Introduction

Eric was born in 1910 as Eric Bernstein in Montreal, Canada. He was the son of a physician and a writer, David and Sara Gordon Bernstein. When Eric was 11, his father (1921), leaving Sara with Eric and his sister, Grace, five years younger than Eric ('Eric Berne', 2007: n. p.).

Bernstein attended McGill University, graduating in 1931 and finished his M.D. in 1935. After graduation, he did a residency in psychiatry at Yale, where he studied psychoanalysis under Paul Federn, a well-known ego-psychologist (Hurding, 1985: 189), completing his training in 1938. He...
became an American citizen in 1939 and he changed his legal name to Eric Berne in 1943 ('Eric Berne', 2007).

Berne was by nature an innovator resulting in his membership application to the San Francisco Psychoanalytic Institute being rejected in 1949 ('Eric Berne', 2007: n. p.).

Berne became very interested in intuition, writing several papers on the topic and this fascination becomes dominant in his work. His interest derived from his own notable powers in intuition which enabled him to tell people’s occupations after only a few minutes of conversation ('Eric Berne', 2007).

Though Berne’s intention was to develop a theory that would have popular appeal that has not made his theory any less complicated.

A. Therapeutic Assumptions

- TA emphasises human responsibility and ability. [Existentialist-Personalist influence.]
- However, TA also accepts that early experience can significantly influence future life. [Freudian influence.]
- All humans are born ‘OK’ but early parental influence damages that OK experience.¹ [Personalist-Romanticist influence.]
- Conscious human decision [the act of willing] is the key to change. [Existentialist influence.]
- TA also has a strong ‘cognitive’ accent which comes, I think, originally from Freud’s tradition (which was analysis of the psyche) and which Berne was trained within.
- TA ‘is a contractual approach’ (Davidson & Mountain, 1995-2006: n. p.), which proceeds from Berne’s belief that all human relationships

¹ Essentially, a Romantic view that stems from Rousseau: People are born naturally good but society corrupts them.
are contractual. One of the singular emphases of TA is the notion of a therapeutic contract between patient and therapist. Therapy does not proceed until this contract has been clarified.

**B. Berne’s Foundational Ideas**

A good way to try to understand TA and its great variety (because TA does not just exist in one form but has broken up into various ‘schools’) is to examine its three definite forms as outlined by Barnes (1977: 13). However, before we do that we will peruse Berne’s foundational ideas which form the basis of these schools.

**1. Ego states**

Dusay (1977: 35) relates how Berne had been treating a lawyer, an addictive gambler who used both logic combined with a superstitious approach to his gambling. Not only that but the more time Berne spent with the patient, the more it seemed that two personalities were present: A logical-rational personality (ego-state) that ran a successful law firm and a little boy (state) that was more apparent when he gambled and showed numbers of superstitious mannerisms.

In time, Berne came to believe that each person manifested different ego states, switching from one to the other at different times. People could, in fact, change from one ego-state to another (Hurding, 1985: 189). He defined an ego state as ‘a system of feelings which motivates a related set of behaviour patterns’ (Berne, cited in Hurding, 1985: 189). Berne believed that three major ego states existed, which he called: the ‘Parent’, the ‘Adult’, and the ‘Child’. In the Parent state, a person exhibits the characteristics of his own parents or other parental type significant people in

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2 A common by misguided view held together whereby all human relationships are placed under the aegis of an enterprise or business model. We live in a capitalistic system where the enterprise is autonomous.
his life. The Parent can be further divided into Critical Parent and Nurturing Parent (see Figure 1 below).

In the Adult, data from externally and internally is analysed and decisions made in the light of the facts. In the Child, the original feelings of the person as a child will be dominant. The Child can be divided ‘vertically’ into the ‘free’ Child and the ‘adapted’ Child (see Figure 1 below).

Various, language can be assigned to each of the three states and then to each of the sub-divisions (see Beard, 1994: 67). For example, the Adult might say, ‘Let’s think about this before we act’. The Critical Parent (CP) might say, ‘That assignment was a disgrace’. The adapted Child (AC) might say, ‘I’ll do anything you ask’. Unlike Freud’s inferred entities, Berne believed these ego states could be directly observed in thinking, feeling and behaving [acting]. However, he believed these states were not universal forms as such but that the expressions of each state were unique to each individual.
2. Transactions and games

During this phase, Berne was influenced by the important distinction in social psychology between latent and manifest communication. Latent communication causes more difficulty than manifest and is well-expressed in that contemporary comment, ‘She just doesn’t get it’. Sometimes we fail to understand the manifest level of communication because we don’t think to reflect on what the latent communication—which is often immensely complicated—might be. (Sometimes, psychologists are believed to know more about the latent level which might be true if the psychologist is able to sense the feeling state embedded in the manifest message.) A simple statement of one’s intentions can anger a family member because the latent level suggests that that intention reveals that ‘the person is getting too big for her boots’. Berne combined ego states with communication theory and analysed interactions. In Figure 2, we observe an apparently straightforward message from Adult to Adult, only communication is also occurring latently between Child and Parent.

A further example will make this clearer. Dusay presents ‘Daisy’, his client, a bubbly 27 year old woman who kept acting like a dumb little girl and whined about the fact that no one took her or her talents seriously (1977: 34-35). She looked for approval constantly.

On their first meeting, Daisy wants to know if she has found the right place even though it is obvious that she has. Her question appears to be a question from the Adult state to the therapist’s Adult state but the therapist discerned that Daisy’s latent message is from her Child to the Therapist’s Parent. The little girl is asking for help and approval as if she it would be impossible for her to have found the correct place. If this type of communication were allowed to continue then Daisy would end up feeling stupid, which Berne declared was her payoff for playing this game. If the psychiatrist also plays the game, he gets to feel superior or wise because he
has helped a damsel in distress. In fact, Berne labelled these stereotypical interactional patterns as ‘games’ and this particular game as *Stupid*. Berne wrote a best-seller called *Games People Play* which contained descriptions of the various games that people played with each other. *Games* has now become a general word for describing dubious attempts by someone to be less than straightforward in her dealings with others.

Many seductive ‘games’ both in and out of therapy use this manifest/latent language structure. Today, if a woman says to a man she has just met who has driven her home from a club, ‘Would you like to come in for a drink?’ she is usually thought to be inviting him to do more than have a drink! On the other hand, if he says, ‘Can I come in for a drink’ (meaning far more than that!) and she says, ‘I’m really tired’ she might be also saying, ‘Look I don’t fancy you so beat it!’

### 3. Script analysis

The notion of *script* arose from asking the question, ‘Why did Daisy choose to use the game of *Stupid* in the first place?’ At first, Berne worked with the idea that scripts were ‘unconscious life plans’ that people had created (Dusay, 1977: 38) but later the notion of a script matrix was developed. This matrix plotted the contribution of Daisy’s parental influence with the father providing **Values** (in Daisy’s case, middle-class values: college education, good job, saving money, marrying, two children), and the **Don’t messages** of ‘Don’t think’ and ‘Don’t grow up’. Daisy’s mother provides Daisy with a model of **how** not to think and how not to grow up,

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3 Needless to say, psychiatrists and counsellors are supposed to avoid playing such games.
These three aspects of ‘the Value, the Don’t Injunction, and the Here’s How comprise the vital elements of a person’s script’ (Dusay, 1977: 39). Much work was carried out with scripts and script theory even relating people’s scripts to notable Fairy Tales such as Cinderella. The therapy around these ideas centred on the belief that clients could decide to re-write their scripts so that they were not caught up in the tragedies of life.

One could reject the values or don’t messages one had been given because since whatever was once learned could be unlearned, what had been once decided could be re-decided.

What became more important in this phase was the Child state, which was believed to hold the key to ‘real’ change. Deep change can only be made, it was believed, at the level of the Child, at the level of feeling and emotion, a level somewhat rejected in the earlier phases of TA. TA was becoming more emotional and feeling-based (Dusay, 1977: 40).
4. Ego energy levels

Dusay writing around 1977 outlines his egogram system whereby one estimates the energy levels of the respective ego states based on their relevant intensities (1977: 40). For example, in the case of Daisy above her egogram would have a very large ADAPTED CHILD, fairly large FREE CHILD, a little less for NURTURING PARENT, and less again for CRITICAL PARENT. Her ADULT would be smallest of all.

<table>
<thead>
<tr>
<th>CP</th>
<th>NP</th>
<th>A</th>
<th>FC</th>
<th>AC</th>
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Therapeutically, one would work to raise Daisy’s ADULT and lower the AC so that Daisy would function better in her life.

c. Various Schools

Various schools are said to exist and some TA theorists accept this development as quite normal even if beset with dangers regarding one’s personal autonomy (Barnes, 1977: 12-13). In fact, Barnes (1977: 14, 17) lists the treatment goal of autonomy, being script-free, for all the major schools.

1. Classical school

Three groups exist within this first category called ‘classical’ known by this title because they directly stem from Berne’s original work even though exhibiting much variety among themselves.

i) the San Francisco group

In this group, ‘fun, play and creativity are part of the group life’ (Barnes, 1977: 16). The therapist’s business is to cure the patient! Group treatment is preferred to individual sessions. Therapy is discussed with patients to dispel magic of healing. Children are believed to be born as princes or princesses but learned to regard themselves as not-OK but an atmosphere of distrust.
Patients are partially responsible to change because what was once decided can now be undecided. Scripts can be altered. Therapy focuses on the Parent in the child (known as P₁). Berne called this ego state the ‘electrode’.

ii) ‘radical’ psychiatry

Claude Steiner is the major figure in this sub-branch of TA, a branch that is concerned about social alienation and its impact on people’s problems. Steiner’s ideas developed in the late 1960s and featured the catchcry that personal liberation cannot occur outside radical social reform. Steiner is concerned about TA practitioners who become immodestly greedy.

iii) asklepieion foundation

Martin Groder developed his brand of TA within prisons. He has developed the theory of scripts to address the fact that prison inmates are largely living out self-destructive scripts and that these need to be changed if that destructiveness is to be overcome (Barnes, 1977: 20).

2. Cathexis⁴ school

Jacqui Lee Schiff founded this school which departs from Berne’s teaching in significant ways. Firstly, Schiff believes the Parent state is in a process of development throughout life and not fixed in the way that Freud and Berne believed. Secondly, children are not born OK or not-OK. OKness is socially derived and that fact is far more important for therapy.

Thirdly, Schiff works with extreme cases by entering into transference-countertransference relationships ‘to establish a (healthy) symbiotic relationship’ (Barnes, 1977: 21). The therapist is thus re-parenting the patient. The original symbiosis went wrong at some point and games now

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⁴ Used in psychoanalysis: ‘the libidinal energy invested in some idea or person or object’ (‘Cathexis’, 2007: n. p.).
emerge from that lack of resolution. Barnes comments that this issue constitutes this school’s defining differences with those of other schools.

3. Redecision school

The Gouldings (Robert and Mary) developed Redecision Therapy. This therapy primarily works with the Child, and with the ‘little professor’ in the Child which has both an adapted and a ‘free’ side. It differs from all other schools on the issue of scripts. The Child made a decision based on what is happening in its early family. (It was probably its best choice given that it had to survive.) However, these early choices can be extremely destructive.

The hypothesised sequence is Parental INJUNCTION to child DECISION to ‘games’ to ‘racket’ feelings as a pay off for playing the particular game. Games are used to support this early decision given that it is still felt to be needful and games always have racket feelings such a indignation following ‘rapo’\(^5\) or anger following ‘NIGYYSOAB’\(^6\) as a pay off.

The Gouldings have listed a number of Don’t be decisions that were first given as Injunctions by the parents that need to be re-decided by patients if greater freedom is to be experienced. These include: Don’t, Don’t Be, (a particularly pernicious injunction that can end in suicide), Don’t Be Close, Don’t Be Important, Don’t Be A Child, Don’t Grow, Don’t Succeed, Don’t Be You, Don’t Be Sane, Don’t Be Well, and Don’t Belong (Goulding & Goulding, 1979: 35-38).

Therapy centres on early decisions and deciding to do undo them. The Gouldings are committed to ‘the patient’s ability to be how own law and decide for himself’ (Barnes, 1977: 23) so they adopt an attitude of not telling the patient what he should do but to ‘test out both sides of the issue and see

\(^5\) A woman lures someone into her web only to cry Rape! when he tries to make sexual advances.

\(^6\) ‘Now I’ve got you you son of a bitch!’
what is right for you’ (Barnes, 1977: 23). They emphasise immediacy – somewhat like Gestalt—and will suggest that what the patient is saying to them be said directly to their parents in imagination.

REFERENCES


