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EDITORIAL SECTION

EDITOR'S NOTE

Dear Reader,

As practitioners, we have facilitated growth and transformation in the different fields we practice. We ourselves have experienced transformation. Writing is a powerful tool to grow, personally and professionally. For the Transactional Analysis (TA) community, it holds particular significance because we carry with ourselves the responsibility that comes with being TA designers (Newton, 2007). As we write about our practice, we shape our theories, make culturally relevant contributions, and expand our canvas to re-imagine, re-design and co-create. Fresh perspectives bring new dimensions to our understanding and push the boundaries of what we know.

This issue, my team and I would like to share with you some insights on SAJTA and its significance. SAJTA is a biannual peer-reviewed journal hosted by the South Asian Association of Transactional Analysts (SAATA) which provides a platform for practitioners from various fields to share their views, new theories, impact of practice and research. We encourage academic and scholarly discussions and promote the exchange of ideas and knowledge among professionals in Transactional Analysis (TA) and allied fields.

I would like to remind you, dear reader, that SAJTA is an opportunity for you to showcase your work, be heard and seen.

SAJTA has an excellent team of committed and enthusiastic reviewers and editors. Writing is a process and therefore, working with our editors is especially rewarding when we acknowledge that each draft brings us closer to clarity and precision.

As the managing editor of the SAJTA, I see the immense potential in each of us to make unique contributions from our varied experience. In closing, I invite you to take that courageous first step. Write to us with your ideas, share your insights, and join us in this journey of discovery and growth. SAJTA is not just a platform for publication—it is a community of thinkers, learners, and writers. Your voice matters. Let it be heard.

“And as we let our own light shine, we unconsciously give other people permission to do the same.” (Williamson, 1993)

Dear reader, shine!

Rosemary Kurian

Managing Editor, SAJTA

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ABOUT THIS ISSUE

Welcome to the July 2024 issue of SAJTA! I want to express my gratitude to the editorial board for their dedication and effort in producing this exceptional edition. We are growing, and I am excited to introduce our new co-editor who has recently come on board. Laxmi Sivaram works as a psychotherapist and incorporates Transactional Analysis as her core framework. She finds herself deeply interested in people, their individual journeys and their many ways to find meaning in their lives. Welcome Laxmi!

I would like to place on record the SAJTA team's deepest appreciation to **Sarmishta Mani** and **Shobana Jayaraman** for their dedicated service on the SAJTA editorial board. Their commitment to upholding the quality of SAJTA is truly commendable. Sarmishta and Shobana, you are always welcome at SAJTA.

In this edition, we are delighted to present a diverse collection of articles that explore a wide array of topics, ranging from new theories and concepts to research findings.

[Aanchal Munoth](#), [Maryann Manasseh](#) and [Nandhini Thangavelu](#) present their insightful research study that delves into the mental health of caregivers for individuals with chronic illnesses in India. Through the lens of TA, the research examines Ego States, Life Positions, Drivers, and Injunctions among 21 caregivers.

In his compelling article, [Raguraman K](#) delves into the critical concepts of role competence and resource accessibility within organizational settings. The study introduces two innovative

models: the Role Economy Corral and the Effectiveness and Resilience Spiral. These models provide a comprehensive framework for understanding four distinct patterns of behavior related to resource utilization.

[Till Schulz-Robinson's](#) article is a significant contribution to the understanding of human motivation, offering a new perspective on how personal meaning can shape and enhance individual motivation. Till's work provides valuable tools and concepts for both researchers and practitioners interested in the dynamics of human motivation and personal development.

I invite your curiosity and creativity as you engage with this issue. Let the author's ideas spark fresh perspectives within you.

We would love to hear your views, ideas, questions, or feedback. You could write to any author and / or us, at journal@saata.org

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THEME FOR JANUARY 2025 ISSUE

“Open Issue”

(No Specific Theme)

Deadline for submissions: **October 15th 2024**

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Please follow the [Guidelines for Writing for SAJTA](#) before you submit.

ARTICLES

MENTAL HEALTH OF CAREGIVERS OF PHYSICAL AILMENTS THROUGH THE LENS OF TRANSACTIONAL ANALYSIS AND SOCIO – POLITICAL PSYCHOTHERAPY

AANCHAL MUNOTH, MARYANN MANASSEH AND NANDHINI THANGAVELU

Abstract

The aim of this paper is to better understand and analyse the mental health of caregivers through the concepts of Transactional Analysis (TA) like Ego States, Life Positions, Drivers, and Injunctions. The study was conducted with 21 individuals who identified as caregivers to people with chronic illnesses residing in India. Data was collected through interviews and a questionnaire. Results showed that the mental health of caregivers is driven and influenced by accessibility to a support system, socio-economic status of the caregivers, and highly embedded societal norms such as gender-based roles. For example, women caregivers were more likely to experience and express mental health concerns, while men found it difficult to express the same. From a TA perspective, results showed that the caregivers were functioning from a “Be Strong”, “Try Hard” and “Please Others” drivers; injunctions of “Don’t Feel”, “Don’t Be Important” and “Don’t Think”, and life position of “I Am Not Okay, You Are Okay”.

Keywords : caregiving, health, burnout, stress, barrier

Introduction

An individual who provides direct aid to another individual who is unable to function independently without assistance, pertaining to their disability is called a caregiver (Sullivan and Miller, 2015). Caregiving is the act of providing different types of support, including direct care in the service of everyday needs that the care recipient is not capable of performing due to an ongoing treatment/healing process, an injury, or a life-long disability.

In a study by Chadda (2014), it was stated that in India, in 90% of the cases, families are the primary source of caregiving for individuals with any illness. Of all the multiple roles a caregiver undertakes, including day-to-day care, supervision of medications, taking the patient to the hospital and looking after the financial needs, they also must balance this responsibility with employment and financial security, their own physical and mental health, and overall quality of life.

A popular study conducted by Sherwood and Schulz (2009) found that the psychological health and wellbeing of the caregiver is often negatively affected in the process of providing care. The study pointed out how caregiving has all the features of a chronic stress experience. The adverse physical and psychological stressors which are often unpredictable tend to negatively impact the other functional areas of their life, for example: relationships, work etc. Higher levels of stress, anxiety, depressive symptoms, hopelessness, imposter syndrome and other mental health issues are commonly observed among caregivers.

Caregivers often neglect their own health and hide information about their health problems (Ward–Griffin and McKeever, 2000). They are at a high risk of adverse mental health. The age, gender, living situation and socioeconomic status of the caregiver influences the mental health of caregivers. Acknowledgement of their situation and being aware of what they're looking out for, their accessibility to support systems and quality of the relationship between the care recipient and caregiver are also variables that actively contribute to the status of the caregiver's mental health.

Fordyce's (n.d.) review highlights the significant risks faced by family caregivers of individuals with chronic illnesses or disabilities, noting that these caregivers often experience a range of emotional, mental and physical health problems due to the demanding nature of caregiving. The article published by "Family Caregiver Health" (Family Caregiver Alliance in cooperation with California's Caregiver Resource Center and reviewed by Moira Fordyce), reports higher levels of depressive symptoms and mental health issues among caregivers compared to their non–caregiving peers. Studies further indicate that 16% of caregivers experience persistent emotional strain, 26% find the emotional demands particularly taxing, and 13% feel frustrated by the lack of observable progress in care recipients' health. Additionally, over one–fifth (22%) of caregivers report being thoroughly exhausted by the end of the day, reflecting the physically draining nature of their duties. These cumulative pressures lead many caregivers to feel overwhelmed and struggle to manage their responsibilities effectively.

Another study proved that female caregivers fare worse than their male counterparts, reporting higher levels of depressive and anxiety symptoms and lower levels of subjective well-being, life satisfaction, and physical health than male caregivers. Hence, they are at a high risk of mental health concerns (Zwar, König et al., 2023).

Methodology

This was an explorative study. Data was collected by administering a self-developed questionnaire and a reflective interview. The questionnaire was constructed with the intention of eliciting responses that would help understand the mental health of caregivers by directly addressing the thoughts, feelings and behaviors of the caregiver and the support system available to them.

The sample of this study involved 21 caregivers to patients of chronic illnesses residing in India with 76.2% identifying themselves as women and 23.8% identifying themselves as men. The sampling method used was convenient sampling (a non-probability sampling method) following which, the responses of the participants were further analysed through TA and socio-political lens.

Socio-political psychotherapy examines the impact of societal and political structures on an individual's mental health. It considers how factors such as power dynamics, social identities, economic reality, and cultural norms influence psychological well-being. In the context of caregivers for chronic illnesses, this approach helps to understand how external socio-political factors contribute to their mental health. By integrating this with TA, we aim at gaining a comprehensive understanding of both the internal psychological processes and the external socio-political influences affecting caregivers.

Results and Discussion

Results indicated that more than 20% individuals suffer from breakdowns as often as one to more times a week with more than 71% functioning in autopilot mode i.e. in an unthinking manner or doing activities without being aware, as if by default. Most caregivers expressed that since they were occupied in providing everything in their capacity to the patient, they felt that they did not have the bandwidth to process their feelings. More than 85% of the sample felt a strong need to be strong and suppressed their feeling and emotions so that the patient doesn't lose their morale. In the case of men, it was observed that they had a need to confine themselves to societal expectations to not feel vulnerable. Most of the challenges faced by the caregivers stemmed from financial difficulties, lack of accessibility to medical services, family commitments, not being able to balance their professional and personal lives, the different social roles they play (including that of a sister, brother, partner, daughter, friend and parent apart from that of a caregiver) and its responsibilities. The emotions they largely associated themselves with is shown in Figure 1.

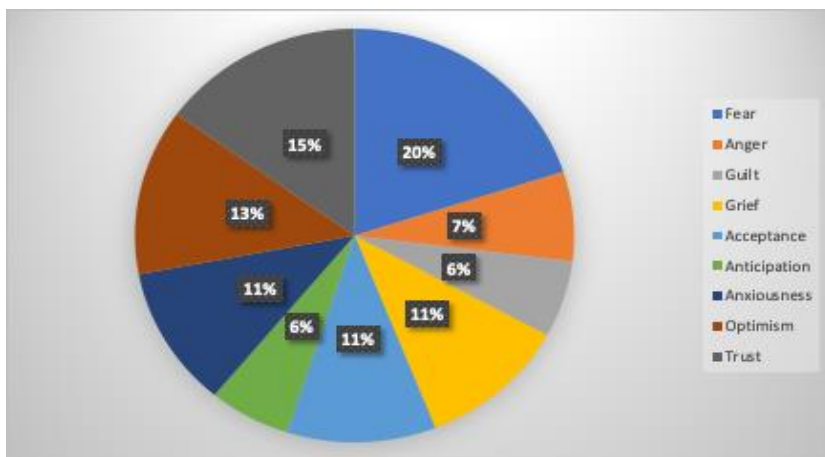


Figure 1: Represents the different emotions the caregivers appear to be experiencing

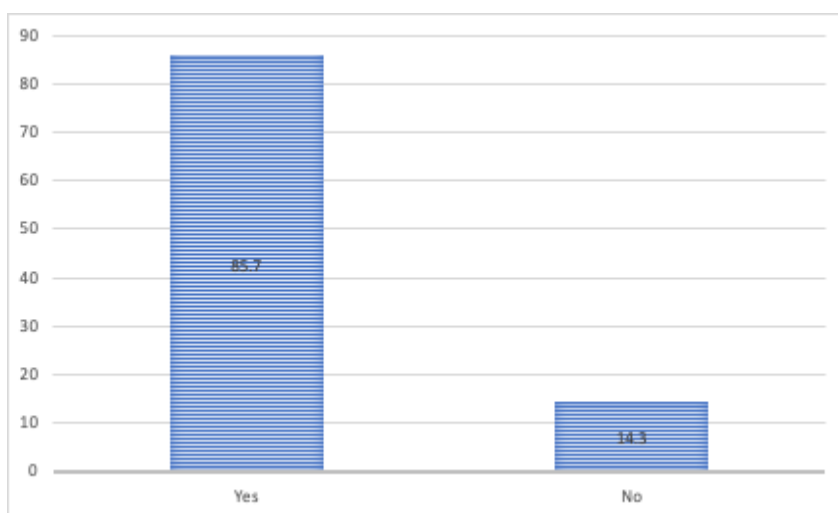


Figure 2: Graphical representation of the responses to the question "Do you constantly feel the need to be strong?"

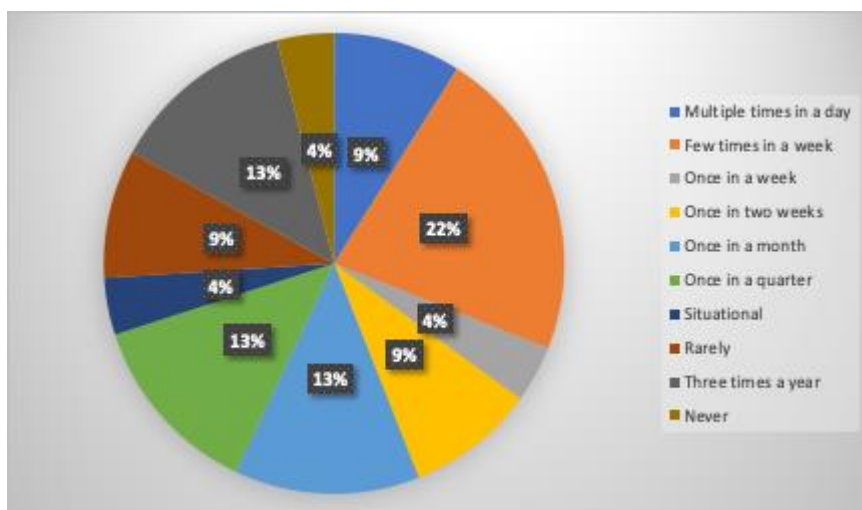


Figure 3 : Represents the responses for the question "How regularly do you as a caregiver experience breakdown?"

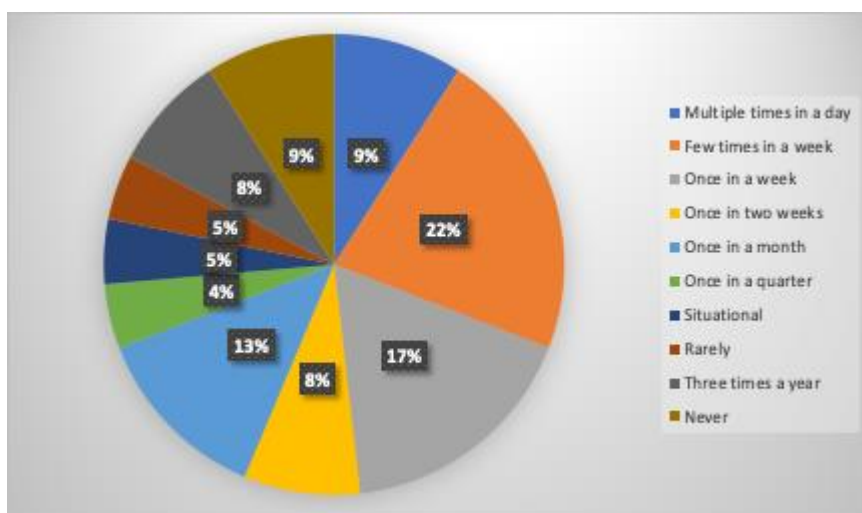


Figure 4 : Represents the responses for the question "How often do you feel tired/exhausted taking care of your loved one?"

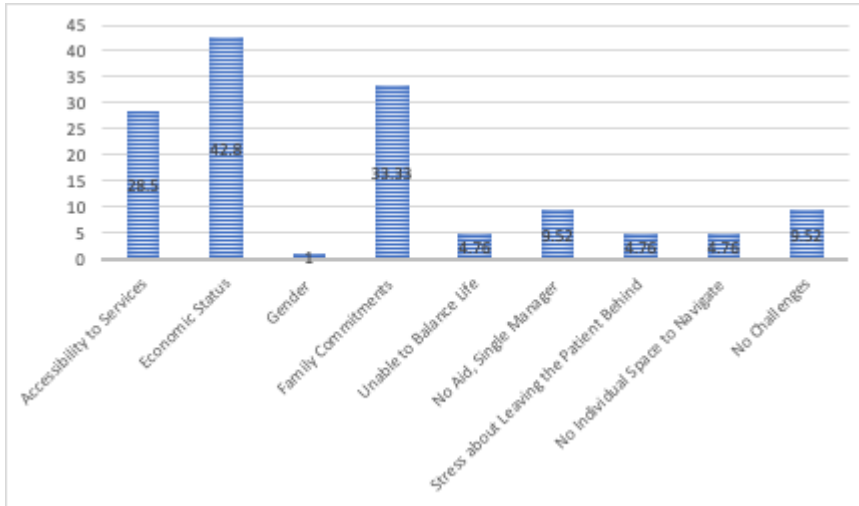


Figure 5 : Graphical representation of the responses for the question "What are the challenges you face as a caregiver?"

Using TA concepts to understand the Mental Health of Caregivers

1. *Ego States* : Analysis of the data revealed that the predominant Functional Ego State (Berne, 1967) that the caregiver's function with is Nurturing Parent, which is evident considering they're playing the role of a caregiver. It was also observed that the least functional ego state they operated from is Rebellious Child. To keep up with their role as caregiver, they often oscillate between Adult and Parent ego states. This analysis was supported by certain statements made by the caregivers in the form and the interview, a few of them being:

- Nurturing Parent – “Never. Feels it is my duty to care for my husband”.
- Controlling Parent – “Only when the patient refuses to do things prescribed by the doctors/ dietitian.”
- Adult – “Generally I am balanced & strong. On those rare occasions, maybe I display some frustration. Writing and therapy also helps”.
- Adapted Child – “I don't think I have an option not to be strong, I'd make the patient weak if I am not strong, which is not right”.
- Rebellious Child – “I get short tempered, irritable, lose control, question things”.
- Free Child – “I often wish to disappear and get rid of the roles and duties. I am tired”.

2. *Drivers:* Drivers are messages from an individual's childhood which are activated when their basic OK-ness is challenged (Kahler, 1972). In short, they are ways that the individual has learnt to adapt to their environment when they were young. The most prominent driver messages that have come up among the sample of caregivers were “Be Strong”, “Try Hard” and “Please Others”, which are actively observed in the participants and is something that has become internalized due to social conditioning.

In an article Hay (2013) gives her understanding of the drivers and their assets. (p.154). According to her, “The asset of “Be Strong” is self-sufficiency, consideration of others’ needs, reliability, resilience”; “Please Others” includes qualities such as pleasantness, compliancy to others’ wishes, generosity; “Try Hard” signifies passionate commitment, sympathy for the underdog and persistence; which also becomes the basic criteria for a caregiver. Based on the authors’ inferences from the analysis, a caregiver is required to

be considerate of others' needs, reliable, and resilient to deal with the challenges they are facing, be compliant to others, be generous and passionate / religious / consistent in their duty of caregiving, sympathy for the patient such that they need not let their own feelings hover. According to Figure 2 in the pages above, 85% of the participants feel the need to "Be Strong".

Style	Assets	Basic Fears (1987)	Fears (1992)
Be Perfect	Wisdom, purposefulness, high moral (and other) standards	Death	Death
Be Strong	Self-sufficiency, consideration of others' needs, reliability, resilience	Rejection	Rejection
Please	Pleasantness, compliancy to others' wishes, generosity	Being blameworthy	Responsibility
Try Hard	Passionate commitment, sympathy for the underdog, persistence	Failure (and success)	Failure
Hurry Up	Adventurousness, responsiveness and sensitivity to others' feelings	Life	Life

Table 1 : Drivers with their assets, basic fears and fears (Julie Hay, 2013)

3. *Injunctions*: Goulding and Goulding (1979) defined an injunction as "messages from the Child Ego State of Parents, given out of the parents' pains, unhappiness, anxiety, disappointment, anger, frustration, secret desires." The most prominent injunctions that emerged from the data are "Don't Feel", "Don't Be Important" and "Don't Think".

We have a hypothesis that perhaps injunctions and drivers can also form through ongoing life experiences and the caregivers' socio – political factors and not just in childhood. For a caregiver the message they often receive from their environment is to "Be Strong" which is perhaps paired with "Don't Feel" injunction. This is reflected in the participants' responses to the question "What happens if you are not strong?" Most of them replied to

the effect that they cannot afford to not be strong, hence do not want to feel vulnerable. Additionally, since the caregivers found it difficult to channelize and process their emotions, they gave little importance towards their emotions and feelings. Hence, this indicates the possibility that over a period "Be Strong" becomes their driver. After understanding the influence of the drivers and injunctions in the life of the caregiver, the results derived in Figures 4 and 5 prove that the caregiver does not give themselves permission to process their feelings and paired with injunctions of 'Don't Think' and 'Don't Be Important – because they cannot let their feelings hover while in their role as a caregiver and need to be strong and available.

4. *Life Positions:* In two articles (Berne, 1962/1976) described the life position as a total life direction or a person's overall life destiny. He explained the concept that the idea, perceptions, and decisions about everything internal and external are formed in the first five years of our lives based on the kind of strokes we receive from our families. It is based on these decisions that we accept and associate ourselves to one of the four life positions. The results from the study confirmed the authors' hypothesis and the literature that a caregiver's mental health is affected negatively. As explored in the concepts above, it is seen that the caregivers were functioning from a "Be Strong", "Try Hard" and "Please Others" drivers and "Don't Feel", "Don't be Important" and "Don't Think" injunctions which gave us a better understanding of their life positions and how it plays a vital role in their mental well-being which may be "I am not OK, you are OK".



Figure 6: Four core life positions. (Ernst, 1971)

Socio – Political and Cultural Lens

The socio – political and cultural perspective focuses on how broader societal, cultural, and political contexts shape the caregiving experience. This approach informs the study by highlighting how systemic inequalities, cultural norms, and political realities impact the mental health and well-being of caregivers. Understanding these dimensions provides a more comprehensive view of the challenges faced by caregivers and informs potential interventions at both individual and systemic levels.

1. *Gender*: Based on the interviews, the authors argue that there is a stigma revolving around one's gender and their expression as to how they feel. This paper draws on the study conducted by Penning, Zheng et al., (2016) which states that there exists a disparity between men and women when it comes to the expression of their vulnerability. Participants felt that society has defined certain norms surrounding men's mental health, which are articulated as follows: "men don't cry", "men don't feel weak", "stop behaving like a woman", "women tend to get more vulnerable than men", and "you're a man, you're

supposed to be strong". Given such norms, caregivers feel coerced to confine themselves to societal norms. From the data collected and analyzed, it was observed that all male identifying participants responded negatively when asked if they are OK to open up about how they're feeling, what emotions they are dealing with and how the current situation is affecting them. During the conversation, it was also discovered that men not verbalizing about their mental health is not just stemming from societal stigma around their mental health, but also the pressure they felt to not portray themselves as weak or overwhelmed in front of the patients so as not to let the latter's morale down. They felt that they couldn't afford being vulnerable and verbalize how they feel. Authors associated such patterns of behavior and thoughts with "Try Hard" and "Be Strong" drivers and "Don't Feel" and "Don't be Important" injunctions.

Interestingly, when asked about factors influencing their mental health, gender did not come up (as seen in Figure 5), highlighting the unconscious influence of gender norms. It is something to wonder if this suggests that while men are aware of their emotional suppression, they i.e., men don't consciously recognize how deeply these norms affect their mental health which underscores the need for greater awareness and support to help caregivers of all genders express their emotions freely.

Question	As a male caregiver, do you allow yourself to vent out your feelings?
Answers	No Never to the patient Not much Not much No applicable Yes, but that happens very rarely. Generally have to remain calm and balanced. NA

Table 2 : Represents individual responses to the male participants to the question "As a male caregiver, do you allow yourself to vent out your feelings?"

2. *Financial Privilege* : While working with the responses and the conversations with the caregivers, it was also insightful as to how one's economic status is directly linked to accessibility of health care services. Not just about the quality of the services or so, but also them not being able to access services at all. From the study during the interview process, it was also observed that the caregivers' economic status is also a factor contributing to their mental health. A majority of them coming from the working class cannot afford to take breaks to provide the best care possible to the patient. This in turn, leads to the caregiver feeling guilty for not being present for the patient. On the contrary, caregivers taking a break from their profession to be present for the patient would also lead them to feeling guilty for not prioritizing their work and bringing in the needed financial aid. Hence, with no choice or control over the situation, they often find it difficult to balance their personal and professional lives. This also negatively affects the quality of support they offer to the patient.

Limitations of the study

While the findings of this study offer valuable insights into the mental health challenges faced by caregivers in India, several limitations must be acknowledged. Firstly, the study's sample size was relatively small, from both urban and rural backgrounds, which may limit the generalizability of the results to the broader caregiver population in India. Additionally, the reliance on self-reported data could introduce bias, as participants may have provided socially desirable responses.

We believe that in-person interviews against our study's online video and audio interviews in our study would have been more insightful to be able to understand the subject's viewpoint better. Of the many studies done on similar topics, not many have been studied on the Indian population. Hence, lack of study on the Indian population may have impacted the norms used to analyse the result. The limited accessibility to the selected population and the limited number of responses may have prevented us from being able to observe their transactions and their structural ego states.

Conclusion

This study explored the mental health of caregivers in India, viewing it from the lens of Transactional Analysis and Socio – Political Psychotherapy.

The results obtained from the study confirmed the authors' hypothesis and the arguments of the supporting literature reviews that a caregiver's mental health is affected negatively. Viewing it from the lens of TA, it was observed that the caregivers were functioning from "Be Strong", "Try Hard" and "Please Others" drivers and "Don't Feel", "Don't Be Important" and "Don't Think"

injunctions. This gave us a better understanding of the influence of the life positions, injunctions and drivers, and the vital role they play in the caregiver's mental well-being. From the socio-political perspective, it was observed that expression of one's own feelings and emotional needs is shaped by their gender location. Results showed that women were more likely to be able to acknowledge their mental health concerns and express themselves and seek for help as compared to men. Lastly, caregivers come from a life position of "I am not OK, you are OK".

The results of this study found a gap between the need for caregiver's support and its availability and accessibility. Hence the results could be useful in determining different kinds of support groups and therapy that might be useful for supporting the caregivers, keeping their context in mind.

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About the Authors

Aanchal Munoth is a counseling psychologist and psychotherapist residing in Hyderabad, India. She has completed her diploma from SAATA and is currently pursuing her advanced training in Transactional Analysis, Socio – Political Psychotherapy and Relational Psychotherapy under Deepak Dhananjaya. She holds a triple major for Bachelors in Psychology, Public Administration and Political Science and has completed her master's in psychology. It's been two years since she's started practicing and works with individuals and groups helping them hold, understand and deal with body concerns, abusive history, disturbed childhood, parental conflict, eating disorders and so. To get in touch, reach out to her at aanchal.therapy@gmail.com.

Maryann Manasseh, a Chennai-based professional with a Bachelors in Commerce and certifications as an NLP Master practitioner, storyteller, and non-violent communication specialist and is currently pursuing her training in TA With over 20 years of experience as an emcee and expertise in employee engagement through the "Engage Your Inner Human" module, she has founded Aawaaz– an integrated program drawing on my extensive public speaking experience and non-traditional psychology education. Aawaaz empowers individuals to operate from a place of excellence, facilitating effective communication and internal alignment. Additionally, she has been a dedicated caregiver to her husband on his chronic kidney journey for the past 12 years. She can be reached at maryann.emcee@gmail.com.

Nandhini Thangavelu is a career guidance counselor, hotelier and horticulturist from Coimbatore. She has a Masters in Management and Psychotherapy. She is currently undergoing TA training and works with clients across different age ranges, with a specific emphasis on middle-aged women looking to kickstart their careers. She can be reached at nandhu.j7@gmail.com.

THE ROLE ECONOMY CORRAL: GAINING EFFECTIVENESS AND RESILIENCE

RAGURAMAN K

Abstract

Building role competence and accessing resources leads to effectiveness and resilience both in personal and organizational settings. This article discusses the idea of role competence and accessing resources in an organizational setting by presenting two models to understand four different patterns of behaviours. The Role economy corral is designed to understand the origin and characteristics of effective and ineffective uses of resources. The Effectiveness and Resilience Spiral is introduced to recommend how one can build effectiveness and resilience.

Key words: Role, Resources, Role Economy, Inadequacy, Burnout, Implosion, Effectiveness and Resilience Spiral, Self-esteem, Trust

We take many roles throughout our lives. We may be successful in some roles and find some challenging. It is imperative to know what contributes and what stops us from being effective. In my work I have noticed the patterns of behaviors people engage in when they face challenges like customer complaints, formulating quality procedures, prioritizing payments or budgets, allotting people for specific projects, conflicting situations, transfer of employees, recruitments, loss of talented workforce, incentives, and promotions, achieving targets and unexpected changes in the external environment.

People use their strengths to manage these challenges and there are times when they do not use them effectively. This stimulated me to think about what makes people effective and successful at times and why they are confused and ineffective in some situations. Based on my observations and interactions I understand that there are two key vital components: “Roles” and “Resources” and the resulting continuum ranges from role incompetence to role competence and not accessing resources to accessing resources leading four distinct responses.

Role

A role is defined as “a coherent system of attitudes, feelings, behaviors, perspectives on reality and the accompanying relationships” (Schmid, 2008). Berne (1963, p.326) saw “roles as the way an individual is canonically supposed to be seen and behave as part of the organizational structure; opposed to persona (individual structure) and personality (private structure)”. Managerial roles are behaviors adopted for certain functions like leading, planning, strategizing, etc. Managers at different levels may have responsibilities that overlap (Mintzberg, 1973).

Social roles are the expected behaviors of individuals in various situations and settings based on their position in the social system. It includes needs, expectations, rights, commitments, and social standards. Schmid (2008) sees role competence as the availability or use of information specific to the role and the ability to differentiate roles situationally and in reference to context.

Resources

Resource means “a natural feature or phenomenon that enhances the quality of human life” and “an ability to meet and handle a situation” (Merriam Webster, 2024). It is important to

be mindful of internal and external resources. Some examples of internal resources are; Adult thinking, past and present role experience, time, values, intuition, fantasy/positive visualizations, Cultural Parent (Drego, 1983), and Physis (Berne, 1968). Examples of external resources are; information, infrastructure, system, people, money, facilities, learning opportunities and culture. Organizations have resources such as human resources, capital, financial resources, concrete materials and tangible assets.

Liselotte Fassbind-keck (2013) lists the resources; ancestors, survival strategies, resources of script, experiences of former success, body, safety, Adult ego state, impulses, relationship, emotions, vision of new identity and vision of the problem already solved, live horizon and beyond death.

Interplay of Role Competence and Accessibility of Resources

I see role competence as involving the use of resources specific to the role and accessing resources contributes to developing role competence. This may not be possible all the time, particularly during stressful times. During challenges, changes, new roles and situations, losses and uncertainties, we tend to move from role competence to role incompetence and from accessing resources to not accessing resources. People experience restriction and/or confusion about the information and competencies required for a particular role because of various factors (Table 3). This leads to role incompetence. They may also lose awareness of their strengths and end up not using the internal and external resources needed for the role.

Some of the characteristics of role competence and role incompetence, accessing the resources and not accessing resources are listed below:

<i>Role Competence</i>	<i>Role incompetence</i>
<i>Clarity on what is to be done</i>	<i>Not being aware of capacities and skills needed</i>
<i>Clear and accurate communication of role requirements</i>	<i>Lack of clarity in communication of role requirements</i>
<i>Flexibility in shifting roles</i>	<i>Role restrictions – contaminations and confusions</i>
<i>Decision making and delegation appropriate to the role</i>	<i>Not using the capacities needed for decision making</i>
<i>Ability to align to the context</i>	<i>Misalignment to the context</i>
<i>Adaptability, Healthy role boundaries</i>	<i>Unhealthy / Lack of role boundaries</i>
<i>Impacts other role elements in a healthy way</i>	<i>Impact on other role elements in an unhealthy way</i>
<i>Systemic thinking</i>	<i>Symbiotic thinking</i>
<i>Authentic</i>	<i>Lack of fairness / stability</i>

Table 1: Characteristics of Role Competence and Incompetence

<i>Accessing resources</i>	<i>Not accessing resources</i>
<i>Accounting</i>	<i>Discounting at various levels</i>
<i>Effectiveness / Functional symbiosis</i>	<i>Unhealthy symbiosis</i>
<i>OK modes (Structuring, Nurturing, Accounting, Cooperative, Spontaneous)</i>	<i>Not OK modes (Dominating, Marshmallowing, Compliant/Resistant, Immature)</i>
<i>Working styles</i>	<i>Drivers (Please others, Be perfect, Be strong, Hurry up, Try hard)</i>
<i>Permissions, Protection and Potency</i>	<i>Injunctions</i>
<i>Meeting relational needs</i>	<i>Unmet Relational needs</i>
<i>Learning system</i>	<i>Rigid system</i>
<i>Internal and external motivations</i>	<i>Lack of interest / motivation</i>
<i>Physis</i>	<i>Stuck / Impasse</i>
<i>Motivators – survival, expressive, quiescence</i>	<i>Lack of motivators for new experiences</i>
<i>Wellness</i>	<i>Lack of wellness</i>

Table 2: Characteristics of Accessing/ Not Accessing Resources

All of us have certain competencies and resources in our life and based on these we develop role competence and access resources which brings effectiveness to the role we play. We can check if we are effective in our roles and in using the resources optimally. Often I observe people saying that, both in and outside an organization, they are unable to complete tasks or grow due to the lack of manpower, finance, time and a healthy system, etc. In this case, they don't access resources despite having role competence.

We will look at the combination of both using and not using the competencies and resources. Combining these two components (roles and resources) we can classify the patterns of behavior into four quadrants as Implosion, Burnout, Inadequacy and Effectiveness and/or Resilience and this understanding led to the grid Role Economy Corral.

Role economy basically means the optimal combination of resources for producing the results. Ideally, the economy serves to establish quality of life with as little consumption of resources as possible (Schmid, 1994). The Role Economy Corral (Figure 1) is designed to understand the origin and characteristics of effective and ineffective uses of resources.

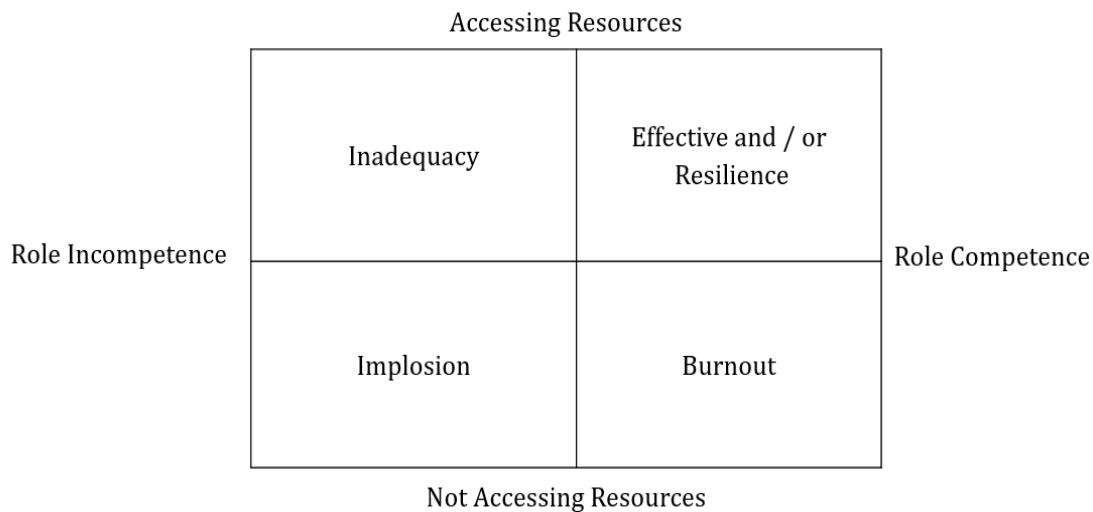


Figure 1: Role Economy Corral

Role competence – Accessing resources

When an individual is functioning from this quadrant, they exhibit potency and resilience and have a clear definition of the role they take. They are able to use their skills aligning to the context. They can also adapt, draw healthy boundaries and shift roles as required. They use systemic thinking impacting other role elements in a healthy way. They communicate openly and clearly with trust. This behavior is supported by appropriate use of psychological hungers, physis and motivators. They operate from the OK modes meeting both their own and others' relational needs. They have permission to act in an open and transparent manner and provide protection for their teammates.

They are able to balance tasks and relationships, delegate appropriately and demonstrate mutual respect. They channelize their energy into quality work, which is cost effective. They work collaboratively and facilitate the decision-making process. They bring effectiveness and/or resilience in using the resources to meet individual, team, and organizational goals.

Role incompetence – Accessing resources

When individuals function from this quadrant they feel insecure, confused and focused on survival strategies. They are inconsistent and accommodating as they experience themselves differently from others. They do not spend their time and energy meeting objectives since they lack clarity on objectives and are not able to prioritize. They are not able to be firm and assertive and change often. They feel inadequate since they lack clarity on using resources to get the required productivity and quality.

Example: In a family run organization, the legal heir was appointed as the leader. He could not manage well though he had all the resources since he lacked role competence.

Role competence – Not accessing resources

When an individual is functioning from this quadrant, they experience pressure to complete the tasks since they lack resources. They are aware of their roles and expectations but lack motivation to perform. Though they are open at one level, they manifest rigid thinking at another level. They believe that only they do things right. Their work doesn't have the required quality since they don't function as team players. They may assert their power on others while feeling internally stressed. This results in burnout.

Example: A businessman with a garments business started a hotel business to avoid depending on one line of business. While he had expertise in the garments and retail business, the same nuances and skills did not apply to the hotel business, leading to losses. He discounted his team's suggestions, didn't use his resources optimally and blamed his team. Despite having

competency, he was unable to use his Adult thinking and moved from accessing to not accessing resources.

Role incompetence – Not accessing resources

When an individual is functioning from this quadrant they experience Implosion. Implosion is a sudden collapse in an individual or in an organization. This results from lack of clarification of the needed role competence. Hence, they lack clarity on role competence, their capacity and skills and those of their teammates.

People in this quadrant experience isolation, indifference, and rejection. They are unable to focus their energy towards bringing quality since they lack motivation. They may struggle with following norms in the system. They may be inactive since they feel unimportant. They may not engage in problem solving since they lack purpose and may waste time and other resources.

Example – An entrepreneur in the logistics business had a huge loss during the pandemic. He was immobilized because he could not make the payments to employees, banks and suppliers. He also had to face challenges from competitors who were offering their services at lower cost, which he could not manage. He became passive and incapacitated, not using competencies and experiences where he couldn't access his resources and became incompetent in his role.

I have correlated these quadrants with a few Transactional Analysis concepts, which gives us a better understanding of the characteristics of people in these quadrants. This table will also help us to diagnose the issues/challenges people go through in their roles. A person who is stuck in any of these quadrants Implosion, Burnout and Inadequacy may become aware of what holds them back and can work to move towards effectiveness and/or resilience.

<i>Concepts</i>	<i>Implosion</i>	<i>Burnout</i>	<i>Inadequacy</i>	<i>Effective and/or Resilience</i>
Passive and active behavior	Doing Nothing and incapacitation	Agitation	Over adaptation	Active and Proactive Behavior
Time structuring	Withdrawal	Withdrawal, Games	Rituals, Games, Pastime	Activity and intimacy
Not OK and OK Miniscripts	Despairer	Blamer	Stopper	Allower, Goer, Be'er, Wower
	Worthless, unloved	Blameful, Furious	Guilty, Hurt,	Authentic feelings
Group structure and Dynamics	Lack of both structure and processes	Lack of effective structure	Lack of effective processes	Clear structure and processes
Types of script	Lovelessness	Mindlessness	Joylessness	Winner script
Roles	Lack of focus on tasks and relationships	Lack of focus on tasks	Lack of focus on relationships	Balancing tasks and relationships
Behaviors	Passive aggressive	Defensive Aggressive /	Submissive	Assertive

Table 3: TA Lens to the Four Quadrants

It is important to note that people move across all quadrants. Organizations often have many variables that influence how people take roles and use resources. This means people move from one quadrant to the other as indicated in the Figure 2.

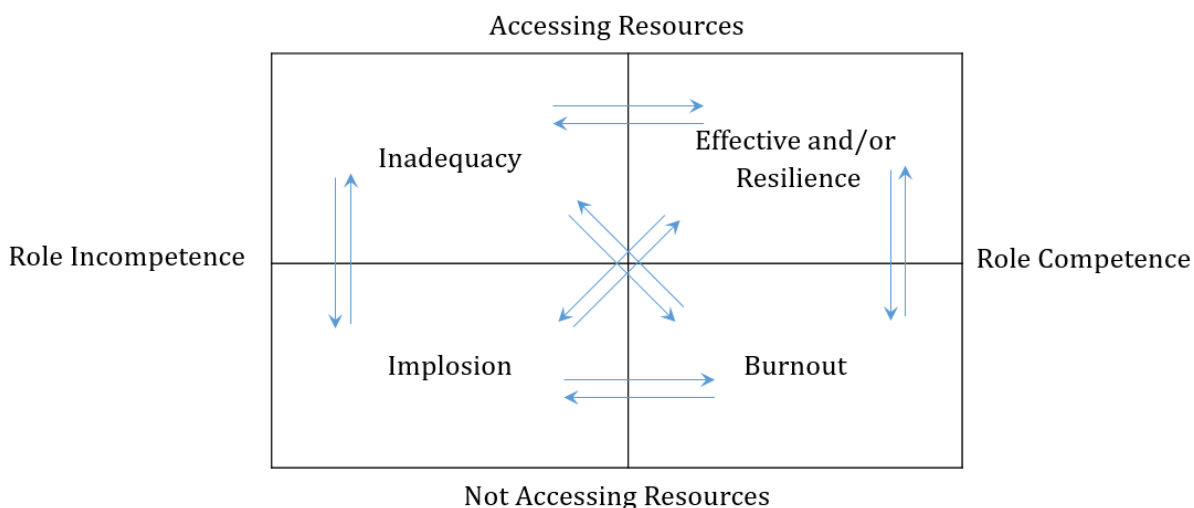


Figure 2 : Possible movements in shifting to quadrants of Role economy corral

Table 4 showcases a tool for assessing position in the Corral that I have developed based on role restrictions (Schmid,2008), Discounting (Schiff, 1971), OK corral (Ernst,1971) and strokes (Berne, 1964).

The first step is to understand 'Where are we at present' with regard to effectiveness and resilience. How do we move to an effective and/or resilience quadrant and sustain the same? Here are a few questions to reflect on the challenges we face in any of the roles :

<i>Current state</i>	<i>Answer yes may lead to</i>	<i>What needs to be focused</i>
Do you -get away from facing challenges? -experience that you are not in touch with your own feelings, thoughts and perceptions? -sense that you are not meeting your needs, feel low and incompetent?	Inadequacy	Improving self esteem
Do you -get into arguments and clashes often? -have difficulty in understanding others' needs and feelings? -have difficulty to manage boundaries to play your roles effectively?	Burnout	Building trust

Do you –get stuck or experience role fatigue? –have the sense that there is a lack of clarity in what is done in the system? –experience continuous work pressure?	Implosion	Developing a healthy system
What are the psychological capacities and resources you use to manage the situation? Do you flow in your role to execute your responsibilities?	Effectiveness and / or Resilience	Reinforcement by Strokes and Celebrations

Table 4: Tool for Assessing Position in the Corral

The Effectiveness and Resilience Spiral

We can focus on the aspects that have been given in Table – 3 under the heading “effectiveness and/or resilience” which would bring OKness at the personal level (self-esteem), OK-ness in relationship (trust) and OKness at the systemic level (healthy system).

1. Improving Self-esteem – Helps to shift from inadequacy to Effectiveness and/or Resilience; Self-esteem is a sense of OKness in which we value ourselves. We can improve it by:

- Contact with our thoughts, feelings and imago
- Fulfilling psychological hungers
- Meeting relational needs
- Recognize strengths and resources
- Permissions, Protection, Potency
- Create a support Network

Example: During her teenage years, a woman had dreams of pursuing studies and becoming an entrepreneur. However, she had put her dreams on hold to raise her family. After a self-awareness program, she focused on her psychological and relational needs which helped

her access her resources. She gave herself the permission to follow her dream and completed her education. She now runs a garment showroom and tailoring business successfully, has built a network to meet professional and organizational needs. She now takes pride in herself and what she has built.

2. Building Trust – Helps to shift from burnout to Effectiveness and / or Resilience; Trust is the quality of a relationship in a role where we feel safe. We can build trust by:

- Attunement towards others' feelings, needs, meanings
- Appropriate boundaries among roles
- Accounting the needs of the roles
- Honoring contracts and commitments
- Being vulnerable and transparent
- Conveying gratitude

Example: At 78 years of age, the chairman of an organization refused to give up his assets and power as he was angered by his sons' neglect during his sickness. This disrupted the organization's operations; confusion in managing orders, resulting in financial losses and delayed salaries.

An organizational facilitator intervenes, empathizes with the chairman's emotional needs and acknowledges his desire for connection with his grandchildren. He further supports the chairman to distinguish personal and organizational roles. The facilitator, despite feeling vulnerable about the chairman venting his anger on him, expresses gratitude to

him for his contribution to the organization and the welfare of his employees. This attuned work with the facilitator causes the chairman to trust the facilitator and ensure his support for his organization and employees.

3. Developing a healthy system: Helps to shift from implosion to Effectiveness and / or Resilience; Berne posits that role is an element of the organizational structure (Berne, 1963). Cornell (2001) writes how in a relationship we need not just a secure base, but also a vital one – challenging, unpredictable and lively. I also believe that a secure and vital base will bring balance in completing tasks and thereby benefiting people involved in it. This would take care of all the stakeholders, support the community and the environment. So, a healthy system can be developed accordingly by paying attention to:

- Purpose/mission
- Values and ideologies in action
- Psychoeducation, secure and vital base
- Effective structure and processes
- Collaborative culture
- Physis – Organization's activities need to benefit larger systems as well

Example: A voluntary organization flourished due to dedicated office bearers and volunteers. Over time, the organization faced a survival threat due to conflicts amongst three subgroups: members, authorities and supporting organizations. This led to verbal abuse, legal disputes and external pressures from banks, etc. Few volunteers took a leadership role and formed an ad hoc committee to establish a healthier structure. They

focused on educating everyone on relationships and organizational values; clarifying roles to bring coherence among members and create a neutral team. Despite facing criticism, they upheld their values and worked towards a collaborative culture.

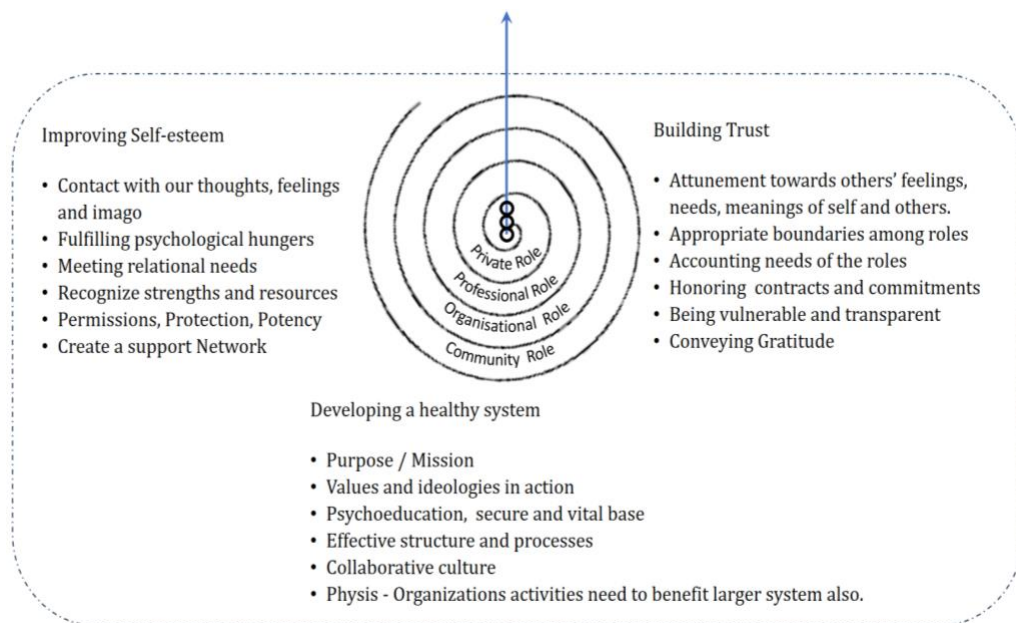


Figure 3: The Effectiveness and/or Resilience Spiral

People are a part of some system at any point of time in life. This is represented by the outer line in Figure 3. It's an open system where individuals and the environment influence each other. Fulfilling or not fulfilling the needs of one role will have an impact on the other roles. There needs to be a balance in meeting the needs of private, professional, organizational and community roles resulting in a healthy system.

Conclusion

In order to survive and thrive after an implosion, burnout and/or inadequacy, the individuals need faith in self, trust in others and secure a vital base (Cornell, 2001). Effectiveness and/or resilience spiral can be used as a tool to work on the various roles that we take.

Gaining effectiveness and/or resilience is an ongoing process and the key factor here is accessing the resources from the state of OKness.

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A TRANSACTIONAL ANALYSIS MODEL OF MOTIVATION: THE DYNAMIC MOTIVATION PYRAMID

TILL SCHULZ-ROBINSON

Abstract

This article expands Berne's concept of basic human hungers by adding the aspect of personal meaning to it. Human motivation and how it is linked to the concept of meaning is examined in an interdisciplinary way using examples of athletes. In the article, the author introduces a Dynamic Model of Motivation, which can be used as a tool for personal motivation analysis.

Key words: Motivation, meaning, transactional analysis, basic needs, motivation-homeostasis, TA Dynamic Model of Motivation

The Question of Why?

There are countless opportunities to participate in the world of sports. What, in the truest sense of the word, "moves" these athletes? What is their motivation?

During my time as a coach and trainer I have heard the following question countless times: "Why should I do this exercise?" This is the most significant question for meaning and human motivation! Friedrich Nietzsche(1964, p.944) has said: "He who has a why to live can bear almost any how." Only a valid response with regards to the meaning of an action will spark the individual into action (Brohm, 2017). To delve deeper into human behavior, a closer look at motivation is essential.

A Closer Look at Human Motivation

You need motivation to be physically or mentally active. Further, motivation is key for determining the extent and the intensity of the proficiency levels and its variations (Philip Zimbardo, 2002; Weineck, 2004).

In Transactional Analysis, we can find different theories about the origin of human motivation: Claude Steiner's work proposes that human behavior is mainly determined by its need for strokes (Steiner, 1971). However, reducing human motivation to a single factor is no longer tenable from today's point of view (Comp. Kuhl, 2010, D'Amore, 1997).

According to Fanita English, unconscious motivators play a role in motivation. She posits that there are three subconscious primary drives (Survia, Passia, and Transcia) that influence and steer human behavior (English, 2005; Nowak, 2011).

Eric Berne's psychological hungers (Erskine, 1998) help understand individuals and their motivation. Transactional Analysis literature regards basic – or "particular needs" (Erskine, 1998) as the reason for establishing contact and transaction (Henning & Pelz, 2007). People experience an internal imbalance when these needs are not satisfied (Hagehülsmann & Hagehülsmann, 2005). The term "need" has a high relevance as people take their motivation from a "need" (Storch & Krause, 2014, 88) to satisfy the same. Needs are hence the cause for motivation and action. (Brohm, 2017). In the following text the words hungers and ,needs are used synonymously.

Eric Berne categorized the hunger for stimulus, structure, and recognition. These hungers operate non-consciously and determine "affective, cognitive, and behavioral responses" (Erskine, 1998,135; Henning & Pelz, 2007). However, "Berne never spoke about a specific Motivation

theory“ with regards to psychological hungers (D'Amore, 1997, 181). According to Erskine, hungers can be regarded as the basis of a motivation theory (Erskine, 1998).

Hungers and its Importance in Sports

Berne's three hungers can be easily applied to athletes. Firstly, they will need a training schedule which satisfies the basic need for structure. Secondly, physical exercise satisfies the athlete's stimulus hunger because his body is subject to a number of stimuli by running, swimming, weight training, etc. Lastly, the need for stimulus as well as recognition can be satisfied with social interaction, for instance, a conversation with teammates; feedback from a training partner or a hug after a competition, which are all universal elements of athletic-social transactions.

This shows that the three basic needs can be satisfied in various ways in the context of sports. But in my view, there is another component that significantly determines the attitude of athletes: the question of meaning of the action!

'Meaning' in Transactional Analysis

There are no detailed explanations to the concept of meaning by Berne (Berne 1972). Other TA authors see meaning as part of the stimulus (Hagehülsmann & Hagehülsmann, 2005, Mohr, 2003) or related to spirituality (Nora Borris, 2005).

Though some TA literature addresses the concept of meaning, it neither materially sets limits nor uses the term meaning coherently and consistently. Therefore, it is necessary to look in close detail at the definition of meaning.

'Meaning' in the Context of Motivation

The concept of meaning can be regarded from different perspectives such as psychological, religious, philosophical or scientific. However, a general definition cannot

sufficiently represent the entire bandwidth of meaning (Wong, 2012). To begin with I want to narrow the term meaning down to the following model, based on existential value theory.

Meaning is discovered by experiential values and creative values (Frankl, 2015 Stumm & Pritz, 2000). According to Längle (Stumm & Pritz, 2000, it is the general interpretation of merit leading to a preference or rejection of a choice. In a personal context, it is about "the value and relevance, the interest that a thing or an experience has for me or for others" (Niemeyer, 2007, 174). Meaning is therefore determined individually by each individual. Philosophical-religious influences on meaning is beyond the scope of this paper.

The development of meaning can be divided into a cognitive and an affective process, both of which are driving factors of human motivation and mutually influence each other (Lempersberger, 2015).

Therefore, the experience of meaning and making meaningful decisions are intrinsic processes that are conscious or involve becoming conscious.

The Definition of the Term 'Personal Meaning

As outlined above, personal meaning is different for everyone with respect to adopted opinions and in their uniqueness and diversity. It can have its origin in existing opinions and values of family, society, or culture, but can also be adopted by people deliberately and independently (Lampersberger, 2015).

This means that, from a TA point of view, meaning for each individual can be seen as perception or action influenced by parental programming (Berne, 2016,). Alternatively, meaning

may be determined autonomously, independently, or free of every programming (Berne, 2016, 324).

The TA definition of self-status points out that one cannot consider mental activity in isolation (Schmid, 1994). Every cognitive process also includes an affective portion (Rudolf, 2008). Subconscious information from previous experiences influences behavior (Storch & Krause, 2014, as well as Roth in Storch & Krause, 2014). Previous adventures and experiences have an impact on cognitive processes (Rudolf, 2008). Therefore, people can take decisions based on a vague sentiment which can be regarded as intuitive or preconscious (Kuhl, 2010). However, for a targeted action or personal strategy, this subconscious information must be made conscious (Storch/Krause, 2014).

Personal meaning is essential to initiate and sustain individual motivation. The perception of one's activity as meaningful in everyday life is a condition to fulfil one's goals and targets (Niemeyer, 2007; Huber, 2019, Brohm, 2017). Therefore, in the aforementioned case of running in the morning, the athlete has finally answered Nietzsche's question of "Why?" when he starts his training.

But how can we juxtapose this individual requirement for meaning with Berne's basic needs? I propose the following theory: the need for personal meaning is existential for humans and hence, is a basic human need. Therefore, I have added the dimension of personal meaning to the basic human hungers of stimulus, structure, and recognition. Consequently, the four human needs are represented in the figure below:

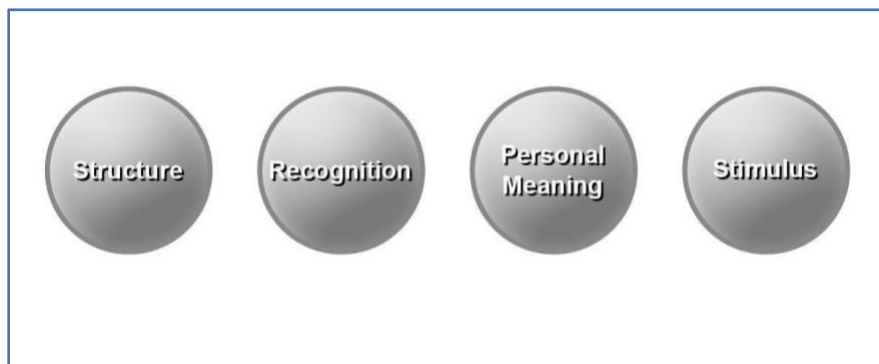


Figure 1: The four human needs

While according to Berne's definition the human need for recognition will also be satisfied by a negative recognition (Lapworth & Sills, 2011), it is to be noted that in this model, the working of individual hungers differs from Berne's basic hungers. This is because, in the context of human motivation, negative experiences especially when persistent, can have an inhibitive effect on the motivation, and hence, the performance of the recipient (Atwater/Waldman, 2008). Likewise, positive structures and positive stimuli are highly important for initiating and keeping up an action. The word, positive, in this context refers to incentive motivation, which means that it is considered meaningful to perform an action rather than avoiding it. Hence, the four human needs (Figure 1) will only be included into the model in their positive form (marked by the + symbol).

Dynamic TA model of Motivation

The figure below depicts the interaction of the four needs in the context of motivation, where Sc, R, M, and Sm represent positive Structure, positive Recognition, positive Personal Meaning, and positive Stimulus respectively.

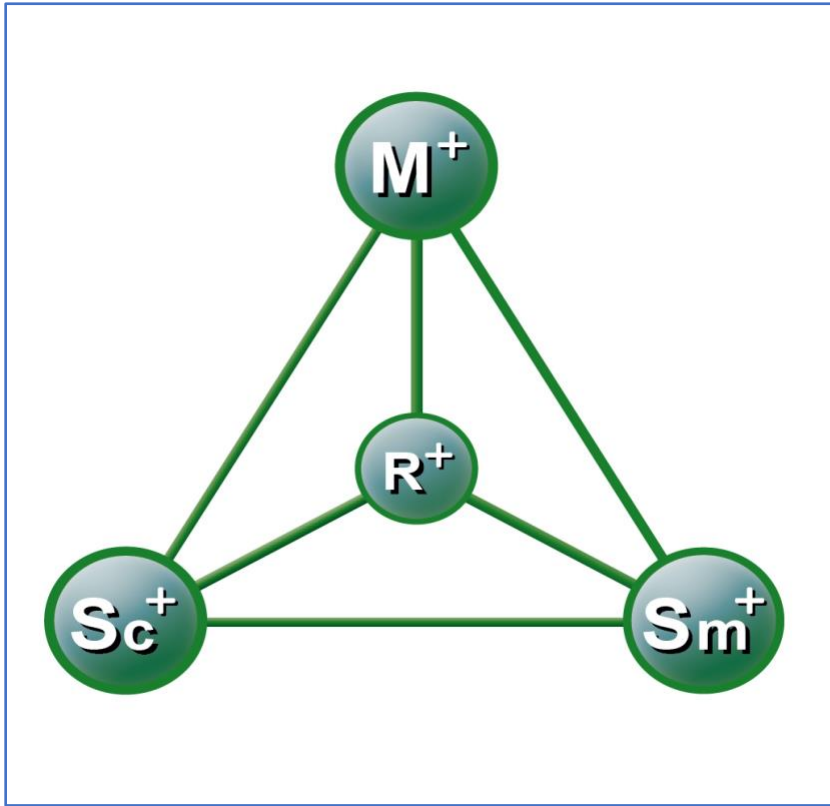


Figure 2: The Dynamic TA Model of Motivation - Dynamic Motivation Pyramid

Legend

<i>M+ denotes positive Personal Meaning</i>
<i>Sm+ denotes positive Stimulus</i>
<i>Sc+ denotes positive Structure</i>
<i>R+ denotes positive Recognition</i>

The Dynamic Motivation Pyramid complements Berne's original basic needs for structure, stimulus, and recognition with the need for personal meaning in the context of motivation for action. Conscious action according to the model will be kept up when:

- it is regarded as meaningful
- it creates a positive stimulus

- it blends in, can blend in positively or creates the personal structure, and
- the person has received or will receive a positive stroke by this action.

Further, as Erskine states, the human basic needs stand in a tense relation to each other: "The hungers for stimulus, structure, and relationship (recognition) are interwoven, interactive and interdependent (Erskine, 1998, 140). These three hungers operate as a motivational system. The satisfaction or lack of satisfaction of one of the hungers systemically effects the other two, either satisfying or potentiating the deficits in one or both of the others." (Erskine 1998, 140). This tense relation in connection with personal meaning is pictured in the form of a pyramid. The four basic needs mutually require each other.

This graphic presentation shows that all needs must be satisfied to gain the (inner) balance of the pyramid respectively of the hungers. I call the balance of the pyramid as personal motivation homoeostasis.

The Personal Motivation Homoeostasis

This personal motivation homoeostasis is relevant for theoretical and practical reasons. The athlete is motivated to train when his or her individual meaning along with structure, stimulus and recognition are satisfied in a positive way. The balance is disturbed if one of these basic needs is not satisfied or is diminished. Motivation wanes. The remaining basic needs may alternatively counterbalance the pyramid by a higher emphasis, in which case motivation is restored.

Here is an example to illustrate this principle: Mr. B, one of my clients, had been advised by his doctor to do something for improving his health due to his excess weight as well as his

cardio-pulmonary issue. He was informed that if not addressed, this could significantly reduce his quality of life in future. Our mutually developed plan was easy and efficient: the training schedule required that he should get off the underground 2 stops earlier on his way home, 3–4 times a week, and walk home. This meant a 35-minute walk. After a few months Mr. B had lost 6 kilos and significantly improved further medical parameters.

Mr. B's motivation can be explained with the Dynamic Motivation Pyramid as follows: the medical advice of the GP and the resulting consequence made sense (personal meaning, M+).

Mr. B perceived the stimulus (Sm+), walking at fast pace, and the training schedule (structure, Sc+) as positive. Further he received positive feedback (recognition, R+) from his wife, his doctor as well as from himself for his dedication and resulting weight loss. His motivation-pyramid was therefore in balance.

Let's assume that Mr. B could do his training only early in the morning due to a change at work. In this case, he would perceive the Structure (early morning time) as negative (Sc+ would turn into Sc-). His pyramid would get out of balance. This would result in a lack of motivation. It would be difficult for him to get out of bed. Here, it is possible to increase the Stimulus (Sm) for Mr. B to facilitate the early rising. A training partner, whose company he enjoys, could be a solution. This additional incentive has a compensatory effect to his motivation. This would make it easier for him to get up early for his training. Hence the higher stimulus compensates for the deficiency in structure thus re-balancing the homoeostasis of the pyramid.

The situation is similar if my client would no longer perceive the stimulus of walking as something positive. More detailed information from the doctor with regards to the positive effects

of physical activity on managing excess weight and diabetes could give more emphasis on the personal meaning element of the pyramid (M+) and hence re-establish the motivation homoeostasis.

This example demonstrates that it requires Stimulus, Structure, Recognition, and Personal Meaning with positive positioning to initiate and sustain a conscious action. Intensity of hungers differ in different individuals, therefore, each of us have an individually formed motivation pyramid. It varies from person to person when the basic human needs are in equilibrium. One cannot generalize the impact of hungers on one's pyramid nor the resultant action taken. It is uniquely different for every individual for how long an action can be sustained, whether the satisfaction of a basic need wanes or is entirely absent.

Conclusion and prospect

Basic human hungers developed by Berne along with Personal Meaning are prerequisites to take action and keep action up. The Dynamic Motivation Pyramid represents a flexible system for individual motivation analysis. It has stood the test in my practice in individual coaching, group settings and adult education. As a coaching tool, it offers the possibility, to invite the coachee to understand their motivation pyramid and to take action. It can also give indications to the coach or therapist about the client's script beliefs, racket system or drivers.

The Dynamic Motivation Pyramid was developed in the world of sports. Nevertheless, it is a model beyond training and exercise to look closely at and explain human motivation.

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GUIDELINES FOR WRITING FOR SAJTA

The *South Asian Journal of Transactional Analysis* welcomes contributions from all fields of practice – counselling, education, psychotherapy and organisation. No field or practice or theoretical frame of reference will be privileged in the evaluation of manuscripts submitted for review and publication. All theoretical perspectives within Transactional Analysis, not limited to quantitative and qualitative research, case studies, literature surveys, book reviews and reflective essays, are welcome.

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Only original material—not previously published in English and not under review by another English-language publication—is eligible for consideration and inclusion in the *SAJTA*. As an exception, any paper previously published in a language other than English will be considered if professionally translated into English prior to submission.

If you are an author considering a submission to the *SAJTA*, the first step is to determine that your paper is well written in terms of content, structure and style. The second step is to prepare your manuscript according to the following technical requirements and then to submit it as a Word document via e-mail to the *SAJTA* Managing Editor at journal@saata.org.

To be published in the January issue, your manuscript has to be mailed by 15 Oct of the previous year and for the July publication, by 15 April of the same year.

General Writing Guidelines

- Your manuscript is in word format, no longer than **2,500–3,000 words** (not including any bibliography, references, keywords and author biography). Please bear in mind that additions or deletions during the course of iterations, would impact the final word count. Hence this number is to be adhered to.
- Your manuscript is **free of any information that would identify you as its author.**
Do NOT mention names of your trainers, mentors, supervisors, etc.
- Follow **APA style** of formatting, references, citations and bibliography (<http://www.apastyle.org/>).
- Use **formal language**. Avoid using casual phrases, expressions and slangs, unless quoting verbatim.
- Use **British English** and do a ‘**Spelling and Grammar**’ check before you submit.
- Keep **sentences short and precise**. Where there are multiple ideas, construct as two or more sentences.
- Use **simple and easy-to-understand words**. Remember that your audience may not be Transactional Analysis literate or even use English as their first language.
- Review the paper for **redundancy**, where the same idea is expressed multiple times.
- Provide **English translations to any vernacular** quotations that are made in the article.

- As part of our learning, we have decided to only accept **single part articles** that align to the theme of the issue. Multi-part series will only be considered on a case-by-case basis, depending on the relevance and timeliness of the topic.

Scientific Writing Guidelines

- Write scientifically on topics – original thoughts, research, application in professional or personal context, reviews, experiences, opinions – which can be explained primarily using Transactional Analysis concepts.
- Double-check Transactional Analysis terminologies and their definitions, e.g., names of games, components of script, drivers, injunctions etc. Transactional Analysis full form, not TA, to be used. All terminologies to be in small case, e.g., script not Script.
- Quote the original authors of any concepts / ideas used. Reference accordingly.
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- Select a strong title, which crisply explains what the article conveys.
- Begin with an abstract / introduction, which describes what readers can expect.
- Convey the main content / discussion (methods, data, evidence, results, links), using appropriate sentences, paragraphs and apt headings / sub-headings.
- Use diagrammatic representations where appropriate, labelling figures and tables.

- Include a conclusion and list of references at the end.

Review Process

Once you have met the above submission requirements and timelines, you will receive a 'receipt of your submission' mail in a week. Over the next 3–4 weeks, your manuscript will be anonymously reviewed by at least two of *SAJTA's* co-editors, who will assess basic readability (i.e., professionally written English, clarity and novelty of the ideas presented, relevance for the transactional analysis community and its contributions to the evolution of transactional analysis theory, principles, and practice) as below.

Evaluation/Review Criteria

- How is the paper **relevant** to organizational, educational, counselling, or psychotherapy applications?
- Is there an **adequate review of the relevant literature** – transactional analysis as well as the literature of other related fields, such as cognitive research, neuroscience studies, organizational behaviour and consultation, mother/infant research, systems theory, educational theory and practice, psychoanalytic perspectives, ethics, anthropology, social/political literature, etc.?
- The editors and reviewers also consider whether the **author's writing is professional and clear**:
 - Is the **title** both engaging and reflective of the paper's content?
 - Is the **abstract** accurate, concise, quickly comprehensible and informative?

- Does the overall **structure** of the paper help to represent the author's ideas and facilitate the reader's understanding?
- Does the text include **sub-headings** that help organize the material for readers?
- Is the author's **writing style** easy to read and lively? Is it professional, for example, taking care to avoid use of the male pronoun when referring to people in general?
- If the paper includes **figures, tables, or other graphic images**, are they necessary, easily understood, and integrated well into the main text and with the ideas of the paper?
- Does the author end the article with a **conclusion** (rather than a summary), one that engages the reader in thinking about further questions the article might raise, how others might build on or further develop the ideas presented, creative uses of the material, etc.?
- The editors and reviewers also check to see that the paper has been prepared with care, especially in regard to proper **grammar**, correct (British English) spelling, and an absence of typographical errors:
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 - Is there any **plagiarism** of ideas or concepts which have not been appropriately referenced?

- Does the author preserve **anonymity** by referring to her or his previous publications in the third person, for example, “Smith (2001) has argued...” instead of “In an earlier paper, I (Smith, 2001) argued...”?

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Thank you