equality and OKness: Healing the Divisions in Our World' (with the Southeast Institute and the USATAA, Raleigh, 2019).

1989, March 21: a day of Global TA Action took place (see Gilpin, 1989; Steiner, 1988a).

2010: An international network of TSTAs for Social Responsibility was formed. Their mission statement was and is:

We are a worldwide network of TSTAs who support the development of socially responsible applications of TA. Our common goal is to apply the principles and tools of TA to foster positive social change in all cultures. For this purpose, we use our effective leadership to respond publicly and constructively to address issues of socially unjust behaviour in our communities. This includes such issues as personal and institutional prejudice and harmful intergroup conflicts that interfere with peaceful relationships. To achieve our goal of positive social change, we encourage TSTAs to become actively involved in using their intervention skills and expertise to work cooperatively with community leaders in government, education, business organizations, and religious institutions (Campos, 2011, p. 5).

Interestingly, when Campos launched the TASR at the 2010 World TA Conference, 40% of the ITAA membership present voted against it, arguing—and, in effect, against Berne—that a 'professional' organisation should be 'apolitical' (Leonard. Campos, personal [email] communication, 8 August 2020).

Leonard Campos, the instigator of this network, lead it actively for 3 years. Since 2013, any reports of initiatives and/or action with regard to social responsibility have appeared in *The Script*. Campos' work in this area was recognised this year when he received the Goulding Social Justice Award.

Commenting on the ITAA awards, van Beekum (2016) observed that 'The ITAA honours outspoken (socially) active members of the community with three awards: the Muriel James Living Principles Award (established in 1994), the Hedges Capers Humanitarian Award (established in 1988), and the Robert and Mary Goulding Social Justice Award (established in 2004)' (p. 130). He went on to comment:

The Muriel James Award is the most nonpolitical of these, whereas the Hedges Capers Award has a political undertone in that it honours 'an enduring contribution to humanity' (International Transactional Analysis Association, 2015). The most political award, however, is the Goulding Social Justice Award, which involves 'promotion of social justice ... by disclosing, challenging or confronting unfair practices and encouraging, facilitating, funding of social movements' (International Transactional Analysis Association, 2015).

However, van Beekum concluded, 'It is probably telling that since 2002 there were 12 recipients of the Muriel James Award, six recipients of the Hedges Capers Award, and [as at 2016] none of the Goulding Award' (ibid, p. 130).

3.3 | Social justice

Other than Campos, who wrote about rededication therapy and social justice (2010), not many people in TA talk or, at least, write about justice. A rare exception to this was Graham Barnes, who, over 40 years ago, made the following plea:

A task for the future is to find a nexus between psychotherapy and social justice, and to explore how the institutions and profession of psychotherapy, especially the discipline of TA, can reduce the impersonal forces that contribute to destructive personal experiences, alienation, and human oppression. Psychotherapy that does not enhance awareness of pathological aspects of economic, national and social groups encourages a distorted view of reality. But psychotherapy must do more than enhance awareness. People also need help in finding ways to influence the policies and actions of the major institutions that encroach upon their lives daily (Barnes, 1977, p. 24).

Sadly, this task remained largely unfulfilled until relatively recently, with the advent of two projects and a statement which may mark a new turn in social activity and even activism within the ITAA.

In 2018—the launch of Project TA1010, a progressive initiative by which a TA101 (introductory) course, run by TA trainers and respected leaders in applying TA concepts to social and cultural change (namely, Valerie Batts, Graham Barnes, Felipe Garcia, and Vann Joines), is made freely available and accessible to communities of learners all over the world who may otherwise not be able to access such a course and resource (USATAA, 2020).

In 2020—the establishment of a Committee for Social Engagement chaired by Di Salters, which, in June, hosted an international online webinar on anti-racism.

Also, in 2020—the publication of a statement from Elana Leigh, the President of the ITAA, on anti-racism (ITAA, 2020). Given its significance, it is worth quoting in full.

At a time when black people and their Allies in the United States are raising their voices and putting their bodies on the line to declare 'Black Lives Matter', we wish to affirm our support for this anti-racism movement in the United States and now across the world.

We completely reject white supremacy in all its forms—whether personal, social or institutional. We see and support the need to oppose violent racism as well as implicit and institutional discrimination that is ongoing.

We do this because of our core human values captured in the popular TA phrase I'm OK, You're OK, We're OK, and They're OK. We need to ensure that this is not simply a slogan but is a challenging, meaningful, and transformational guide to action.

Our professional ethical stance is very clear in being not only non-discriminatory but actively asserting human rights and our responsibility to uphold them (see ITAA (2014) Ethics guidelines).

We further acknowledge that, while many of our members are people of colour, this is not true in those countries where white supremacy and colonialism originated. Furthermore, we realize that domination by white culture has affected many countries and that the legacy from slavery, colonialism and indenture continues.

We undertake to renew and deepen our work in the direction of ensuring more diverse and equitable access to membership of the ITAA, the services offered by our members, and training in TA.

3.4 | TA literature—The transactional analysis journal

Berne's ambivalence about politics extended to his writing: in none of his books does he discuss politics or the 'political'. This is also true of others since Berne. In a hand search of some 150 TA books, I found only two references to politics. The first was to an ego state diagram referred to as the 'political passivity matrix' (Barnes, 1977) which describes how 'many patients (and therapists) have not incorporated principles of social ethics in their Parent ego state'. Barnes continued:

They need to be taught social concerns that may have been neglected by their cultural traditions ... By doing this therapists consciously accept their responsibility to transmit and transform the best of the culture and to critique cultural scripts that breed privatization and political quietism and that leave incipient totalitarian forces unchecked (p. 26).

The second is in a chapter on ego states by Shmukler (2003), in which she wrote about 'political contexts' as she felt 'an ever increasing sense of urgency for social scientists of all persuasions to address the larger issues confronting us as a species at this time' (p. 137).

However, in order to represent and critique the TA literature more thoroughly than a hand search allows, I turned my attention to the international TAJ, now in its 50th year and which is electronically searchable. From time to time, the TAJ has organised the articles that appear in its issues under section headings, such as 'Theory', 'Applications', and so on. In four issues, such headings included: 'Community Application' (four articles; Everts, 1974); 'Social Awareness' (four articles; James, 1979); 'Social Psychology' (three articles; Trautmann, 1983); and 'Social Applications' (one article; Porter-Steele, 1999). Beyond this, over the years, a number of special issues of the TAJ have appeared on themes associated with social psychology, which have included some references to political issues and/or concerns:

1975—On 'Social Action', edited by Jacqui Schiff (1975b).

A special announcement about this issue and a call for papers was published in *The Script*, the newsletter of the ITAA, in February 1974, and stated boldly:

The purpose of this special issue is to share our expertise in TA for the purpose of social and political change. Questions such as these will be addressed: (1) How does TA address itself to war, violence, crime, punishment, capitalism, imperialism, and racism? (2) What are ways that TA can bridge the gap

between personal and social change? (3) Behaviour Control (4) The use of TA in industrial psychology which serves to produce good feelings, acceptable behaviour, increase worker productivity, but which does not address itself to the overall social, institutional and ethical issues, and (5) What are the ethical implications of using TA in prisons, schools, banks, etc? (Doughty, 1974, p. 1).

Unfortunately, the issue itself did not live up to the scope of this vision and call. Despite the promise of the editorial in which Jacqui Schiff wrote that 'This issue of the *TAJ* is our first venture into expressing our conviction and caring, our first step in declaring our acceptance of a role in formulating the world we live in' (J. Schiff, 1975a, p. 6), the issue was more inward-looking than outward-facing. It did have articles on ego states and social issues (James, 1975), the original article on cultural scripting (J. D. White & White, 1975), and shame and social control (English, 1975), but, in a section on 'Therapists Make Change', two of the articles focus on running groups without charging (M. L. C. Haimowitz, 1975b), and how to structure reparenting groups, with an emphasis on physically holding regressed clients (C. Haimowitz, 1975a), hardly the stuff of social action.

1976—On 'Social Issues', edited by Mary Boulton (1976).

Although this was slated as a special issue on social issues, less than a third of the articles in the journal were concerned with social issues, with one on socially responsible therapy (Steiner, 1976) and five on various aspects of what were referred to as 'Street Games'.

1977—Named 'The Women's Journal', edited by Terri White (1977b).

This comprised 23 articles and 12 personal statements by women and was so well subscribed that five further articles by women appeared in the following issue of the *TAJ* (Zechnich, 1977).

1983—On cultural scripts, edited by John James (1983).

This was also so well subscribed that six further articles on this subject appeared in the following issue of the *TAJ* (James, 1984).

1984—On 'Nuclear Disarmament', edited by Rebecca Trautmann (1984).

1996—On 'Social Applications', edited by Theodore Novey (1996).

2004—On 'Gay and Lesbian Issues', edited by William Cornell and Terry Simerly (W. Cornell & Simerly, 2004).

2015—On 'Conflict: Intrapsychic, Interpersonal, and Societal', edited by Sylvie Monin and William Cornell (Monin & Cornell, 2015).

2017—On 'Gender, Sexuality, and Identity', edited by Brad McLean and William Cornell (McLean & Cornell, 2017).

2018—On 'Social Responsibility in a Vengeful World', edited by William Cornell and Sylvie Monin (W. Cornell & Monin, 2018).

To date, there has been no special themed issue on the subject of TA and politics, and, whilst there have been themed issues of the *TAJ* on various other schools of and approaches within TA—rededication (M. Goulding, 1995; Kadis & Pearson, 2010), as well as a special section in another issue on research on rededication therapy (McNeel, 1982), integrative psychotherapy (Novey, 1996), constructivism (Novey, 1997), and psychoanalysis (Hargaden, 2005; W. F. Cornell & Hargaden, 2006)—there has not been one on radical psychiatry. Overall, it does appear easier and less controversial in TA to refer to the 'social' as distinct from the 'political'.

4 | RADICAL PSYCHIATRY AND TA

Radical psychiatry was a movement and an approach to 'soul healing' (which was how radical psychiatrists translated the words 'psychiatry' and 'psychotherapy') that developed in the mid-1960s. Steiner (2001) reported that he first heard the term in 1968 at a meeting of the American Psychiatric Association in Miami, Florida, at which a group of young medical residents, in opposition to the Vietnam War and critical of the psychiatric

profession's support for it, called for a radical psychiatry as an alternative to what they saw as a conservative, even reactionary, profession. Prompted by his growing awareness of psychiatric power abuse, and radicalised by his experiences in Florida, on his return to California, Steiner began to teach a course on radical psychiatry at the Free University at Berkeley. In parallel with other courses on offer, this course dealt with the patterns of power abuse in psychiatry and the oppressiveness of the practice of psychiatry, psychology, psychotherapy and other helping professions. A critical analysis of power and oppression was to become a cornerstone of the theory and practice of radical psychiatry and its version of radical therapy—see Steiner (1975a, 1975b, 1981, 1988b) and Roy (1988), and for a review of which, Althöfer and Tudor (2020). For the best part of 20 years, from the early '70s to the late '80s, Steiner and others established a collective, produced various magazines and four books, and established a Radical Psychiatry Centre. Steiner himself wrote about men's liberation; cooperation; power; alienation; socially responsible therapy; coupleism, monogamy, non-monogamy, and omnigamy; feminism for men; and propaganda, for details of which see Tudor (2020b) and for a history and assessment of which see Jenkins, Morrison, and Schwebel (2020) and Tudor (2020a).

At the same time as he was involved in radical psychiatry, Steiner was also studying with Eric Berne and practicing TA. As he put it in his autobiographical Confessions:

During those years, I led a double life. On Tuesday and Wednesdays—my San Francisco life—I was Eric Berne's right-hand man, posing as a buttoned-down psychologist and transactional analyst with a successful group and individual psychotherapy private practice, a wife, two children, a suburban home, a station wagon and a sports car, trying to fit in with the psychiatric establishment. The rest of the week—my Berkeley life—I was a rebel, a radical psychiatrist involved in anti-war and liberation activism, a hippy ... In between these two lives, undisturbed but informed by both of them I carried on my psychotherapy practice (Steiner, 2020, p. 83).

Radical psychiatry was informed by TA (see Steiner, 1973; Wyckoff, 1970, 1975), and TA was informed by radical psychiatry—notably with regard to the script matrix (Steiner, 1966), potency (Steiner, 1968), and the stroke economy (1971, 1975c), as well its emphasis on gender politics (see Wyckoff, 1970, 1971, 1974, 1975) which, amongst other things, helped challenge sexism in TA at the time (see Levin, 1977, 2010). The main overlap between radical psychiatry and TA was expressed in Steiner's work on the script matrix (Steiner, 1975c), the Pig Parent (Steiner, 1978, 1979b), and cooperative contracts (Steiner, 1988b); and both radical psychiatry and TA also informed Steiner's development of emotional literacy (Steiner, 1984), for an assessment of which see Oberdieck (2020) and Tudor (2020a). While radical psychiatry was practiced more outside TA than inside TA, insofar as it was also part of TA, and, indeed, it was recognised as a 'School' of TA by Woollams and Brown (1978), it was, in effect, the political wing of TA—or, at least, the political Left-wing of TA.

However, as Steiner himself moved away from TA and spent more time promoting and teaching and training people in emotional literacy, the influence of radical psychiatry in and on TA declined.

5 | TA AND POLITICS—A CONCEPTUAL FRAMEWORK

In his ground-breaking book *Psychotherapy and Politics*, Nick Totton (2000) suggested four ways of understanding what he referred to as the interplay between these terms and field:

- a) **Psychotherapy in politics**—which, according to Totton (2000), 'comprises a range of interventions by psychotherapists in the political process itself' (p. 6) and may involve therapists acting as therapists or as citizens or both. Totton himself cites the examples of what he refers to as the 'Left Freudians', including the older

analysts, that is, Paul Federn (who analysed Berne), Ernst Simmel, and Herman Nunberg, as well as younger and more active militants, that is, Geza Róheim, Otto Fenichel, Wilhelm Reich, Edith Jacobson, Eric Fromm, Annie Reich, and Marie Langer, as well as radical therapy and radical psychiatry and other forms of what I would refer to as political therapy or politically informed forms of therapy such as anti-psychiatry (Laing and Cooper), encounter (Rogers), emotional literacy (Steiner and Antidote), social action psychotherapy (Holland), world work (Mindell), and ecopsychology (Rust, Totton, and others; for a critical review of which, see Tudor & Begg, 2016).

- b) **Psychotherapy of politics**—which 'covers a range of attempts to understand and to evaluate political life through the application of psychotherapeutic concepts' (Totton, 2000, p. 6). Examples of this date back to the analyses of politics and culture offered by Freud's (1930/2001) *Civilisation and its Discontents*, Reich's (1933/1972) *Mass Psychology of Fascism*, and includes Marcuse's (1955/1966) *Eros and Civilization* and more recent applications to gender, sexuality, permissiveness, hatred, racism, and power.
- c) **Politics of psychotherapy**—in which Totton includes two kinds of material that is, 'the power relations and power structures that operate within the profession of psychotherapy ... [as well as] attempts to reform and reshape institutions of psychotherapy' (ibid, p. 7). Examples of this include the acknowledgement and analysis of the role of psychotherapy under different forms of totalitarianism—in the USSR (in the 1920s), in Nazi Germany (in the 1930s), and in Argentina (in the 1970s); psychotherapy in the public sector; and the institutionalisation of psychotherapy, as well as various challenges to different institutions of psychotherapy.
- d) **Politics in psychotherapy**—which refers to 'the various ways in which political concepts and viewpoints are used to criticise or to change the theory and practice of psychotherapy' (ibid., p. 7), examples of which in the wider psychotherapy world include mutual analysis (Gross and Ferenczi), leaderless groups (Red Therapy), feminist therapy, and gay affirmative therapy.

While there are some overlaps between these interplays, it is nevertheless a useful taxonomy or conceptual framework in terms of the focus of concern, that is, on psychotherapy itself (c) and (d) above or, for our present interest, TA (in all its fields of application), and/or the political/social world (a) and (b) above. In the rest of this part of the article, I apply this framework to TA.

5.1 | TA in politics

In terms of TA in politics, Moiso (1995), an Italian Teaching and Supervising TSTA, wrote about his commitment to active social/political involvement:

What does it mean to have an intense approach to therapy? To me this means to keep on being enthusiastic about new ideas and perspectives, not only in terms of therapeutic techniques and strategies, but also regarding related aspects of life, such as sociology and philosophy. It also means to be actively involved in politics, in environmental protection, and in mental hygiene. By mental hygiene I mean, in TA terminology, helping people to create and promote an OK personal and social environment. Going on television programs and talking about the sense of OKness in TA or the meaning of autonomy is an example of what I am doing, together with accepting unpaid invitations to talk in public or private situations, such as hospitals or cultural societies (p. 75).

Other examples include Wagner's (1975) brief script analysis of and for social action committees; and McFarren's (1998) report of relating TA to social/political concerns in Bolivia which, he noted, 'was commented on favourably by government and political leaders' (p. 244). In his writing, Cornell has emphasised the need for building

community and for community-building skills (W. F. Cornell, 2018; B. Cornell, 2020); and, currently, Günther Mohr, another TSTA, serves on the local city council in Frankfurt, Germany as a member of the Green Party.

Of course, having a view and a commitment about TA in politics means that the TSTA has a political analysis such as Turner's (1981a, Winter), that:

TA must address itself to the cruelty, oppression, nastiness, and injustice of the society in which we live, its national and international perspectives. TA should be out on the streets of Southall and St. Pauls (in London and Bristol, UK), on the picket lines, in the refugee camps (p. 19).

Examples of specific programs that reflect this interplay are the Asklepieion psychiatric program in the United States correctional services (Groder, 1972; Windes, 1977), Drego's (1994) family systems work in India, and Salters' (2005) work in bridging racial divides in South Africa (all of which van Beekum, 2016, links back to Berne's social psychiatry and Steiner's radical psychiatry, and to which I would add Cornell's (2018) community work.

5.2 | TA of politics

From Berne (1947) onwards, TSTAs have been offering analyses of the political/social world in terms of and/or with reference to TA theory. These include:

- Analysing 'evil men' in terms of ego and physis (Berne, 1947)
- Developing and applying the concept of the cultural script (Campos, 2015; Drego, 1983; James & Jongeward, 1971/1978; J. D. White & White, 1975; J. James, 1983, 1984), including women's scripts (M. James, 1973; Wyckoff, 1971), and lesbian identity (Johnson, 2004)
- Applying TA to nations in terms of structural (ego state) analysis, international transactions, and national positions, scripts, and games (Orten, 1973)
- Applying game theory to organisations and identifying political games (Poindexter, 1975)
- Applying TA (especially script theory) to racism (Batts, 1982, 1983)
- Contracting for peace (Roberts, 1974)
- Analysing the Master-Slave relationship (English, 1987; Jacobs, 1991)
- Analysing the contribution and potential of TA psychotherapy in enhancing citizenship (Tudor & Hargaden, 2002)
- Developing a social matrix of globalisation using ego state theory (Mihailovic & Mihailovic, 2004)
- Viewing the political arena as a source of learning for leadership (van Peolje, 2004)
- Questioning how relational TA concepts (Summers & Tudor, 2000) can address and challenge oppressive dynamics (see Rowland, 2016)
- Offering a transactional analysis of war and peace using TA proper and game analysis (Campos, 2014)
- Applying the concept of mystification to politics (Minikin, 2018)

Notwithstanding the caution of applying theory founded in individual psychology to the wider social/political world (see Karakashian, 1974; Rogers, 1959; and 3.2 above), these analyses have merit. Furthermore, some TSTAs, especially those in the organisational field, have been developing field-specific theory, that is, an analysis of organisations, their pulsations (Mohr, 2006), imago (Suriyaprakash & Mohanraj, 2006), and roles (Schmid, 2008), based on *organisational* analysis, a strategy which, I suggest, perhaps points the way to a more politically informed TA of politics that may even become another field of application of TA as has been suggested by Mohr (personal communication, 28th June 2020).

5.3 | The politics of TA

If we think about politics as being concerned with the *polis*, originally (from the Greek), meaning the city state, or, more broadly, the community, then everything in and about TA is or may be considered to be political. As Steiner (1981) put it: 'every transaction has political consequences, every message has a meta-communication, a message about the message' (p. 171). Here (in this and the next section), I focus on perspectives based on an analysis of power (relations and structures) and oppression, not least those that derive from radical psychiatry, but also those represented in the work of Totton (2000, 2006), and Proctor (2002/2017), and (in this section) reference and discuss examples under two broad headings: organisation and theory.

5.3.1 | Organisation

Like all other branches of psychology, TA has had and still has its fair share of organisational politics: from the shutting down of women's voices by men, especially in the early days of TA (see Levin, 1977), to current debates about Black—and other—Lives mattering, a debate which, I suggest, benefits from a clear analysis of alienation and oppression, and, therefore, a clear understanding of the difference between equality and equity, and, preferably, a clear commitment to anti-racism.

Although an early proponent of TA (and, as he used to say, a 'disciple' of Eric Berne), Steiner was also an early critic of TA with regard to its organisation, lack of democracy, and franchising (Steiner, 1973). The system of certifying and accrediting trainers and supervisors in TA tends to promote a hierarchy that appears to value training and supervision (embodied in the person of a TSTA) over clinical practice (a CTA). Moreover, as trainees need 300 training hours and 75 supervision hours with a TSTA (or a Provisional TSTA) in order to fulfil the training and supervision requirements for certification as TSTAs, TA is open to accusations of pyramid-selling. These and other issues of access to training and supervision remain the source of some concern and criticism: Tudor (2014) has been critical of the infantilisation of adult learners; van Beekum (2016) has commented on the overadaptation of TA to market demands; and Cornell (personal communication, 19th June, 2020) on certification programs that are 'rife with power and money-making—in contrast to meaning-making'.

Despite the fact that, in the 1980s, the ITAA rejected the professional regulation of TA clinicians (psychotherapists and counsellors) in the form of state licencing in the United States of America, since then a number of national TA associations around the world have supported moves to statutory regulation and state registration, against the evidence and contrary to the TA value of autonomy (for a critique of which, see Tudor, 2010a, 2011). Some associations have even set up their own accreditation schemes, as, for instance, has the UK TA Association, with regard to registering training establishments and, thereby, creating a closed system of training.

5.3.2 | Theory

Also, like other branches, modalities, and schools of or approaches to psychology and therapy, TA has its distinctions. For many years after Berne's death (in 1970), TA trainees were required to have knowledge of its three 'Schools', that is, the Classical (Berne and his associates), Cathexis (J. L. Schiff et al., 1975), and Redecision (M. M. Goulding & Goulding, 1979). Nowadays, TA is viewed (at least from within) as having a number of approaches, in a recent review of which I identified 17! While such diversity is generally viewed as healthy, it can be confusing, especially for those new to TA, and, at other times, can be problematic, especially when genuine intellectual debate is replaced by ad hominem argument, personal attacks, and even hate mail.

Some TSTAs have discussed the politics of theory, notably Jacobs (1994) who critiqued Schiffian reparenting theory (J. L. Schiff et al., 1975), concluding that this theory and particularly the concept of passivity and the practice

of confronting passivity 'provides an example of how theory can become ideology and thus be used to support and promote totalism, thought reform, and the misuse and abuse of power' (p. 39). In a similar vein, Tudor and Widowson (2008) criticised the process model (e.g., Kahler, 1979) and the theory of personality adaptations (Kahler & Capers, 1974; Ware, 1983) partly on the basis of the myth of universal explanation, that is, that everything can be explained by a single theory which is universally true and applicable.

Another example of the politics of theory was the attempt (in the late 1990s and early 2000s) by some senior TSTAs, including Claude Steiner, to identify 'core concepts' of TA in an attempt to conserve the traditional canon and to reject especially the integrative school/wing/approach (for the background and discussion of which, see Wadsworth & DiVincenti, 2003). However, in their desire to identify and conserve 'core' concepts, Steiner and others were, in effect, relegating all other TA concepts to the periphery—which was, literally, a conservatising and conservative project, which, ultimately and (for those of us who are more pluralistic) happily failed.

5.4 | Politics in transactional analysis

As this fourth interplay focuses on 'the various ways in which political concepts and viewpoints are used to criticise or to change the theory and practice of psychotherapy' (Totton, 2000, p. 7, my emphasis), this not only is reflected by specific examples, but also represents the methodology or philosophy underpinning the politics or political analysis of TA. For instance, in an open letter to the Committee of the United Kingdom's Institute of TA on the subject of TA and politics, Turner (1981a, Winter) questioned the motivation of some TA training programs which were, in his view, overly concerned with maintaining 'comfortable' relationships between management and workers and 'positive' customer–client programs. He contended that 'unless fundamental questions of power, political manipulation, and alienation are dealt with, then such programs, while apparently encouraging Adult behaviour, are developing Adaptive Child behaviour at the political level' (p. 19). He then went on to ask what he viewed as the 'crunch question': 'does any particular TA program enable this country to move towards a more just society, or does it reinforce the injustices, inequalities, and oppressions of capitalist society?' (ibid, p. 19). Clearly, these questions and concerns are based on a Marxist/class analysis of TA. Other examples include:

- Challenging sexism within TA (see Levin, 1977), and adding 'vigilance' to the radical psychiatry formula, thus: 'Awareness + Contact + Vigilance = Liberation' (p. 91)
- Challenging the classism and individualism in and of TA (Baute, 1979)
- Challenging cult-like phenomena in the TA community (English, 1987, 1998)
- Offering an examination of TA based on queer theory (Trett, 2004)

There is another aspect of this interplay which is concerned with how politics appears or is accounted for (and not discounted) in the clinic, organisation, and/or school. Writing about meaning-making in psychotherapy, Rowland (2016) argued that: 'Psychotherapy seems content to almost blithely accept the idea that reality is socially constructed without paying any conscious attention to how meanings are subsequently culturally produced within a particular psychosocial milieu and reproduced and sustained in the therapeutic encounter' (p. 282). As a way of addressing and changing oppressive dynamics, she suggests 'paying therapeutic attention to the role that psychosocial and sociopolitical discourses play in the production of personal meanings' (p. 283). Taking this further—and, in effect, addressing Turner's (1981a, Winter, 1981b, Spring) challenge—Mihailovic and Mihailovic (2004) asserted that:

If, on the other hand, we are courageous and open enough to explore with our clients the root causes of what may appear to be individual problems, we may move toward developing a new political

position and eventually a protest instead of merely adapting ourselves to dysfunctional social contexts. In this way, TA could assume its social role at a broader level in order to achieve radical and long-lasting changes, thus returning to its true home—the social context (p. 348).

6 | CONCLUSION

From what has been presented and discussed in this article, it is clear that TA as a whole has been ambivalent about politics. van Beekum (2016) described the 'hate' side of this ambivalence well when he talked and wrote about 'the universe of TA with its current lack of political focus', giving the following example:

This was painfully enacted during the delivery of Samuels's [2016] paper when in a little experiment, almost the whole audience expressed disgust and anger toward politics. Individually, we may be politically involved, however, as a collective, we treat politics as something to stay away from (p. 130).

It is arguable that this ambivalence and lack derives from Eric Berne and has been perpetuated by his more conservative and neoliberal followers.

For myself, this article has represented a journey from a position of criticism of the lack of politics and, specifically, of radical and/or progressive politics in and of TA, through the discovery of a lot of politics in TA, to, I hope, a more nuanced position that encompasses both a love and hate or, at least, a questioning of fixed 'positions'. In this sense, I hope that this article goes some way towards revitalising what Steiner (2010) referred to as 'Berne's cryptically buried political instincts' (p. 213). Moreover, when we look in a little more detail at Eric Berne's life, we may take some heart—as well as a greater understanding—from his story and remind ourselves of his views about our duty as citizens (to interest ourselves in world events) precisely so that we are not overwhelmed by them to the point of passivity, quietism, and inactivity. In the same piece of writing, Berne (1947) also encouraged psychiatrists and physicists—and, by implication, TSTAs—to take courage, that is, to

tell the world what they know of its foreseeable future, even at the risk of becoming involved in outside affairs and of being criticized. It is no longer wise for scientists to refrain from expressing strong opinions and bringing strong influence to bear in a vigorous attempt to change the trend of history (p. 292).

Those words, written over 70 years ago, are still—and all too—relevant today. The struggle—for necessary, healthy ambivalence as well as civic activism—continues.

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How to cite this article: Tudor K. Transactional analysis and politics: A critical review. *Psychother Politics Int*. 2020;18:e1555. <https://doi.org/10.1002/ppi.1555>

Transactional analysis and our philosophical premises: 70 years on

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Abstract

This article considers the origins and development of transactional analysis. The focus is on the philosophical premises that underpin the ideology of this theory. Accounting for social and political context, the writer reviews the times these premises were founded and their relevance in our contemporary international world.

KEYWORDS

Berne, coronavirus, George Floyd, 'I'm OK/you're OK', philosophical premises

We are not makers of history. We are made by history. Dr. Martin Luther King Jr. (1963)

1 | INTRODUCTION: ERIC BERNE AND TRANSACTIONAL ANALYSIS

Claude Steiner studied and worked with Eric Berne. He was part of a key professional group that helped Berne formulate his new theory of 'transactional analysis', initially for psychotherapy from the 1950s and through the 1960s. These must have been exciting and creative times for this team as a new body of theory evolved. Those that were involved with the regular Tuesday night social psychiatry seminars must have developed strong personal and professional bonds. Perhaps there was something of the feelings and moods of this group that founded the sort of culture that has evolved in the transactional analysis community. It has always been an interpersonal theory taught and executed with an emphasis on meaningful relations that have created professional and personal bonds. In the last decade of his life, Steiner (2008) wrote:

What is it about Berne's transactional analysis that so attracts people? Is it the simplicity of its concepts? His rebelliousness? The zany, provocative nature of Eric's language? The second- and third-generation writings of Harris, James, Steiner, Dusay, Karpman, English, the Gouldings, and Stewart and Joines? Is it the enthusiasm and methods of its many teachers or the missionary zeal of its

trainers? Is it the elaborations of relational, psychoanalytic, and integrative transactional analysis? Is it the opportunity it offers to become a therapist and make a living? Or is it the friendly, cooperative, open-minded attitude of the people in the movement? (p. 214)

Transactional analysis was formed in the United States after Berne, following 15 years of training, was refused admission to the San Francisco Psychoanalytical Institute. The rejection seemed to inspire a rebellious, though productive response. Since then, transactional analysis has developed into a body of writing that offers clarity concerning the complexity of human relations and answers about how to alleviate social and psychological pain. As Steiner (2008) stated, it has at times attracted 'missionary zeal' amongst trainers. So, it has grown, spread and enjoyed much success since its formation in California. There are now transactional analysis establishments and practitioners across four professional fields (counselling, psychotherapy, educational and organisational) in all continents. Given this diversity, the range of how transactional analysis is thought about, used, and developed has grown. However, what is common to all transactional analysis trainings is a subscribing to the three philosophical premises that were established and continue on decades afterwards. In this article, I review these premises and consider both the virtues and difficulties that I have witnessed and encountered. In doing so, I take a political perspective considering both overt and covert power dynamics at structural and interpersonal levels. In other words, I am interested in exploring the basic simplicity of the three philosophical premises and the shadow (Jung, 1938/1991) that lurks behind them.

Eric Berne was seen as maverick by his psychoanalytical colleagues. He was radical in his methodology, inclined to humanistic values, and possibly had socialist sympathies. If he did, expression of such views may have been quashed during President Eisenhower's reign when the fear of socialism was at one of its heights. He was somebody who evoked and provoked systemic change. In particular, his way of working such as his open communication and contracting (Berne, 1972), challenged the balance of power in medical institutions and was an expression of egalitarianism and respect for the humanity of people. For me, personally, Berne has been an enigmatic character, hard to get to know—hearing about him through the eyes of others, as well as his writing. He was a man who, like the rest of us, embodied his history, culture and era. I am part of his legacy—a fourth generation transactional analyst. I endeavour to continue his radical beginnings.

From these roots, transactional analysis has developed a diverse body of theories with breadth and depth of its four applications in terms of theory and methodology. The goal of all these applications is autonomy; comprising of awareness, spontaneity and capacity for intimacy (Berne, 1964). It is important to explain that briefly, as autonomy alone is a western concept privileging the experience and agency of the individual and minimising the significance of the group, society and the context. By clarifying what Berne meant by autonomy, we see his support for consciousness generally and a valuing of expression and satisfying interpersonal relationships. Underpinning this goal of autonomy is the philosophical premises of transactional analysis.

2 | THREE PHILOSOPHICAL PREMISES

Everyone who has encountered transactional analysis in a formal capacity will know the three philosophical principles. Traditionally, transactional analysis theory, like the era it was born into, was upbeat and optimistic. With a goal of autonomy and a belief in treating each other with mutual respect, we have worked hard to taboo games (see Berne, 1964; or 'acting out' defensively—my definition) and enactments (eruptions of a traumatic nature, see Novak, 2015). In Jungian psychology, our efforts to behave well could be interpreted as a defence against the shadow. This may be changing in some forms of contemporary transactional analysis which has sought a different inquiry into psychological states. Many integrative, co-creative and relational practitioners (see Bonds-White & Cornell, 2001; Erskine, 1993; Hargaden & Sills, 2002; Little, 2013; Summers & Tudor, 2000, 2015) have been interested in the need to make space for symbolic and non-verbal communications—even if they seem primitive and

unformulated (Stern, 2011). Some developments in the professional and academic canon have struggled to permeate the culture in the international transactional analysis community. This means developments within the wider international community have developed but have not always linked up and been debated fully enough so that at least there could be understanding even if disagreement continued. I imagine this is true of all professions and all communities; that we struggle with competition, rivalry and conflict, becoming more invested in our own positions than in striving to understand the other. In this light, as a parallel to our current social and political global climate, I take the opportunity to review the three philosophical premises in transactional analysis which are meant to drive what we do and how we do it.

3 | I'M OK/YOU'RE OK: MACRO AND MICRO PERSPECTIVES

I'm OK/You're OK is a simple and catchy statement that became the title of a best-selling self-help book (Harris, 1967) shortly after Berne's death. This first premise has been a champion in transactional analysis and probably the most quoted inside and outside of our community. The sense and spirit is to promote holding respect for ourselves and respect for the other. The message speaks to the interpersonal roots of transactional analysis and its promotion of 'healthy' Adult functioning. By this, it is meant the achievement of autonomy had been acquired and that people were relating from one Adult ego state to another which places enormous pressure on people to become conscious of themselves. This seems important; yet, I place, 'healthy' in quotation marks because I think, above all, this is the premise that people feel most pulled to adapt to. In other words, 'I'm OK/you're OK' has at times been used as dogma, losing the depth of its intention and igniting politeness in our community rather than genuine congruent relatedness.

It is possible that the conflict with the psychoanalytical body that evoked the formation of transactional analysis has rumbled on through the decades. I'm OK/you're OK is always difficult when we feel our core values and beliefs are being challenged. Whilst Berne and English came from psychoanalytical roots, some of their contemporaries (i.e., Claude Steiner, Steve Karpman and John [Jack] Dusay) leaned towards a quest for emotional literacy and respectful behaviour. Over the years, these and other writers encouraged transactional analysis to take more of a cognitive behavioural direction—a direction that has since been challenged by new and, at times, conflicting perspectives.

As with many theories that start with creative thinking and a capacity to push and extend the boundaries of thought, they become introjects in the minds of students and subsequent generations of practitioners. I have been involved with transactional analysis for over 20 years and what I have observed and experienced in my era is a number of ways in which this premise has been exercised. I have seen some honourable striving for understanding, empathy and collaboration at times of difficulty and conflict. With that has come an orientation to seek to understand the other and heal ruptures. I have also witnessed as student, teacher and participator in our community, an adaptation to this introjected, yet not quite metabolised premise. This, to my mind, has been an expression of racket feelings (English, 1971) and behaviours (Erskine & Zalcman, 1979), or the false self as described by Winnicott (1960); my interpretation being that anxiety and aggression are covered over by expressions of warmth and friendship. As with many modalities, a professional community has developed in transactional analysis. We have our regional, national and international cultures. These are all relationally bound with a generic norm that has developed from our philosophical principles. I'm OK/you're OK becomes problematic at times of conflict, envy, rivalry and competition. It is different from straight forward anger that is more accessible to our conscious minds. In relations within our communities, nationally and internationally, I have witnessed an evasion of aggression and a desire to heal sometimes before the root of the problem has really been grasped. This has led to temporary relief of anxiety whilst toxic processes stay underground rumbling away till the next time. In these scenarios, I propose that I'm OK/you're OK becomes a rule rather than a premise that is genuinely strived for. Hence, the simple, straight forward language in transactional analysis can be misleading at times. In other words, to

experience this premise at depth makes demands on people to process, labour and honour self-interest whilst searching and pushing ourselves to understand the other (or 'those others'). Thus, a premise that becomes a 'rule' runs the risk of becoming an oppressive misuse of a good idea.

This personal process is also relevant for wider social and political dynamics. Transactional analysis is grounded in the interpersonal; yet Berne used his ideas in radical ways to challenge the medical institution. Other transactional analysts have also turned to social psychiatry roots to bring in the relevance of context, society and politics. Hence, accounting for 'we-ness' as well as the 'I' has been an important component in transactional analysis and Berne's extension to 'we are OK/they are OK (or not OK)' has been picked up extensively by Tudor (2016).

I am writing this article in the midst of the protests that have arisen around the world after the death of George Floyd. Whilst well-meaning people may agree this is a death that should not have happened ('I' psychology), his death is an example of transgenerational trauma and the persistence of the hate that accompanies 'othering'. The subsequent protests speak to how challenging it is to live collectively by egalitarian principles because we are in a world that is not equal. For those with privilege in societies, all the time systematic oppression is sustained and functioning, there can be little incentive to labour with their minds long enough or hard enough to metabolise the collective traumas that continue through the generations. This is perhaps a reflection that those with more power in society are the groups that get to define 'OK-ness'—which then is bestowed upon or withheld from certain groups or behaviours. This is a socio-political perspective about power dynamics which has some differences from our liberal humanistic philosophy. Hence, 'I'm OK/you're OK/they're OK' is honourable, simple and potentially meaningful as an ideological premise. It is one that most well-meaning people would agree. Living it in a congruent and meaningful way is a deep set challenge—personally, socially, politically and internationally.

4 | PEOPLE CAN THINK

A slave is still a slave till he can think independently. (Cliff, 1973)

The premise that people can think came about in part from Berne's commitment to promoting the health of psychiatric patients. He understood his patients as adults who had their own minds but were afflicted by the ways in which they felt compelled to cope in the world. Writing people off with a psychiatric diagnosis and committing them to a lifetime of medication was something that Berne opposed and used radical practice to challenge the hospital where he worked. Whilst this premise has been used to promote the resources and sanity in people, it is also the premise that, currently, most interests me.

Claude Steiner picked up on this premise and explored it more deeply when he started a personal and professional relationship with Hogie Wycoff an economic and political student. Together with others, they formulated their thinking about the systemic influence of capitalism and the impact that has on the minds of the people. They named and developed their thinking about the psychological condition of alienation, as described by Karl Marx (1967).

Extended individual psychotherapy is an elitist outmoded as well as nonproductive form of psychiatric help. It concentrates the talents of a few on a few. It silently colludes with the notion that people's difficulties have their source in them while implying that everything is well with the world... ..People's troubles have their source not within them but in their alienated relationships, in their exploitation, in polluted environments, in war, and in the profit motive. (Steiner et al., 1975, pp. 3–4)

Steiner et al.'s (1975) definition of alienation comprised of both oppression and deception. Oppression minimised a sense of autonomy of the other. They understood this misuse of power as systemically coercing people into adapting to the power base, whether that be an individual, group, institution, or society at large.

The significant contribution they made to the idea of the oppressed people was that they were not meant to realise they were oppressed. In other words, their capacity for thinking was impaired by the deception that accompanied the oppression. So, people were lied to about their internal experience, and lied to about external events such as the rationale for particular decisions, nature of people in society and political/cultural systems that people were dependent on.

An illustration that comes to mind is the current social and political situation imposed by the coronavirus. In the United Kingdom social isolation and lockdown continued for several months as a result of the pandemic. As we headed to coming out of social isolation, there was a news item broadcast from the United States. The reporter stated that since coronavirus, gun sales in the United States have rocketed. In the United Kingdom, many of us would see that as bizarre to say the least. Yet, I saw that to many, it was an unquestioned truth in these days of COVID-19; that they are at risk from 'others' who will want to attack them. I found myself horribly fascinated both by the customers buying guns and the businesses selling them.

Given my interest and inclination towards the philosophy of radical psychiatry, the evolution of this subjective experience caught my attention. I wanted to get to the bottom of a pressing question which went something like: *How come seemingly rational people are doing something that I consider somewhat mad? How does this relate to our philosophical premise that people can think?* I had to think such a thing was possible within a social and historical context and a white mindset that was different from mine. I was reminded of the history of the United States including the colonisation of that land, legacy of slavery, and need to control and oppress those 'others' who are seen as a threat. Over and over at times of economic hardship we witness this legacy in the people who have inherited this particular cultural transgenerational trauma. It seems evident that when talking to white men who believe they need to own a gun that their thinking is motivated by anxiety about impending vulnerability. Furthermore, this seemingly unbearable fear of vulnerability means that relief comes from a fantasised experience of omnipotence facilitated by owning a gun to protect against 'the enemy'. Following my hypothesis that this could be historically, culturally and socially bound, I checked to see where in the United States exist the most relaxed gun laws. I saw links to a number of states in the south west which were the last to abolish slavery and formal apartheid. One source was Glenn Geher (2018):

In a 2013 analysis by the Law Centre to Prevent Gun Violence... (Connecticut, Delaware, New Jersey, New York, Massachusetts, New Hampshire, Pennsylvania, Rhode Island) generally have stronger gun laws than do the five southern states that made up 'the south' during colonial days (Georgia, Maryland, North Carolina, South Carolina, Virginia). It is also noteworthy that other slave-owning states, such as Alabama, Louisiana, Mississippi, and West Virginia, score as having very weak gun laws.

On top of this trend for traditionally slave-owning states to have lax gun laws, there is an extremely strong relationship between the strength of the gun laws in a state and the rate of gun-related deaths in that state: States with stronger gun laws have fewer gun-related deaths.

Simple though it may be, the most important philosophical premise for me is that *people can think*. Without thinking, people cannot change or respect otherness. The notion that people can think equips me to push myself to think and to help others think. Developing minds that can stretch, reach and expand offers potential hope. In its broadest and deepest sense, it serves the purpose for me, as philosophically I can believe that this is what I am commissioned to do in my work. The effort it takes to claim at least some of our own minds so that we can feel, experience, question, learn, be curious and, where needed, have meaningful thought provoking discussions that may help us solve complex problems. As a relational psychotherapist, I do what I can to help people metabolise,

mentalise and relate. Without this ability, people cannot think well as fear, hatred and unprocessed loss floods our psychic systems. Writing as a relational, social and political psychotherapist, it is our capacity to think in the fullest sense that offers me hope.

5 | PEOPLE CAN CHANGE

Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that. (Luther King Jr., 1963)

People can change is a direct message of optimism; one that is reflected in transactional analysis as a body of theory with much investment in hope. We need to hang on to the light of change in times of despair which was hard to do as I watched the political demise of the kind of democracy I can believe in (within the United States, the United Kingdom and other following countries) across the globe in recent years. At the time of composing these premises, the political climate had similarities and differences. Transactional analysis was situated in the liberal state of California, the civil rights movement was happening and there was a movement of growing international liberalism. It was into this era that I was born and perhaps that says something of my personal draw to political forms of liberation.

Much as I am the same as the politically engaged teenager marching against racism in the United Kingdom in the 1970s, I am also changed. I waver and swing much more between hope and despair. I see the magnitude of our systemic organisation of economic and global power, and recognise that as individuals we cannot challenge the scale and complexity of this without collective action. Even if a collective uprising was possible, I struggle to believe that there will be enough restructuring and change for a greener, safer, kinder and more egalitarian world. It seems to me that the people and institutions that hold power do their best to hang on to it and it takes one mighty revolution, like the civil rights movement, to effect meaningful change. The process of change can be slow, the process of recovery from trauma long and arduous—nonetheless, we cannot 'not' believe. From our consultation rooms to the streets, we see people expand and flex their mind, we see the processes of oppression and deception being challenged. It can only happen through relationships, collaboration and at times mutual pain. As a psychotherapist, if I believe in recovery, I have to believe that psychological change is possible. It is probably true I feel more confident in this in my consulting room than I do as a citizen. As a citizen, I feel more in touch with the magnitude of systemic power, the sustenance and dependency on capitalism, and the repetition of traumatic dynamics as I watch the news items on the death of George Floyd and the ensuing fury that has erupted. My learning, as a psychotherapist, is that psychological change needs a context and mental health is a systemic issue.

6 | TRANSACTIONAL ANALYSIS TODAY

We will not create change without getting our hands dirty, our pride bruised, our frames of reference shaken. (Cornell, 2018, p. 109)

Earlier in this article I referred to the eclectic nature of transactional analysis. The simplicity of our terms and language was in part a rebellion against the use of enigmatic language and elitism within psychoanalytical quarters. I almost hear the cry from my professional ancestors, 'let the people understand!' The capacity our pioneers had, to portray complexity simply and clearly, has been invaluable socially, institutionally and clinically. It meant people from all walks of life can be attracted to transactional analysis, can use it to help their understanding of their minds and the relationships. This legacy has also been a source of frustration. It has facilitated a myth that transactional analysis is superficial, is all about 'parent, adult and child' and 'I'm OK/You're OK'. In the United Kingdom health

care system (the National Health Service), it is not a recognisable treatment for mental health. Amongst other professionals, who have caught aspects of the ideas, it can sometimes be seen as over simplistic and cognitive. Thus, the original scripting process that led Berne to leave the analytical community, feeling unappreciated and misunderstood, continues.

Since Berne's day, transactional analysis has expanded the core models to keep it relevant with the times, with scientific developments as well as developments in the clinical field. Drawing from psychoanalysis, there is an emphasis on the goal of awareness and insight through reaching the unconscious via transference and dreams (see e.g., Blackstone, 1993; Bowater, 2003; Moiso, 1985; Novellino, 2005). There has been an integrative movement interested in self psychology and the importance of empathy and attunement. The range of writers within an integrative tradition, include Barbara Clark (1991), Petruska Clarkson (1993) and Richard Erskine (1993). There has been the innovative launch of co-creative transactional analysis (Summers & Tudor, 2000, 2015), drawing on mutual conscious and unconscious influence and bringing together psychodynamic, political and person centred perspectives in transactional analysis. Contemporary transactional analysis is also influenced by the relational movement in psychoanalysis and, here, has been compelled by depth in understanding subjective and unconscious relating with a focus on transference and countertransference (see e.g., Hargaden & Sills, 2002).

There is another movement emerging within our field—that of context. Back to socio/political roots, transactional analysis is finding ways to think and write about the concerns of our time and the psychological and social responses (e.g., Minikin, 2018; Cornell, 2018). In terms of my identity as a transactional analyst, I have learnt in the tradition of relational psychotherapy and developed a political and psychodynamic leaning as psychotherapist, supervisor and trainer. This growth has been important development for me in metabolising and accounting for a personal history and legacy that takes on new meanings and purpose.

7 | CONCLUSION

Transactional analysis is an integrative therapy that has needed to open its doors to other modalities, contribute to them and mostly learn from them. It has been available to learn from both humanistic and psychoanalytical camps. It has been at risk of being eclectic and so has experienced an ongoing struggle with identity. The three philosophical premises are potentially meaningful and important. However, in leaning towards clarity and universality, we have risked becoming superficial. For these premises to stand up to the spirit in which they were formulated, they need to be thought and talked about with the complexity and depth to which this body of theory was born.

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How to cite this article: Minikin K. Transactional analysis and our philosophical premises: 70 years on. *Psychother Politics Int*. 2020;18:e1563. <https://doi.org/10.1002/ppi.1563>

COVID-19, political communication, and public health: A Transactional Analysis perspective

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Abstract

The article discusses aspects of political communication during the COVID-19 pandemic, analysing it from the point of view of Transactional Analysis, and in particular, in the light of the so-called *transactional analysis philosophical assumptions*, transactional analysis *proper* and Claude Steiner's reflections on power. Using examples and an analysis of the literature, the article aims to show how sometimes political communication seems to be guided by hidden motivations that serve the purposes of power of some political representatives rather than the common good. In these cases, it denies the philosophical assumptions and determines negative effects on the health of citizens. Loyal Adult-Adult communication appears to be the most promising both to promote the Transactional Analysis philosophical assumptions and to address the direct and indirect consequences of the pandemic on population health.

KEYWORDS

COVID-19, philosophical assumptions, political communication, power, public health, transactional analysis

1 | INTRODUCTION AND LIMITATIONS

When, after the outbreak of the epidemic, my country asked for volunteer doctors to meet the needs of hospitals, I thought about offering myself. I liked the idea of returning to the front line, as when I was a young doctor in Africa, in the Civil Protection, in the Alpine Rescue... Fortunately, a little wisdom soon prevailed: a psychiatrist over 60 who offered to intubate serious patients was really too much, even for a specialist in a field to which there is some prejudice of bizarre.

So I sat down in the place that belongs to me, in the rear; and I found that it was an excellent observation point to reflect relatively calmly on what was happening—a calm that colleagues on the front line probably could not afford. A first observation was that there has not been, and there is not only, the virus in my country and in the world; that is, people continue to get sick and die, especially for other causes. That personal confinement measures are also a significant pathogen. That relevant sections of the population suffer more than others, and among these are the poorest and the immigrants. And, above all, that these previous considerations have been largely forgotten because public communication (especially political) as a whole was not, in my opinion, up to the situation. Transactional Analysis can help us to understand and describe what happened, and its consequences.

In talking about political communication and public health, I must confess that I feel uncomfortable. It is about doing something very different than what I am used to: writing an article relying on poor literature, and largely unscientific. This depends on several elements including the fact that as I write—May 2020—we are still in the epidemic (albeit at different levels of evolution in different countries of the world), the scientific literature is scarce and the studies are based on generally very small samples. In addition, most of the information I have to take from the unscientific press, newspapers, television and public sources. Moreover, the references are necessarily mainly from my country of Italy—both because I usually read Italian newspapers, and because Italy was the first democratic country and with sufficiently transparent information to have been affected by the epidemic. Finally, experience teaches that writing in the immediacy of events often leads to a loss of perspectives, to giving excessive value to some aspects and too little to others. However, it seems to me that even with these not negligible limitations, some observations of general value can be made.

In this article, I will refer to some applications of transactional analysis in social studies, with special attention Claude Steiner (1971, 1981/2004), who has particularly dealt with politics and transactional analysis, and focussing on the philosophical assumptions of transactional, derived from Berne (1966) and Stewart and Joines (1987).

Next, I will consider examples of political communication during the first phase of the COVID-19 epidemic, highlighting how it was presumably driven by hidden motivations, which had probably to do with the purposes of power of some politicians, much more than with the aim of fighting the pandemic. I will do so by analysing transactions in political communication, following the ideas of Steiner (1981/2004), according to which transactions have political consequences and usually messages have a metacommunicative level (i.e., a message about the message).

The article will then underline how a parental communication aimed at frightening citizens could have harmful effects on mental and physical health, and how humanity has never stopped looking for scapegoats for their collective suffering. I will conclude by arguing that honouring the philosophical assumptions of transactional analysis is not just a clinical question, but, if applied to politics, can be a means of protecting the health of populations.

2 | TRANSACTIONAL ANALYSIS AND POLITICAL COMMUNICATION

I wish to share my reflections using some theoretical-practical concepts of transactional analysis, because transactional analysis has a long history of application to social analysis, with specific attention to its cross-cultural value which is a not negligible aspect during a pandemic.

From the very beginning of his research and theoretical production, Eric Berne paid great attention to the cross-cultural application of the principles he was describing. He travelled throughout his professional life, from a very young age, to study psychiatric treatments in many countries of the world, always with a careful attention to the sociology of the countries he was visiting. Not by chance, he wrote in the presentation of his first book of Transactional Analysis:

The writer has had the privilege of visiting mental hospitals in about thirty different countries in Europe, Asia, Africa, and the islands of the Atlantic and Pacific, and has taken the opportunity of testing the principles of

structural analysis in various racial and cultural settings. Their precision and predictive value have stood up rather well under particularly rigorous conditions requiring the services of interpreters to reach people of very exotic mentalities (Berne, 1961, p. 11).

This cross-cultural focus seems useful in analysing political communication during a disease spread across all continents.

Claude Steiner has been one of the earliest and closest pupils of Eric Berne, and probably the most engaged in the social and political fields. Since 1971, Steiner began to apply key concepts of Transactional Analysis in understanding political and social dynamics. Starting from the theoretical works of Reich and Marcuse, Steiner (1971) underlined how a negative stroke economy was functional to the capitalistic socio-economic system and, in particular, to the manipulation of the masses through advertising. In my vision, manipulation has been a relevant aspect of the political communication during the COVID-19 pandemic.

Later, Steiner (1981/2004) devoted much attention to power, in the book *'The Other Side of Power'* which he described as control over others and emphasised how politics is the study of power. Although Steiner devoted ample space to describing how power struggles are a typical issue of human relations, in this article I will consider power only as a means of controlling the masses. One of the key aspects of Steiner's book is the analysis of the reasons why we accept the control of others. He writes:

It takes more energy and skill than most of us have to challenge, ask questions, question authority, refuse to go along, openly criticize what everyone around is doing and defend our rights. We don't want to risk what we have by angering powerful people. To be disruptive and stubborn is difficult and frightening. Instead, we go along quietly and we 'cooperate', which, in this case, really means that we obey (Steiner, 1981/2004, p. 18).

It is not difficult to see how these behaviours are linked to fear. For this reason, political communication often focuses on frightening citizens. However, Steiner emphasised his belief that it is possible to be powerful without abusing power: according to him, the study of power must have this purpose.

Another aspect I wish to consider is what we call philosophical assumptions of Transactional Analysis. The so-called philosophical assumptions were defined as follows by Stewart and Joines (1987, p. 6):

People are OK: every person has equal value and dignity, the same rights and duties and must be in a position to enjoy them. This is a principle on which the United Nations declaration of human rights, and the constitutions of democratic countries are based. As we will see, this principle is not always honoured, and the consequences can be negative for health and human dignity.

Everyone has the capacity to think: however difficult life conditions may be, every human being has the ability to think, and in order to exercise it they have the right to have accurate information. If they are deceived, their ability to think is not reduced, even if the conclusions they arrive at may be wrong.

People decide their own destiny, and these decisions can be changed: under similar social conditions, humans can choose to act in very different ways. Even in conditions of poverty and social exclusion they often choose very different behaviours. The ability to make decisions does not mean that they choose well, but that at any moment they are able to make decisions for their own existence, sometimes with a wide choice, sometimes very limited. But even in this regard, they have a right to reliable information.

These assumptions were largely derived from Berne's writings, and in particular from his book *'Principles of Group Treatment'* (1966). They are principles in which transactional analysts identify themselves and are more than an ethical guide; in fact, the practice of Transactional Analysis is also based on them.

Finally, I will consider Transactional Analysis communication theory, based on what we call transactional analysis *proper*; that is, the analysis of specific transactions (the basic units of communication, or rather of the social intercourse, according to the definition by Berne, 1964).

It is appropriate to remember that Berne developed, from the 1950s onwards, Transactional Analysis with the aim of treating people effectively and quickly. That is, it was designed for health. I hope to show how political communication, acting contrary to philosophical assumptions and the criteria of healthy Transactional Analysis communication, has produced harmful effects on human health, creating a kind of *experimentum naturae* (natural experiment) which indirectly confirms the value of the principles of Transactional Analysis.

3 | POLITICAL COMMUNICATION AND HIDDEN MOTIVATIONS

To begin with, we can say that in the course of the COVID-19 pandemic, we have heard all sort of mischief. In the United States, in the first period of the epidemic, a well-known clinician, 'Dr.' Trump, seems to have suggested an innovative therapy consisting of the intravenous infusion of disinfectants (Alcohol? Bleach? It has not been specified); the reasons why the colleague did not apply this promising clinical strategy to himself first are unknown. In Italy, a fallen politician, until the previous summer with important ministerial positions, changed his mind in a sparkling way, going from demanding the total lockdown of the country, to its total reopening, to a new lockdown and so on every few days, in reaction opposite to what the government decided. The Prime Minister of the United Kingdom, in one of his first speeches on the subject, communicated to the population, with some apparent empathy, to be ready for the sad death of many loved ones, without adding much else.

Things of dubious utility in the public management of the pandemic.

The fact is that in many countries, including Italy, some politicians seemed to be guided by personal motivations that were different from that of fighting the epidemic.

One of the fundamental literary texts of Italy is a novel published two centuries ago, *'The Betrothed'* by Alessandro Manzoni. Just as Dante's *Divine Comedy* is reputed to be the founding act of the Italian literary language, Manzoni's novel is considered the foundation of modern Italian. All Italian girls and boys study it in their adolescence. If I talk about it here, it is because it is set in 17th-century Lombardy, during the terrible plague that upset it. The author dedicates three chapters to talk about the plague epidemic, and he does it with the depth, the psychological subtlety and the irony of the great narrator, also with the passion of the historian, who went to rigorously document himself. It is surprising to recognise in those pages, descriptions and reflections valid for the COVID-19 epidemic.

'One could ...observe, listen, compare, think, before talking. But talking, this so lonely thing, is so much easier than all that other together' (Manzoni, 1825/1960, p. 570): with these words, commenting on the behaviour of the rulers of Lombardy during the plague, Manzoni concludes chapter XXXI of *'The Betrothed'*. Political leaders in the region seemed to speak casually, without really listening to the experts who even then alerted the authorities to the first signs of the spread of the disease, and suggested appropriate interventions. Words, those of Manzoni, which could also be applied to many rulers today.

In the same chapter, the author recounts, as a partial explanation of their behaviour, how the Lombard authorities were rather distracted by other matters, in their eyes more interesting than the plague, as I do not know what war they were engaged in; and my evil mind has inevitably rushed to think about the political communication of these months.

We could make a rather long list in this regard; for example, it seems today quite well established that the Chinese authorities have disseminated information on the epidemic with great delay and have also done it in a probably very incomplete way, which has not helped the other countries to prepare themselves (Bonini et al., 2020, May 17). Why did they do it? According to the authors of the aforementioned article, it is not difficult to guess that the reasons were linked to avoiding risks to China's reputation, which hindered in particular foreign trade and international political strategies. Although it is possible that these omissions are now being exploited by opponents on the international arena, it is difficult to have doubts that fighting the pandemic and helping other countries prepare to it has not been the main concern of Chinese rulers.

It seemed that even the President of the United States has had, from the outset, different personal priorities rather than fighting the epidemic. In an election year, decisive for his confirmation in the White House, it seemed

that from the beginning he first had the fear of damaging the economy, which would certainly have happened with a severe lockdown. An economy in crisis would not have helped its re-election. So he initially minimised the danger of the virus, then delayed the lockdown measures as much as he could, then began to press to reopen everything as soon as possible. Being re-elected seemed more important than containing the virus.

In the United Kingdom, the Prime Minister had similar problems: after obtaining Brexit, he could not afford an economic crisis because his political victory depended precisely on the promises of his country's overwhelming economic success outside the European bonds. He therefore invited his fellow citizens to resign themselves to many painful losses of loved ones because there were no alternatives. The British had to get sick and achieve herd immunity; and he set a good example by not taking personal precautions. We know the sequel to the story: he fell seriously ill with COVID-19, got scared, reviewed his positions and took measures against the virus. Yet he lost about a month, was unable to take advantage of the experiences of other European nations that were affected before, and now the United Kingdom is the country that has experienced the most deaths on the European continent. However, he managed to enter the history of epidemiology, carrying out the first known experiment to pursue herd immunity starting from the herdsman.

Even in Italy, it was possible to witness numerous guerrillas, especially between regional authorities and central government, which competed to unload the blame for the difficulties on others and grab the merits of the successes: in many cases, it was evident that certain statements were intended to obtaining some miserable advantage in the eyes of the voters much more than to control the epidemic. In short, it does not seem to me that political communication in these examples followed Manzoni's advice; that is, to have '*observed, listened, compared, thought*' before talking (and acting). Or at least it was not done with the aim of treating the epidemic.

If we consider the examples cited in the light of the philosophical assumptions of Transactional Analysis, those politicians who favoured their own interests, rather than the common good, hampered citizens' *capacity to think* with false information and, therefore, their ability to *decide their own destiny*. In this, a transactional analyst sees unethical behaviour, not aimed at the well-being of individuals. It should also be said that, at least in our democratic countries, under the pressure of public opinion, the rules to defend the population from the epidemic were eventually taken, albeit often with damaging delay, and it has been a demonstration that citizens can intervene to decide their own destiny, even if those who govern hinder them.

Let me be clear that I do not want to generalise. There have been many politicians in different countries (including mine) who behaved with great sense of responsibility, who made right or wrong moves (because it was difficult to make decisions in a new situation where the experts themselves were often in contrast) but in good faith, with the aim of fighting the pandemic and protecting the health of the population.

I do not think I have bias (at least which I am aware of) against politicians. Some countries, like Germany for example, have handled the situation very well. Others, like Sweden, have had mortality rates similar to those of other European countries but with a very respectful communication and some great social successes: for example, schools and many other public, social and economic activities have always remained open. Even in my country, some courageous choices have made it possible to put Italy in conditions of safety and control of the epidemic in a reasonably short time. If I have chosen to speak of dysfunctional political communication, it is to underline its negative effects, when it conflicts with the philosophical assumptions of Transactional Analysis.

4 | PARENTAL COMMUNICATION: TERRORIZING CITIZENS

In my country, the most characteristic aspect of political communication during the pandemic was frightening the population with negative effects on public health. In this regard, I am unable to say much about what happened in other countries, because I heard the television news and I read mostly the Italian newspapers. However, I think that in many countries similar things have happened: I deduce it indirectly from a series of scientific articles that have

shown similarly negative effects on health also in the international context. I am referring to political communication to terrorize citizens.

In Italy, a plethora of policy makers and technical experts (especially virologists) have piled up on each other in the media, issuing warnings and statements in usually anxiety-inducing terms, in imperative verbs, which soon became commonplace. They threatened citizens by presenting the disease as uncontrollable and tremendous, accompanying these statements with screams and warnings of the type 'Stay home!', 'There are too many people around!' and when the clinical data began to improve 'you must not let your guard down!'. It is easy for a transactional analyst to recognise their communicative meaning: it is the way parents turn to irresponsible children.

Since the beginning of the epidemic, we Italian citizens (and probably not only us Italians) have been treated by politicians and their scientific advisors as poorly responsible children. Even the most technical communication seems to have followed a coherent strategy, aimed above all at frightening the population to keep them at home; and in my psychiatric rear, I have often witnessed the effects: anxiety, insomnia, phobias, obsessions and compulsions. In these months (and I had not imagined it), one of the most effective ways for me to be a psychiatrist has been to document carefully what was gradually being discovered on COVID-19, to offer balanced and reliable information to those who turned to me, in order to reassure about the situation.

I want to give just a few examples, among many possible, of anxiety-provoking communication. The first refers to the declaration many times repeated (also by 'experts' of the World Health Organization, reported by various media, e.g., Rainews, 2020), according to which '*there is no evidence that immunity against the virus can be reached*'; a statement variously interpreted by my patients as *you can get sick several times and we will never have a vaccine, we will never get out*. In reality, the most likely hypothesis is that the virus determines some form of immunity and would be an absolute exception if this does not happen; the first published scientific papers on the topic are also on this line (Altmann, Douek, & Boyton, 2020; Lipsitch, 2020; Long et al., 2020; Thevarajan et al., 2020). Correct and non-anxiety-inducing communication, to use our TA jargon an Adult-Adult honest transactional stimulus, would have been *immunity against the virus has not yet been demonstrated, but it is highly probable*.

Another alarming message reads: *It is by no means said that the summer and the heat will defeat the virus*, sometimes to the point of saying that *The coronavirus does not suffer from the heat* (I also heard this from some expert): here too, there is still no evidence. Rather, just taking a look at the lighter trend of the epidemic in Southeast Asian countries, with tropical climate and contacts with China much greater than the European countries, where the epidemic was violent, to suspect that the heat will give us a hand. In addition, respiratory diseases of other coronaviruses, similar to the one causing COVID-19, typically have a seasonal pattern. Correct, Adult communication could have been *it has not yet been proved that the heat will help us, but it is very probable*.

Again, heard by one of the epidemiologist advisors most listened to by the Italian Minister of Health: '*A second wave of epidemic in the autumn more than a hypothesis is a certainty*', accompanied by the opinions of many other personalities on similar tones ('*three experts say they are certain of the second wave*', '*a second peak will be much worse than the first one*' etc.). In reality, everything has to be proven. Colleagues and friends who work in the hospital tell me that the new cases that come to the emergency room after the initial period, in addition to being much less frequent than in the previous weeks, seem to present the disease in less aggressive forms, and perhaps the virus is starting to reduce its virulence, as sometimes happens in the evolutionary history of these microorganisms. Furthermore, both diagnostic and therapeutic capacities are improving all over the world. Having understood that a key aspect of pathophysiology is thromboembolic phenomena, doctors have learned to treat the disease with heparin and platelet aggregation inhibitors; treatments with anti-inflammatory and specific immunoglobulins from donors also appear to be promising. Finally, the healthcare organisation is improving and there are now effective management procedures. An Adult-Adult communication could have been *it is possible that there will be a second epidemic wave, even if it is not yet proven, and with the appropriate physical distancing procedures and what we now know about the virus we should be able to manage it well*.

I could go on. Why are these communications so anxious and alarming? Why these paternalistic tones as if we citizens were children? Infantilising the interlocutors is generally not a strategy capable of promoting autonomy. For the transactional analyst, it is not difficult to recognise typical Parent–Child transactions, and more specifically Controlling Parent–Adapted Child, in the examples of messages cited. These are transactions that do not recognise the interlocutor's (the average citizen's) OK-ness, hinder their ability to think, and make decisions for their own destiny with false information.

Public communication (from rulers, experts, advisors etc.) was largely not adultising but paternalistic, terrifying (like threatening terrible monsters to children). Unfortunately, it also seems to infect us; when I exchange these opinions with some friends, sometimes I hear my friends reply '*Marco, they are not all like you and me, there are also many people who are not responsible*'—a devaluing and perhaps in turn childish consideration, like children who complain of being punished for the bad behaviour of siblings or schoolmates.

I do not believe that we, the citizens, are not responsible. Among my compatriots are the doctors and nurses in the front line (and we too from the rear) who worked with self-sacrifice and generosity, the cashiers and the other workers of the supermarkets who made sure that we did not lack necessities, the teachers who have made the effort to maintain online contacts with students in an unexpected situation, the drivers of buses and logistics, the people who work in the garbage and who keep my city clean and tidy, and many others. All admirably responsible people, who have done and do their duty scrupulously amid a thousand difficulties. Together with them, there are many of my compatriots who in these difficult days have doubled their commitment in voluntary organizations to help people in difficulty. Not everyone will have lived up to the situation, out of 60 million inhabitants, and certainly some irresponsible will not fail. But the vast majority of citizens have shown discipline, self-denial and humanity at the same time. It is one of the reasons why the epidemic has been put under control quickly. I am proud of it. We deserve to be treated with confidence as adults.

If someone asked us who behaved as a responsible adult, having to choose among these millions of citizens on the one hand and on the other hand the rulers who speak and act following their hidden political motivations, of which we spoke earlier, we would not have many doubts. However, those who in certain situations and contexts have managed the epidemic badly are among those who scream threateningly against us. I think it is appropriate to say, as in the fairy tale, that '*the king is undressed*', and that the responsible people are the millions of citizens who do their duty every day, and deserve to be treated with respect.

As regards specifically the reality of Italy (and I apologise, as anticipated, for the inevitable limitation of my point of observation), I want to report the words of the journalist Alessandro Barbano (2020, April 29) in a newspaper during the pandemic: the choice to manage the situation with what we call P-C transactions.

is based on the belief that Italians are an anarchist people and disobedient to the rules. It is an old and illiberal prejudice, and like all prejudices without foundation, even if rooted in common sense. Above all, a part of the ruling class believes in it, accustomed to living in privilege and therefore projecting it, erroneously, into collective behavior.

One could not say better, and in the political communication during the pandemic we have had continuous evidence of it. Barbano concluded with these words: '*against the permanent risk of an infection we have no other means than this secular and liberal virtue: trust. Trust or authoritarianism, trust or centralism, trust or uncompromising moralism, trust or depression*'.

Although I understand the difficulty of governing a country in these conditions, it seems inevitable to me to find, in comparison with a certain political communication, serious and reliable my fellow citizens.

I strongly suspect that these considerations are not valid only for my country, as the British writer Ian McEwan (2020, April 25), in an article dedicated to the epidemic entitled '*The strange vocabulary of coronavirus*' wrote in April 2020: '*the institutional habit of treating voters like children dies hard*'. However, if I make these considerations, it is not for theoretical principles, for an abstract adherence to the philosophical assumptions of Transactional Analysis, but

because they have effects on health, which we see well in the rear, starting with our patients who have cancelled their diagnostic tests, visits to specialist and so on. The impact on those suffering from chronic diseases has been intense (Mehrotra et al. 2020), and the fact that similar observations have been published in the international medical literature suggest to me that what I have described is not only an Italian issue.

But the matter is even more serious; in fact, it is not limited only to neglected chronic pathologies. The main Cardiology Institute in Milan (Centro Cardiologico Monzino, 2020) has communicated that during confinement, mortality from myocardial infarction in the city has tripled, and at the same time, they have reduced interventional cardiology procedures by 40%, because patients frightened by the danger of the virus called for help too late. Similar observations were reported in an interview with Professor Indolfi, president of the Italian Society of Cardiology (Franzellitti, 2020). Terrorizing citizens, not communicating with honesty and respect, also leads to avoidable deaths. Heart attacks are more dangerous than the virus.

In oncology, similar things seem to have happened. Colleagues tell me that in addition to the delays accumulated, due to the fact that many hospitals have suspended their normal activities, patients on the list for urgent oncological interventions refuse hospitalisation for fear of becoming infected by COVID-19 in the hospital. The harmful results of these attitudes are not easily identifiable as in cardiology, because they can only be verified over time. However, cancer is also often more dangerous than the virus and the alarm is well present in the international scientific press (Van de Haar et al., 2020).

We citizens have the right to demand to be treated as adults with respect, because an anxiety-provoking communication increases the likelihood of non expected deaths. Betraying the philosophical assumptions of Transactional Analysis is bad for the health and can be counted in casualties. What has already been measured in cardiology, which is beginning to be observed in oncology, is, however, true for a great deal of other medical specialties: everything must not disappear before the virus.

As for psychiatry, then, the issue is as serious as neglected. Mental health must be part of the management of health emergencies (The Lancet Psychiatry, 2020), and public communication must take this into account, without unnecessary alarmism (WHO Europe, 2020; Yao et al. 2020), because social distancing and isolation are risk factors for mental health for which specific interventions are needed (Beaney et al. 2020; Zhang et al. 2020) and, in general, the impact of COVID-19 can be intense on psychiatric patients and requires defined guidelines (Luykx et al. 2020).

A group of 42 international experts published a study documenting the risk of a substantial increase in suicides in the population as a consequence of the pandemic, signalling that one of the main causes is *irresponsible public communication* (Garfin et al. 2020; Gunnell et al., 2020). Along the same lines, an article in the *Annals of Internal Medicine* (Mannix et al. 2020) and one in *JAMA Psychiatry* (Reger et al. 2020) warn against similar risks. All these jobs call for urgent interventions to prevent suicides.

In my country, which has been the first to be affected among democratic countries, early psychiatric research shows that the Italian population is already suffering from the pandemic (De Girolamo et al., 2020; Rossi et al., 2020), with particularly high prevalence of anxiety disorders, post-traumatic stress symptoms, depression and insomnia: my daily experience is consistent. It is also worth adding that there is no mental health separate from physical health: the two are intimately linked, both as a general rule and specifically during catastrophic events such as a pandemic, because mental health partly conditions physical health, influencing, for example, the risk of infections and lung diseases (Seminog & Goldacre, 2013). Hence, why it profoundly influences patients' behaviours and their adherence to therapies (Sartorius, 2013).

As Steiner (2004) has explained, the main tool for infantilising citizens is fear. Scare them: parents who scare children. Understandably, the instinctive response to a Parent-Child transactional stimulus is Child-Parent, in most cases with an over-adaptation (obeying the injunction not to go out to the point of not going to the emergency room with a heart attack) or with rebellion, and there was no lack of examples in many countries: rebellion against the rules, denials of the existence of the virus and so on. Threatening and irresponsible public communication are dangerous, treating us as children is not only offensive: it is damaging, as

it causes avoidable casualties. Betraying the philosophical assumptions of Transactional Analysis is bad for our health.

5 | SCAPEGOATS

In the tradition of pestilences, at least since the Middle Ages, there has been the threatening figure of the *plague spreader*. They were called '*untori*' in Italian, which means '*greaser*' because they were thought to grease with mysterious substances capable of spreading the plague; for example, the doors of the houses causing infection in the unfortunate inhabitants. Obviously, it was not true. But humanity needed to find scapegoats against which to vent its sense of helplessness in the face of the epidemic.

Our time is no exception. The scapegoat is an ancient Jewish tradition: on the day of Kippur, that of the atonement of sins, the priests symbolically charged a goat of all the sins of the people and sent it away to the desert. In the face of the COVID-19 epidemic, many, especially among the rulers, felt the need to find someone to blame for the sin of spreading the disease, in order to release tension. In Italy, the scapegoat of the epidemic has been originally the Chinese immigrant community; there has been some act of racism (without physical violence, fortunately) and the president of an important region has come to declare '*we all have seen the Chinese eat live mice*'. The President of the United States has long continued to call the coronavirus '*the Chinese virus*' and many have used racist terminology and commentary. It is likely, as we have seen, that China has responsibility for spreading the epidemic, and for this, it must be called upon to respond. But racism is another thing, and it is not acceptable. In Italy, the Chinese community has behaved impeccably and soon ceased to be considered a *plague spreader*.

Paradoxically, the role of the *plague spreaders* soon passed to us Italians in Europe. In Italy, however, there have been two successive epidemic waves: in the first, the *plague spreader* was the runners; and in the next, that of the end of May 2020, the young people and their 'bad' habit of meeting friends. But always, subtly, a constant suspicion turned to immigrants, accused of falling ill much less than the Italians, and therefore probably with some hidden responsibility connected with the disease. In fact, the incidence of COVID-19 among immigrants was about half of the Italian population (Istituto Superiore di Sanità, 2020), and lethality (percentage of sick people who died) was much lower (Silvestri et al. 2020). However, the explanation is simple, immigrant people are on average much younger and healthier than the Italian population.

Despite this reassuring situation, the Italian government has hurried to declare Italian ports unsafe, refusing to land for refugees rescued by humanitarian ships in the Mediterranean Sea—as if Libya was safer, with its tortures, rapes and murders, than the Italian ports. During the epidemic, two humanitarian ships that had transported refugees saved to the high seas to the Italian coast were barred from landing for a long time. Then it was allowed to transfer people for quarantine on board a ship prepared as needed, revealing hypocrisy: if really the problem was to protect refugees, why keep them in those difficult conditions? The truth was that every effort was made not to let them go ashore. Of course, no COVID-19 cases were among them. At that time, the epidemic was in Italy, not in Africa!

Even in this regard, it seems that attitudes in other countries have not been different: the President of the United States, when his country had become the one where the epidemic was most widespread in the world, decided to completely block immigration, while from a strictly epidemiological point of view, the most logical thing would have been to close the country's borders to those who wanted to leave, that is, emigration, not immigration. And the United Kingdom government has also decided to apply an incoming quarantine, at a time when the country had become the main outbreak of contagion in Europe.

It seems that immigrants are always the danger, the threat. Yet, in an era of epidemic, taking it out on immigrants is not a good idea because there is a strong risk that, especially the undocumented ones, frightened by negative attitudes towards them, will hide and escape health checks. Having a part of the population outside of any epidemiological surveillance is dangerous. Also, in this case, bad communication that does not respect the

philosophical assumptions of Transactional Analysis, and that is based on prejudices (i.e., on areas of parental contamination on the Adult Ego State), hurts and can seriously damage health because it leads to political behaviours not appropriate for the management of an epidemic.

6 | CONCLUSIONS

The fear of the virus, artfully expanded by public communication, seems to become a social disease itself, capable of damaging perhaps more than the virus. The epidemic will go away. The pain will remain for those who passed away, those who died of the virus, those who died from other diseases, untreated for fear of the virus. And the economic crisis will remain, with its consequences for health, because poverty is one of the main health risk factors, increasing morbidity and mortality in the population.

We transactional analysts believe we have an effective compass, made up of three principles: *People are OK; Everyone has the capacity to think; People decide their own destiny and these decisions can be changed.* They express the idea of human dignity, the dignity of every single human being, and the absolute value of each of us. The motto of a Scientific Society to which I am honoured to belong, the Italian Society of Migration Medicine, reads in Latin: *Dignitas in salute, Salus in dignitate*, which means *Dignity in health, health in dignity*.

In this historical moment, there should not be only the virus and there should not be only the bad political communication that tries to take advantage of it: we need good communication, correct information, respect for rights and thoughts capable of daring. We need the philosophical assumptions of Transactional Analysis, which protect and promote health.

In a word, we need human dignity.

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How to cite this article: Mazzetti M. COVID-19, political communication, and public health: A Transactional Analysis perspective. *Psychother Politics Int.* 2020;18:e1562. <https://doi.org/10.1002/ppi.1562>

Psychotherapy in the time of COVID-19 (psychotherapy changes shape and steps forward)

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Abstract

In this article, I articulate the challenges and reshaping that the global pandemic has brought to the practice and ethics of a relational transactional analysis psychotherapy. I describe the interweave of political, social and psychosocial contexts which have led to life-threatening emergencies within a society in which inequalities are endemic; and link the impact of these contexts to a relational transactional analysis practice using, as a compass, features of classical transactional analysis, radical psychiatry and feminist thought. I outline an approach to the work which accounts for the life-changing impact of the pandemic, which I call 'the COVID Third'. Speaking from the experience of COVID-19 in the United Kingdom, I imagine, other countries will have experienced different political situations but have associated emotional personal responses which are brought to psychotherapy.

1 | A NOTE ABOUT WRITING STYLE

I write, in part, in a personal voice which echoes an autoethnographic style, whereby I try to connect the personal, cultural, the social and the political within a relational psychotherapy practice (Ellis, 2004). Also, it happens to be a woman's voice. I write to uncover, better put, create myself and what I think, accounting for the phenomenological aspect of writing as I step into the space, inhabit and make contact with the subject that I am fully part of and marooned in, the pandemic.

I respectfully hold in mind the philosophies of feminist Helene Cixous (Cixous et al., 1976), and her ideas of 'Écriture Feminine' which challenged a traditional structured writing—what she saw as a masculine gendered use of language in writing. An autoethnographic and feminist frame values the dimension of writing the 'I' and is close to

the feminist tradition of narrative and storytelling. Women's writing has historically posed certain difficulties concerning how, as therapists, we write about our practice; and indeed, practice from the position of being in the work and environment as distinct from being on the outside.

Politically speaking, this style may sit outside and exist on the margins of a frame that devalues a self-disclosing autoethnographic atmosphere, departing as it does from the traditional expectations, orthodoxy and conventions of say academic writing—a political act itself. This structure breaks the taboos of being over involved, of too much self-disclosure, of breaking boundaries, of being self-absorbed, of losing therapeutic distance. In other words, the therapist as a human being. It exposes the very power dynamics which are embedded in the subject I am writing about in this essay.

Psychotherapy and Politics International devoted its last edition to these problems, and a quote from its guest editor, Deborah Lee, illustrates the point of therapist writing of their work as a human being rather than 'expert'. Also writing in the time of COVID, Lee (2020) commented:

perhaps there is no better time than at arguably the worst of times to offer a collection which clearly position therapists as human beings and to present doing so as a political act for our times. To set to rest once and for all maybe, notions that therapists who write the self are naive, troubled souls unethically oversharing as they struggle with difficult and unusual lives.

As I begin to write, Lee's words are like sweet music.

2 | THE POLITICAL CONTEXT

We're all in this together. (A common, contemporary political slogan)

One of the most dramatic and truly shocking features of COVID-19 in the United Kingdom is the inequalities which have been revealed as the pandemic takes its course. At the time of writing, the vast majority of the United Kingdom citizens who succumbed and are succumbing to the virus were Black, Asian, Minority Ethnic (BAME), the old, those economically disadvantaged, and low-paid, unskilled workers, mostly women (i.e., supermarket shelf fillers and check out staff, care workers, refuse collectors and hospital cleaners). These workers, the 'non-shiny' if one looks at it from a neoliberal status driven frame, are the bones—the workforce and the very foundation which maintains the infrastructure of the United Kingdom.

There are a number of understandings of what neoliberalism actually stands for but, in brief, it may be defined as an overarching political, economically driven ethos and now phenomenon, which enables governments to turn away from state directed or supported economic planning, or social care intervention or responsibility; instead, implementing and encouraging a free and competitive market economy which at its height reached into every corner of human activity. Neoliberalism emerged from the mind and government of Margaret Thatcher and, unsurprisingly, has a moral and value driven imperative. It seeks to encourage and empower individuals to see themselves as entrepreneurs having a stake in the wealth of the nation by their own efforts and risk taking, rather than wage earners; being set free from the 'nanny state' to make their own way in life by their own efforts. This ideology gave rise to Thatcher's now notorious assertion and to some often misunderstood, that 'there is no such thing as society' (Keay, 1987). However, what might have been at one point a compelling common sense everyday logic of everyone having an equal stake, share, and responsibility for others in society, is now a distortion of that once difficult to argue with 'I'm OK, You're OK' philosophy in the advanced neoliberal frame of reference.

It is easy to see how today's lived reality of COVID illustrates the embedded systemic inequalities and, all too clearly, how those who I refer to as non-shiny would not flourish there. Part of neoliberal economic policy is 'austerity' and reduction in public spending. First in a line of public services which have been pared to the bone are

the National Health Service (NHS), and the social care system for older citizens and the socially deprived, which is itself on life support because of vicious cuts in public spending since 2010. The consequences of the cuts to the basic health and safety needs of the population is now all too obvious—the system is barely equipped to fulfil the job it was created to do by a Labour administration in 1948.

Those paying the price for saving lives with their own are suddenly but conveniently, and with barely disguised Machiavellian instincts, transformed by government rhetoric into Florence Nightingales. Despite accounting for just 20% of NHS staff, 94% of doctors and 71% of nurses who have died from COVID-19 were BAME. They are now essential key workers, rather than as 2 years before labelled black, foreign or scroungers who were, by definition, a drain on the British way of life. An example is that of nurses whose pay increases were voted down in the very parliament which now praises and literally applauds them as heroes. Whilst those who were here legitimately as refugees or EU citizens, who were made to feel unwelcome and so went home, are now called back to fill essential jobs (e.g., working in agriculture to save rotting crops from spoiling). In the midst of the lockdown, it became obvious that the United Kingdom government had been ill-prepared, slow to respond and lied about its response capabilities and forward planning. As a result, the United Kingdom is on course to be the least-prepared country in Europe, if not the world; its death rate second only to the United States (percentage wise).

It became equally clear that many people would die as much from this unpreparedness as the disease itself. Political spin, rhetoric, sought to tell a different story of fighting as one nation, of pulling together, taking the fight to the enemy. Slogans generated by politicians' advisers openly manipulated the British public's goodwill and wish to have faith in its leaders to see them through what some have named the worst global disaster since World War II (if one takes a western-centric view). This culturally driven familiar misplaced pride and patriotism brought cold comfort in the face of hollow promises and statements and barely disguised political power safeguarding. These genuine sentiments last mobilised and sent into psychological battle as well as actual war in the two World Wars are now hijacked, exhumed and their emotional integrity exploited by present day neoliberalism. A cathected collective trans-generational cultural ego state echoes the war years in uncanny parallel. Like a religion.

Across the world, the rise of the popular right in recent decades revealed a similar story, the only countries with higher death rates than the United Kingdom are the United States and Brazil where negligent and morally absent leaders have steadfastly refused to grasp the seriousness of the pandemic, have denied its existence much akin to climate change deniers. The driving force behind this discounting process being the economy, monetary profit and remaining in power. The go-it-alone mindset of 'Little Englanders'—defined as 'an English person who thinks England is better than all other countries, and that England should only work together with other countries when there is an advantage for England to do so' (Cambridge English Dictionary, 2020)—their ebullience, entitled, racist, xenophobic instincts previously held in check, once more emboldened since Brexit and a landslide election victory for right wing politics, acts as a stage for this recent barefaced insouciant hubris.

Thus, what might be seen as grandiose national narcissism, faces exposure and humiliation for what it is, empty and careless, in the face of other countries' responses, care of their citizens, and lower death rates. Mortifying, were it not for another feature of this crisis, the twin of grandiosity, dissociation or in transactional analysis parlance, discounting. Sitting as I am in the United Kingdom in early May amazingly, and showing the effectiveness of this 'opium', is the staggering statistic that the government's approval rating is over 50% specifically in the handling of the pandemic. That may change as the year wears on.

3 | THE PSYCHOLOGICAL IMPACT

We've only got ourselves to blame.

The most heart-breaking feature of the government's downplaying response to the pandemic which sits within these unequal class, race and economic divisions is, unsurprisingly, the personal human cost. As the playing of

citizens continues, 'others' are paying with their lives at worst and at best are losing careers, employment and future hopes. The vulnerability brought by an unfair social structure which was meant to hold and reassure, either through inability or negligence, is echoed in an internal response. Social collapse brings internal psychological collapse.

Mental health is stretched beyond breaking point and shows up in this context as loss, loneliness, trauma, depression, psychosis, vulnerability, anxiety, violence, suicide, delinquency, fear and abandonment. I could continue until this list included every facet of mental disturbance. For example, to cite just one aspect of this life-altering scenario, the mental anguish brought by enforced isolation, of dying alone and knowing ones loved ones are dying alone or in the hands of strangers, though kind and willing souls, themselves dangerously exposed, is nigh on unbearable.

In my experience, the features of this suffering and traumatic loss give rise to a particular and complex grief. Mingled with ordinary everyday loss and grief that predictable death brings is the unbearable unfairness, arising from a discriminating culture. It brings an embodied grief, coupled with the sickening knowing that if one lived, for example, in New Zealand or South Korea, one would survive. Similarly, structural racism sees black and ethnic minorities bear the majority of deaths, from black doctors to BAME care workers, who have little choice other than to turn up to work. A grief which sticks in the craw, wrenches the guts, so as to make one scream with rage at the waste, of lives squandered, not valued, and the heartbreak of powerlessness in the face of avoidable unfairness.

These levels of psycho-social consequences are seen by many as bordering on the criminal. Susie Orbach, feminist and relational psychotherapist, wrote in a national newspaper on how the state has functioned or rather not functioned during the 4 years running up to this pandemic, failing to take the precautionary measures when in full possession of reliable warnings of an impending and likely pandemic as long ago as 2016. The inevitable consequences, the unnecessary deaths of many people (Orbach, 2020).

Emblematic of these exploitative contradictory polarities and paradoxes which give rise to this complex grief is the story of Tom Moore, a one-time soldier who has raised the staggering sum of £33 million for the run down health services by walking round his garden on his walker 100 times in recognition of his hundredth birthday. Overlooking the fact that the NHS should have been properly publicly funded in the first place, at a personal level his walk is remarkable and kind. Typically, heroic of his wartime generation, he has been promoted to the honorary rank of colonel, given the freedom of the city of London, and knighted.

But a rebarbative tang diminishes the sincerity of this effort and our unalloyed celebration, as we are all cynically played by political opportunism. Because, at the same moment of Moore's endeavours, people of his generation are dying in huge numbers in care homes, their only abode, from COVID-19. Discharged in their many thousands by ill-equipped hospitals without the vital testing required to trace the virus, they are cared for by low-paid workers who have brought the virus to them by not having the protective personal equipment, long promised but not provided thus far by the health service management. Their deaths are overwhelmingly psychologically if not actually lonely, isolated; their funerals non-existent in any recognisable manner, functional, and unaccompanied. Their relatives unable to bid farewell, traumatised forever. Were it no so serious it would be snortingly risible.

As well as the emotional disturbances and the deep and lasting traumas of the complex grief I have named, no doubt, at some point in the future, will come the personal and collective outrage. It calls out of us a different loss reaction and expression of the complex grief I referred to earlier, making it disingenuous to grieve politely and mourn with quiet contained dignity and surrender in such an unacceptable avoidable situation. Recently the Archbishop of Canterbury reminded the United Kingdom of the need to lament—'a passionate expression of grief and sorrow' (Welby, 2020)—to cry, to rend one's garments and call to heaven in noisy, messy, wet, protesting prayer at the pity and powerlessness of such inequalities as well as the silent killer, COVID-19.

The avoidance of the pain, of this shadow in society, and our psychotherapy practice, is perhaps a reason and makes clearer the mysterious cyclical phenomenon of some people. Many of us are finding a blissfully renewed happiness, a phenomenological ego-state experience of childhood enjoying lockdown life, albeit wearing Pollyanna spectacles, pretty dresses and short pants. Only later to be plunged into apocalyptic despair and dread as is often

the case with dissociative processes. Many of us, myself included, have times of calm safe contentment, a polarised experience, finding a peace and a genuine comfort in others' kindnesses and being kind ourselves, and a slower pace of life reminiscent of the past which has been absent in pre-COVID society. A neoliberal society where advanced capitalism promotes, venerates and reveres cut-throat competitiveness and success, acquisitiveness, and superficiality offers a pervading atmosphere of trampling others on the way to the so called top, that has made life sometimes empty, vacuous, precarious, and not worth living. An example, if ever there was one, of the presence of dissociation from unbearable trauma and instability and retreat into happier memories and safer mind states.

4 | THE PSYCHOSOCIAL CONTEXT

It's enough to drive people mad.

Therapists will be familiar with some aspects of these psychological agonies; they appear regularly in consulting rooms. They are what psychotherapy is intended to address and 'make better'. The 'talking cure' previously dismissed as a luxury few could afford, within reach of only the moneyed classes, developed a reputation of being esoteric and navel-gazing. Now in the first decades of the 21st century, it has become mainstream, an increasingly trusted, respected and successful method of addressing psychologically the agonising experiences I describe above, which I expect and predict will be brought, magnified to our consulting rooms when this COVID-time is either past or becomes manageable.

As we get to grips with the impact of COVID-19, we are experiencing a psychotherapy which finds itself as changed and challenged as the society and time in which it sits. Rarely, with a few exceptions, has there been a time in the history and profession of psychotherapy which is more needful of an awareness of the social and political dimension in our work than now. These contexts, from which the psychological miseries were born, have sometimes been overlooked, discounted as 'out there', external.

The emergence of humanistic, feminist and relational theory and practice have their roots in the psychosocial and political contexts out of which they emerged. Practitioners who value them often have an integrated instinctive and personal resonance and understand that the political and social contexts have a profound and significant effect on mental health; in fact, they are the causal factors. Diagnosing and treating symptoms as entirely individual pathologies profoundly discounts the social psychological dimension described above. The root, the basic cause of mental ill health, and its origins in this COVID life, is all too glaringly obvious, its role in causing anguish and distress clear as day.

At its very worst, thankfully diminishing, these abuses of power, denial and reframing of those contexts into individual pathologies can be understood colloquially and ubiquitously as 'gaslighting'. That phenomenon, of psychological manipulation and psychological control in which the person doubts their own sanity or reality as it is redefined by a more powerful authority figure, gives rise to, for example, post-traumatic stress disorder (PTSD) symptoms, existential anxieties and worries. Now better understood, it is not only the actual trauma that damages but also the response to it. Often this response, or rather non-response or reframe is more damaging than the event itself.

5 | RADICAL PSYCHIATRY, FEMINIST PSYCHOTHERAPY AND RELATIONAL TRANSACTIONAL ANALYSIS

Making common cause.

The intersectional philosophies of humanist, feminist and relational approaches to these matters considers their psycho social and political aetiology, and their resolution and 'cure' through understanding power dynamics,

consciousness raising, personal empowerment, and acknowledging and validating the human need for healthy attachment, connection and validation.

Transactional analysis has, from its inception, embraced the societal and political aspects of emotional disturbance linking it with both social and psychological ill health. In particular, the work of Claude Steiner and Hogie Wyckoff and what they called 'radical psychiatry' (Steiner, 1975) addressed these dimensions. They worked in the period of great political upheaval—the 1960s and 70s—including a challenge to the exponential growth of psychiatry, psychology and psychoanalysis. Part of these political challenges was the anti-psychiatry movement which questioned the aetiology of so called psychiatric illness and its diagnosis and treatment methods. It believed that the traditional treatment of so called psychiatric illness caused life-long damage, denying an individual of their self-hood and institutionalising them in 'asylums'. In many cases, the now called 'patients' were neglected, incarcerated against their will, and subjected to terrifying experimental treatments as well as denying them their rights to liberty in certain circumstances. Through radical psychiatry, Steiner, Wyckoff and colleagues sought to undo the effects of pathologising and medicalising mental anguish. The opening of their book '*Radical Psychiatry*' addresses their position head on, 'The practice of psychiatry has been usurped by the medical establishment. Political control of its public aspects has been seized by medicine and the language of soul healing (ψυχή + ιατρεία) has been infiltrated with irrelevant concepts and terms' (Steiner et al., 1975, p. 3).

They sought, successfully in my view, to undo the effects of a medical model of treatment which had found its way from psychiatry into psychoanalysis and psychotherapy. Their simple formula, first described in the 1970s, fits perfectly with the now time of COVID-19. *Alienation = Oppression + Mystification*. Alienation they see 'is the result of oppression about which the oppressed has been mystified or deceived' (Steiner et al., 1975, pp. 11–12). In essence, they understood and placed power dynamics at the core of all psychiatric conditions as well as less severe forms of emotional distress and oppression.

It is a small leap to contextualise and frame the current situation (i.e., the management of COVID and its aftermath) using the politics and dynamics of radical psychiatry. It is easy to see how the mental anguish, trauma, the emotional impact of not only COVID, but also its gross mis-management by government policy, will fit into their psychosocial and political construction; at least as it is in the United Kingdom.

At the same moment as Steiner et al. (1975) were thinking about these matters, feminists were naming oppression and abuses of power (i.e., inequality as leading to alienation and a loss of women's human rights). They made links between power structures and hierarchies both formal and informal; that is, the state, education, employment, economics, and psychology, abusive relationships, gender, sexuality, and the abuse of women's bodies and their mental health, amounting to an all pervasive denial of, and access to, equal rights in women's personal and public lives. They experienced and understood that women's lives are considered less valuable.

The heart of their feminist philosophy and ethical frame is that all people including women are of equal value and worth. Meaning that they have, or should have, rights to control their own lives, bodies and destinies; have their perspectives accounted for; and have an equal stake in society. The early straightforward formulation first coined by second wave feminists was and still is 'the personal is the political'. This deceptively straightforward memorable slogan belies its life challenging and changing potential and impact. Their formulation moves through time and differing contexts. Called 'waves of feminism', it changes shape to account for its psychosocial contexts. The first wave of feminism fought for women's suffrage, the second wave addressed inequalities and abuses of women's sexuality, and women's rights in the workplace. The third wave dealt with emerging individualism of women's identities, what feminism actually means, and described intersectionality or the overlapping layers of oppressed groups (i.e., gender, race and class). The current and fourth wave of feminism is focused still on intersectionality and the empowerment of women to organise through, for example, social media to address abuses of power across gendered norms.

At its heart, through all the waves, is the emancipation of women; as is, incidentally, a feminist psychotherapy—taking the form of consciousness-raising, empowerment, self-agency and equality of opportunity and mental health freedom and value of women. At the same time, a feminist politics has a deep appreciation of, and resonance with,

the function of attachment needs as well as economics as they operate in conjunction with power. These inequalities are still relevant today in the COVID life of women who are faring very badly. Predictably, they are bearing the burden of COVID lockdown and its socio-economic consequences. Often paid less than male counterparts in more precarious traditional women's work roles and its gendered divisions means women are economically undervalued and their labour more expendable.

Economically disadvantaged, they endure domestic violence. Extreme abuse against women including murder has increased exponentially in lockdown (Panorama, 2020). Perhaps understood as the failure of the conventional divisions of labour within a traditional marriage which rests upon home life continuing as normal (i.e., housework, cooking, sex and child care), proceeding without interruption or cognisance of the increased burden that this places upon women. When expectations are not met, both partners struggle to adjust to their changed dynamics and new reality.

Transactional analysis, radical psychiatry, as well as feminism, communicated their theories and philosophies in simple everyday language, deliberately, rather than using an obfuscating complicated manner which alienates, oppresses and mystifies. That they did so is itself a politically radical act. Equally as radical were, and still are, the efforts of these political movements to challenge and dismantle the normative and performative power dynamics inherent in the more traditional forms of psychotherapy, typically the medical model, which sees the client as sick and the therapist as well. In this model, the therapist is the holder of knowledge and dispenser of cure and chooses the mode of understanding and diagnosing and treating mental illness and other less severe anxieties. From this asymmetrical power dynamic such a therapist gave a formulation and interpretation of 'symptoms', we might say anxiety, depression, PTSD, schizophrenia and other life altering conditions as having their genesis entirely within the person (i.e., ourselves whilst ducking any meaningful examination of the externally generated environment, the context in which these agonies are being endured).

Relational psychotherapy including relational transactional analysis grew out of and is part of this movement, and has a variety of interpretations, theories, and approaches. My own view is that although relational transactional analysis has its roots in the radical psychiatry and feminism, and is potentially as radically challenging as its antecedents, a new approach to relational transactional analytic practice would recognise and include its political contexts as more central by focusing on the connectedness of the internal psychological and the external social world of clients, ourselves, and the world we live in.

6 | PSYCHOTHERAPY PRACTICE

Greater than the sum of its parts.

Our relationships with the past and present, with ourselves, others, the world in which we live, is central and fundamental in the formation of our characters, mental health and well-being, and behaviours. In classical transactional analysis we would think about Script and view relationships as attachments or connections in this context. The power dynamics embedded in these relationships reflect the psychosocial contexts in which they were formed, and over time become integrated and ritualised. Although no two psychotherapies are alike, and are a unique pairing of therapist and client, placed within their own time frame and social context and place, nevertheless the power dynamics sometimes show up and are felt and repeated unconsciously as well as more or less in awareness in psychotherapy.

When the philosophies of radical psychiatry, feminism and relational transactional analysis are accounted for in the social contexts in which they are experienced, and when they are embraced and integrated, they translate into a particular relational therapeutic action and psychotherapy. Intersecting at the therapeutic meeting, they reframe and expand the narrow traditional monadic idea of the therapeutic relationship, as they account for particular

contexts, historic, personal, social and political in which each psychotherapeutic encounter sits, including the experiences of the therapist.

In addressing these multiple relational or interconnected realities between therapist and client, not simply nor exclusively what transpires co-transferentially between the working pair, allows them to become the 'change agent' and is the heart of what I see as a feminist/relational transactional analysis. Using Clarkson's (1992) model of a multiplicity of therapeutic relationships as a template, and right of way, is to legitimise their existence and significance as therapeutically essential to their resolution, where they might otherwise be condemned as abusive exploitative or simply unfocussed undesirable dual relational dynamics.

A therapeutic attitude which keeps these relational dynamics in mind as well as using philosophical principles of radical psychiatry, feminism, and relational transactional analysis central as guiding framework and a container for the work lay at the heart of each unique therapeutic process. Clinically, this means the therapist addressing the presence of alienation, oppression and mystification, the formula of radical psychiatry using the relational dynamics and philosophies of a feminist frame of reference described earlier. It also means accounting for the external contexts, the social. This amounts to not so much what I do, as a formula or set of techniques, as much as my political and personal and professional frame of reference, attitude. Mine aspires to a feminist political mindset, demeanour, and set of beliefs. Feminist psychotherapy is characterised by the translation of these into action.

7 | CASE EXAMPLE

My client, a hard-working mother, completely believed that her care of her husband was paramount to her own needs and was her role in life. She had self-referred long before COVID struck, because of feeling extremely depressed and hopeless about herself. In session she was steadily raising her awareness about power dynamics, gendered expectations and beliefs, and had started to question their part in her unhappiness. All reflected back by me as a result of the contexts in which she lived rather than her own individual pathology. At no point did we speak about our relationship but she knew my view, concern for her safety, dislike of her apparent unequal position, and compassion for her frustration and tears.

Lockdown had magnified the tensions of inequality in their relationship and she was caught between her husband's misery and her own needs, she could see it was emblematic of so much of her life. As COVID bit, her husband lost his job and was abusing alcohol, and started to abuse her. Normally he had control of their finances and much else in their relationship. Now he had no purpose and was terrified that he would catch COVID, whilst at times denying its existence and their need to socially distance. She was exhausted trying to please him and look after him and reassure him about the pandemic. She found a 'demeaning' part-time job to pay bills and found him most days watching TV, drinking and waiting for her to return from work and look after him, always in a filthy mood and spoiling for a fight. She was convinced she was a bad person and a failure as a partner, as she had been when labelled a naughty, lazy girl when young. Her general practitioner (GP) prescribed anti-depressants which helped with her miserable feelings but she knew this was not a long term solution. She was spreading herself very thin.

Money became tight, she could not pay for her therapy sessions and she had no privacy to attend online. Her husband was hostile to the idea of her therapy at the best of times, now his brooding presence in the next room unnerved us both. The denouement came in an online session when he burst in, came straight up to the screen as we were working, demanded her presence outside, whilst all the while glaring at me. He shouted that he hoped I was making her more aware of her duties and what a 'mad bitch' she had become and did I realise how much all this was costing? Without waiting for a reply, he slammed out, leaving us both shocked. It was a moment of extreme pressure for all of us. I had felt exposed and vulnerable myself, worried about COVID and my own family and security. A great friend of ours had contracted terrible COVID and his life, personal and professional, was changed forever. It unnerved me.

She too was concerned for our therapy, for my welfare, my reflections, and that I would think she was a bad person. Not denying the trauma of what we had just been part of was confirmatory essential and helpful. I stood as a witness to her anguish which followed, rather than deny it or redefine it. That process was fundamental to her being compassionate to herself. It empowered her to leave, be safe. As we addressed the psycho social contexts and meaning of this traumatic event she finally moved from disempowering herself to one of understanding and taking action. She moved out.

Later, we reflected on the multiple social identities and expressions of her life and the sacrifices she had made; that is, her unsafe, dangerous personal life, her precarious financial economic situation, her low self-esteem, her traditional gendered beliefs, her depression as she tried to make ends, both practical and emotional, meet; as well as the pathologising of herself and the GP medicating her into acceptance of an abusive relationship. The intersubjective dynamics because of the shared reality of that was illustrated in a vividly unusual manner as we were caught up in the effects of the pandemic. Her personal was becoming her political. Far from our sessions being sunk by it, they were strengthened.

8 | 'THE COVID THIRD'

Psychotherapy steps up and changes shape.

As my case example shows, the impact of COVID and its psychosocial and political contexts has stretched and reshaped psychotherapy. It means a re-examination and perhaps change in therapists' values and understandings of what constitutes a professional therapy. The pandemic can be seen as a major rupturing event in a person's psychotherapy, the implications of which will be long lasting and which I am calling the 'The COVID Third'.

The Third, a theoretical concept is a triangular space between self and other in psychotherapy and is understood variously as a potential developmental space, as a place of mutual recognition and an analytic space where deep contact between therapist and client is possible. 'Lockdown' circumstances mean no physical meeting has been allowed, possible or even wanted. Therapy is conducted by what has been dubbed working remotely or virtually, online using various platforms or by telephone. This changed mode of clinical work has raised its own ethical professional, clinical, and temperamental emotional challenges. For example, hitherto the therapist might consider carefully the use of self-disclosure. Although of course there is the idea that the therapist cannot help but unintentionally self-disclose non-verbally for example, but when it is in the service of the work clinically speaking, it is within a separate-but-together therapeutic space, referred to as the container, or the frame in psychotherapy.

Also being reconsidered is the sense generated by professional organisations and in trainings that working online is in some way unethical and intrinsically unprofessional, unsafe and inferior to face-to-face sessions. Lost apparently are the subtleties of emotional and embodied resonances which occur simply by being physically together. In these ways, the advent of COVID has stretched psychotherapy, brought it under extreme pressure and tested its power to survive and contain external storms.

Similarly, the realisation of the psychological and economic impacts of COVID has seen the advent of a movement of psychotherapists volunteering to help with the impact on essential workers. Understanding that being financially economically disadvantaged is as much to do with the neoliberal politics discussed at the beginning of this article, as any personal shirking or laziness, psychotherapists are reducing or waiving their fees to address the difficulties their current clients find themselves in and so ensure the continuation of sessions and the survival of the therapy. This perhaps in the name of social justice and in recognition of the situation, that we are all in part involved in the social contexts of COVID and its impacts as well as economic inequalities.

This present day initiative has its roots and heritage in the early days of psychoanalysis. Europe in the early 1900s was also a time of great political upheaval and change. In recognition of its social contexts, Freud and his

colleagues Ferenzi, Reich, Klein, Fromm, Horney, Adler Deutsch, among others established clinics offering free psychoanalysis by donation of time (Danto, 2005). This unappreciated fact is in contrast to its later reputation of being only available to the rich or privileged.

So, this present-day movement initiative feels like a continuation of, connection to that ancestry and heritage of social justice and activism. Psychotherapy sessions online, virtually, in the time of the pandemic magnify the shared vulnerability of the impact of lockdown and reveal and re-affirm the notion that we are not separate from our clients. All too clearly we share with each other psychosocial and political contexts which are now foreground. For example, disturbances of threats to survival, anguish, fear, loss, fragility, trauma, grief, broken online reception and economic changes sit within this shared vulnerability and seem to have brought to sessions an expanded phenomenological mutually influencing intersubjectivity, as my case study revealed.

Similarly, to return to language and writing the passion and personal words of this article I referred to in my introduction, reveals that I am not separate from that which is impacting my clients. I too am a subject of the pandemic and all that it has brought. These passions and vulnerabilities will inevitably have their resonances between us and how we account for them between us in sessions and are examples of the COVID Third in political therapeutic action.

These are examples of the presence and impact of the COVID Third which test, stretch psychotherapy and its ethics and practice, and the therapeutic relationship and have brought it under extreme pressure to account for the social economic and political contexts in which the psychotherapy is taking place. It has also presented us with the opportunity to engage with those changed circumstances and contexts in a therapeutically positive frame.

So although slogans of 'we're all in this together' are revealed as hollow and politically driven and colloquially expressed as we are all on the same stormy sea but not in the same boat, and some have no boats at all as I have been at pains to illustrate here, there is a much deeper more relevant truth about all being in this together. What we do have in common is a more obvious shared vulnerability and collective trauma.

The Shoa of World War II and its ongoing transgenerational implications comes readily to mind as a shared collective trauma. Other genocides and crimes against humanity (e.g., partition in India by the British occupation and colonisation) will have the same impact, as will the decimation of Native Americans by white colonisers, genocides of the Khmer Rouge in Cambodia and civil war in Rwanda, Stalin's dictatorship in Russia, Mao's Cultural Revolution in China and the civil war in Syria, all indelibly tattooed so to speak on minds and bodies and existences. These are times when life as it is understood changes forever. It will come to be understood that, in my view, COVID-19 is among those collective traumas, connected as it is with climate changes and the plundering abuses of the planet for profit.

It seems to me, accounting for and attending to shared vulnerabilities and ruptures and their meaning when they become apparent between therapist and client without losing the power of the therapeutic relationship is the therapeutic task. This means using the multi-dimensional relationships of the COVID Third to strengthen the 'what is' of that container rather than what it theoretically should be. Part of that task from a feminist relational perspective is to acknowledge, accept and face the shared vulnerability without losing the self-agency of the therapeutic relationship, and without it collapsing into a merged non-therapeutic situation. In other words, not just survive but in some way be empowered to thrive.

This involves an acknowledgement of the situation rather than pretence that in some way the therapist is outside of the shared reality in which both find themselves; in this case, the worldwide pandemic and the changed times of COVID. When this distinction is accomplished with candour and confidence by both, it is possible to lean into the shared place of mutual recognition of the COVID Third. The hollowness of the therapist as expert, a doer done to dynamic, will not serve here. Benjamin (2007) spoke of the difference between being coerced into and submissive to that acknowledgement of the external and to surrender to it, and has implied that there is no such thing as a safe container. Her idea of the third as a mutually created influencing dynamic, is usually created from a vantage point outside the two, a good enough container, where the therapist is both in the work and out of the

work at the same time (Benjamin, 2007). In action, it amounts to taking co-responsibility for and co-ownership of the work and space, and dismantles, in part, asymmetrical power dynamics between the working pair as my case example shows.

9 | CONCLUSION

The robustness and endurance of the therapeutic relational space, albeit under immense strain bent out of shape and vulnerable certainly, is sometimes strengthened rather than weakened born out of the exigencies of the COVID time in which it finds itself. This survival and strengthening is a surprising outcome of the commitment of both, despite all its limitations. Including, I have found, those who cannot afford expensive psychotherapy ordinarily or where reductions are made. There is somehow a strong connection of mutual egalitarian need perhaps which deepens the work and both come to it 'with gravity and good faith'. This phrase, often used by me and never fails to move me, is relevant here, from one of the greatest poems of the 20th century, 'In a Disused Shed in County Wexford' by Mahon (2011). In times of great loss and disturbance, confusion and oppression, poetry, art, can sometimes articulate the unsayable, as it exists in the embodied spaces between clarity and confusion. Mahon's remarkable work pleads for remembrance of powerless, subjugated and forgotten civilisations, naming their human suffering and loss. It is poignantly applicable to the political present where the ordinary, the 'non-shiny' who for the most part are forgotten, but waiting.

In this way, the labour of the therapeutic pair is also approached with gravity and good faith and where the COVID Third, with all its battered shape, is also emblematic of what has happened to this collective life, the whole in this world pandemic and whereby, in its survival, there is a bearing witness and having an emotional resonance with and to this collective cultural effort. It recognises again that psychotherapy is part of, not separate from, the personal and political life in which it exists.

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How to cite this article: Shadbolt C. Psychotherapy in the time of COVID-19 (psychotherapy changes shape and steps forward). *Psychother Politics Int*. 2020;18:e1552. <https://doi.org/10.1002/ppi.1552>

Migration as a risk and opportunity: Terrenuove's experience

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Abstract

The authors examine migration as an experience of breaking ties and as a loss of emotional, geographical and contextual points of reference. Displacement, particularly when it is involuntary, is a severing of the existing balance between individuals and their environment and involves seeking a new balance. The transition from one culture to another, from one reference group to another, can be an opportunity for a renewal and expansion of one's capabilities; yet, can also contain the risk of losing a sense of self, orientation, and freedoms and choices. This article delves into the impact of migration and paths of care and integration in Italy, in the context of the work of social cooperative Terrenuove. The authors examine the assumptions of ethno-psychiatry (Nathan, Sironi) and various influential authors (De Martino, Mellina, Papadopoulos) and connect them to Eric Berne's transactional analysis. The history of Terrenuove and the services that it has offered migrants over 20 years is described.

KEYWORDS

ethno-psychiatry, group, migration, refugees, resilience, Terrenuove, transactional analysis, trauma

1 | INTRODUCTION

Immigration is an experience that severs ties and is an often traumatic event that exposes individuals to a state of fragility. Immigrating from one country to another breaks bonds with loved ones and means losing points of reference including geographical, family, social and daily life. It also means losing the ability to understand and be understood in a language. The migratory process involves the potential features of a traumatic discontinuity of

experience and exposes individuals to resulting difficulties. Life in a host country, which is often experienced with no witnesses to testify to one's history or past, means that individuals experience periods of disorientation and uncertainty. The migratory experience is the experience of reaching one's limits and creates vulnerability.

The processes and experiences related to immigration are amplified when the decision to immigrate becomes a necessity due to political, ethnic or religious reasons. In these cases, the inability to imagine a return, at times accompanied by guilt or the sensation of having betrayed those who stayed behind, can deepen the sense of disorientation and uncertainty, fuelling depression and denial. Thus, the migratory process is one of disruption, disorientation, suffering and risk. Yet, at the same time, it also represents a prospect, an occasion and an opportunity. Immigration is when the existing balance between individuals and their environment is severed, entailing a search for a new equilibrium. Transitioning from one culture and reference group to another can be an opportunity to renew and expand one's abilities; yet, also harbours the risk of losing one's way and capacity to find one's bearings and one's freedoms and choices.

Italy first began seeing significant numbers of immigrants arrive just over 20 years ago. Politically and socially there was a strong reaction, often of rejection, closure and hostility against foreigners, who were seen as taking employment opportunities away from Italians. Non-profit associations, social cooperatives and third-sector organisations, usually of Catholic origin, rallied to welcome and integrate these new members of society. Initially, immigrants arrived from former Yugoslavia, which had experienced a bloody civil war, northern Africa and Sub-Saharan Africa, and immediately from Latin America. They also began arriving in gradually increasing numbers from Eastern Europe. It was against these social and political backdrops that social cooperative Terrenuove was created in 1998.

2 | TERRENUOVE SOCIAL COOPERATIVE HISTORY

Terrenuove was created by a group of fellow transactional analysts from the Psychology and Transactional Analysis Centre in Milan, all of them associated with the European Association for Transactional Analysis (EATA). All founding members are physicians, psychologists, and counsellors and EATA certified (CTA, PTSTA, TSTA).

Terrenuove was created based on a social mission that is at the heart of the organisation's core values. The cooperative's articles of incorporation describe this mission: to assist those in marginalised areas of society and foster their social and psychological inclusion. The members of the cooperative work closely with local public social, educational and health services, offering their specialist skills in psychotherapy and counselling. Terrenuove's services include psychological and ethno-psychiatric counselling service for immigrants, with working groups that assist foreign minors, families, refugees and asylum seekers.

When Italy began experiencing a boom in immigration, there was a radical shift in perspective in Italian culture. In just a short period of time, Italy—which had always been a country of emigrants, many to America, Germany, Switzerland—had become a top destination for immigrants. And as the immigration process continued and became a sweeping phenomenon, it became clear that it would have irreversible historical effects. Along with the flows of immigrants came structural issues, geopolitical problems and the matter of difficult integration into European society.

Italy began experiencing immigration later than other European countries (it also had less experience with colonialism compared to Britain or France) and experienced difficulty and deep cultural and political clashes within. In Terrenuove's first few years after opening its doors, it became a place for exchange and discussion on the various aspects of the migratory phenomenon.

Terrenuove's *Libera Università* (a space where we propose free meetings, discussion and conferences) brings together groups, cooperatives and services that in various capacities assist immigrants. It also hosts fellow anthropologists and ethno-psychiatrists from the 'Centre Georges Devereux' in Paris. This exchange and spread of culture has been important to better understanding how Terrenuove could offer and grow its services.

3 | PSYCHOLOGICAL AND ETHNO-PSYCHIATRIC COUNSELLING SERVICE FOR IMMIGRANTS

Terrenuove began offering its psychological and ethno-psychiatric counselling services for immigrants ('Services') in 1999. The office is located near the centre of Milan and consists of various rooms that are furnished as a home would be. Immigrants learn of Terrenuove and begin to spend time there, knowing that they will be welcomed, listened to and can bring family members. They know that they can temporarily leave significant objects there if necessary, and that they will still be there when they come back.

The Services were created with the aim of providing specialised assistance—integrated with local social, welfare, health, educational, job placement and other services—to immigrants suffering from mental and psychological distress. Today, the Services have grown and are recognised by the Municipality of Milan and by the Lombardy region. We have agreements in place on a municipal level and with the greater Milan healthcare infrastructure Azienda Sanitaria Locale (ASL) as well as with hospital neuropsychiatry departments. The Services are offered free of charge and are open for meetings and consultations 4 days a week. Over the years, our Services have received over 2000 requests that are passed to our various working groups. These requests are made by singles, couples, families, adolescents arriving alone and those reuniting with their families, refugees and asylum seekers. Experimentation, supervision and comparison between various experiences have allowed Terrenuove's multi-professional teams of doctors, psychotherapists and counsellors to build on and integrate their skills in transactional analysis and to develop a broad network of collaboration with local public services. Terrenuove's commitment and policy has been to promote dialogue and to collaborate with the public and private services available to immigrants, with this commitment unfolding through training activities, seminars, conferences and publications. We seek to solicit social engagement that develops into conscious cultural evolution. Terrenuove's collaboration with local services and construction of local networks (held on the territory) is a characteristic of the ethno-psychiatric intervention model that we have developed within our Services (Rotondo, 2009). When speaking of ethno-psychiatry, we mean this to be akin to the community ethno-psychiatry that Etsianatt Ondongh-Essalt speaks of in the book *'La Curadegliatri'* (Caring for Others), published in 2005 and edited by Salvo Inglese et al. At Terrenuove, we refer to our form of ethno-psychiatry as 'territorial ethno-psychiatry'. In his book *'Trapsiche e Cculture'* (Amidst Psyche and Culture), Coppo (2002) discussed synergies between an ethno-psychiatric model and 'community psychology'. Later, will expound upon the parallels and differences between Tobie Nathan's ethno-psychiatry and our approach to ethno-psychiatry in our Services. In addition to conducting team meetings that serve as spaces for dialogue, research and verification regarding our work with our patients, Terrenuove organises yearly supervision sessions that are open to professionals from local services and that are conducted by internationally renowned experts. These experts have included Françoise Sironi, former director of the Centre Georges Devereux in Paris and professor at University of Paris VIII; Salvo Inglese, psychiatrist and coordinator for the transcultural psychiatry course at the Department of Mental Health of the Catanzaro ASL and supervisor at the Centre Georges Devereux; and Renos K. Papadopoulos, professor and director of the Center for Trauma, Asylum and Refugees at the University of Essex and clinical psychologist at Tavistock Clinic in London.

4 | WHO WE WORK WITH

As we began offering our Services, we have received increasing requests from immigrants arriving from all over the world. To date, immigrants from 50 nations have sought out our Services. Over the first few years, the majority of patients were refugees and asylum seekers arriving primarily from Central Africa (Congo, Burundi, Ghana, Sierra Leone, Senegal, Ivory Coast, Togo) and the former Yugoslavia. These individuals have included single men and women as well as families fleeing from persecution and war and who had experienced deeply traumatic experiences. Young women, victims of trafficking from Nigeria and Eastern Europe—who have a special protection under

Italian legislation—have been referred to the Services by the organisations that host them. Over the following years, those seeking out our services have increased in number and become more diversified—arriving also from Angola, Cameroon, Kurdistan, Chechnya, Armenia and Iran.

Terrenuove also assists youth who are sent to us by their group homes and by local social and educational services. These youth are often from Morocco, Egypt, Albania and Romania, while many from Latin America have been in the midst of the difficult process of reuniting with their families. Others who have committed crimes and have been put on probation have been sent by the Ministry of Justice's social services for minors.

In recent years, Terrenuove has also received an increasing number of families—that have been either reunited with their children after separation or whose children have been born in Italy—that were reported to the juvenile courts and sent by child protection services, given their difficulties in raising and caring for their children. These children are often caught up in their parents' difficulties as a couple, exacerbated by the process of integration into a society whose habits, customs, values and laws regarding family are often difficult to understand and adapt to.

5 | METHOD OF INTERVENTION

Terrenuove's Services are intended as a transitional space between past and present, between one's culture of origin and host culture, and as a middle ground between a clinical approach and social intervention, and between intrapsychic processes and interpersonal relationships. Support is provided on both an individual basis and in group settings through the network group (*gruppo rete*). Individual meetings, which are normally held weekly with a psychotherapist and social worker present, go hand-in-hand with group meetings. Group meetings or network group meetings bring together the patient and the professionals who are engaged in assisting the individual; these meetings are generally held at the beginning and at the end of the process and every 2–3 months. The psychological counselling process begins following requests that, in the majority of cases, are made by local social services, neuropsychiatrists, group homes, schools and the like with which Terrenuove collaborates. We continue to see increasing requests from immigrants themselves thanks to word-of-mouth within various ethnic groups that know Terrenuove and appreciate our work.

Counselling begins with a first meeting or set of meetings with the patient, two members of the Terrenuove team and the individual who sent the patient (e.g., the director/coordinator of or social worker at a group home or a teacher). This small group remains as a point of reference throughout the counselling process and is the core of the network group, which at times gradually opens up to include other individuals or professionals who assist the individual. The network group meets periodically to discuss important aspects of the counselling relationship and to resolve issues that arise. At times counselling also continues individually, especially in situations in which confidentiality is essential, including when this involves former victims of trafficking or prisoners or young women who are grappling with the cultural and religious customs of their families. Each of these journeys bring with it a different experience of trauma, displacement, legal safety issues and from a clinical treatment perspective leave us working in very different way with quite different clinical and social approach and considerations with these populations. At times, for various reasons, patients themselves request individual meetings. In our experience, there are no 'methodological' reasons for a rigid counselling setting. Over the years, we have chosen to be flexible and attentive to patients' requests based on their personal migratory experiences and integration into their new society. We use preliminary meetings to understand the reasons patients and those who send them have come to Terrenuove (or their story as they recount it to us) and to evaluate together whether to involve a cultural mediator, family members or friends from their cultural context. In these first meetings, we often are able to intuitively grasp to what extent patients' difficulties have affected their ability to be present in the here and now and to have a relationship with themselves and with the world.

Over the years, we have learned to embrace grey areas in the stories that patients recount and the often muddled chronology or geography involved in those stories. Above all, we have learned to respect hesitancy,

difficulty in creating bonds and distrust. After the initial meeting, we decide on timeframe, location and methodology along with the patient and the network group. This 'contractual' meeting to decide on the overall counselling process involves the therapists who will coordinate the situation in terms of counselling the network group. We are also aware of the language problem (Inglese, 2009) that means how to consider and respect the cultural identity of each one, together with the need to communicate and to foster a process of melting and integration in the new country's reality. We are also questioning—particularly considering the unaccompanied foreigner minors' experiences—as to how today to look at the language and identity issues in action within a geopolitical perspective.

6 | THEORETICAL FRAMEWORK

In our work, we draw upon the framework of transactional analysis, enriched by contributions by Ernesto De Martino, Sergio Mellina, and Tobie Nathan and Francoise Sironi's ethno-psychiatry. Over the last 10 years, Renos K. Papadopoulos has also been a trainer and supervisor at Terrenuove.

Although all Terrenuove professionals have a solid background in diagnostics, we have rarely felt the need to use diagnostic methods such as psychiatric diagnoses. It is part of the culture that we foster in our Services to draw upon our experience, have discussions amongst ourselves and conduct supervisions as an opportunity to explore our relationships with our patients. Counselling immigrants is a patient 'mending' between past and present. It means paying attention, as Sergio Mellina says, to picking up on the 'threads' that patients unwittingly offer, helping them to once again gain possession of something that they were forced to pause in their life experience. We assist them in rebuilding pieces of their history to put back together ostensibly insignificant fragments and begin a potential narration that can once again give life to what had become lifeless, all part of a continuum that recomposes existence and a project for the future. There are certain methods that we have used to aid in this process, for example, by creating genograms (Montanari, 2009) creating, especially with teenagers, CDs with fragments of one's life story (Maggiora, 2009) or the use of the network group.

7 | THE CONTRIBUTION OF ETHNO-PSYCHIATRY: TOBIE NATHAN AND FRANCOISE SIRONI WORKING AS A GROUP

Nathan (1996) dedicated to the ethno-psychiatric group Chapter 5 '*Modificazion Idellatecnica*' [Modifications of Technique] of his book *Principi di Etnopsicoanalisi* [Principles of Ethnopsychanalysis], with an introduction by Salvatore Inglese. The modifications that Nathan highlighted concern both language and the group. In the chapter, Nathan demonstrates the therapeutic functions of the ethno-psychiatric group, distinguishing them as having static and dynamic functions. Among the static functions that Nathan highlights, is the basic characteristic of the group in its being a middle ground, a place that is in the middle between the chatter in African 'town squares' and the process of acculturation. The group also mediates the relationship between the primary therapist and the patient. Nathan (2001) also discussed the concept of this field-in-the-middle in his book '*La Folie Desautres*' (Others's Madness) citing Winnicott, speaking both of a patient's individual history as an intermediate space between the patient and their culture, and of the intermediate space between the therapist's culture and the culture of the patient, a potential seed for a common culture.

The book *Principi di Etnopsicoanalisi* discusses three dynamic functions of a group. First, the group allows for dialogue concerning the patient, without placing the patient into a single diagnostic box and opening up to wider views of the individual. Second, exchanges within the group offer the patient psychological and cultural support, allowing for multiple models of experiences and cultural stories. Finally, the group as an 'active subject', deconstructs the representation that patients wish to offer of their difficulties, through a *polemos* (war) of meanings

'of great emotional value'. What is gained is a reorganisation of the starting points, restructured based on the experience lived in the group.

The ethno-psychiatric group, as approached by Tobie Nathan, in addition to involving family members and social workers, includes co-therapists with different cultural origins who are able to speak their native languages, use their traditional systems of interpretation, and who graduated from French universities (psychologists, psychiatrists, social workers, and anthropologists, all trained in psychoanalysis). The group sits in a circular formation, with no place being different from the others. The space is, therefore, that of a collective project that begins with the patient's words and those of the individuals who accompany the patient, and if they wish, the patient's family members.

Terrenuove's psychological counselling services include an extended group, namely the 'network group'. The network group is made up of all those individuals, family, friends and social workers who in various capacities are connected with the patient and are part of their path to survival and inclusion in society. The network group is the patient's reference place at that stage of the process of migrating to a foreign land. In certain situations, the extended group functions as a sort of temporary family pending more definitive life decisions by the patient.

The extended group meets every 2–3 months on average. Within the group, all those involved in the relationship with the patient are precious 'co-therapists' who contribute their skills to the counselling process. Network group participants express and discuss their opinions concerning what the patients say about themselves, their difficulties and their needs, thus broadening patients' views of their situations and offering different perspectives. It is an invitation not to think in terms of definitions or labels but to act as 'researchers', including the patient, to resolve the issues that are posed.

Network groups combine clinical work with the different social and educational needs of patients, accompanying them in the search for solutions from an active point of view and facilitating their inclusion within their social and geographical contexts. This process allows patients to emerge from a space of impasse and blockage and to shake off labels, taking action to find their own words and to choose and select the most useful of the various contributions offered. Patients thus regain power both in defining their difficulties as well as in activating resources and skills to manage these difficulties in their new country. Whoever leads the extended group—normally one of the therapists—has the role of circulating the various positions that emerge, facilitating the search for meanings, reformulating and restructuring problems by taking into account the different approaches and ushering in the possibility of translating all of this into action. This person makes it possible to create a substantially democratic group. Although inspired by Tobie Nathan's concept of the group, in Terrenuove's ethno-psychiatric system, the group is a space that gives concrete meaning to a social dimension that confirms individual patients' identity. This helps restore continuity for patients, giving meaning to multiple 'dis-identities' encountered in the immigration process, allowing them to include them in a common life experience and reconstruct a story that makes complete sense. Within the group, patients' histories are conveyable in a social and public space. Their individual stories are part of a collective and social context and resume narration alongside other stories. A story inserted in the history of all mankind. The relationship between the psychological history of the individual and collective history, the history of the group they belong to, is underlined by Françoise Sironi, who maintained that therapists must contextualise therapy, adjusting their treatment of patients.

It often happens that the therapist as well loses access to the things that, in their individual histories, links them the collective history of their countries. Contemporary therapists must thus re-invent treatment systems, creating a new method suitable for contemporary clinical reality. (Sironi, 2001, pp. 90–91, own translation).

Doherty (1995), while not diverging from an ethical point of view despite being part of a different theoretical framework, identifies the qualities of the morally sensitive therapist, which include an attention to the social dimensions of problems, and the collective as a potential bridge between what is private and a responsibility towards the collective.

8 | ERNESTO DE MARTINO: THE CRISIS OF PRESENCE

Above all, Ernesto De Martino helps us to understand the suffering connected with detachment and with the loss of oneself and one's abilities, to assess its intensity and to connect it to a person's individual and social context. De Martino, an anthropologist, offered us his reflections on presence and the crisis of presence, originating from his research on magic, shamanism and the connections between ethnological studies, history of religions and psychology. De Martino addressed matters in the mid-20th century that would later influence psychiatry's approach to immigration and the interconnections between cultures and treatment models, namely ethno-psychiatry and transcultural psychiatry. It is to him that we at Terrenuove owe our working and research methods in interdisciplinary teams, and it is thanks to him that we place attention on human beings as subjects capable of choices and decisions, a vision that De Martino developed taking inspiration from Heidegger's existential phenomenology.

De Martino (1972) speaks of 'presence' and 'crisis' or loss of presence, drawing on the description of these categories from the universe of philosophy. In 1948, De Martino published his book *'The World of Magic'*. He re-evaluated the cultural world of the magic of traditional societies. The world of magic, so important for primitive societies, documents, according to De Martino, a primordial depiction of the world that arises from the need to 'guarantee presence'. Religious magic rituals are intended as a technique to overcome crisis and the 'anguish of history'.

In 1959, in *'Magic: A Theory from the South'*, De Martino (2015) addresses the concepts of crisis of presence and magic protection, applying them to the society of Lucania, in southern Italy. He stated that precariousness involving the basic needs in life, the uncertainty of prospects concerning the future, the pressure exerted on individuals by uncontrollable natural and social forces, and the lack of forms of social assistance all foster the continuation of magic practices as a form of protection.

The crisis of presence indicates a condition of risk and possible disorientation. A situation in which individuals fear losing their familiar points of reference and a sense of meaning. Crisis of presence is a condition in which, faced with specific events (e.g., illness, death, moral conflict, migration), individuals experience uncertainty and a radical crisis of *being-there*, discovering themselves unable to act and make decisions. 'Presence' means *being-there*, being in the world and being present in the situation as a subject, central to decision and choice.

The critical moment of existence is critical because it imposes a decision and a choice, a ready adaptation to reality, behavior full of highly demanding effects for presence... Critical moments are characterized by a high commitment of presence: but it is precisely for this reason that they are traumatizing, and instead of being accepted, decided and overcome, they are simply rejected (suppressed, lost). (De Martino, 1995, p. 113, own translation)

De Martino's words were visionary, and today we apply them with ease to the world of immigration. We believe they can be applied both to those who leave for a new destination and to individuals who welcome those who arrive. The immigration process is both a risk and an opportunity, a traumatic experience and a pause in existence, and a repetition and opportunity for resilience, development and use of resources. When the traumatic experience is not overcome, it becomes a critical element for the individual and a narrowing of the experience that involves both the individual and the community. Trauma is a wound that damages a person's shell and paves the way for crisis, disorder and disease.

Throughout our experience at Terrenuove's Services, we have seen those who have lost a part of their being 'subjects' and '*being-there*' as individuals who have a say in their own stories. At times, in adolescents, disorientation produces a deceleration and difficulty in the learning process. In adults, a sense of temporariness and insecurity can produce blockages in their ability to hold down a job, find a home or plan for the future. As transactional analysts,

these confusing behaviours (both in space and time) can be traced back to areas of contamination and to inactive Adult thinking.

At times, we also see attitudes of hesitation, stalling, repetition and the unacknowledged expectation that someone else will take charge of things or that an external structure (e.g., prison, for teenagers) will act to contain internal disorientation. These passive behaviours lead us back to Adult thinking that is not free and contaminated. In these situations, the crisis emerges as a risk of losing oneself in one's past, losing one's past or losing one's relationship with the world, as if the shadow of past experiences conceals the meaning of life.

9 | SERGIO MELLINA: BIOGRAPHICAL PSYCHOTHERAPY OF THE MIGRATORY EXPERIENCE

Sergio Mellina, psychiatrist and professor at Cà Foscari University of Venice, was among the first in Italy to deal with immigration. The first immigration stories that Mellina addressed concerned Italians hospitalised at Villa Clara psychiatric hospital in Sardinia. These individuals had been hospitalised upon returning from the United States following unsuccessful attempts to immigrate there.

Mellina (2001) also coordinated a project in Rome that involved foreign immigrants and was managed by the Roma B local health service (ASL). The project, which began in 1997 and was supposed to end in 2000, yet terminated a year early due to a lack of funds, was dedicated to Michele Riso. This was the first Italian project that involved a public service aimed at immigrants. Mellina discusses this project with pride but also disappointment regarding its premature end, recounting the experiences and methods of intervention used by the Roma B ASL over the 2 years in which the project was ongoing and shows us the data they collected.

Sergio Mellina also tells of himself and his own immigration history, as well as his work as a psychiatrist. He speaks of his affinity with the Basaglia movement and anti-institutional psychiatry in Italy, his phenomenological choices and his hermeneutic vision of relationships with patients.

I cannot deny certain fundamental key concepts of human existence, such as commitment, responsibility, risk, choice, finitude, individuality, and subjectivity that a physician, in his or her work (existing among those who exist), must face each day on the treacherous ground of the suffering of the solitude of anguish. (Mellina, 2001, p. 20, own translation)

This way of approaching relationships with patients, with an attitude of listening and with a willingness to retrieve parts of their stories to be narrated was new for the approach to psychiatry in Mellina's day. He emphasised that he encountered completely new situations, where new solutions had to be invented to promote the protection of mental health.

Sergio Mellina also described some of the aspects of therapeutic intervention implemented in the Michele Riso project in Rome. He talked about setting and meetings in the head physician's office that friends and family members could attend along with the patient. Additionally, these meetings involved the doctors, nurses and social workers, with the group being attentive and involved despite the difficulties that there were in the public service. Starting with the patient's plight, the group embraces the patient's story, linked to his or her migratory experience. When patients tell their stories, Mellina says, important changes take place. Listening to a story is a delicate task of mending, akin to embroidery. It is a task of using fragments to reconstruct a larger piece of a patient's existence and experience that was lost in their immigration. By listening attentively to patients and talking with them, we discover that they themselves provide the threads for that mending. In that work of recounting and listening, a sort of 'patch' is slowly created, and the interrupted continuum of the experience is reconstructed.

10 | ERIC BERNE'S THEORY AS A COMMON BACKGROUND

We at Terrenuove discover links, in our thinking and actions, with Sergio Mellina's vision and experience. These aspects of thought and experience are now consolidated for us as the foundation of our Services. Many of us have backgrounds in transactional analysis and are well acquainted with Eric Berne. We welcome an intersubjective vision of the therapy relationship and relational OKness; we appreciate a deep attention to the individual as a subject of his or her own experience, and we are committed to a contractual relationship that develops dialogue and reciprocity. Despite being part of the North American cultural context that witnessed the birth of humanistic psychotherapies in the United States, Eric Berne was aware of the existentialist movement that developed in those same years in Europe and knew of Binswanger and the new 'Copernican revolution' of which May (1959) speaks.

Berne's (1961) transactional analysis developed a phenomenological and intersubjective vision of the patient–therapist relationship through the use of a psychological language that is comprehensible, functional and practical for everyone—not just by the medical or technical elite. Throughout his professional career as the head of a psychiatric ward, he supported open group meetings that patients and providers could attend. He was convinced that what cannot be said or discussed with a patient should not be said in other contexts and invited his fellow psychiatrists to speak *with* the patient and not *about* the patient.

For Berne (1966), the group is a privileged place for experience where the group's movements solicit participation and broaden the social relationships of the individuals involved. Thus, a transactional analysis aimed at intercultural contexts was born and spread rapidly around the world, challenging those who held onto that power that excluded participation and co-responsibility (as probably was the case for psychoanalysis—from which Berne comes from—that had assumed a role of power at that time and cultural context).

It comes natural to us at Terrenuove to use our theoretical and technical knowledge as transactional analysts and build upon them, creating new connections between theory and practice. We also appeal to transactional analysis when we reflect on the narrative that individuals develop over the course of their lives and that encompasses the evolution of their ties with others (primary relational dyad and family) and with their context (language, religion, culture they own). In Berne's (1972) language, this is a 'script' that Rotondo (2001), defined as a system of attachments, affected by the quality of primary bonds and their changes, including traumatic ones throughout the course of development.

Each script manifests itself in recognisable ways (Parent, Adult and Child ego states) and is the outcome of the internalisation of meaningful bonds. Scripts contain limiting aspects and areas of resources (Ligabue, 2007). We will not go deeper here in these theoretical aspects, expounding on some of them later when describing a specific case and certain aspects of traumatic experiences and their elaboration.

11 | FORCED MIGRATION AS INVOLUNTARY DISLOCATION: RENOS PAPADOPOULOS' PERSPECTIVE

We can consider the immigration experience as a condition amid normality and pathology. It is essential to underscore the importance of both pathological and traumatic aspects of immigration as well as an immigrant's normality and capacity for resilience, different aspects that coexist in the same person (Cyrulnick, 1999; Walsh, 2006).

Papadopoulos (2007, 2014) devised his *Trauma Grid* to illustrate the various effects of traumatic experiences: negative effects, including psychiatric disorders (post-traumatic stress disorder; distressful psychological reactions and ordinary human suffering; neutral effects, including resilience, which for Papadopoulos means preserving the abilities that existed prior to the traumatic event); and positive effects, including adversity-activated development, which creates new abilities. These various effects are not sequential or mutually exclusive; they can coexist, are part of a person's identity, and can be applied at individual, family, community and societal levels. We can also refer

here to Cornell's (1988, 2016) script definition, keeping in mind how survival strategies are reactivated and reorganised during traumatic events (Stuthridge, 2006, 2012).

Immigration is never a neutral event, as Rotondo (2014) reminded us in her reflections on her clinical and research experience with immigrant families. Rather, immigration is a critical situation, a disruption of the mechanisms that regulate individuals and groups and a possibly traumatic experience. It is the breaking up of an existing balance that leads to the need to seek a new equilibrium. The outcome of this process depends on an individual's personal history, on his or her resources, and on the possibilities offered by the individual's surroundings.

Individual stories are in a continuous dialectical relationship with social, political and collective contexts. It is, therefore, important to understand whether immigration was an individual's choice (often to improve living conditions). If so, there was a migratory project at stake, with the individual being motivated to reach a specific place or person? These aspects protect and propel the immigrant both during the journey and on arrival at their destination. A migratory project offers a better possibility for directing one's own choices and not becoming a victim but an active participant, integrating and modifying the person's various ego states. The immigrant is able to have a realistic vision (Adult), consider aspects of protection (Parent), and fuel drive, curiosity and motivation for immigrating (Child).

These elements have allowed us at Terrenuove to create guidelines in our work with immigrant parents who have long been in Italy and wish to bring their children to their new country. The goal is to allow children to participate in the immigration process rather than to just undergo it (Ligabue, 2011; Ranci, 2011). Designed to prevent crises later, this means turning forced immigration into participatory immigration and helping parents to become aware of the psychological difficulties associated with their children re-joining them.

Forced immigration is discussed using various terms, some of which put greater emphasis on the legal status of the individual (e.g., asylum seeker and refugee) and others of which highlight social and psychological conditions (immigrant or displaced person). Papadopoulos (2014) instead used the term 'involuntary dislocation'. That phrase can also refer to the displacement of a shoulder or a hip—a sudden, painful experience—and is well suited to describing the painful and startling experience of leaving behind one's country, loved ones, home and environment, all parts of an individual's core identity.

However, the term 'dislocation' also implies relocation (e.g., a shoulder again moving into its natural and functional space). This is the case with integration into an individual's host country with all the connected difficulties: residence permits, recognition of status and searching for a home and job, all fundamental to the processes of acculturation and assimilation in the host country.

The story of a young African woman with whom we had the opportunity to work closely at Terrenuove illustrates the various aspects of dislocation and relocation (names and other identifying details in this case have been changed). In discussing this case, we consider the steps suggested by Papadopoulos (2014): from feeling insecure at home (push factor for dislocation) to the decision to leave, the escape, and seeking security and a new home. The arrival in a new country can be re-traumatising (e.g., when immigrants are not welcomed and are seen as a threat or left in limbo for a long time without papers, etc.) or, conversely, relocation can promote growing and a process of acculturation/integration.

12 | INVOLUNTARY DISLOCATION AND THE IMPACT OF A NEW COUNTRY: A CASE STUDY

To unite theory and practice, we would like to recount the story of a woman whom we will call Saba. Her story is similar to many others we are dealing with in this period, particularly those arriving from Africa. A previous report of this story and of the following considerations on treatment was discussed in Ligabue (2018).

Saba—slim and dark-skinned, with eyes revealing a mixture of pride, fear and curiosity—was just over 20 years old when we first met her. She was referred to Terrenuove by social services almost 2 years after her arrival in Italy.

Despite that much time in her host country, she still did not speak Italian and her body was suffering: she was anxious, agitated and had insomnia. She had left her extended family and two older sisters in Eritrea, the country of her birth. Saba, whose mother had been abandoned when her father had decided to start another family, was a practicing Orthodox Christian, and hope and prayer were resources for her.

Saba was still a teenager when she began military service, an obligation that in her country comes early in life and continues for many years. She learned how to fight, use guns and face fear in a context in which living conditions were difficult. She had suffered from the fatigue and oppression of military life. She no longer sensed that she could master her own life and felt she was in danger and without future prospects. Saba decided to leave Eritrea, and when the opportunity arose, she ran away with a higher-ranking soldier. They wanted to start a family and go to Canada or perhaps Europe. They had acquaintances in Germany and Sweden and decided to cross the border. The choice was irreversible.

The loss of security—typical of the phase that precedes the departure—provides the driving force to flee, in search of better living conditions. The journey begins the process of leaving the land of origin—the first phase of the dislocation—losing points of reference, including loved ones, familiar smells and geography.

It took Saba more than 2 years to reach Europe. The first part of the journey, with her companion, was in Ethiopia. They stayed in a refugee camp for over a year, and during that time, Saba became pregnant with her son (who was 4 years old when we met them). They then decided to escape to Sudan, where they stayed for several months. At that time, they had trouble, were imprisoned and her companion disappeared. The circumstances surrounding his disappearance are unclear and often change in Saba's story, like her time line of events. He is still missing today.

Despite her companion's disappearance, Saba decided to continue on alone and face the long journey on a lorry through the desert to Libya, arriving in a highly politically unstable country, a barbaric land. The final part of the trip was the crossing of the Mediterranean Sea to Italy. The voyage from Libya to Italy, which lasted an interminable 5 days, took place on a small boat in which those aboard were piled in layers. Many died at sea or were crushed to death.

Saba's son witnessed these events, which Saba finally began recounting without emotion. She carried traumatic experiences inside, but her reaction in order to survive was to 'stay strong' and become hard with emotional freezing. During her journey, she was detained twice for a total of a month, but she was unable to recount those experiences in detail, instead saying that she was carrying a 'dark sack' full of heavier things that she was unable and not ready to speak of. Having a small child to protect was extremely important in making Saba persist and continue forward. It bolstered her resilience and fed her hope.

During the second phase of dislocation—the escape journey—there is an accumulation of many experiences that individuals usually struggle to speak of: some experience solidarity, others violence. Shame, disbelief, guilt and an inability to think back to the incidents make it difficult to put words to those experiences. Many times people will say, 'It's best to forget; I want to erase those terrible experiences, even though they come back every time I close my eyes to sleep. Why should I remember? Here all I have to do is start over again'.

Only later, and very quickly, did Saba tell me about how she and her son were rescued at sea by a ship 'as high as a mountain and crowded with people'. They eventually landed in Sicily, where their arrival in that much-anticipated place was unwelcoming. She recounted that for a few days she stayed under a massive sun-drenched canopy packed with terrified people. She said that there were 'many white hands pushing everywhere'. She found strength in the solidarity of several women travelling with her.

At the arrival in the host country, another stage begins and the impact of reality tends to seriously test individuals' ability to resist and to adapt their expectations to their destination and new conditions as refugees. Saba's story of the time after she arrived in Europe was confused. She remembered another long train ride and arriving in a north European country where she stayed in a reception centre for 6 months. Later, under European rules, she was sent back to Italy where she moved from reception centre to reception centre.

In the first phase of relocation, there are several difficulties to face: the first encounter with a new language, geography, climate, habits, laws, rules and bureaucracy. The lengthy wait for proper documents, the bureaucracy and being forced to live with other people in unsuitable environments reactivate a sense of helplessness and are combined with previous traumas. The choice is now whether to belong to the new host country and, if so, how to adjust one's life project.

When we first meet Saba, she had continuous headaches, was very angry at Italy and was unable to learn Italian. She was also angry with her son, whom she had difficulty controlling, and was constantly worried about his health. She saw him as being too thin (which in her country meant being at risk of death), too restless and too demanding. He constantly asked about his father, and she did not know what to tell him.

After our initial meeting with Saba and the social workers who referred her to Terrenuove, as is usual for us, we maintained frequent contact with the network to coordinate different aspects of her settling here and to foster her relocation. Over the following year, Saba's situation slowly improved. She went to school to learn Italian, her son was placed in preschool, and after various check-ups, she was finally reassured about his health. Her son attended separate sessions with a colleague who works with children to assess their difficulties and provide them with a space in which they can express their emotions and find new potential for growth. In sand play (Chiesa, 2012), Saba's son created scenes with soldiers and fortifications around a queen in danger, his position as his mother's protector clearly emerging. The question of 'Where is my father?' remained unanswered.

Saba's son's unruliness slowly transformed into curiosity toward what was new. At school, he made friends and learned Italian much faster than his mother. She, too, slowly came to terms with her need to stay in Italy. Only very recently did she admit, 'Perhaps Italy is better than Germany'. She began building relationships and attending work training. As of this writing, Saba is still in a reception centre but, after a long wait, she has finally been given refugee status. Obtaining the proper documents that guarantee legal protection has greatly increased, her sense of security and is a gateway to a normal life. Despite this, she knows that the fate of her missing companion is still an area of pain and silence within her. Her son frequently looks at planes in the sky, asking, 'Is my father up there?'

In the second phase of the relocation, there is a progressive definition of the immigrants' life project in the host country. In this phase, immigrants must take account of their own cultural belonging and negotiate with the culture of their new country. This negotiation (rules, language, ways of leaving) implies a reorganisation of a person's identity. John Berry (Berry et al. 2011) was among the first to consider the relationship between these two variables and identified four different acculturation strategies: assimilation, separation, integration and marginalisation:

Assimilation is the strategy when individuals do not wish to maintain the identity of their heritage culture, seek close interaction with other cultures, and adopt the cultural values, norms and traditions of the new society. When individuals place a high value on holding onto their original culture, and at the same time avoid interaction with members of the new society, the Separation strategy is defined. When there is an interest in maintaining one's original culture, while also having daily interactions with other groups, this is called Integration. The strategy of Marginalization arises when there is little possibility or a lack of interest in cultural maintenance (often for reasons of enforced cultural loss), as well as little interest in having relations with others (often for reasons of exclusion or discrimination). The four strategies are neither static, nor end-outcomes in themselves. (Berry et al., 2011, p. 321)

We could say that Saba went from initial resistance and separation to progressive integration. Her son went from a phase of assimilation (facilitated by increase socialisation through school) to progressive integration of the two cultures: a process useful to build a sort of bi-located identity. Following Nathan (2001), we can consider this transforming identity process as a personal creative process 'in-the-middle-field' between two (and sometimes more) cultures.

13 | SOME REFLECTIONS CONSIDERING SABA'S TREATMENT

To provide a secure place for Saba, for 18 months we held individual meetings with her every 2 weeks and network group meetings approximately every 2 months. One of the first issues needing attention with immigrants is language, which is the door to a new world and identity. The delicate matter of using a linguistic mediator must involve someone who, in addition to knowing the source and target languages, must also be compatible with the individual, with special attention paid to gender, religion, history and political parties to avoid putting trust at risk. At Terrenuove, we cooperate with a cultural association that selects and provides trained translators from/to native languages, generally immigrants who have been in Italy for many years, who are now resources in our country and for the new arrived people, resources in language and in being a living witnessing of a possible cultural transition.

For Saba, it was essential in the beginning for her to be able to speak Tigrinya, her native language and to experience importance given to it (Inglese, 2009; Ligabue, 2004). In speaking, she opened up and became more lively. Italian was difficult for her: 'I can't remember anything, but when I start working I'll learn the language, so first provide me with a job!' It was clear that despite her difficulty in learning Italian (partly due to her modest education), she was also expressing a sort of protest. She wanted a job that would make her independent.

In our relationship with Saba, we felt caring and admiration for her courage and determination, but also experienced moments of helplessness, frustration and anger, as did she. There are numerous transference processes to which we as therapists must be sensitive, including being aware of symbiotic processes (Schiff, 1975) as well as the risk of acting as Rescuer or Persecutor and enacting traumatic experiences (Clarkson, 1992). During my work with Saba, we paid attention to our thoughts and feeling, taking into account reveries and dreams and discussing them in supervision sessions at Terrenuove.

In working with Saba, the network of social workers, instructors and lawyers involved was paramount: proper papers, a home, learning the language, finding a job and health care are the indispensable base for creating psychological support, the mending and weaving (Mellina, 2001) of a new identity. What is most important in connecting these various levels is a participatory attitude and practice. It was equally important to simply be with Saba, to listen to the fragments of her story and to build, from the outset, a safe place in which we could think together to reconstruct lost passages of her story and help her continue to narrate it. This safe place is one in which the body's anxiety can be soothed and particular attention can be paid to tracking gestures and small somatic changes in the person, with a respectful, contracted sensorimotor approach when possible (Cornell, 2015; Ligabue, 1991). This allows some aspects of the traumatic experience to emerge, thereby providing an opportunity to look at those experiences from a different perspective (e.g., one night policemen with guns performed an inspection that triggered past experiences for Saba). In this process, the therapist is a witness, a compassionate partner who thinks together with the patient.

Making room first for Saba's anger, sorrow and demands was necessary in order to reach the point of being able to discuss a direction for her life. Many questions remained for Saba, but today, apart from her 'heavy dark sack' (from which she occasionally pulls something), there are daily moments of serenity with her son: retiring to their own room in the evening, visiting a nearby pool where they can learn to play with water instead of fearing it, talking to her son's grandmother on the phone, going to Church on Sunday, inviting friends over. Saba is seeking a new plan for her future. Having lost hope of finding her companion, she would like to bring her mother to Italy to help her raise her son. A happy reunion is still far off, but that desire shows that Saba wishes to create her new life in Italy, rooted between the two worlds she is beginning to connect.

At the conclusion of her individual treatment, a network meeting was held to take stock of progress made. Just like the many patients who come back years later to say hello and update us on their lives, Saba knows that she can contact us if she finds herself in need in the future. Unexpectedly, Saba's story had a happy ending 2 years later (unlike many others). One day, she called us to tell us that her companion is alive and had managed to find her. He is

in Africa but is planning to join Saba and their son. In the meantime, Saba had moved to a small town in northern Italy where she has a home and works; when her companion arrives, they will decide whether to join some of their relatives in Germany. Their journey continues, but their points of reference are now more solid and their leaving would not be a necessity.

14 | MANIFESTATIONS OF TRAUMATIC EXPERIENCES AND ATTENTIONS IN TREATMENT

As we can understand from Saba's story, in forced immigration, there are place/space/language problems. Papadopoulos (2014) wrote about the 'nostalgic disorientation' that can be caused by losing one's home, a hub of interconnection in place/space/sounds/meaningful relationships embedded in culture, and the loss of which can cause suffering, depression or traumatic reactions.

We would like to briefly discuss certain difficulties and manifestations related to traumatic experiences and the attentions of the therapist.

Recent literature and neuroscience show us that when individuals are affected by traumatic experiences, they have difficulty regulating time, thoughts, body and emotions; and struggle to give meaning and consistency to their experience. We use this frame of reference to give at least an idea about the needed different levels of attention and the need to integrate theory and techniques in treatment, starting from the concrete difficulties people bring to us.

Sense of time: Past memories sometimes pervade the here and now—as 'real' events—and time becomes a dimension that the individual feels unable to master. Kronos (time marked by the clock) and Kairos (time as it is perceived and experienced) are out of sync when trauma occurs. As normally experienced, kronos cannot return to the past to change history, but kairos can move freely between the past, present and future to bring new meaning to the person's experience through the metaphorical process (Modell, 1990) and narrative. Because trauma causes the metaphorical process to become frozen (Stern, 2015), it is meaningful relationships that restore it in a living shared time.

Thoughts are disorganised: There are internal critical voices, persecutory thoughts and recurring ideas of death (e.g., 'You were not able to protect your beloved from being murdered', 'Never forget! They will find you and abuse you again', 'You do not deserve to live any more'). These voices often lead to violence against oneself and others. Individuals feel they are unable to control their thoughts. Especially following torture—something we find refugees have often experienced—the internalisation of the persecutor and the connected logic of annihilation is an ongoing attack on the person's ability to think (Caizzi & Ciambellini, 2008; Sironi, 1999, 2007).

In terms of ego states, there is an impoverishment of the creative abilities of the Child engaged in an internal dialogue with a rigid and persecutory Parent. This process often leads the individual to withdraw in solitude and to restrict the use of Adult thinking. Also evident is the lack of voices of comfort and internal support, of a compassionate Parent ego state that can gradually grow, supported by the therapist's presence, as a privileged witness of the trauma over time (Stern, 2015; Stuthridge, 2012). *The body suffers:* In times of silence, as if anaesthetised, the body becomes powerless and passive; at other times, it screams out, hurts, is sick and anxious, and requires remedial action. Many symptoms persist, including headaches, sleep disorders and a sense of being estranged from one's body; this recalls what was endured and suffered and keeps score of all experiences (Van der Kolk, 2014). To transform a symptom in a starting point of a new narrative is an often long and surprising journey.

Emotions: Rooted in the body, emotions are dysregulated with various arousal states, including hyper- and hypo-activation (Porges, 2009; Shore, 2009). These reactions are difficult to control, even though they are adaptive in situations of stress and serve as non-conscious survival strategies. As we know from studies on emotions and sensorimotor reactions, individuals who have undergone traumatic experiences have a limited emotional window of

tolerance, whereas proper relational functioning requires emotional flexibility. Traumatic experiences narrow and harden the ability to regulate emotions based on context (Ogden et al. 2006; Siegel, 2010).

The person experiences a state of chronic alertness (Levine, 2010) that makes them vulnerable to danger. Every small signal, such as a sound or smell, activates a rapid response that passes through the emotional brain (LeDoux, 2002) temporarily excluding reflective thought and neocortex processing. Continuous relationships and the experience of safety and predictability in one's environment all help to restore improved self-control and leave room for new aspirations.

We often encounter these reactions in our patients at Terrenuove, and these reactions can cause significant difficulties in terms of daily functioning and quality of life. They can also reverberate in the therapeutic relationship, which must take into account the different levels of work and a dimension of cooperative care. For treatment of these often traumatised populations it is important to have an integrative open view and training, giving value to complexity and tolerating uncertainty. It is necessary to maintain a regular space for supervision and discussion to become aware of own culture, story and transference–countertransference process experienced in the relationship and to be able to operate at different levels of intervention, often in limited times and conditions.

15 | FINAL CONSIDERATIONS

In our work with immigrants in our Services at Terrenuove, there are short-term consultations that are focused on promoting a 'passage' and a connection between past and present. There is a work of reconstructing and mending patients' plots of existence before and after their journeys. Their life story's narration and their experiences in a reciprocal relationship in which they regain a 'presence' in the care group, allow them to renew an experience of safe, sufficiently powerful, and protective attachments that facilitate recognition of self, their own resources and their life projects in the foreign land.

There are also, for some people, other longer, more painful paths, that sometimes stop abruptly and then begin again after a few years, and can lead to encounters with trauma, old wounds and life stories with difficult attachment experiences in primary relationships. Meaningful, reciprocal, and intersubjective relational experiences that are reinforced within the group of care providers create new bonds of attachment. This context promotes a sense of security, a recognition of one's own existence and constitute a secure basis for and useful experience in developing social skills that allow migrants to make the best use of the various social and welfare support systems and create exchanges with the society in which they are inserted. For us as caregivers, these care paths initiate processes of reflection and help us to acquire skills, grow professionally, and question and renew repetitive care methods and strategies.

The integration process thus develops within a perspective of reciprocity and there is a progressive encounter between immigrants and services: between 'foreigners' and our-world institutions. Both parties are engaged in the search for meeting points and for the construction of meaningful relationships in a safe and welcoming space. The split and 'suspension' between multiple worlds and multiple senses of belonging without a precise elaboration of the multiplicity of experiences and a possible reconciliation of those differences makes it difficult for immigrants to recognise themselves in their existential continuity. Being 'suspended' between several worlds that are separated from each other—at times with culturally contradictory aspects in daily life—decreases the motivation necessary to be active and effective and makes it difficult to use resources to plan and create one's future in a foreign land. Our work with immigrants, with teenagers and with families is characterised by patient mediation, reconnection and mending within a structured and planned space and time.

It is important to emphasise that there is no clear boundary between normality and pathology. Often, some aspects, which we can ascribe to 'traumatic responses', are part of the experience of the lives of many of us, albeit momentarily (evoked by difficult experiences), or concern certain areas of our life. From the beginning, at Terrenuove, we have always questioned these aspects of the juncture between normality and pathology to seek out

sufficiently flexible, effective, respectful and non-pathologising methods of treatment that support mechanisms to respond to stress and resilience. Increasingly, the ways we live in our society/communities show us the need for a clinical view that takes into consideration our society as a collective body. In this sense, a clinical attention in treating immigrants is not far from a clinical view that treats distress, impoverishment and problems related to a lack of social and psychological support in a broad sense. This vision forces us to reflect on how psychology, ethics and politics are closely linked; and reminds us to think in collective terms.

Finally, we want again recall how the network group (gruppo rete)—comprising all those individuals who, in their various capacities, encounter the discomfort and needs of immigrants—is a privileged space to experience and implement the transition between what has been left behind and what can be found with innovative options. This local/territorial group exists within the flexibility of the setting and is possible thanks to those who are involved. It is, in our experience at Terrenuove's Services, an 'intermediate space' that makes it possible for different cultures and diverse professional and personal approaches to encounter one another. It also facilitates the concrete construction of 'intermediate' realities between one country and another, one language and another, one culture and another, and between the different connections and identities that we are increasingly called to be a part of.

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How to cite this article: Rotondo A, Ligabue S. Migration as a risk and opportunity: Terrenuove's experience. *Psychother Politics Int*. 2020;18:e1560. <https://doi.org/10.1002/ppi.1560>

Looking at activism through the lens of transactional analysis

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Abstract

Inspired by the catastrophic social unrest in Hong Kong, this article considers the political aspect of psychotherapy with a particular focus on transactional analysis. Concepts from transactional analysis such as 'Discounting' and 'decontamination' are considered in relation to working with political activists. Drawing upon her personal history, the author gives an overview of how one's political identity can be shaped by various external factors. For example, in the case of Hong Kong, how levels of socio-political involvement might reflect the varying degrees of environmental trauma experienced by individuals of different generations. In therapy, the author describes what activists might come to therapy for and how the political self of both the client and therapist might be presented in the room. By questioning some of the fundamental ideas of psychotherapy—namely, empathy and neutrality—the author invites the reader to think about the ethical implications of working with activists.

KEYWORDS

activism, discounting, Hong Kong, political oppression, protestor

1 | INTRODUCTION

I was sitting precisely 5976 miles away looking at a computer screen showing that my home of origin, Hong Kong, was facing a horrific humanitarian crisis. Under the oppression of the Chinese Communist Party government, tear gas and rubber bullets rained down on protesters weekly, countless thousands were being indiscriminately clubbed by policemen and numerous women sexually assaulted while in detention (The British Broadcasting Corporation, 2019). Powerless and hopeless as this felt, I could not help pondering whether a transactional analyst could be of

service in such a situation. I decided to look into the idea of activism through the lens of transactional analysis theories.

In the following article, I examine transactional analysis in the socio-political context. I focus specifically on the idea of Discounting (Schiff & Schiff, 1971), in order to look at the characteristics of activists (I use the word 'protestor' interchangeably) and the dynamic between the political and apolitical in general. I will assess my family story and how it might shape my political self and its influence on me as a practitioner.

2 | TRANSACTIONAL ANALYSIS AND POLITICS

Samuels (2013) commented on how traditional psychotherapy removes clients' political energy by absorbing them in therapy that takes all available psychic energy for its own project of personal exploration. In the world of transactional analysis, it had been said that Berne 'made little or no connection between the consulting room and the larger world' (Jacobs, 1996, p. 207). The classic transactional analytic theories such as Ego State, Impasse, Script and so on seem to solely focus on our inner self and the intrapsychic processes which have been influenced by our developmental history. However, we must not forget that Berne (1961), in fact, intended transactional analysis as a branch of 'social psychiatry'; he suggested looking into individual psychodynamics and pathology in the analysis of 'social action'. In therapy, by working with the individual on the intrapsychic level, transactional analysts who adopt a relational method aim to work with clients' relational patterns in order for clients to have better relationships in the social realm. Indeed, I see working relationally in the room as 'necessary steps in visualising the person in a broader context, larger than the therapeutic encounter, which analyses the structure and pays attention to function as it relates to others' (Jacobs, 1996, p. 207). In other words, the intrapsychic and the interpersonal (social) are barely separable. This idea is made clear in a very classic transactional analysis way through Figure 1, offered by Jacobs (1996) himself. It depicts both the interpersonal and intrapsychic positions within the wider context of the world in which we live.

As shown, the two sets of ego states highlight the interpersonal element within the realm of politics, ethnicity, religion and subculture. I believe this is crucial when we try to understand how the inner self (including our values and belief systems) is formulated and influenced by our external environment and how this eventually affects us relating to each other. Moreover, to draw on Clarkson (1987), 'individual moral choices are exceedingly complex and based on family and cultural scripting as well as environmental trauma' (p. 82). Cultural scripting and environmental trauma can be seen within the realm of politics, ethnic, religious and subculture as shown in Figure 1. Given that the way we relate to others will be closely dependent on our world view, which in turn is inevitably influenced by various external factors around us, we can see how the inner and external world are inseparable. Therapy work cannot simply deal with one's personal material.

It is also worth thinking about therapeutic work as an intentional and political choice of participating in society. As part of the humanistic tradition, transactional analysis advocates the therapists' active involvement in alleviating the plight of the less unfortunate. Many of us chose to work in public sectors and charity settings in order to widen the accessibility of support for more vulnerable members in our society, especially under the current austere environment. Hence, working as a therapist is a political act in itself.

3 | DISCOUNTING THE SOCIAL ISSUES

As the intrapsychic and interpersonal are inseparable, I suggest many transactional analysis ideas are highly relevant and useful when working with clients who are politically engaged. Due to the specific socio-historical environment in Hong Kong, I am particularly drawn to the idea of discounting when assessing people who have different levels of engagement with social movements. I draw upon the analysis that Clarkson (1987) eloquently

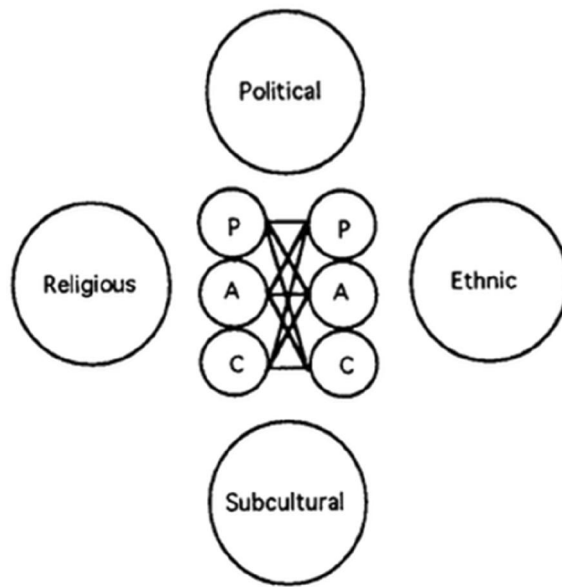


FIGURE 1 Social analysis (Jacob, 1996)

offered about discounting and Bystanders. Bystanders are those who 'frequently justify not intervening by believing that the situation cannot change, the problem cannot be solved, or that no other viable option for action exists' (Clarkson, 1987, p. 84). In other words, Bystanders discount social problems on all levels in the Discount Matrix (Stewart & Joines, 1987).

It is said that 'the political self is formed in culture, family and the inner world. The notion of differing 'political styles' as a source of conflict is explained and explored' (Samuels, 2013). In other words, one's engagement with social issues is closely related to their personal history. Having been through the traumatic catastrophe of the Cultural Revolution, both of my parents fled to Hong Kong in the 1970s in their teenage years. Whilst naively thinking that the traumatic experiences of their lives in China might have crafted their political stance into a more liberal and democratic preference, it took me a long time to understand that their escapes were not out of their own choice or in protest against the authoritarian regime; rather, a necessity of survival.

In observing the suppression of Hong Kong by the Chinese Communist Party, I now understand how oppression can force the need for one to discount social issues. I have seen that when one's freedoms are violently withdrawn, some people can become Bystanders out of hopelessness and fear. My mother, for instance, would actively discount any social problems and her ability to make changes. Alternatively, some might choose to be what Massey (1987) called 'Followers'. Followers are those who 'are frustrated with their own options for fulfilment and who seek the grandiosity of overt aggression and violence sanctioned by a higher power' (Massey, 1987, p. 118). This perfectly describes my father, who embraces and glorifies the absolute power of the Chinese Communist Party and entirely discounts the social problems it causes.

Having been through extreme poverty and oppression, it was security and safety, the bottom two levels in Maslow's (1943) hierarchy of needs, for which my parents strived. It is understandable that both the Follower and Bystander positions would be relatively satisfying for them in providing sufficient comfort and consistency in comparison to the traumas they had experienced.

Conversely, Hong Kong was a place where everything was seemingly possible and abundant in the flourishing capitalist mirage when I was growing up. As a generation under the British colonialist governance, we also had a taste of western ideologies such as freedom, individuality and pseudo-democracy. I am undoubtedly part of the relatively privileged generation which was already grounded in the two survival levels for which my parents had

fought. This has enabled me to step my way up Marlow's hierarchy and focus more on pursuing values such as justice and equality. Combined with continuous working through of trans-generational trauma in personal therapy, I hope to move towards what Maslow (1943) called 'self-actualisation'.

On an intrapsychic level, fuelled by a sometimes useful Be Strong Driver (Kahler & Capers, 1974) and my rejection of the imposed Do Not Be Important injunction (Goulding & Goulding, 1976), I refuse to be a bystander who discounts the social problems and the ability to participate in social change. In common with many young people in Hong Kong, I identify myself as what Massey (1987) called a 'Resister'—someone who 'prefers social structures encouraging the power to become and, based on intrinsic ethics (Fromm, 1947), takes personal risks in order to work for a society beneficial to oneself and just to others' (p. 118). Although being far from home, I exercise the role of resister by giving psychological support to the young protestors who fled to the United Kingdom.

The aforementioned differences of existential goals and levels of discounting between my parents and I are not at all unusual in current Hong Kongese families. In fact, this generational conflict is precisely the challenge faced by a lot of young activists. It often manifests in therapy and motivates me to reflect on how I use certain transactional analysis concepts when working with this group of clients.

4 | HOW THIS INFLUENCES MY WORK

I wonder how making a conscious choice of being a Resister influences my take on some general psychotherapy concepts and transactional analysis ideas. I believe this wondering is important in terms of shaping my work with clients and my personal growth as a therapist.

Opposing political ideas can be seen as unacceptable to a given social structure; in extreme form, a diagnosis of 'sluggish schizophrenia' was given to Soviet dissidents in the USSR (Jargin, 2011). Political thoughts can be deemed as 'contaminations' by people with opposing interests, such as power or profit. I thus reflect on the idea of decontamination (Berne, 1961) and how if we apply this concept to activist clients we might hinder the work. Research has pointed out that, 'novice activists tend to experience growing pains such as stridency and confrontation with pre-existing friends and family members, highlighting a source of potential distress' (Lee, 2014, p. 18). As some activist clients might come for therapy exactly because of the relational problems with friends and family caused by their political beliefs; in therapy, if the therapist were to challenge the political view of these clients as contamination rather than being therapeutic, the room might turn into a re-traumatising stage for the struggle they are experiencing outside. With this specific scenario, I believe it is important for therapists to validate and affirm the meaning of activism in clients' lives. It is also important to support clients emotionally when facing relational difficulties which consequentially contribute to the empowerment of their work to promote social justice and social change. This brings complex questions to mind: how do we know if we are standing on the more justified side of the moral compass when we are validating someone's view? Moreover, are not we, as therapist, supposed to be neutral?

Political opinions are often polarised and entrenched, making the position of neutrality in the face of such stark social inequality difficult. Such a stance challenges two fundamental therapeutic ideas: neutrality and empathy. Would then, the activism on the part of the therapist betray the professional requirement of neutrality? Do I need to believe in the same thing as my client in order to work with them?

These questions make me wonder how my relationship with my own activism would present itself in the therapy room. For instance, I would feel much warmer towards a client who is very political and who sympathised with Hong Kong. With this in mind, how would I feel with a client who empathised with the Chinese/Hong Kong government and police, would I withhold from this client? Such questions elicit a rather crucial reflection on working ethically. Abiding to the very first principle of the *Ethical Principles and Code of Professional Conduct* (UK Council for Psychotherapy, 2019), in order to serve the best interest of our clients, I believe the

therapist has to be authentic and congruent. In the case of Hong Kong, because of my political self being intertwined with my therapist self, it would be difficult for me to be empathetic to clients who were not empathetic towards the young students (as young as 12 years old) who have been silently murdered and raped. In other words, not only is this a matter of 'Professional Integrity' (UK Council for Psychotherapy, 2019), it would be out of my competence as well as unethical to take on a client who has explicit pro-Chinese authoritarian views with whom I am not capable of connecting with on matters that are so intrinsic to me. To summarise, in the context of politics, my choice of clients would have to be grounded in my constant reflection and awareness of my own belief system and political choice.

5 | CONCLUSION

Although the devastating situation in Hong Kong is unlikely to be solved anytime soon, and as hopeless as it seems, I believe it is important 'not to run to the nearest exit to save your own ass but rather to stand and fight and focus your attention on the nonviolent power you hold in your hands every single day' (Žižek, 2019, p. 85). It is important to support our clients to nurture their subjective sense of power against the oppressor in such situations.

As Clarkson (1987) reminds us, we are psychotherapists and people too: 'we as psychotherapists and people will develop greater congruity, authenticity, and courage to act on behalf of ourselves and others in unjust or violent situations' (p. 87). This piece has provided an opportunity for me to reflect on some transactional analysis ideas and my own personal thoughts on activism, as well as revisiting some fundamental ethical ideas in psychotherapy. 'Engagement in political activity and processes of personal growth and development are seen increasingly as the same thing or at least two sides of a coin' (Samuels, 2013). As a practitioner, I believe the political self cannot nor should be concealed by the therapist hat—the fighter's armour in our life will also be present in the room.

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How to cite this article: Li S.C. Looking at activism through the lens of transactional analysis. *Psychother Politics Int*. 2020;18:e1558. <https://doi.org/10.1002/ppi.1558>

Human nature in peace and war

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Abstract

This article discusses the concept of psychoneurosis and its causes, and argues that, as a word applied to conditions of nervousness in the US Army (in the 1940s and 1950s), it was a term used primarily for statistical purposes. It distinguishes between two types of nervous (or psychoneurotic) symptoms and, with reference to a case study, shows the beginning of a psychoneurosis. Originally written between 1943 and 1946, it is reproduced with permission from the Berne estate.

KEYWORDS

nervousness, private suffering, psychoneurosis, public suffering, US Army

1 | WHAT IS PSYCHONEUROSIS?

It has been estimated that with induction rejections and service discharges, there will be about two million men by the end of the war who have been officially labelled with the word 'psychoneurotic'. Many a man who can face machine-gun fire calmly can be made to quail or lose his head by means of a word. The reason for this is that men know what machine guns are and what they can do, but few men understand what words are, and what they can do. In discussing psychoneurosis, therefore, our first task is to find out what the word means and what it can do.

Psychoneurosis is the word chosen by the Army to label those men who cannot get along under the strain of army life. The strain may be purely emotional, such as living in a barracks, or an overseas alert, or separation from loved ones, or taking orders; or it may consist of a more realistic threat from actual bombs and gunfire. The problem of the man who breaks down under actual bombardment or gunfire, or the pilot who breaks down from combat fatigue, is a little different from the others. We shall leave this kind of breakdown for another time, and concentrate now on men who break down when they are not in actual physical danger.

These men, as most people know, are usually diagnosed with 'psychoneurosis' by the medical officer. 'Psychoneurosis' is simply the word the Army chose to designate these people. For statistical and other reasons, it is important for the Army to have a special word for each kind of illness or difficulty that soldiers may suffer. Many psychiatrists, however, practice for years without ever using the word 'psychoneurosis', since there are many other words which mean the same thing, such as neurosis, emotional maladjustment, and nervous breakdown. The

expression used by G.I.s (private soldiers) 'nervous in the service' is as good as any other in many cases, but it would hardly be dignified to use it on a medical report.

The medical officer, however, has to deal not with a word but with a man, and his problem is not 'What does the word psychoneurosis mean' but 'What kind of a man is this patient, what has happened to him, and why is he not able to carry on his duties?' The answer is different for every man. If the psychiatrist can answer these questions, he may be able to cure the man. If he, or the patient, worries about the word instead of about the man, the man will not be helped. So a man should not worry if he is labelled psychoneurotic. This is only another way of saying, 'He is unable to carry on, though his organs and limbs are not out of order'. The thing to worry about is 'Why?'

If a man is unable to carry on because of some behavioural problem which makes him an unreliable soldier, or because of some physical complaint which interferes with his efficiency, he is sent to the medical officer. The doctor may be able to show by means of laboratory tests, X-rays, or other methods of examination, that the man's insides have changed in some way. If the examinations show that his insides have not changed, the psychiatrist is asked to see him. The psychiatrist examines him from the psychiatric point of view (what i.e., we shall see later) and if he feels that the man's troubles come from emotional difficulties, he will call him 'psychoneurotic'.

Some men can keep their desks tidy and some men cannot. In the same way, some men can keep their emotions tidy and some men cannot. Those who cannot are called 'psychoneurotic'. The job of the psychiatrist is to show such men how untidy their emotions are, and what they can do about it. A psychoneurosis is just a kind of deep-seated untidiness that cannot be beat out of a man with a baseball bat. The baseball bat just makes him feel more untidy.

2 | WHAT CAUSES PSYCHONEUROSIS?

As we learned in the last section, psychoneurosis is the word chosen by the Army to be applied to conditions of 'nervousness', anxiousness, excitability, or inability to get along as well as other people in the face of danger, discipline and lack of privacy. This means that 'nervousness' is a psychoneurosis as much as anything else is. Since so many people are 'nervous', psychoneurosis cannot be such an awful thing after all. Some people are more nervous than others, so psychiatrists say that there are mild psychoneuroses, moderate psychoneuroses, and severe psychoneuroses. Probably a large percentage of people in and out of the Army are mildly psychoneurotic (or nervous) in some way or another. Why, we shall soon find out. Most people, however, are able to get along with the little nervousness that they have, and nervousness (or psychoneurosis) only becomes significant if it interferes with the individual's efficiency. The trouble begins not because people are nervous, but because they let their nervousness get control of them instead of controlling their nervousness, or working and keeping an even temper in spite of it.

Many soldiers believe that psychoneurosis is inherited, and that therefore nothing can be done about it. They say, 'My mother is nervous (so I am nervous)'; or 'My father is nervous (so I am nervous)'; or 'My sisters and brothers are nervous (so I am nervous)'. Because some member of their family is nervous, they say, 'It is inherited, so I might as well give up'. There is no reason to give up. Even a Boy Scout knows that you never give up.

The question so often raised, as to whether nervousness is due to heredity or environment, has no practical meaning. It is like asking which is more important in strawberries and cream, the strawberries or the cream? Does the cream surround the strawberries, or do the strawberries float in the cream? The important thing is that psychoneurosis can be cured, and in those cases where it cannot be cured, the person can live with it and carry on in spite of it.

Psychoneurosis is not inherited as far as curing it is concerned. It is learned from the parents at a very early age, probably between the ages of two and four years. If a man has nervous parents, he will not be born nervous. He will learn to act in a nervous way between the ages of two and four by watching his parents. He loves them, and so he imitates them. At that age, he has no one else to imitate, so if they act in a nervous way, the child—by imitating them—starts to act in a nervous way also. As he grows up he continues to act in the same way; then when he forgets what happened to him and how he felt when he was two years old, he says: 'I was born nervous'. He was not.

This does not mean that a man can blame his parents if he is nervous (or psychoneurotic). They are nervous because they learned it from their parents; the grandparents are nervous because they learned it from their parents, and so on. If he wants to blame anybody, he will have to end up by blaming Adam and Eve. Since the average man has more than one child, and since if he is nervous his children are liable to be nervous too, we can now understand why there are so many nervous people in the world, and why there will be more and more in each generation, if we do not stop it somewhere along the line. Psychiatrists now believe that this is the time to stop it. With each man that is cured of psychoneurosis, we prevent more psychoneurosis in the next generation.

Not all psychoneuroses begin between the ages of two and four, but these are the ones that we are most concerned with. It is the people who have been nervous from infancy who are most liable to be discouraged and give up, since they think their condition is 'inherited' and therefore hopeless. The ones who become nervous later in life are more apt to believe that they can be cured, and they are not so easily discouraged about themselves.

3 | WHAT ARE 'NERVOUS SYMPTOMS'?

In the previous sections we tried to show that there are as many different 'psychoneuroses' as there are human beings, and that the word 'psychoneurosis' is used in the Army merely for statistical purposes to group together those human beings who find the Army so difficult that it makes them nervous, or at least more nervous. Last week we tried to say that nervousness (or 'psychoneurosis') comes from mixed-up emotions, starting usually between the ages of two and four. The child at that age learns how to use his feelings, or emotions, by watching his parents. If one of both parents are missing, or if they have not had time to tidy up their emotions, then the child never learns how to tidy up his emotions. He comes into the Army in this state, and finds it so hard to get along with his duties, hardships, officers, non-commissioned officers, and buddies, that he finally busts himself. Psychoneurosis is when a man busts himself for emotional inefficiency.

There are two types of nervous (or psychoneurotic) symptoms; those that only the man knows about (private suffering) and those that come to the attention of the medical officer (public suffering). Until a man gets to the stage of public suffering, he may be able to carry on very well. He may be able to carry on in one job where he can suffer privately, and break down in another where he cannot keep his suffering to himself because it interferes with his work. The commonest kinds of symptoms which occur in soldiers are bodily aches and pains: headaches, backaches, stomach aches; and symptoms of uneasiness, such as shakiness, pounding heart, and cold sweats.

Some men think that when their symptoms are called 'psychoneurotic', it means that the doctor thinks that they are imaginary. No such thing. If you ever saw a 300 pound woman faint at the sight of blood and had to lift her up, you would know her fainting was not imaginary. She fainted, all right. If you ever saw a child get excited and throw up, and you had to do a spot of cleaning up, you would know that it was not imaginary. If you ever had a headache from worrying, you would know that it was not imaginary. A headache is a headache. Yet the woman does not have anything wrong with her heart, the child with his stomach, or the man with his head. The symptoms come from emotions; fear, excitement, or worry in each case. There are a lot of other emotions, such as love, hate, disgust, anger and apprehension; and all of them can cause symptoms. Psychoneurotic symptoms are often only exaggerations of normal feelings. Anybody's heart can pound from love, hate, fear or anger.

Every organ in your body has two nerves. One nerve makes your heart beat more quickly, the other makes it beat more slowly; one makes your stomach relax, the other tightens it up, and so on. You can show this in an animal by putting an electric battery against one or other of these nerves. If you put it against one nerve, the heart beats faster and the stomach tightens up; if you put it against the other nerve, the heart slows down and the stomach relaxes.

A man's heart can beat fast and his stomach can feel painful even if the heart and stomach themselves are normal, provided a strong current passes down the proper nerve. These nerves are put there to take care of the emotional needs of the man. If a man gets angry, he wants his heart to beat faster and more strongly so that he can

fight better; if he is afraid, he wants his heart to pump at full speed, so he can run faster and longer. In other words, it is the emotions that send currents down these two nerves that go to every organ in the body, and the organs do what the current makes them do. However, the man does not feel the current and often not even the emotion; he just feels what happens to his heart or his stomach after the current takes effect. He comes to the doctor complaining of his heart or his stomach, which may be perfectly normal; what is really getting out of hand are the emotions which affect these organs. Sometimes these emotions can last for years without the person even being aware that he has them.

4 | HOW DOES PSYCHONEUROSIS BEGIN?

Previously, we established that 'psychoneurotic' is just a word used to label people who cannot adjust in situations, such as Army life, where most people seem to get along all right. Next, we examined how this emotional untidiness is not inherited, but is learned from the parents during childhood. Then we tried to show how emotions can cause bodily complaints, and pains in various organs, while the organs themselves seem to be healthy. Now we shall try to show the beginning of a psychoneurosis.

I once had a friend named Joe, kind of a mental and physical lightweight he was, so we called him 'Little Joe'. Little Joe lived with a woman whom he loved very dearly, and she returned his love. Little Joe did not work, he just stayed at home all day with this woman. He and the woman traipsed around the house or sat out in the sun in the front yard, and had a wonderful time until 5:37 PM (1737) every evening.

At 17.37 every evening, Little Joe would hear thunder on the front porch, and into the house would walk this big fellow, nine feet tall and wearing size 27 shoes. The giant would stop in the middle of the living room, and the woman would leave Little Joe and reach up and kiss the big fellow. From that time on the big fellow would run things. In a little while they would all sit down to supper. About 1900 they would start sending Joe to bed. Joe did not like it but he had to go. Sometimes he would fall asleep right away, and sometimes he would lie awake and listen to the giant talking to the woman he loved. After a while, the giant and the woman would go to bed too, together.

All this upset Joe, but there was nothing he could do about it. The giant liked him, and he could not help liking the giant. The same thing was going on in practically every house in town, and nobody ever did anything about it. In this particular town, everybody thought that was all right and that was the way it should be anyhow. It was no use calling the cops as they would have just laughed, and there was nothing Little Joe could do by himself. So he began to kick up. When the giant came home, he would sulk. They kidded him. He would not eat his supper. They fed it to him. He hollered when they told him to go to bed. They put him in bed. This made things worse. He tried lying on the floor and screaming. What else could he do? He could not walk out and leave the woman he loved. He tried wetting his bed. He vomited. He got a headache. When he went to bed, he would not fall asleep, but lay tossing and turning. His heart would pound when the giant came home. He began to have nightmares. He got irritable and began to beat up the neighbours. Wetting the bed was the most fun because he got back at the woman, since she had to wash the sheets. When she begged him to stop, that made him happy and he went right on doing it. Poor Little Joe! The giant may have looked nine feet tall, but he was really only five foot seven, and his shoes looked awful big to Joe, but they were only size eight. Little Joe was only three years old, and the woman was his mother.

What happened when Little Joe grew older? Did he stop wetting the bed and getting headaches when he was mad? Did his heart pound when he got excited? Did he sulk and vomit when he did not get what he wanted? Did he suffer from insomnia and nightmares? Sure. The sergeant bellowed just like his father used to. The captain's shoes were not size 27, but they were pretty big—size 12. When he got talking to this girl at the bar (sure she had a ring on the trouble finger, but she was a good looker) and the lieutenant came over and introduced her to Joe as his wife, Joe got the same old headache.

Joe had his adventures with the giant and the woman fifteen or twenty years ago, but he never got over it in all that time. Will he ever get over it? He might, if he thinks about it, or if a psychiatrist helps him figure it out. Why not?

Well, there is more to it than that, but that gives you an idea of how it can begin in some cases. Naturally, Joe forgets what happened to him and how he felt when he was three years old, so he thinks he was born nervous. He was not.

5 | EVERYBODY IS AGAINST ME

We are now ready for some more advanced ideas. Let us take a look at a type of person whom one frequently meets, both in the Army and in civilian life. This Joe is typified by the expressions 'Everybody is against me'; 'They will have to come and get me'; 'All I want is to be left alone'; 'I can do no wrong'. There is at least one in every outfit. Finally, he says 'I need another drink', and he is off.

Some people have more ambition than ability. They want to get to the top without climbing the ladder. In the Army, they would like to be sergeants, and they are mad because they're not; they think they're beautiful, intelligent and virtuous, and besides they would like to kick somebody around, so they should be sergeants. However, a sergeant is not chosen because he is beautiful, intelligent, or virtuous, nor because he likes to kick people around. A sergeant is chosen because he is reliable, and because he knows how to handle men. Some of these Joes occasionally realise that it is a good idea to be reliable, so they try being reliable for three days and if they are not given a medal for it, they get mad and say everybody is against them. Reliability means that you are reliable not for three days, but forever. Some of them even realise that an executive should know how to handle men, so they smart up towards the fellows for an hour and a half and then wait for the angel to bring the stripes. When they do not come, he says, 'Look, I am not only beautiful, intelligent, and virtuous, but I even go out of my way to be reliable and show leadership for a couple of hours, and what do I get for it? Nothing. I need another drink'.

There are lots of ways that a fellow can coddle himself when he feels like that about things. The commonest is to hit the bottle. So let us follow one of these rumpots through his glorious career of proving that he would be a big shot if the world was not against him. He starts off by trying hard to make something of himself. He puts himself out a little bit, and it seems like a helluva lot to him. His mistake is that instead of giving the world what it takes to get ahead, he gives what he thinks it should ask. When it does not work, he says: 'Look at me, such a beautiful character, and does the world come and kiss me for it? No'. He buys himself a bottle, and two hours later he is so limber he can reach around with both hands and pat himself on the back.

Every time he mucks up, he hits the bottle. After a while he misses so much time from work or from duty that it begins to show on his record. Finally, somebody says something to him about it. After they are gone, he bangs the table and hollers, 'See, them slobs, they are all down on me. The whole world is against me'.

Things go from bad to worse, and he mucks up worse than ever. Every time anybody says anything to him, he is happy. He is proving his point. The whole world is against him. He knew it all the time. When little Buster toddles up and asks, 'Hey, Daddy, why are you not a general? Why are you not president of the company?' Joe says, 'Buster, your Daddy is a wonderful character, beautiful, virtuous, intelligent, reliable and a great leader, but the odds are too much. The whole world is against him'. Finally, after he has hit bottom, one fine day somebody gives him a break. But Daddy knows he is not going to make the grade. He cannot stick the competition. What can he do? He cannot quit. He says, 'Mister, you are a smart one for my money. Anybody that can see what a wonderful guy I am and give me a break has a real brain in his conk'. He tries it out for three days and sees he is not going to make it, so he goes out and gets drunk. When he comes back with rotgut running out of his eyeballs, he is fired. Are his feelings hurt? No. He feels swell. He has once more proved his point. 'I knew it, you faker', he says to the guy that gave him a break. 'You too. The whole world is against me. No wonder I take to drink'. So he goes out and gets drunk all over

again. Nobody can make him stop now. 'They will have to come and get me', he says. 'All I want is to be left alone. I can do no wrong. Everybody is against me. I need another drink'.

6 | I AM AS GOOD AS HE IS

Many people, soldiers and civilians alike, spend their lives trying to prove something which is of no importance to anyone but themselves. We have been introduced to the gentleman whose life work consisted of trying to prove that everybody was against him. Now we shall meet the man whose life work consists of showing himself that he is as good as the next man, or as these people keep telling themselves: 'I am as good as he is'. The world does not care whether either of these people prove their points or not. The world has its own troubles to worry about, and the only people the world is interested in are those who forget their own troubles and spend their time trying to do the world's work instead of their own.

The man who is trying to prove 'I am as good as he is' has a miserable time. He fidgets in company, does not know what to do with his hands, is afraid to ask a girl to dance, and makes up for it by getting belligerent at the wrong time. If he is a studious type, he wanders around libraries and bookstores looking for the answers. One day he comes across a book with some title like *Be Glad You're A Dope*, or *How To Make Influential Friends*, and he is off. He is wasting his time. Suppose he goes to a dance. Instead of sitting in a corner, like he used to, he elbows his way across the floor to the prettiest girl in the room. On the way he smacks into a navy chief weighing 213 pounds and knocks his girl over. Instead of apologising, he remembers page 49 in the book, and sticks his chin out and says to the sailor: 'I'm as good as you are'. When he comes to, the surgeon is bending over him, saying 'What crockery shop do these fellows buy their jaws in, anyhow?' The book did not tell Joe that when you holler 'I am as good as you are' at a navy chief, you pull your chin in, not stick it out.

Suppose on the other hand he gets to the girl. He sticks his chin out again and says in a loud voice: 'Will you have this dance with me?' 'Say, you soitinly do not have to shout at me, I am not deaf', says the goil. I mean girl.

No, the world is not interested in whether Joe is as good as they are. Maybe the other fellow or the girl is worried too, about how good they are. The man who wants to prove that he is as good as anybody is liable to make a fool of himself. He will talk too loud. His clothes may be too loud, he may be loud with his money if he has it, and he will get no respect from people.

What is Joe going to do, then, to be a success? The answer is in another sentence: 'He is as good as I am'. When he says, 'I am as good as he is', he is saying in effect: 'I am a low down, inefficient, ugly bum, but I am as good as he is'. Well, if he is really a low down ugly bum, he is not as good as the next fellow and there is no use hollering to prove that he is. He will not get any respect that way. But if he says to himself: 'I am an honest fellow, my parents were fairly decent, I never committed murder, arson, or grand larceny, and he or she is as good as I am', people will respect him. The girl who is sitting in the corner waiting to be asked may be feeling low too, and when a man comes up to her and says softly, 'Will not you dance this one with me (remember she is as good as I am)', she thinks, 'Fine, I thought I was no good, but this nice fellow thinks I am as good as anybody else, as his manner plainly shows', so she says: 'Surely, I'd be delighted'.

Do not try to show the rest of the world that you are as good as they are. If you are an honest well-meaning fellow, show the world that, and then show them that you think they are as good as you are, and they will love it; they will respect you and you will respect them and everybody will be happier. If you try to show them the other thing, they will not give a damn anyway, and you will only make yourself more miserable.

AUTHOR BIOGRAPHY



Eric Berne was a Canadian/American doctor and psychiatrist, and founder of transactional analysis. In 1943, he joined the United States Army Medical Corps in which he served in psychiatric posts in various army hospitals, and rose to the rank of Major. It was in the army at an Army Separation Centre, in which he interviewed soldiers prior to discharge, that he developed his hypotheses about intuition which were originally published in various psychiatric and psychoanalytic journals and which were later collected posthumously in the book *Intuition and Ego States* (TA Press, 1977).

How to cite this article: Berne E. Human nature in peace and war. *Psychother Politics Int*. 2020;18:e1565. <https://doi.org/10.1002/ppi.1565>

Reviewing the special issue 'Transactional Analysis and Politics': A reflective dialogue

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Abstract

This review article, written in the form of a dialogue between the editors of this special issue, offers some reflections on the various contributions to the issue. Following a brief introduction it offers some further thoughts on Eric Berne's relationship to and with politics, and acknowledges the current political climate in which we have edited this issue. It then presents some reflections on the articles and contributions to this special issue.

KEYWORDS

Eric Berne, politics, reflective dialogue, special issue, transactional analysis

1 | THE EDITORS

Keith: Well, Bill, here we are at last. First of all, nau mai, haere mai ki te whare nei | welcome to the house (in this case, the journal); ka mihi ahau i tō mahi rangatira mō transactional analysis | I acknowledge your leadership in transactional analysis; nō reira e taku hoa mahi, e taku hoa tūturu e kore e mutu ngā mihi, tēnā koe | and I greet you warmly as an esteemed colleague and a friend.

Bill: Hi Keith. Thanks for the wonderful greeting. It's been a pleasure working with you on this special project, which I know has been close to your heart and a central aspect of your professional work all of your life.

Keith: Thanks for that, Bill. That means a lot.

I said 'at last' as it's been quite a journey to get here, and I wondered if we might start our review of this special issue by saying something about our respective backgrounds, both in politics and in transactional analysis (TA), as well as our interest in bringing these two areas of our lives together?

Bill: ... A journey and then some! My involvement with politics was tied from the very beginning with my education. I went to Reed College in Portland, Oregon, a ferociously independent place of learning. That was

at the beginning of the Vietnam War, and nearly all men of my age were being drafted. I applied for conscientious objector status on moral and political grounds (refusing the religious requirement). I was offered a student deferment, which I refused. All through undergraduate and graduate schools, I was in a legal battle financed by the Quakers, who were deeply committed to objecting to the war in every way possible. I was finally granted the status, without explanation. I was in graduate school in Pittsburgh and dropped out to do my alternative service. I was able to do my service in a community mental health centre, of which I soon became the director.

Being in community mental health further cemented my understanding of the fundamental connections between social, economic, and political factors in mental health. The community mental health movement was started and funded at a federal level by President John F. Kennedy and continued under Lyndon Johnson. These were times in the U.S. that were nearly psychotic. Johnson was extending the tragic war in Vietnam, while at home promoting major legislation for the Civil Rights movement, the 'War on Poverty', and the funding of social and mental health services. Community mental health programs took high-quality services out of the office and into the communities, including the poorest communities. It was quite revolutionary in spirit. Then Nixon became President, running on his law and order platform (as Trump is doing now). The funding for community mental health was then channelled through law enforcement programs, fundamentally perverting the original intentions of the programs. In protest, I quit as director, entitling my letter 'How to be Richard Milhous Nixon's bedfellow without ever quite touching his cock'.

It took many years before I could clearly see how often mental health (now called behavioural health) services served to promote social normativity and compliance rather than health.

It was also in community mental health where I first started training in and applying transactional analysis.

Keith: That's interesting. I did not know that about your history. For my part, I do not know if you were aware that my father was a conscientious objector during the Second World War, a position that had an impact on me as I grew up; one which I know has influenced my ability to object—about which I have written elsewhere (Tudor, 2017).

Bill: I was not aware of that! To be a conscientious objector in England in that war must have taken extraordinary conviction and *courage*. My father was a war veteran, an experience that marked him for the rest of his life. He supported my conscientious objector efforts completely. Opposition in my home town was so fierce that the family moved.

It was also while at Reed that I discovered the work of Wilhelm Reich. Inspired by Reich, I trained as a body-centred therapist at the same time I was pursuing my transactional analysis training—strange bedfellows those two training models were! But more than body work, Reich's passionate, ferocious understanding of the political, social, and economic forces underlying human misery forever changed my thinking about psychotherapy.

Keith: For myself, I had the benefit of good, liberal parents and a good, liberal education. I was more radicalised by my experiences as a temporary (trainee) probation officer (1976–1977) when I saw and learned about the injustices of the justice system. At the same time, I was learning, more personally, about feminism. Both these influences led me to apply to study on a social work training that was known for its advocacy of radical social work (Bailey & Brake, 1975). It was on this course that I studied Marx, Marxism, feminism, and cultural studies, and became a political activist, initially with regard to education and student politics, then, later, when I moved to London, with regard to housing and community politics. In 1979, I joined Big Flame, a revolutionary socialist organisation (see Big Flame, 2020), and spent the best part of two years as a full-time political activist, before taking up my first post as a counsellor, since which time in my

various positions, I have tried to balance my interest and work in the intrapsychic as well as the extrapsychic worlds—and, of course, the relationship between the two.

In the interests of brevity, I'll leave it there for now. Elsewhere, I have written about the relationship between my life experiences, including living in Italy for two years in the mid-1980s, and immigrating to Aotearoa New Zealand in 2009, and my professional work and writing (Tudor, 2017).

2 | ERIC BERNE

Keith: As we were planning this special issue of *PPI*, and I was writing my own article for it, I think we both realised not only our debt to Eric Berne but also to his son, Terry, and to the International Transactional Analysis Association (ITAA) for their efforts to preserve and organise Berne's personal archives at the University of California, San Francisco (UCSF); archives which contain papers that have revealed more of Eric Berne's own history and relation to politics.

Bill: Yes. In 2004, I interviewed Terry Berne for the ITAA's newsletter *The Script*. The interview was, in many ways, a revelation of Berne as a person and unknown elements of his professional history. In the interview, while discussing his father's early trips and research at psychiatric hospitals all over the world after World War II, Terry revealed:

Among his papers I found a file related to him being investigated by the House of Representatives' Select Committee on Un-American Activities, which began in the late 1940's and were the precursor to the McCarthy investigations. My dad lost his job with the government—he was a psychiatric consultant to the US Army—because he was considered a security risk.... He was interrogated over a period of years and even had his passport rescinded. (T. Berne & Cornell, 2004, p. 6)

Looking back now, it is shocking to re-read what Terry said as I commented, 'Kind of like it is now in the United States':

You're right! He also signed a petition circulated by prominent scientists calling for the US government to stop politicizing scientific research. At the time the government was pressuring private research foundations that were financially supporting scientists that the government deemed too liberal. The Central Intelligence Agency (CIA) even requested a list of all the maps in his possession. (p. 6)

Four years later, Terry wrote an article for *The Script*, 'Reflections on War and the Origins of Transactional Analysis' in which he offered his reactions after seeing an anti-war movie, *In the Valley of Elah*, about the psychological impact of war on veterans returning to their small hometown. Terry then went on to describe his father's experience of the impact of World War II on returning soldiers:

Thus, the problems and psychic responses of soldiers—either those who had yet to experience the trauma of war or those returning from battle with various degrees and typologies of mental distress—unquestionably marked the evolution of my father's thinking about human psychology.

It is to be hoped that psychology, by helping individuals, can help society in general, and perhaps it is the task of psychologists to alert society to the dangers that wait us if we do not change, and quickly.

Maybe that is the real message of the emancipation from destructive scripts about which Eric spoke so passionately. (T. Berne, 2008, p. 7)

All of this is information about his past Berne held in silence, a silence that came to have a profound and lasting impact on the evolution of transactional analysis. However, Berne's writings also give us a key to understanding how his silence came to be formed as part of his own traumatic shutdown of his shocking post-war investigations by the US government. In *The Structure and Dynamics of Organizations and Groups*, E. Berne (1963) foreshadows his own fate and the unconscious consequences of both his silence about his governmental interrogations, and his subsequent declaration that transactional analysis was to be a-political:

The most important hero psychologically is the one who is traditionally regarded as the founder of the group and thus may be called its primal leader. Primal leaders are canon-makers. ... After his death, a primal leader tends to become subject to a process which may be called euhemerization. In fact, the impact of a primal leader may be measured by the degree of his euhemerization, i.e., by the mythical qualities that were attributed to him after he is dead. (p. 98)

Berne understood the complex, unconscious functions of the euhemerus for a group's cohesion and longevity. He (E. Berne, 1963) observed, 'Since there seems to be a kind of euhemerus hunger in most groups, it would be psychologically incredible if a group survived more than two generations without euhemerizing someone' (p. 101). In this book, Berne articulated the complex, interdependency of the psychological cohesion of a group or organisation with its identification with the euhemerus and the group canons established by the primal leader. These can provide the deeply stabilising functions of identity and meaning, and at the same time can begin to inhibit or limit the forces in a group leading to individuation and innovation.

Somewhere in the mix of social and emotional forces that shaped the adult, professional Berne, must also have been his emigration as a Jew from Canada to the U.S. and his repeated experiences of himself as an outsider (E. Berne, 2010). His struggles undoubtedly shaped his creativity, passion, brilliance, neurosis, and defiance that gave birth to transactional analysis.

For those of us who got involved in transactional analysis in the years just after Berne's death, we all witnessed and experienced the intense idealisation of Berne as leader and the canonisation of his positions. Certain of his declarations and catchy aphorisms were embraced unquestioningly as representing the heart of transactional analysis and core beliefs that distinguished transactional analysis from other modalities (especially psychoanalysis). Berne's declared position of transactional analysis being a-political was one of those (a group canon), and no one at the time seemed able to wonder what was behind Berne's declaration. There were those, like Claude Steiner, Hogie Wyckoff, and the radical psychiatry movement, who defied Berne and took decidedly political positions, but theirs was mostly in opposition to Berne rather than conversation. It came to be more than 30 years after his death that we learned the circumstances of Berne's political and professional life, a new voice emerging from his archives. With the assistance of Terry Berne, the ITAA, and the staff of the archives at UCSF, we are able to finally publish some of Berne's most personal statements on war, politics, and human psychology.

Keith: I agree with your point about that rather easy and uncritical acceptance of Berne's slogans and aphorisms, although, when I trained in transactional analysis at the Metanoia Institute in London in the mid to late 1980s, some of his work, especially on games, was presented to us with some degree of criticism. While none of the founders of that institute—Petrůska Clarkson, Brian Dobson, and Sue Fish—were explicitly or actively political, it was significant that they were all émigrés from Apartheid South Africa and

they certainly supported trainees who were political and activists. By the way, I do not agree that the radical psychiatrists took political positions in defiance of Berne; most of them were and had been political before they met transactional analysis and Berne. Indeed, in his 'Confessions', Steiner (2020) described his role as Eric Berne's 'right-hand man' and his radical psychiatry and activism as very separate (see also my contribution to this issue). I actually think Claude was quite protective of Berne and was only critical of aspects of transactional analysis after Berne's death (see Steiner, 1973).

Bill: Thanks for this more personal perspective on the relationship between Claude and Eric. You spent a great deal of time with Claude, especially in the preparation of his 'Confessions' (some of which are published in Tudor, 2020). My own encounters with Claude—and they were often encounters more than discussions—were more about the internal politics of the ITAA and theory. The early papers we're publishing here, long lost in boxes in Berne's study, and now your book by and about Claude, give us so much more insight into the human sides of these guys.

3 | THE POLITICAL CONTEXT

Keith: Before we get into reflecting specifically on the issue that we have compiled and edited, I want to acknowledge the political background in and against which we have done this. I know that you have been particularly distressed about the situation in the States and in Pittsburgh where you live, especially over the last four years and, more recently, leading up to the recent presidential election.

Bill: The situation here is grim; the United States is in dire straits. Pittsburgh is a liberal, working class city built by waves of immigrants coming here to work in the mines and the mills. It was once 'The Steel City' but is now a major centre for computer technologies and medical research. August Wilson was born and raised here, and his stunning cycle of plays are all (but one) set in Pittsburgh and tell the story of the structural racism that has permeated our city's history, even though it is both working class and liberal (see Biography, 2020).

I have worked for over a decade with a dedicated citizens' group that has worked diligently to revive a black, working class neighbourhood that had collapsed into a dangerous ghetto. It has been amazing to witness, and be a part of, what this community has been able to do for itself. And yet, these past few months, with the impact of the pandemic, many members our community have lost their jobs, families struggle to eat and pay for their housing, numerous local shops and businesses have been forced to close. Marginal communities are held together by very fragile threads. I've written about the work in my community in the *Transactional Analysis Journal* (Cornell, 2018).

As our current election has unfolded, it has become ever more obvious how Trump will use any device to foster fear and division to promote himself in his desperate attempt to maintain his bloated self-importance. Somewhat more than half the American voters are finding immense relief and hope in Biden/Harris' victory. This is like witnessing again all the forces that Reich (1933/1970) wrote about in *The Mass Psychology of Facism*.

A question I would like us to address as we reflect on this special issue of *PPI*, is how and why it is that the social and political aspects and implications of psychotherapy only seem to come to the fore during periods of war and crisis (see Cornell, 2016). It is as though suddenly professionals are jolted into some sort of shocked awareness or self-consciousness about social and political realities; awareness that appear to be all too short-lived. It seems to me that at its heart psychotherapy (and its definitions of 'health') serves to reinforce and maintain social and economic norms.

Keith: That's a great question, Bill, and one which I think—or, at least, hope—we've begun to address in this special issue, mainly through what we have brought together, which we'll shortly be introducing. Nevertheless, your question prompts me to make a couple of comments by way of an initial answer.

First, I do not think that students/trainees are generally or specifically introduced to the political context and background of psychotherapy and its origins, whether that's psychotherapy as a whole (field, discipline, profession, etc.) or a specific modality, such as transactional analysis. As someone who came into transactional analysis through radical psychiatry and as a political activist, this has always seemed strange—though sadly true. I do not think that students/trainees or many of their educator/teachers/trainers realise that many of the founders of psychoanalysis and psychotherapy were critical thinkers, socially minded and even politically active. As Jacoby (1986) commented: 'Today it is easy to forget how many early psychoanalysts identified themselves as socialists and Marxists' (p. 12); and it is worth noting that Jacoby wrote that some 35 years ago! As you'll be aware, Freud (1919/1955) himself was interested in how psychoanalysis could respond to social realities and argued for access to assistance for the mind, for the establishment of free clinics, and for the provision of a 'psychotherapy for the people' (see Aron & Starr, 2013). I make this point because I think that if people did get this political history of psychotherapy, they would find it easier to understand the importance of the interplay between psychotherapy and politics *at all times*, and not only in periods of war and crisis.

Second, I agree with your point that psychotherapy and, more broadly, health (which, in any case, usually refers to illness) serve social and economic norms and normalisation; as Preston (1943) put it: 'Mental health consists of the ability to live ... happily ... productively ... [and] without being a nuisance' (p. 112)! Unfortunately, there are too many examples of how psychotherapy and other forms of therapy have not only encouraged adaptation but been positively oppressive and even abusive. I am wary of what you describe accurately of colleagues' 'shocked awareness' as I think it represents something of a wilful ignorance that we (in transactional analysis) would understand as a discount at the level of the existence of the stimulus (i.e., poverty, injustice, racism, etc.).

Third, and following on from these two points, I think there's some work to be done to reclaim the radicalism of psychotherapy and its various modalities. In transactional analysis, I think this is well represented by the work of our colleague and friend, Leonard Campos (1975):

Commitment to TA means liberation for both individual and culture. It means a commitment to challenging discriminatory practices of the cultural Child and Parent that disqualify the OKness of the sexes, children, teenagers, the elderly, 'minority' racial and ethnic groups, and any category of the so-called 'social deviant' groups such as homosexuals. (p. 61)

Later, in the same article, Campos aligns transactional analysis with liberation movements:

TA is probably the only extant effective treatment system that is compatible with contemporary liberation movements which confront the arbitrary oppressive Parent in our culture. In this perspective, therapy becomes liberation from discounting institutional structures. (p. 61)

Although I agree with the sentiment of this, I suspect that Leonard's was an overly optimistic view of transactional analysis even for its time. I know that you, Bill, have been concerned about transactional analysis training and examining for some time and, with reference to your experience of a particular set of qualifying examinations, wrote: 'I finished those exams with the thought that our organization is teaching doctrine rather than theory and thinking' (Cornell, 2000, p. 270).

Bill: ... and that's a great answer, Keith.

4 | THE CONTRIBUTIONS

Keith: OK, so having set the scene, as it were, let's reflect on the issue. By the way, I appreciate your suggestion of writing this article as one that reflects on the issue and is placed at the end, rather than the traditional guest editorial that introduces the special themed issue of a journal. I think this creates more space for the reader to find their own way through the issue and to have their own responses first before reading ours. In that way, I think it is more egalitarian—which is both appropriate to our subject and reflective of our politics.

We're starting, appropriately enough, with Eric Berne himself and a piece he wrote or at least published in 1947 'Man as a Political Animal' (E. Berne, 1947a). This originally appeared as an Appendix in his book *The Mind in Action* (E. Berne 1947b) but, interestingly enough, Berne did not include it in the revised edition of that book which appeared under the title *A Layman's Guide to Psychiatry and Psychoanalysis* (E. Berne, 1969/1971). I'm glad we've reproduced this particular piece of history partly as it points to the need for, as Berne (E. Berne, 1947a) described it, 'a separate department of "political psychiatry"' (p. 292), but, given its focus on political images and emotions in the context of elections, partly as it has a particularly contemporary resonance.

Bill: I agree. Re-reading Berne's 'Man as a Political Animal' is both moving and chilling; and it's a powerful, heart-felt piece of writing. We can see so vividly his distress after the war and his alarm at the human costs of Hitler's rise to power; and we witness the power of governments to silence opposition, or even moral reflection and accountability. I can look back on Berne's decision to remove this section from subsequent editions of this book and his subsequent public positioning of transactional analysis as a-political as an effort to protect his new model and his transactional analysis colleagues—and I can look back and see the consequences of the silence that follows trauma. Of course, it is impossible to read Berne's essay without thinking of Trump and the tragedy of his period as US President. Even though he has been defeated in our recent election, he still has a huge following of angry, marginalised, true believers.

I am very proud to have the original edition on my bookshelf. It sits in my study about two feet away from Reich's brilliant *Mass Psychology of Fascism*.

Keith: As the next article in this issue is one of mine, I'll leave you to comment on it ...

Bill: In your article, 'Transactional Analysis and Politics: A Critical Review', you offer readers a sweeping, comprehensive history and critique of the place of politics in the course of the evolution of transactional analysis. I have been a member of the ITAA since the beginning of my training in 1972. I have been among the more socially conscious and politically active members of the Association and an editor of the *Transactional Analysis Journal (TAJ)* for many of its most recent years; yet, I was surprised (delighted really) to read your detailed review of the literature bringing back articles and authors who swam upstream in their efforts to address the political implications of working in the fields of human relations. Claude Steiner was always the loudest and most outspoken voice both inside and outside the ITAA. Claude was un-ambivalent with regard to the centrality of politics in psychotherapy; his ambivalence was much more in relationship to Berne himself as evidenced in the compelling, and quite moving discussion you proffer. Nevertheless, other voices are brought to the fore: Bob Massey, Graham Barnes (who sadly died earlier this year as we were preparing this issue), Len Campos, Terri White, and Pam Levin, among them. Your review captures the ambivalent relationship of transactional analysis theorists to the political and social factors that shape and limit the mental and emotional wellbeing of individuals, groups, and societies. You trace the history of emergence and rather frequent disappearance of themed issues of the *TAJ*, of international transactional analysis conferences, and social action groups and committees. I know well from my involvement in other

professional associations, that this ambivalence or avoidance of the political is not unique to transactional analysis. Nonetheless, I cannot help but think that this complicated and sometimes contradictory history within transactional analysis is an expression of the spoken and unconscious 'canons' introduced by Berne.

Reading your article brought back many memories, some sweet, others bitter or disappointed, as I remembered and reconsidered the struggles and the questions you raise in your review; and I felt a pride in seeing the increased presence of political and social consciousness and theorising in contemporary transactional analysis.

You conclude your article with a conceptual schema drawn from Nick Totton to further facilitate discussions and critiques of political factors in psychotherapy theory, practice, and training, which you then apply specifically to transactional analysis.

Keith: Thanks for that, Bill. It's lovely to have your reflections on a subject that is close to both our hearts and minds. I appreciate them—the reflections, and the hearts and minds.

In a number of ways, I see the next article, on transactional analysis' philosophical premises, by Karen Minikin, a fourth generation transactional analyst, as she puts it, and an Associate Editor of this journal, as complementary to mine. In it, she also acknowledges some of our history, focussing on Berne's radical beginnings. She then reviews what are commonly viewed as transactional analysis' philosophical premises; that is, that people are 'OK', that people can think, and that people can change. She subjects each premise to some scrutiny and some political analysis and application, weaving in the death of George Floyd; slavery, and radical psychiatry and its focus on alienation; and racism, respectively. Minikin is critical of the somewhat superficial slogans of 1960s—in transactional analysis and, by implication, in politics—and concludes by acknowledging that contemporary transactional analysis or, at least parts of it, do pay greater attention to context and concerns of our time, and to relational and contextual complexity.

Bill: As I read and began to edit the various submissions and the final manuscripts for this issue of *PPI*, I found it quite chilling that so many were rooted in efforts to comprehend the impacts and meanings of the COVID-19 pandemic and its economic, political, and social ramifications, as the next two articles in the issue reflect. Often efforts to bring political-social perspectives into psychotherapy (or vice versa) are rather theoretical, and either idealised and/or self-righteously polemical. In the months in which this journal has been taking shape (May–November 2020), the pandemic has brought the living meaning of socio-political thought into our public and professional discourse.

In his article, Marco Mazzetti, examines the unfolding, tragic consequences of the coronavirus pandemic in Italy by addressing the nature of the political communications that have formed the public's perceptions and understandings of the virus in ways that have intensified the public health crisis. Although written as he witnessed the advancing virus and subsequent lockdowns in Italy, his observations are chillingly relevant to what we have witnessed in many nations around the world in the face of this relentless pandemic. Mazzetti focuses on the parental (Parental), demeaning quality of the communications such that, 'we Italian citizens (and probably not only us Italians) have been treated by politicians and their scientific advisors as poorly responsible children'. Writing as both a public health physician and transactional analyst, Mazzetti argues for far more effective and responsible forms of public communication, shifting from Parent to Child positions to those of informed Adult-to-Adult engagements, drawing on the basic philosophical tenets of transactional analysis.

In her essay, 'Psychotherapy in the time of COVID-19', Carole Shadbolt, drawing from humanistic, feminist, radical psychiatry, and relational transactional analysis perspectives, addresses the shocking inequality of the impact of the pandemic among diverse ethnic and economic groups in the United Kingdom and the implications for the evolution of psychotherapy. Shadbolt, both in her personal voice and through a case example, brings alive the experience of therapists and counsellors—now often thrown into working

'remotely'—for whom the safety of the familiar structure of psychotherapy is bent out of shape when suddenly we are 'all in it together'. She sees the impact of COVID-19 as a demand, a challenge, and an opportunity for our frames as mental health professionals to expand and to have to consider economic realities, alienation, oppression, and shared vulnerabilities as essential in our ongoing therapeutic relationships.

Keith: I agree. I think you've summarised these two articles well; and I see the next two articles also as pair in terms of the application of transactional analysis to the social/political world; the first to a project and the second to a stance or psychopolitical posture to and in the world akin to Rogers' (1980a) 'way of being', especially with regard to 'the person of tomorrow' (Rogers, 1980b).

Bill: In their article, 'Migration as a risk and opportunity', Anna Rotondo and Susanna Ligabue provide an account of the work undertaken for the past 20 years by transactional analysis-based social cooperative, Terrenuove, with the immigrants who have come to Italy fleeing poverty and wars. In this article we witness a true integration and implementation of socio-political theory with actual practice. The challenges of facing these enormous ruptures of life, culture, and safety are addressed theoretically and systemically, and then brought to life with personal accounts. Although this article focuses on work with immigrants, the philosophical-political-social structure of the Terrenuove programs offer a powerful model for social-psychological programs providing structure and empowerment to any marginalised, traumatised population.

Finally, in a deeply personal, reflective article as a trainee in transactional analysis, witnessing from afar the devastation of China's aggressive overtaking her home culture of Hong Kong, Shin Chun Li uses transactional analysis as a lens through which to articulate her own determination to be a 'Resister' (Massey, 1987) rather than a 'Bystander' (Clarkson, 1987) and the implications of her political stance with that of being a psychotherapist. Li describes how her parents, in fleeing China's repression for a new life in Hong Kong, devoted themselves to the establishment of a base for survival and safety, thus creating a foundation that afforded Li the possibility of pursuing 'higher' values of justice and equality. For me, it was a pleasure to read her article (originally an essay) and to see an intense and challenging mind at work for personal and social understandings, drawing upon the more political voices contained within the transactional analysis literature.

Keith: Again, I agree with your reflections on these articles, Bill. It seems to me that these two articles represent the activism of transactional analysis or, perhaps more accurately, transactional analysis-informed practice. They remind me of a point you made in an article earlier this year published in *The Script* about the importance of building community and of community-building skills (Cornell, 2020). I also liked what you said in that article about changing the concept of the secure base to that of a 'vital base' as it carries both a sense that this is essential and that it encourages vitality, life, or physis (the force of and for life).

Following these seven peer-reviewed articles, we have some 'shorts' in the form of two articles and two reviews.

The two articles appear as 'Notes From the Front Line', a regular section of *PPI*. The first is a note from the newly formed ITAA Social Engagement Committee which briefly describes its vision and offers biographies of its current members. The second takes the form of an open letter from Becky Simpson, to the psychotherapy and counselling profession about the politics of training and practice for practitioners with Tourette's syndrome. Simpson, whose core model is transactional analysis, writes personally, poignantly, and powerfully; her experience and work poses an important challenge, in this context, to the transactional analysis community which I hope we are strong enough to pick up.

The two reviews are of *The Leap of Power* (Viva Press, 2019) by Robert Schwebel, who was part of the Radical Psychiatry Collective in the 1970s, which Johnny Dow, a colleague and friend of mine, I have reviewed; and the second, my own book about *Claude Steiner, Emotional Activist* (Routledge, 2020) which has been reviewed by Di Salters.

When you and I were discussing the running order of the articles and contributions in this special issue, just as we decided we wanted to give Eric Berne the first word in the form of an article, so we decided that we also wanted to leave him with the last word.

Bill: Yes. In Berne's unpublished essay, 'Human Nature in Peace and War', we witness a style of writing that became so familiar to the public as he developed his ideas that formed transactional analysis. While speaking as a war psychiatrist and addressing the meaning and forms of 'psychoneurosis', he does so in ordinary, humane language, speaking directly to the soldiers for whom he is concerned. There was not yet the language of post-traumatic stress disorders that became so tragically common during and after the Vietnam War, but clearly Berne was trying in this piece to bring self-respect and some alleviation of shame and suffering to the victims of combat.

Keith: I agree—and, that, as they say, is a wrap!

In reviewing this and the other articles, and in your description of some of the politics in the contemporary world, I am interested in your use of the word witness. I wonder if, in putting this issue together, we are offering what Alice Miller (1997/2020) referred to as an 'enlightened witness'—or, in this case, some 16 enlightened witnesses—in and perhaps to society.

Thanks again, Bill, for agreeing to edit this special issue at what has been an extremely difficult time for you, your family, and your country. I want to acknowledge that. Just as I was finishing this, I went to see the Bruce Springsteen's film *Western Stars* (Springsteen & Zimny, 2020), which is great on a number of levels. In it, he comments poignantly on what he sees as two sides of the American character: the solitary side and the side that yearns for connection and community—and that that has been a lifetime trip for him: 'trying to figure out how to get from one to the other, how to reconcile those two things'. That seems to me a pretty good summary not only of what many of us hope can happen in the United States in the present and near future, but also of the human endeavour, personally and socially, and, of course, politically.

Bill: So, Keith, as you say, we are at the 'wrap' stage. Whew! It's been quite journey, and I am proud of the results contained here. I think these papers are testimony to the changing canon and ethic in transactional analysis. You write, 'I went to see the Bruce Springsteen film', which suggests that you went out of your house and to a movie theatre—one of those little, everyday signs of New Zealand having competent leadership and an ethic of community. It will be many more months before anyone in the United States will enter a theatre. The distinction Springsteen makes is so very true. It was enacted throughout our whole election process—the needs of the community versus the rights of the individual. I've just finished reading Lynne Layton's (2020) *Toward a Social Psychoanalysis*. In the concluding chapter, 'Transgenerational Hauntings', she makes a compelling distinction between the radical Freud and the conformist Freud. She suggests that ego psychology, the American version of psychoanalysis that reigned supreme here for much of the 20th century, represents the conformist Freud. Layton refers to Erich Fromm when she argues, 'The conformist Freud of ego psychology, he [Fromm] felt, fit with the common sense of an historical era in which a radical bourgeois liberalism had itself become coopted by a consumerist, individualist ethic' (Layton, 2020, p. 265). Berne's psychoanalytic training was that of ego psychology, and we can see the implicit orientation toward and idealisation of the autonomous individual. Your writings, both in and beyond transactional analysis, have been among the most important over the years in challenging the emphasis on autonomy in transactional analysis and arguing for a socio-centric ethic and practice.

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AUTHOR BIOGRAPHIES



William F. Cornell studied behavioural psychology at Reed College in Portland, Oregon and phenomenological psychology at Duquesne University in Pittsburgh, Pennsylvania. He followed his graduate studies with training in transactional analysis and body-centred psychotherapy and has studied with several mentors and consultants within diverse psychoanalytic perspectives. Bill is a teaching and supervising transactional analyst (psychotherapy) and has maintained an independent practice of psychotherapy, consultation and training for more than 40 years. He introduced and edited *The Healer's Bent: Solitude and Dialogue in the Clinical Encounter*, the collected papers of James T. McLaughlin (Routledge, 2005) and *Intimacy and Separateness in Psychoanalysis*, the collected papers of Warren Poland (Routledge, 2017). A former co-editor of the *Transactional Analysis Journal*, Bill is the author of *Explorations in Transactional Analysis: The Meech Lake Papers* (TA Press, 2008), *Somatic Experience in Psychoanalysis and Psychotherapy: In the expressive language of the living* (Routledge, 2015), *Une Vie Pour Etre Soi* (Payot, 2015), *Self-Examination in Psychoanalysis and Psychotherapy: Countertransference and subjectivity in clinical practice* (Routledge, 2018), *At the Interface of Transactional Analysis, Psychoanalysis, and Body Psychotherapy: Theoretical and clinical perspectives* (Routledge, 2018), and a co-author and editor of *Into TA: A Comprehensive Textbook* (Karnac, 2018). He is the author of numerous articles and book chapters, and the editor of the Routledge book series, 'Innovations in Transactional Analysis'. Bill is a recipient of the 2010 Eric Berne Memorial Award and the 2015 European Association for Transactional Analysis Gold Medal, in recognition of his writing.



Keith Tudor is professor of psychotherapy at Auckland University of Technology, a certified transactional analyst and a teaching and supervising transactional analyst (both in the field of psychotherapy). He has been involved in transactional analysis for over 30 years and is the author of some 80 publications on the subject, including three books. He is the editor of the Routledge book series, 'Advancing Theory in Therapy', and of *Psychotherapy and Politics International*. His most recent books are: *Conscience and Critic* (Routledge, 2017), *Psychotherapy: A Critical Examination* (PCCS Books, 2018), and *Claude Steiner, Emotional Activist: The Life and Work of Claude Michel Steiner* (Routledge, 2020).

How to cite this article: Cornell W, Tudor K. Reviewing the special issue 'Transactional Analysis and Politics': A reflective dialogue. *Psychother Politics Int*. 2020;18:e1571. <https://doi.org/10.1002/ppi.1571>

The International Association for Transactional Analysis: Social Engagement Committee

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[Correction added on 13 January 2021, after online publication: Abstract has been included in this version.]

Abstract

This brief contribution introduces the work of the Social Engagement Committee of the International Association for Transactional Analysis and its current members.

1 | INTRODUCTION

The International Transactional Analysis Association (ITAA) has grown into a vibrant multi-organizational and international network of bodies. From origins in the United States, we now have many national and continental member bodies. The ITAA recently established a social engagement committee to help the organization move forward institutionally, academically, and professionally with integrating social, political, and cultural thinking into transactional analysis. Transactional analysts are interested in the relevance of a social psychiatry, which is applicable in the field of psychotherapy, as well as other social psychologies such as counselling, education, and organizational consultancy. Being immersed in transactional analysis within professional fields means that the wider collective frame remains important. However, like many of the psychological frames, social and political context has sometimes been 'in addition to' rather than at the core of how we think, what we teach, and how we practice. At the core of transactional analysis is the transaction: the stimulus and response in our living with each other. Engaging the membership with a social and political perspective is intended to mean engaging in a number of activities. By way of introduction, the members of the social engagement committee offer their motivation for joining.

2 | DIANE SALTERS: CHAIR, CAPE TOWN, SOUTH AFRICA

The creation of this committee is important to me because I believe it links transactional analysis more fully to its radical and social roots. Although Eric Berne became politically cautious after his experiences during the McCarthy period, his theory and practice were rooted in a deep conviction that the world could be a place in which more people became empowered and fulfilled. Transactional analysis was developed as a social psychology intended to understand and heal both our personal and social ills.

Growing up in apartheid South Africa and fighting the system that privileged me as a white woman, as well as other people of my race, gave rise to my sensitivity to systemic injustice and oppression; both how it shapes our world and our internal frames of reference. I look forward to this committee developing conversations that provoke and stimulate deeper awareness in all of us about power and exploitation – of people and planet – and the role that we, as transactional analysts, can play in building a healthier and more harmonious world.

3 | SASHI CHANDRAN, NITYA GURUKULA, INDIA

I was drawn by the inclusive global vision of the ITAA social engagement committee. Our founder, Eric Berne, talked of hope for individuals to change and be liberated. However, to move beyond individual autonomy requires a paradigm shift in our transactional analysis community. I believe the time has come for us to make this quantum leap for holistic, non-polarized health and wellness, individually, professionally, and socially. While engaging with my fellow members, I attempt to practice non-violence individually and collectively through my institute. Operationally, autonomy in social and global arenas is a challenge for transactional analysts. More than attending to 'how to's', the focus, I believe, needs to be a shared world vision, wherein we transcend to a Self-Other-Environment balance, while retaining our vital cores.

4 | VICTORIA BASKERVILLE, UNITED KINGDOM

The forming of the social engagement committee comes at a time when there is deep crisis and unrest in the world. A time when we are called, as transactional analysts, to look out into the world and take action congruent with our values, informed by the declaration of human rights.

I believe the role of the social engagement committee is to be active and rigorous in keeping in touch with what is going on in the world; to be informed and current; to be politically and socially aware; to challenge the construction of theory, the curriculum, and the way we practice; to consider who we invite into training, how we invite, reflecting on unconscious bias, white privilege; and offering an intersectional and anti-discriminatory lens across all we do.

I grew up in a northern working-class town in Britain. I am white, identify as British, and have a middle-class lifestyle, though still have my roots and values, in northern and working-class culture. I came to East London as a community artist, later becoming a teacher and support worker for refugees. I came to transactional analysis as a client, following questioning my sexuality and holding the tension of a heteronormative lens.

I feel the time has come to integrate political activism and community values with self as transactional analyst. I joined the social engagement committee as I am passionate about how we can pioneer social justice themes into our practice as transactional analysts. For me, our role is to walk the talk.

5 | GUNTHER MOHR, FRANKFURT, GERMANY

As an economist and psychologist, I pay attention to different perspectives of human life. I work as a training and supervising transactional analyst in organizational consultancy and I am engaged in the German Green Party as member of a town parliament.

The social engagement committee gives a platform to consider and deal with the need for equality and solidarity of people. The nowadays world, on the one hand, reveals the importance of connectedness of all human beings by the coronavirus; and, on the other hand, it shows accelerated conflict and nationalistic policies. The ITAA is an umbrella which supports coming together of people regardless of superficial characteristics. In concrete, this means being aware for any discrimination or racist attitudes and behaviors and confronting it from the point of view of a community which is based on ok-ok-relations and radical respect.

From being born in German–French border region, my ancestors have suffered from the every 30-year war between German parts and France in history. The main background of my political engagement is the ‘never again’; that, in relevant parts of German society, was elaborated as an answer of our looking that deep into the evil possibilities of human soul.

6 | WATARU SUEMATSU, JAPAN

The launch of the social engagement committee has made me take a step forward as a transactional analyst and a community psychologist. I perceive that the wisdom within practices in every field of transactional analysis and community empowerment are required in modern society. I hope the committee will deepen transactional theories and practices, inspire them into the problem-solutions in the current society and realize ‘I’m OK, You’re OK, They’re OK’ in the world.

7 | KAREN MINIKIN, UNITED KINGDOM

I have been politically engaged since living in Birmingham, United Kingdom, during the 1970s, where my teenage years and early activism were inspired by reggae, ska, two-tone music, and the anti-Nazi league. The latter was a counter movement to the rise of the National Front in the United Kingdom – a far right political party, dominated by legitimizing racism in its proposed policies. Earlier in my life (mid-1960s to 1970s), I lived in Nigeria, where my father taught at the University of Ibadan. My father is from the Punjab region of northwest India and Pakistan, so my personal embodied and lived experience is essentially post-colonial. I find I am still working with what this has meant to my being, philosophy, and premise for psychotherapy, as well as my ongoing engagement in politics and social responsibility. Professionally, I have taken a special interest in power dynamics and how that informs our institutional constructs, curriculum, as well as conscious and unconscious processes in clinical practice.

8 | FINALLY

Our international committee is in its early days of formation. Together, we bring good representation of diversity of nations and personal experiences. We hope our work will be an ongoing reminder of how critical it is for psychological work to remain relevant across the world. Without a sense of engagement, social responsibility and the values inherent in that, systems and processes are at risk of becoming oppressive and destructive if they are fueled by unchecked power and entitlements. In our different ways, we seek to monitor this and look for ways that can inspire our membership to think and work in ways that remain true to our values and philosophical premises.

AUTHOR BIOGRAPHY



Diane Salters has been involved with transactional analysis since 1976. She is a certified psychotherapist, trainer, and supervisor in transactional analysis. She met Claude Steiner on many occasions, experienced his workshops and conference presentations, and served with him on the International Transactional Analysis Association's (ITAA) Board of Trustees in the 1990s. More recently she served as ITAA president for 4 years. She currently lives in Cape Town but her work online extends to many continents.

How to cite this article: Salters D. The International Association for Transactional Analysis: Social Engagement Committee. *Psychother Politics Int*. 2020;18:e1566. <https://doi.org/10.1002/ppi.1566>

An open letter to the psychotherapy and counselling profession: It is time to recognise the politics of training and practising with Tourette's syndrome

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Abstract

In this *Note from the Front Line*, a psychotherapist and counsellor writes an open letter to the counselling and psychotherapy professions, asking for recognition of the politics involved in practising as a therapist with Tourette's syndrome. The letter discusses her lived experience of the condition, including the experience of judgement and stigma she has faced from others in the profession, and asks how therapists can approach this issue and be better informed. Common misconceptions surrounding Tourette's syndrome are also addressed, and the author asks that therapists take better care not to perpetuate them. A call is made to recognise the politics involved and to advocate for a better understanding of neurodiversity to improve equality and diversity within the profession.

KEYWORDS

equality, neurodiversity, politics, stigma, Tourette's

1 | INTRODUCTION

Everyday perceptions of psychotherapists and counsellors tend to include that we are people who seek to 'do good', that we are people schooled in being non-judgemental and non-discriminatory, and—most importantly—that we are people who work alongside others (our clients and colleagues) with an inherently positive value base, whether or not we see ourselves explicitly as 'political' psychotherapists and counsellors committed to social justice.

Yet we are increasingly (if we choose to listen) hearing of more examples of prejudice that exist in our profession. Right now, following the murder of George Floyd by police officers in the United States, Black Lives Matter

political campaigning is alive across the globe. In a psychotherapist/counsellor Facebook community in the United Kingdom, meanwhile, even after this murder (and so many others) racist comments have been posted and endorsed or ignored by some (challenged by some others). This is only one example of a troubling lack in psychotherapy and counselling, a troubling lack in psychotherapists and counsellors.

Therapist biases from early/personal life carried into training can go unexplored and unchecked in very white (amongst other things) learning spaces, where studying 'diversity' can still be something of an afterthought. These biases can so easily then, in relation to one injustice after another, cause harm to clients, to ourselves, and—ultimately—to the standing, purpose, and meaning of our profession in the world. There is such negative impact from inattention to politics in our field.

The 'plausible deniability of harm' (Erin Stevens writes powerfully on this—see aclintfirst.com) makes it easy, effectively, to claim that we were 'right' not to challenge ourselves, to let others off. It is a problem for therapists. We could say that denial of harm is woven into the fabric of therapy as it stands at present. Theory, and our command of it, can be deployed inappropriately to serve ourselves as 'power over' others. For some, the very idea that we psychotherapists and counsellors can be harmful and do more harm than good to clients is hard to accept and admit, so engrained is the idea of 'goodness'. Think how often people say they want to be therapists because they 'want to help', and how easily therapists are seen as 'helpers'. Notice, though, attempts to silence those who speak truth to power. . .

I admire those who speak with honesty, who go against the grain despite the costs, who both speak of lived experiences of prejudice and seek to challenge them and make changes for the better, who are explicit about psychotherapy as a political endeavour never a neutral one. While I cannot, and would not, pretend to fully understand experiences that have not been my own, I can be sad and angry about them and try to learn about them and from them as best I can. The onus is on therapists to explore the variety of prejudices there are in the world, to consider how they have come about, and to explore how they may, and must, be changed—including among ourselves. That way my hope is that, eventually, we can have the inclusive, diverse profession that psychotherapy and counselling surely must become if it is to survive. We need to go beyond reading a few textbooks about 'anti-discrimination'; we need to embody social justice and tackle the politics of exclusion.

I am an experienced humanistic integrative therapist and a senior counsellor, with a core model of transactional analysis. I trained at a well-established counselling and psychotherapy training institute in North East England. While I don't see myself as the most talented or articulate of writers, I can be open, honest, and authentic—and that, I feel, is what matters most right now in raising awareness of an area that I say is being overlooked. This *Note from the Front Line* is my open letter to the therapy profession, and the wider society in which we are located; my contribution to embodying social justice and tackling the politics of exclusion. My argument is that it's time to recognise the politics of training and practising with Tourette's syndrome, to make a political call for action in welcoming and working with neurodiversity.

I have yet to come across another Tourette's sufferer who practises as a counsellor or psychotherapist of any kind.

At times, in the therapy world (and the world outside), I have felt, and feel, very much alone.

2 | BEING SEEN AND JUDGED IN THE WORLD

I often find myself feeling uncomfortable with letting people 'see' me and my condition, often editing my tics out of videos and trying to hold them in when having a conversation with someone. I'm not talking about something with no sound basis for discomfort and fear. People with Tourette's experience concerns from other people that we will be more likely to complain, have more needs, be more argumentative, get offended more easily, take more sick leave . . . all of which are categorically untrue. A neurodiverse person will have more needs, yes, it stands to reason. It does not mean that we are incapable of being academic or professional. The media do not do a great deal to help

with misconceptions and prejudice. Supposedly 'educational' programmes and documentaries about Tourette's syndrome often portray us as circus freaks, something to be laughed at.

I have noticed that there can be a particular problem when I have not already disclosed my neurodiversity to someone before meeting them. For example, at a conference I recently met some colleagues whom I had already been interacting with via Twitter. They knew what to expect, so they were unfazed by my tics and peculiar facial expressions. However, when I walked across to collect my programme for the day, the expression on the face of the person behind the table was a picture. He seemed shocked, surprised, and as if he wanted to say something but was fighting the urge. I understand that something which is different or unusual can be a scary experience for some, and natural anxieties will sometimes show out loud. It's an experience which I am, unfortunately, all too familiar with—the stares, the whispers, the shock, the laughter.

I wonder how this response can be more regulated? It can be quite offensive. It can be hard to ignore what happens and put on a brave face. Tourette's is not something someone can help or have control over. I find that often when I disclose my neurodiversity, a person's view or opinion of me will change—and not for the better. A politics of Tourette's is long overdue now.

3 | BEING 'THE OTHER' IN TRAINING

When I entered the therapy profession, I was already at somewhat of a disadvantage—a young female from a working-class background, and a member of the lesbian, gay, bisexual, transgender, queer and other community. These categories all impact an individual in different ways, but combine to make a unique experience of otherness and discrimination.

During my training I walked into a room in which the majority of the other people were neurotypical, middle-class, middle-aged white women in well-paid jobs and married with children. I felt as if I did not belong, and sometimes my experiences during training did nothing to help with this. I distinctly remember checking in for one training weekend, during which the tutor commented 'I see some of you are choosing to express yourselves in *unusual* ways', looking directly at me. I feel this is a good example of what I described above, of people's natural anxieties spilling out—here in a therapy context. It was a very hurtful and shaming experience, even though the tutor may not have intended it to be. Does intention matter though? The effect was that I felt hurt and shamed.

How I felt was put down to my 'script' beliefs much of the time, as I was training in transactional analysis. I have past experiences of bullying and subjugation, which have the potential to make me feel victimised and 'not good enough' for someone—a strong 'critical parent' ego state. Yes, it could partly have been that, but I did feel quite dismissed. It is an example of how therapists bypass their own prejudice by using pathology. It seemed to me to be a very clever and discreet way of reframing and denying prejudice and privilege. As mentioned above, this can be said to be part of the fabric of therapy itself. I would have appreciated some acceptance and perhaps some reflection, but I never got it.

I could often see the looks on some people's faces as I walked around my training building. It was never said out loud, but I felt they were wondering how I fitted in to their institutionalised model of 'what a therapist should look like, be like, sound like'. I didn't. And, quite frankly, I didn't want to. Surely, we can do better? Learning contexts are so important to our self-development.

4 | THERAPISTS' JUDGEMENTS ON MY SUITABILITY TO BE WITH CLIENTS

I do not usually mind people asking me questions about my condition, as it can show that they are willing to try and understand me and what I need, and how my differences can be supported. However, when someone starts a sentence with 'I don't want to be offensive, but . . .', you can usually tell the kind of thing that will be coming next.

Biases from therapists towards other therapists, particularly centred around identities/lived experience, seem easily to get framed around fear of 'client impact' in some way. I have had people ask me if I consider the impact my condition will have on the therapeutic relationship; how I think my clients will be impacted; if being neurodivergent makes me less suitable to work with certain client groups, such as severely traumatised people, as I will find it more difficult to empathise; whether my tics will cause a distraction in the room, which will make it harder to build a therapeutic relationship and maintain relational depth. The questions can be seen as a way of justifying prejudice, a subtle form of 'gaslighting' (whereby a person purposefully confuses someone by giving them false information in order to create doubt in their own minds. It is commonly done in relationships and in the work setting in order to intimidate and manipulate people.) The framing seems to justify having prejudices under the mask of taking an 'ethical standpoint'. Am I expected to doubt myself? To doubt myself so much that I withdraw?

I feel that what is said to me highlights how difficult it can be at times to accept our own prejudices, instead trying to deflect them or reframe them as something else. Deeming me potentially unsuitable to work with clients because I have a condition shows a lack of understanding and awareness, and is discriminatory—just as it would be if I had applied for a job and been told I was unsuitable for that position due to my condition. We are looking at ableism in its most subtle, insidious form. It needs to stop.

5 | ACTUAL WORK WITH CLIENTS

With Tourette's I always have the problem that it is very physically obvious and apparent that there is something going on with me. The motor and vocal tics are immediately noticeable. While I do not suffer from severe tics, and I do not swear or vocalise very often, I am still liable to coughing, twitching, unusual facial expressions, interruptions in my speech, and echolalia, which is the repetition of noises or words that I hear. This can sometimes cause discomfort with clients, particularly during the initial meeting or assessment session. I can see, as in other cases when you meet someone for the first time, that there is a mixture of curiosity, uncertainty, and not wanting to offend. I find it important to address this 'elephant in the room' to make clients feel more comfortable, so I make it explicit what is going on and explain about my condition. I also do not mind being asked questions about it. If a client has something they want to ask, I want them to feel comfortable about asking me and not having to hold it in. This usually brings about relief for the client, which, of course, I am pleased about. Yet, I feel I do not have much choice about disclosing and talking. I sometimes wonder how differently I would feel if I had a condition that did not have physically obvious symptoms, how I would probably not be put in the same position. It does make me feel vulnerable and can lead to a feeling of being unworthy or not good enough. I am, of course, aware that it is important to address my own discomfort, and I do so in my clinical supervision. All this is an interesting experience, one my training never prepared me for. My feeling is that training should be more cognisant of Tourette's, more willing to work with it.

When working with neurodivergent clients, my lived experience and deeper understanding of what it is like to be neurodivergent help to strengthen the trust and relationship and can lead to greater relational depth—a feeling of profound connection and understanding between client and therapist.

All clients are not the same, and there are an endless number of things that can impact on the therapeutic relationship, all of which are important to consider. Having a willingness to have open and honest discussions with clients about these things and the impact they have is key.

The concerns about 'client impact' I have mentioned above could be taken, wrongly, to imply that I don't think and reflect, that someone else must do that for me, someone who knows nothing of Tourette's. Nothing could be more patronising. Therefore, this open letter to the therapy profession has drawn attention to some of the politics of being in the world, and training in and practising psychotherapy with Tourette's syndrome. In gifting you some of

my lived experiences and my analysis of them, I'm declaring that it's time for change. Will you respond to the challenge?

AUTHOR BIOGRAPHY



Becky Simpson is a psychotherapist and counsellor from North East England. She studied Psychology and Counselling at Teesside University, and Psychotherapy and Psychotherapeutic Counselling at the Northern Guild for Psychotherapy in Newcastle. She is currently a senior therapist and counsellor for a trauma and crisis charity, but has experience across a few settings including the NHS. She works with a humanistic integrative approach, with transactional analysis as a core model. Her personal interests are lived experience, creativity, individuality and expression, and music in therapy.

How to cite this article: Simpson B. An open letter to the psychotherapy and counselling profession: It is time to recognise the politics of training and practising with Tourette's syndrome. *Psychother Politics Int*. 2020;18:e1549. <https://doi.org/10.1002/ppi.1549>

Leap of power: Take control of alcohol, drugs and your life

By Robert Schwebel

Viva Press, 2019, 163 pp

The author of this book, Robert Schwebel, was involved in the Radical Psychiatry Collective in the early 1970s, and worked closely with Claude Steiner who, in many ways, represented the interface of radical psychiatry (RP) with transactional analysis (TA). Both RP, with its emphasis on power, and TA, with its emphasis on the contractual method, protection and permission, are evident throughout the book, from the 'Notes to Readers', which emphasises the reader's personal responsibility, onwards.

We (the two reviewers) come to this book with different experiences and connections. Johnny as a psychotherapist and a chief operating officer of a large addiction treatment therapeutic community, and Keith as a transactional analyst with a strong interest in RP, and having known and worked with Claude Steiner (Tudor, 2020) – and, more recently, having corresponded with and met Robert Schwebel online. So, inevitably, so we have picked up on different aspects of the book, but woven our comments together. We mention Robert 'Bob' Schwebel's connection with Claude Steiner as, in a number of ways, this book draws on Steiner's own work on addictions and, specifically, alcoholism, including his two books on the subject: *Games Alcoholics Play* (Steiner, 1971) and *Healing Alcoholism* (Steiner, 1979).

The book is framed in terms of seven challenges – which focus on honesty (about addiction), on what is likeable about alcohol and other drugs, and on what is harmful, on responsibility, on evaluation of one's direction in life, on making thoughtful decisions, and on taking action to succeed in life. The way the challenges are worded and elaborated in the seven chapters of the book is clear, kind in that is very accepting of the person, and, of course, challenging. In Chapter 1, Schwebel writes specifically about guarding against lying to one's self as well as to others, and the importance of self-awareness and honesty. These particular pages reminded me (Keith) of the old RP slogan which defined co-operative contracts: 'No lies, no power plays, and no Rescues' (see Tudor, 2020). We also note the importance of honesty with regard to treatment in therapeutic communities.

Early on (in Chapter 1), the author introduces the concept and guiding principle of 'Mastery living' which he defines as 'a way of life that is practiced by people who want to take charge of their own destiny' (p. 12). This is very aligned with TA and one of its core principles, that is, that people can make decisions – and re-decisions and, therefore, decide their own destiny (see Berne [1972/1975] and Minikin [2020]) (in this special issue of the journal *Psychotherapy and Politics International*).

Other influences from TA in the book include 'oppressive self-talk', which is a manifestation of the Critical Parent, and 'nurturing self-talk' which, traditionally, is viewed as a manifestation of the Nurturing Parent. The influences from RP in the book include viewing overcoming addiction as a form of liberation, the concept of 'privilegism', which Schwebel describes as 'the downside of having everything' (p. 66), and a useful discussion (in Chapters 5 and 6) of how people are powerful (rather than powerless).

For me (Johnny), the book presented methods that are tried and true – and useful. This includes looking at the different parts of the substance abuser's life; this is important as addiction is holistic in that it involves all aspects of one's life. Schwebel also discusses (in Chapter 6) medication-assisted treatment which he frames part of helping managing craving. Although medication is often overprescribed for people suffering from addiction issues, it does have value in a number of cases. This represents a move away from RP which, at least in the 1970s, was fairly anti-medication.

Whilst I found the book useful, I didn't find much new in the first six chapters. I did, however, think that Chapter 7 on 'Taking action' was the most interesting chapter. I particularly liked the author's creation and use of the acronym KARMA, which stands for **K**now your triggers, **A**void situations that could trigger drug use, **R**esist urges (and don't surrender to temptation), **M**onitor yourself – as Schwebel puts it 'You need to watch yourself with ruthless honesty' (p. 129), and **A**ccountability, that is, to what you said you were going to do. For people suffering from addiction it's a good idea to know what your triggers are; and Schwebel's emphasis on relapse prevention is important: it's not stopping but staying stopped that's the most important part for someone who uses. I also appreciated that the book reinforces the importance of not doing it alone and using appropriate support networks.

The book is very well written and easy to read. It especially works as a workbook, and will appeal as much for family and friends as for someone thinking about their overuse of chemical substances. In this, the book could be useful for the large population of those who do not have control of alcohol, drugs and, therefore, of their lives. It may be less useful for the small(er) percentage of the population with severe addictions who would need residential services and intensive psychotherapy. Perhaps that could be the author's next book?

Johnny Dow

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Claude Steiner, emotional activist. The life and work of Claude Michel Steiner

Routledge, 2020. 284 pp. ISBN 9780367188818

Knowing the work of Claude Steiner, Keith Tudor and some of the other contributors, I anticipated an interesting read. I expected a relevant, stimulating, scholarly book. I found all that and more. What I had not anticipated was a fine work of art—a symphony of instruments and voices beautifully orchestrated and conducted by Tudor. Each voice has its place and is clearly heard. As befits a man who became a legend in his lifetime, Steiner takes centre stage and the others come in carrying their own themes and melodies. Chords and discords are carefully handled and brought together in a work that reminded me of the African tradition of praise songs for leaders or honoured elders; a praise song to Claude Steiner, to transactional analysis and to the art of healing. Of course, like all really good historic praise songs that cover a long life, it touches on the defeats as well as the victories, the depths as well as the pinnacles, which makes it both richer and more real.

Like Tudor, and Steiner before him, I was drawn to transactional analysis by what Tudor describes as its 'original radicalism', and by the radical psychiatry movement of which Steiner was a primary exponent. However, I admit to a bias against Steiner as a person. I served with him on the International Transactional Analysis Association Board of Trustees and all that he admits about himself and his power plays in the organisation were true. Thus, I was ready to be wary of anything that fell short of 'radical truth' or went against Hogie Wycroft's dictum of 'no secrets, no lies and no Rescues'. I am pleased to say that this book provided fresh insights into the limitations of the radical psychiatry movement and Steiner's more endearing and enduring qualities.

The structure of the book is ambitious and it is a testament to Tudor's skill as a writer and an editor that even the introduction, where he lays out his editorial plan, provides riveting reading. Steiner's autobiographical writings are interspersed between the chapters from the various contributors and introduce each of the carefully chosen themes: Scripts, Strokes, Radical Psychiatry, Power, Emotional Literacy and Love. The first five are areas of transactional analysis (and wider) psychotherapy theory and practice in which Steiner was a major creator and contributor; and the last one, being in my view, the driving force beneath all his life's work—his longing to give and receive love, both personally and to humankind.

Beginning with scripts, William Cornell provides a scholarly critique of Steiner's theory, continuing a debate they had while Steiner was still alive, while acknowledging that the concept of 'alienation is as relevant today as it was half a century ago'. Next, Deepak Dhananjaya brings a welcome perspective, from a more traditional culture, writing about the impact of colonialism on Indian attitudes to sexuality. Equally important is his timely challenge to transactional analysis for underestimating the somatic aspect of stroking.

Becky Jenkins, Ellen Morrison, and Robert Schwebell offer excellent first-hand accounts of the vibrant early days of radical psychiatry and its many experiments, successful and not so successful. Gino Althöfer and V. Riesenfeld move the story along to encompass more recent and fascinating developments of radical therapy, about which I knew almost nothing. Together, Luigi (Gino) Althöfer and Keith Tudor present an important piece on

power and how often this subject is ignored or evaded in transactional analysis and psychotherapy generally. They are interested in a real understanding of the uses and abuses of power, as indeed Steiner was, but regret his move into a more personal and away from a political analysis of power. The personal is indeed political and the political has very personal impact.

Harmut Oberdick's section on emotional literacy (in terms of its German translation emotional competence) was one of the most fascinating and made me aware of how little the transactional analysis world has really paid attention to this as an aspect of practice. Finally, Karen Minikin offers a sensitive and empathic review of Steiner's evolution in his understanding of, and writings about, love. She describes a man coming to terms with his own mortality and looking beyond it to transcendence in some form. Yet, even then, he remained concerned about the wider human condition and how to transform the world. She writes about his interest in the new information age and quotes from *When a Man Loves a Woman*: 'Ever powerful in human affairs, love alone has not been equal to the redemptive task. Teamed with information, love, I believe, is still the answer'.

And that, it seems, was indeed his last word on life. Steiner died with dignity and according to his own timing and wishes.

Having begun with the idea of this book as a praise song, I realise now that it was in fact a love song. That was why it touched me so deeply. A song for and about Love... Steiner's search for it and the way in which that search fuelled his work. A love poem for the flawed, yet lovable and amazing man that Steiner was. A song not unlike the one composed for him by his grandson but with all the scholarly weight that makes this a very important book for students and practitioners alike.

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Diane Salters has been involved with transactional analysis since 1976. She is a certified psychotherapist, trainer, and supervisor in transactional analysis. She met Claude Steiner on many occasions, experienced his workshops and conference presentations, and served with him on the International Transactional Analysis Association's (ITAA) Board of Trustees in the 1990s. More recently she served as ITAA president for 4 years. She currently lives in Cape Town but her work online extends to many continents.