SAJTA

THE SOUTH ASIAN JOURNAL OF TRANSACTIONAL ANALYSIS

saata | THE SOUTH ASIAN ASSOCIATION OF TRANSACTIONAL ANALYSTS

VOLUME 11, NUMBER 1, JAN 2025

OPEN ISSUE

TABLE OF CONTENTS

EDITORIAL SECTION

EDITOR'S NOTE

"Hope is the thing with feathers
That perches in the soul
And sings the tune without the words
And never stops at all."
— Emily Dickinson

Dear Reader,

Hope, as she so eloquently describes, is a quiet yet persistent presence within us. It requires no grand gestures, no elaborate expressions—it simply *is*. It perches delicately in the soul, whispering songs of possibility, courage, and renewal. Even in our liminal spaces, hope remains tenacious, offering us the strength to trust the process and embrace the unknown with grace.

This imagery resonates deeply as we step into a new year. At SAJTA, we embrace this hopeful spirit as the core of our vision for the year ahead. Whether it's through creating opportunities for connection, learning, and storytelling, or through expanding the reach of Transactional Analysis, we carry this tune of hope forward, inviting all of you to join in harmony.

Hope anchors our plans. As a journal, our resolution is to continue creating spaces where voices are heard, ideas are nurtured, and insights are shared. For writers and readers alike, we encourage you to set intentions that foster learning, challenge comfort zones, and embrace collaboration. Whether it's contributing an article, participating in workshops, or exploring new aspects of TA, let this year be one of expansion and growth.

Hope and gratitude go hand in hand, one always leads to the other. I am deeply grateful to SAJTA's exceptional team of dedicated and passionate reviewers and editors. I would like to

express my sincere appreciation to the editorial board for their unwavering dedication and hard work in bringing this exceptional edition to life.

As we continue to grow, I am thrilled to introduce a new member to our team. **Mohini Singh** joins us as a co-editor, bringing her expertise as a psychotherapist and expressive arts practitioner. Welcome, Mohini!

It brings me immense joy to announce that **Nikita Bandale** will be stepping into the role of co-managing editor for SAJTA. Since joining in July 2022, Nikita has played a vital role in developing the journal and has been instrumental in shaping the journal through her contributions to the SAJTA master, workshop committee, and social media presence, all carried out with remarkable dedication and enthusiasm. I look forward to collaborating with her, and together, we will be releasing the July 2025 issue.

Finally, we are grateful for the unwavering support of our community—authors, reviewers, workshop participants, and readers. Your enthusiasm fuels our purpose, and your contributions shape SAJTA into a dynamic platform for knowledge and connection.

Warm wishes for a fulfilling and inspiring year ahead!

Rosemary Kurian

Managing Editor, SAJTA

ABOUT THIS ISSUE

Welcome to the January 2025 issue of SAJTA! 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.

This issue of SAJTA brings together a compelling collection of articles that explore diverse dimensions of TA and allied fields, showcasing their application across personal, cultural, and therapeutic spaces. These pieces highlight the depth and adaptability of TA while integrating perspectives from related disciplines, offering readers rich insights into both theoretical understandings and practical implementations.

My Therapist Is On A Break: Exploring The Impact Of Therapist Planned Breaks On Client Experiences, Therapeutic Relationship And Supportive Measures by *Aanchal Munoth and Gunjan Zutshi* is thought-provoking research paper based on primary research conducted by the authors, offering unique insights into the often-overlooked subject of how clients experience and navigate a therapist's absence during planned breaks. The authors explore the therapeutic dynamics of absence, highlighting its impact on the client-therapist relationship and the potential for growth within these intervals.

The Not So Good Games – Examining the Cultural Impact of 'Good Games' by *Aruna Gopakumar and Monica Pillai* critiques the societal implications of seemingly 'good games.' The

authors uncover the unspoken contracts embedded in these interactions, offering a fresh perspective on how cultural narratives influence human behaviour.

Preparing for Supervision : A Guide to Transactional Analysis Practitioners by *C. Suriyaprakash* offers a practical and insightful guide to preparing for supervision, emphasizing the mutual growth that both supervisees and supervisors can achieve. The article equips readers with strategies for making supervision a meaningful experience.

Bridging Cultures: The Role Of Transactional Analysis In Cross-Cultural Communication by *Gauri Palekar and Saurabh Raye* explores how Transactional Analysis can help transcend cultural boundaries while respecting diversity. This article delves into the ways in which TA concepts can be adapted to honour the uniqueness of different cultures while fostering universal connection.

When Psychotherapy Becomes Truly Eclectic by *Mina Dilip* provides an insightful exploration of eclectic psychotherapy, highlighting the integration of play therapy with approaches such as Transactional Analysis (TA), Cognitive Behaviour Therapy (CBT), and Rational Emotive Behaviour Therapy (REBT). With practical examples and reflective insights, this article is a guide for therapists seeking to expand their therapeutic repertoire and offer holistic care to clients.

The 'Me' in the Therapy Room by *Ritu Shukla* is a deeply personal article examining the therapist's journey of authenticity in the therapeutic space. By sharing her experiences and challenges, the author provides a heartfelt reflection on what it means to show up as one's true self while holding space for clients.

Fictional Characters or Stories: Development of Self by *Sanjida Afroz* explores the profound impact of stories on the development of self, using TA to analyse how narratives and characters from the stories we heard or watched shape our identity, beliefs, and scripts.

This issue of SAJTA celebrates collaboration and diversity, featuring three co-authored articles that highlight the richness of shared insights. We are also proud to feature an article from Bangladesh, showcasing the diversity of our contributors. This issue encourages reflection, challenges norms, and inspires new ways of seeing and being in the world.

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

EDITORIAL BOARD

THEME FOR JULY 2025 ISSUE

"Open Issue"

(No Specific Theme)

Deadline for submissions: **April 15ᵗʰ, 2025**

Email : journal@saata.org

Please follow the Guidelines for Writing for SAJTA before you submit.

ARTICLES

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES, THERAPEUTIC RELATIONSHIP AND SUPPORTIVE MEASURES

AANCHAL MUNOTH AND GUNJAN ZUTSHI

Abstract

This study aimed to explore the effects of planned therapist breaks on the client experience and the therapeutic relationship, focusing on clients' emotional and psychological responses before, during, and after the break. Emphasis was placed on uncovering the unconscious dynamics that surfaced during these breaks, examining how they influenced the therapeutic alliance and ongoing therapeutic work. Additionally, the study sought to identify proactive supportive measures therapists could take to manage planned breaks, thus allowing these pauses to serve as valuable opportunities for clients' self-exploration and personal growth. Transactional Analysis (TA), especially relational perspectives in TA, objects relations, self-psychology and system psychodynamics are some theories which guided our research and analysis.

Keywords: planned therapist break, impact of therapist break on therapeutic relationship, managing process of therapist break, therapeutic relationship, therapeutic alliance, transactional analysis psychotherapy

Introduction

Therapists take planned breaks for various reasons such as attending to personal matters, professional development, or as part of their self-care because time off work is an essential element of one's ongoing practice. These planned breaks are typically scheduled in advance and

communicated to clients to allow for some degree of preparation and adjustment. Despite the routine nature of these breaks, the impact of such breaks on clients has not been extensively studied. For many clients, the therapeutic relationship serves as a critical source of support and stability, often playing a central role in their emotional and psychological well-being. Interruptions in this relationship, even when communicated and prepared for in advance, can evoke a wide range of responses from clients and impact them and the therapeutic relationship in myriad ways. The lack of comprehensive research on this topic leaves a significant gap in understanding how planned breaks affect clients and what strategies could be employed to manage these breaks effectively. This study aims to fill this gap by exploring clients' experiences and responses to their therapists' planned breaks.

Definition

Planned breaks refer to pre-arranged periods during which a therapist is unavailable for sessions. Planned breaks are communicated to clients in advance, allowing time for preparation and adjustment. These are distinct from unplanned absences, which occur unexpectedly due to emergencies or unforeseen circumstances. Understanding client experiences of planned breaks involves examining their emotional and psychological responses before, during, and after the break, encompassing the entire process—from being informed about the break to navigating its duration and resuming sessions.

In the literature review, "absence" and "break" are often used interchangeably but we would like to make a distinction. By planned break, we mean times when therapists take leave and it is planned and conveyed in advance and is for a specific duration. We use the word break

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

throughout the paper and not absence as we think that absence is not just an actual or physical missing of something or someone but also a felt sense of absence even in the presence of that person or thing.

Literature Review

As we embarked upon literature review, we found more in popular literature/ blogs intended for clients than professional literature, either empirical or theoretical, that specifically addressed the topic of therapist absences in general, and absence due to planned breaks in particular. A search in TAJ (Transactional Analysis Journal) on therapy/ therapist breaks showed one article, "Tears on Paper", reactions to a therapists' death (Callaghan et al., 1973) about reactions to Eric Berne's passing away from his co-therapists and clients.

"Anticipated Therapist Absences: The Therapists' Lens" (Knowlton, 2018) was one research paper that we referred to extensively which provided valuable insights into therapist perspectives on therapist absence. In this study, participants reported generally receiving minimal or no formal supervision or training regarding therapist absences and experiencing emotional distress when thinking about absences as a whole. When asked about specific absences, however, participants reported experiencing more positive than negative emotions, creating a plan with the client, and generally achieving positive outcomes. This study, however, did not focus on the clients' perspectives and experiences and referred to therapist absence in general and not specifically as planned breaks.

This research paper provided us some further references, and through a review of the abstracts (the papers were all part of journals which we did not have access to), it emerged that

these studies were mostly quantitative in nature and focused on therapist vacations (Webb, 1983), internal representations that patients experienced while they were temporarily separated from their therapists with the break itself being a secondary theme (Barchat, 1988), trainees taking vacation time off before returning to their clients (Bush, 1989), and a more specific research with patients with borderline personality disorder and impact of their therapists vacations (Stein et al., 1996). None of these explored qualitatively the clients' point of view and looked at therapist breaks from clients' eyes. It gave further impetus to our desire to conduct this research seeking clients' perspectives to planned therapist breaks.

One of the most common ways in which the literature has tried to make sense of therapist absences is in terms of object relations. Some key themes that have been explored are around separation, attachment, working alliance, termination, therapist self-disclosure, ethical and legal considerations and considerations affecting the break like therapy setting, duration in therapy, client and therapist factors and multicultural considerations (Knowlton, 2018).

It also made us wonder at this lack of literature on an important aspect of the therapeutic process. Perhaps it is the topic of breaks itself which is about separation and anxiety it evokes in both clients and therapists. Or an avoidance of recognizing the inherent power difference and privilege that therapists have in the relationship that when they decide to take a break, the clients don't have much choice but to agree to it. And the consequent guilt of therapists for taking time off and "leaving" their clients which is difficult to explore. And that therapist breaks are a reminder of the ultimate break – termination of therapy - and it is a reminder no one wants.

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

Trying to understand it from the larger systemic context, the lack of research may have something to say about the emphasis on short duration, behaviour change oriented therapies involving 10-12 sessions where therapist breaks may not have as significant an impact as in long term therapies like relational and psychodynamic therapies, where therapeutic relationship is central. Some data for it is that from literature review, it appears that absences are addressed by clinicians who maintain a psychoanalytic perspective more than any other orientation (Knowlton, 2018). Thus, we hope that this research will be an addition to literature on the subject and proves a useful resource to practitioners of all modalities.

Rationale

The inspiration for this research stemmed from the authors' personal experiences as therapists who had to take extended planned breaks. During these times, we noticed a lack of literature addressing the impact of such absences on clients and ways therapists could navigate these periods more meaningfully. It left us without many resources and guidance on how to navigate through these experiences in a way that is helpful for clients and the therapeutic relationship. The idea for this study then took shape and aimed to explore the nuances of clients' experiences during these breaks and to identify strategies that therapists could use to manage their breaks more effectively.

Scope and Objectives

This study focuses on exploring the experiences of clients during planned therapist breaks, with the aim of gaining a comprehensive understanding of their responses and the

implications for therapeutic work. While the findings may offer insights applicable to other forms of interruptions in therapy, the emphasis remains on planned breaks.

The primary goals of this research were:

- Understanding Client Experiences: To gain insights into how clients experience and respond to their therapists' absence during planned breaks.
- Assessing Impact on the Therapeutic Relationship: To explore the effects of a therapists' planned breaks on the client-therapist relationship.
- Developing Practical Resources: To identify effective and meaningful resources that therapists can use to manage planned breaks, working in line with the idea of Permission, Protection and Potency, the 3 Ps (Crossman, 1966), especially Protection, and aiming to minimize potential ruptures.

Significance

This research holds significant value for several reasons. Firstly, it addresses a gap in the existing literature regarding the impact of therapist breaks on clients, particularly by examining clients' perspectives to planned therapist breaks. By systematically exploring clients' experiences, this study aims to provide a nuanced understanding of how planned breaks affect the therapeutic process. Secondly, the insights gathered from this research will equip therapists with a better understanding of how to prepare for and manage planned breaks, thereby ensuring continuity of care and minimizing potential harm.

Additionally, this research seeks to offer a new way of thinking about therapist breaks, exploring the dynamics that may arise during such periods. By understanding these dynamics, therapists can be more mindful and reflective of their own process and what happens in the

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

intersubjective field of the therapeutic relationship, thus enhancing the quality of therapeutic care and strengthening the therapeutic alliance.

Methodology

Study design: This exploratory qualitative study investigated clients' experiences in therapy during a planned therapist break, using semi-structured interviews as the primary data collection method. The aim was to gain in-depth insights into the impact of these breaks on clients' emotional experiences, the therapeutic relationship, coping strategies, and the continuity of therapeutic work. This design choice aligned with the study's goals of capturing complex, subjective experiences, best suited to qualitative inquiry.

Participants : We initially planned to conduct 10-12 interviews and were able to speak with 11 participants, which we considered sufficient to provide a meaningful qualitative perspective. This sample included individuals who had each experienced a therapists' planned break lasting a minimum of two weeks. Participants ranged in age from 27 to 49 years and included both male and female clients (4 male, 7 female), allowing for diverse perspectives. The duration of participants' engagement in therapy with their current therapist ranged from six months to over three years, with most having been in therapy for either 6-12 months or 2-3 years.

Duration of therapists' break : The planned breaks of therapists varied in duration, ranging from two weeks to over two months, with an average duration of one month.

Data collection : Data was gathered using semi-structured interviews, which allowed for a flexible yet structured exploration of participants' subjective experiences. Interview questions addressed three main phases of the therapists' break:

- Before the break : This phase focused on clients' reactions upon learning about the upcoming break, including their initial feelings, expectations, coping strategies, and communication with the therapist about the break. Participants shared immediate thoughts and emotions, anticipatory concerns, and any plans for handling the break period.

- During the break : This section explored the experience of the break itself, examining any emotional or psychological shifts, coping mechanisms, support systems, and efforts to maintain continuity in therapeutic work independently. Participants reflected on unexpected challenges or positive insights gained during this period.

- After the break : In this phase, clients reflected on resuming sessions after the therapists' break, the process of re-establishing the therapeutic alliance, and any changes in their perspective on their therapy journey due to the break. Emphasis was placed on identifying any disruptions in the therapeutic alliance.

Data analysis : The data was analysed through a qualitative thematic approach inspired by Braun and Clarke's (2006) framework. Interviews were transcribed verbatim and carefully reviewed multiple times to ensure immersion in the data. Initial codes were generated to identify meaningful features across the dataset, followed by an iterative process of organizing these codes into potential themes. Themes were then reviewed and refined to ensure coherence and relevance, before being clearly defined and labeled. This process culminated in the production of a cohesive discussion, integrating the final themes with supporting data excerpts to provide a nuanced understanding of participants' experiences.

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

Ethical Considerations

Informed consent: Participants were fully informed about the purpose, scope, and procedures of the study before giving their consent. Consent forms included details about confidentiality, anonymity, and the right to withdraw at any stage without consequences.

Voluntary participation: Participation in the study was entirely voluntary, with no coercion or obligation.

Confidentiality and anonymity: Participant identities and personal information were anonymized to protect their privacy. Data was stored securely and accessed only by the researchers involved in the study.

Emotional well-being: Considering the sensitive nature of the topic, participants were provided with a safe space to share their experiences. They were informed of available resources for support if participants needed the same.

Non-maleficence: The study design and interview process prioritized minimizing any potential harm to participants.

Transparency: Participants were given clear information about how their data would be used, including its inclusion in publications or presentations.

Right to withdraw: Participants retained the right to withdraw their consent and data from the study at any point, even after participation.

Cultural sensitivity: The research approach was designed to be sensitive to diverse backgrounds, acknowledging and respecting individual differences in experiences and perspectives.

Feedback to participants: Participants were informed that they could receive a summary of the study's findings if they wished, promoting transparency and inclusivity in the research process.

Results

As therapists whose work is influenced by radical-relational perspectives in TA and who work psychodynamically, our meaning-making of data was informed by TA frameworks, especially the model of development of self (Hargaden & Sills, 2002) with particular attention to unconscious dynamics, their origins, and impact on the client-therapist relationship in its larger context.

Drivers	Injunctions	Life Positions
Be Strong	*Don't express (feelings)*	*I am not Ok, You are OK*
Don't depend on the therapist, manage on their own, not to express feelings of anxiety or sadness at therapist absence.	Clients felt they had to manage alone and avoid showing emotional vulnerability.	Putting therapist feelings and needs ahead of their own needs and feelings
Please Others	*Don't be (a child)*	*I am OK, You are not OK*
Afraid to share feelings with therapist for fear of offending them or hurting them. Trying to take care of therapist.	Suppressed vulnerability, striving to appear self-reliant; fear of seeming too needy.	Feelings of anger towards therapist, maintaining sense of Okness by being self reliant, not being dependent and managing it all on own
	Don't ask	
	Hesitation to reach out for support, fear of bothering the therapist or being judged.	
	Don't feel	
	The initial response to break evoking no strong feelings, it's all OK	
	Don't be you	
	Clients felt unsure of how to respond authentically, overthinking their reactions.	

Table 1. Understanding impact of planned breaks through Transactional Analysis concepts

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

Helpful Coping Strategies Used by Clients During the Break	
Physical	*Psychological (mental and emotional)*
Engaging in physical activities like walking and yoga	Practicing mindfulness and meditation
Creating structured routines to maintain stability	Journaling their thoughts and feelings
Engaging in self-soothing activities like deep breathing or warm baths	Talking to friends or family for emotional support
Immersing themselves in hobbies such as painting, reading, or baking	Seeking guidance from religious or spiritual practices
Immersing in other pursuits like work or study	Using transitional objects, such as writing letter to therapist or objects linked to therapy – reading book/article suggested by therapist
Watching comfort shows or movies, Listening to music or uplifting podcasts	Seeking temporary support from other professionals

Table 2. List of helpful coping strategies used by the clients to manage the therapist break

Before the break		
Themes	*Subthemes*	*Verbatims / Client Comments*
Thrapeutic Process	P1+ Projetions : Power and Idolization	"Of course, they are also human and need a break"
		"How could I tell her that I am upset? It would spoil her break."
		"I didn't think it was an option to tell them how I felt" (especially when feeling angry)
	Dependence	"The break reinforced the idea that therapy is a collaborative process, not dependence."
		"I kept wondering if I could survive my darkest days without my therapist."
	Trust & attachment	"Even though I trusted my therapist, the thought of them being absent made me feel insecure and unimportant."
		"The break made me question if the connection we had would still be there after it ended."
		"During the break, my trust in therapy and therapist was challenged"
	Boundaries	"I realized that the therapist has their life too, and I needed to respect the boundaries they set."
	Importance of Communication	"Knowing the dates of the break and the therapist sharing the reason helped me manage my expectations."
		"My therapist's check in email during the break was comforting and reminded me they hadn't forgotten about me."
		"My therapist didn't share a plan for alternate options and later during the break when I realized that my friends therapist had given some options for managing the break, I felt angry with my therapist"
Feelings	Anxiety	"The fear that I might fall back into old patterns was overwhelming."
	No feelings	"I didn't feel much at first, but later I was surprised by the depth of my feelings,"
	Relief	"Initially, I was scared, but over time, I felt a strange relief, almost like a reset button."
		"I realized I like breaks in therapy because it gives me some time off because therapy is so intense"
	Grief	"It felt like someone important in my life just disappeared."
		"The absence was palpable, like a vacuum I couldn't fill."
		"I would think of her on a daily basis especially when things were tough"

Table 3. List of themes and subthemes that emerged (before the break)

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

Themes	Subthemes	Verbatims / Client Comments
Therapeutic process	Shift in feelings	"I felt abandoned, even though I logically understood the break was planned."
		"I was taken aback and felt unsupported by my therapist and that I can't depend upon them"
		"More you depend upon someone, more hurt and helpless you are so I am going to manage on my own"
	Internalizing the therapist	"I could hear their voice in my head, reminding me to stay grounded."
		"When I faced challenges, I would ask myself "What would my therapist say in this moment?"
		"The space allowed me to notice how much I'd internalized my therapist's teachings."
	Working through the conflict between dependency and autonomy	"The break reinforced the idea that therapy is a collaborative process, not dependence."
		"I surprised myself by resolving a conflict without needing immediate guidance."
	Self awareness	"The break taught me I'm more capable than I thought."
		The time away gave me a clearer perspective on what I bring to therapy versus what therapy brings to me.
Feelings	Anger	"So angry with them that I took it upon myself to manage on my own"
		"I expressed anger about a cancellation but not about therapist taking break"
		"I cribbed and complained about my therapist to my friend"
		"I thought I will find someone else"
	Joy (at realizing one's growth)	"I dealt with triggers better than I expected, which gave me confidence."
	Uncertainty / Confusion	"Not knowing if I was handling things the right way made me restless."
		"There were days I wondered if I'd made any progress at all."
		"It was hard to distinguish whether I was growing or just leaning on the sessions."
	Neglect	"I felt abandoned, even though I logically understood the break was planned."
		"It's hard not to feel forgotten when you're struggling and there's no one to turn to."
	Grief	"There was deep grief at my therapist not being there, a deep longing to connect"
	Fear of regression	"By 3rd week I was pretty sure this (break) is impacting me and I need to do something about it
		"What if I reverted to the person I was before therapy? That thought haunted me."
		"I worried that without their support, I'd undo all the good work we had done together"

Coping strategies	Self reliance	"I discovered I had resilience in me, that I never recognized before"
		"I dealt with triggers better than I expected, which gave me confidence."
		"The distance made me aware of how much progress I have made and how ,uch is yet to achieve".
	Counter dependence behaviours	"More you depend upon someone, more hurt and helpless you are so I am going to manage on my own"
		"Let me find someone else"
		"Was dying to tell her that I survived"
	Coping strategies	Journaling, meditation, exercises, talking to friends, reading and other strategies mentioned in the table.

Table 4. List of themes and subthemes that emerged (during the break)

Themes	Subthemes	Verbatims / Client Comments
Therapeutic process	Re-establishing rapport	"When sessions resumed, it took time to feel that same level of connection."
		It was difficult to tell her how I was feeling"
		"I didn't want to be vulnerable and have to be on guard"
	Working through transference	"I realized how much I had come to depend on my therapist for clarity in my decisions."
		"The time away gave me a clearer perspective on what I bring to therapy versus what therapy brings to me."
		"The break reinforced the idea that therapy is a collaborative process, not dependence."
Feelings	Awkward	"I found myself hesitating to open up, as if I had to rebuild the trust from scratch."
	Relief at resuming	"I was so happy to meet her
		"I had so much to share with her and we just got to it"
	Anger (unexpressed)	"I still couldn't tell them how angry I was"
Outcomes	Strengthening self regulation and learning to contain	"I dealt with triggers better than I expected, which gave me confidence."
		"The break showed me that while I value my therapist's presence, I am capable of facing challenges on my own."
	Strengthened coping skills	"I surprised myself by resolving a conflict without needing immediate guidance."
		"The break taught me I'm more capable than I thought."

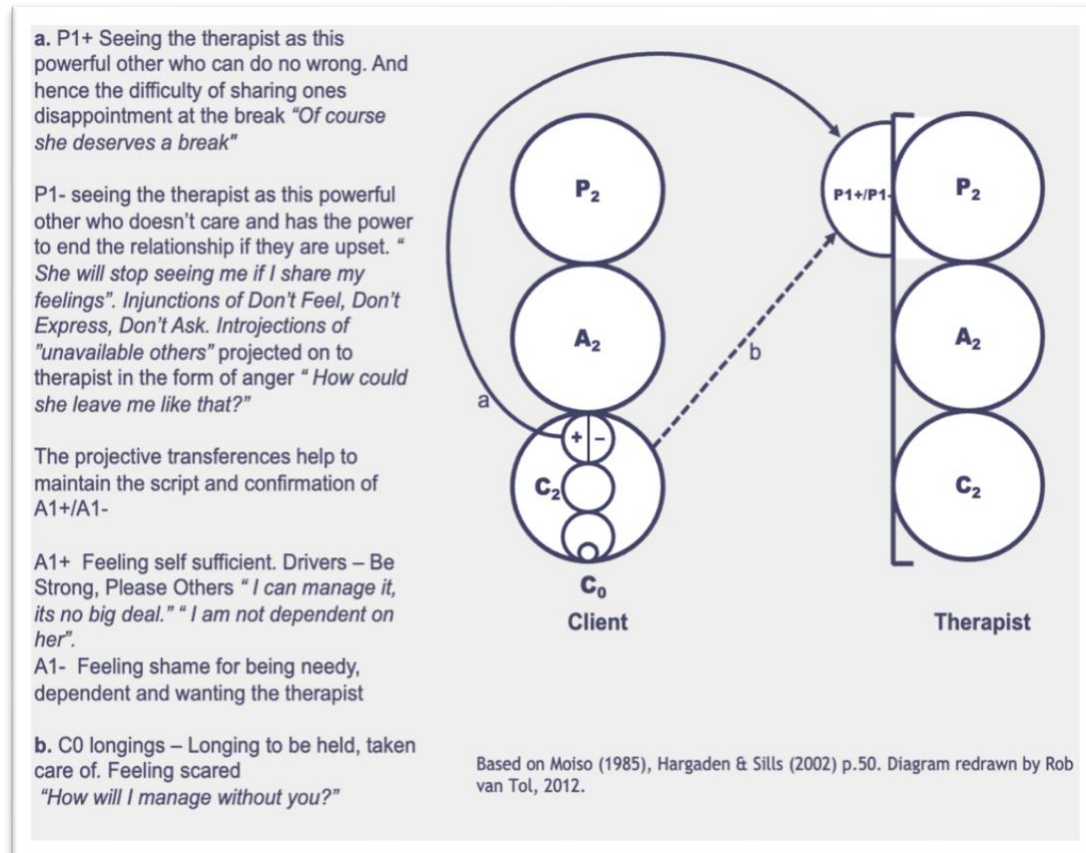Table 5. List of themes and subthemes that emerged (after the break)

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

a. P1+ Seeing the therapist as this powerful other who can do no wrong. And hence the difficulty of sharing ones disappointment at the break *"Of course she deserves a break"*

P1- seeing the therapist as this powerful other who doesn't care and has the power to end the relationship if they are upset. *" She will stop seeing me if I share my feelings"*. Injunctions of Don't Feel, Don't Express, Don't Ask. Introjections of *"unavailable others"* projected on to therapist in the form of anger *" How could she leave me like that?"*

The projective transferences help to maintain the script and confirmation of A1+/A1-

A1+ Feeling self sufficient. Drivers – Be Strong, Please Others *" I can manage it, its no big deal." " I am not dependent on her"*.
A1- Feeling shame for being needy, dependent and wanting the therapist

b. C0 longings – Longing to be held, taken care of. Feeling scared *"How will I manage without you?"*

Based on Moiso (1985), Hargaden & Sills (2002) p.50. Diagram redrawn by Rob van Tol, 2012.

Figure 1. Transferential processes between therapists and the clients

Discussion

In therapeutic work, the dynamics of dependency, power, and emotional preparedness are often shaped by individual life scripts (Berne, 1966) and societal narratives. These narratives idealize therapists as perpetually strong and available powerful others, creating unrealistic expectations that can complicate both the therapists' ability to prioritize their well-being and the clients' emotional response to a break. This interplay of expectations and internalized pressures emerged strongly in the participants' reflections, revealing themes of emotional (un)preparedness, dependency, autonomy, and the influence of relational dynamics.

Back

Clients' responses often mirrored early attachment patterns and script decisions, and their reactions ranged from neutrality to heightened emotions like anxiety, disappointment, anger or guilt, underscoring how breaks disrupt the perceived constancy of the therapeutic relationship. The conflict between need for autonomy and dependence showed up not only as an outcome of individual developmental experiences but also as an outcome of socio-cultural norms which put a premium on being independent or giving up all autonomy and being dependent on more powerful others. It highlighted the inherent power imbalances in the therapeutic relationship with clients having limited say in the matter of the therapists' decision to take a break. Clients also reported feeling that they had to prioritize the therapists' needs over their own. The study helped explore this intricate interplay of personal, relational, and societal dynamics in navigating therapeutic breaks.

Before the break

In analysing responses surrounding the period leading up to the therapists' break, key themes emerged around emotional preparedness and attachment, dependency and self-reliance, and power dynamics in the therapeutic relationship. Clients' initial responses often mixed neutrality and relief. That the therapist's break is also a source of relief for some clients was fascinating, as the general sense is that clients will feel anxious about the break. Clients experienced it as a break from intense work that was happening in therapy and the break provided time to regather energies to engage with therapy once it resumed.

More intense feelings such as disappointment, anxiety, anger or resentment surfaced later as the break approached. Several participants noted that being informed about the therapists'

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

leave in advance allowed them to emotionally prepare and discuss emerging feelings; however, shorter notice of two weeks or less felt abrupt and led to experiencing confusion and irritation. As one participant expressed, *"I didn't feel much at first, but later I was surprised by the depth of my feelings,"* highlighting how time played a crucial role in emotional processing.

How the news of break was communicated by the therapist played a significant role in how clients initially and later, responded to the idea of break. The therapist being tentative, hesitant or apologetic about going on break communicated to clients that the therapist needs to be comforted and made to feel OK about going on a break. Clients picked up therapists' anxiety and guilt and, influenced by Drivers (Kahler, 1975) such as "Be Strong" or "Please Others", they often felt compelled to assure the therapist that they were capable of managing on their own. Clients rationalized it by saying things like *"Of course, they are also human and need a break,"* or *"How could I tell her that I am upset? It would spoil her break."* "Don't Feel", " Don't Express", " Don't Be a Child" – these Injunctions (Goulding & Goulding, 1976) could be seen operating, preventing the clients from sharing how they were feeling about the upcoming break. Experiencing their therapists as coming from "I am not OK, You are OK" life position (Berne, 1962) evoked in clients a need to take "I am OK, You are not OK" position though in reality, it kept them also in "I am not OK, You are OK" life position. Breaks thus led to re-experiencing one's script beliefs about self and others in the here and now of the therapeutic relationship.

Social narratives, especially in more contemporary popular culture, have often portrayed therapists and caregiving professionals as unyieldingly strong and always available, setting up a need to "Be Strong" and "Please Others" for therapists too, leading to their feelings of guilt and

anxiety about the break. These internalized Drivers (Kahler, 1975) pressured therapists to maintain an idealized, ever-present role in clients' lives. Perhaps the fear of becoming a potential "bad object" for the client—someone who might disappoint or fall short—intensified the therapists' hesitancy to communicate a need for personal time away from the "I am OK, You are OK" life position.

Another recurring theme was clients' internal conflict between the need to be self-sufficient and the urge to have the therapist available for them. While some clients saw the therapists' absence as an opportunity to test their independence, others were troubled by the prospect of reverting to old coping patterns. A participant expressed both anticipation and apprehension, noting, *"I wanted to see if I could handle it on my own, but there was also fear that I'd fall back into old habits."* This highlighted the internal tension between dependency and autonomy. Seen from attachment styles perspective (Bowlby, 1969), breaks seemed to evoke avoidant or anxious-avoidant style reflected in counter-dependent behaviours of trying to be self-sufficient, independent, as if not needing the therapist, as clients tried to manage feelings of shame about their dependency needs. It revealed the delicate balance between needing to be supported and striving for self-sufficiency. This dynamic also highlighted the relational theme of object constancy (Mitchell, 1988), where the therapists' presence—or lack thereof—affected clients' sense of stability.

These dynamics created an experience where both therapists and clients tried to minimize their authentic needs to maintain an appearance of resilience and self-sufficiency. Consequently,

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

guilt became a shared experience—therapists feeling guilty for taking a break, and clients feeling guilty for needing them but having to let them go.

Key insights highlighted the importance of timely communication, and the method used to convey the break. When therapists provided consistent, face-to-face discussions about the upcoming break well in advance, clients felt a greater sense of security. Conversely, more detached or impersonal methods, like text messages, led to clients feeling unimportant or dismissed.

Finally, an undercurrent of unexpressed anger and resentment was present. While clients may not have overtly voiced these feelings to their therapists, they experienced a sense of abandonment or even betrayal, which often went unaddressed. This emotional suppression reflected the inherent power differential in the therapeutic relationship, where clients felt compelled to maintain the therapeutic relationship at the expense of their own needs. By not fully expressing anger, clients may have been engaging in a protective dynamic, often fearing that they might jeopardize the relationship if they were too vocal about their needs.

During the break

This period of break brought intense transference feelings and processes to the fore. Given that many clients have an experience of unavailable others and feeling unsupported, it evoked attendant feelings of grief, loss, shame and anger, as well as old ways of coping. Clients expressed deep longing for the therapist and missing them, especially during times of crisis or significant moments. The wish to have the therapist available and the need to reach out was there , even if it was not acted on. *"I didn't want to intrude and wanted to maintain a clean break*

even though I wanted to text and reach out". Many hesitated to reach out, fearing they'd be seen as a burden or unable to manage on their own. One client said, *"I felt I shouldn't reach out – it would seem selfish, like I couldn't manage alone."* This longing for a supportive presence signified introjective transference (C0 longings) (Hargaden & Sills, 2002) for someone reliable and dependable.

For some, the responses manifested in projecting feelings of anger or disappointment onto the therapist as negative Projective Transference (P1-), (Hargaden & Sills, 2002) viewing them as the "bad object" who had abandoned them. As one client said, *"I was so angry (with the therapist and my parents) that I had to pay to get support. Why couldn't my parents be there for me?"*

Some even reached out to other therapists but feared they wouldn't find someone as supportive, revealing a deep ambivalence: wanting to punish the therapist for not being there, but also unable to leave for fear that they won't get someone else like them. This mirrored past relational dynamics, wherein clients struggled with attachment, and fear of abandonment.

This also evoked counter dependent responses of taking the break as a challenge and showing the therapist that one can manage without them. This helped maintain the grandiose sense of self (A1+) (Hargaden & Sills, 2002) and made the clients feel they have some control over the situation. Clients also engaged in protective behaviours, continuing the caretaker role for the therapist. On the surface, these actions seemed aligned with the "I'm OK, You're OK" life position, recognizing the therapists' need for rest. Yet, deep down, most clients shifted to "I'm not OK, You're OK," life position feeling duty-bound to protect the therapists' space, refraining

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

from reaching out, believing that the therapist "deserved" a break, perceiving the therapist as worthy of rest while questioning their own self-sufficiency. A few got in touch with the "I am OK, You're not OK" life position in feeling angry with the therapist for leaving them.

Several clients expressed that discussions to have a plan could have helped manage the break more effectively. It would have offered something to hold on to in absence of the therapist. One client mentioned that some suggested reading by their therapist during the break became an anchor. This spoke to the potential value of transitional objects (Winnicott, 1953) or symbols to maintain emotional continuity and stability, helping clients feel connected even in the absence of their therapist. What also emerged was that clients who have had previous experience of therapists going on break felt better prepared the next time round to manage the break.

While the break evoked old, unhelpful ways of coping for many clients, it also acted as a catalyst for clients to explore and test their autonomy, and work through the relational dynamics. Many clients reframed the break as a test of their emotional regulation, reflecting on their growth. One client noted, *"It was a chance to see if I could handle things on my own, and it's hard, but I've learned I can manage."* During this time, clients employed many helpful coping strategies (Table 2), fostering a sense of emotional independence while acknowledging their attachment needs. They felt gratitude for the work done in therapy and how it had helped them grow emotionally. This period allowed clients to acknowledge their need for support from others while also acknowledging confidence in their own ability to manage, to hold dependence and autonomy in balance, thus working through their old script beliefs and relational patterns leading to integration of their sense of self (Hargaden & Sills, 2002).

After the break

Upon resuming therapy after the break, many reported a delay in processing the emotional impact, often jumping straight into updates rather than addressing how the break had affected them. This reaction suggested a reluctance to explore vulnerability, with clients feeling a tension between needing to talk about their feelings and fearing the potential disruption of the therapeutic relationship. Some clients mentioned they felt as though they *"had to pick up where we left off,"* without space to discuss the emotional impact of the break, signalling an unconscious drive to avoid deeper emotional exploration. Clients said that they were afraid of losing the space again, were on guard to not say something that may upset the therapist, to be in good books of the therapist so as not to disturb the newly established equilibrium in the relationship.

While the clients struggled to share freely, therapists also seemed to collude with the process by not proactively inviting the clients to engage in these explorations and taking clients' assertion of all being well at face value. Perhaps the therapists also felt the relief at getting off the block smoothly and hence not wanting to explore more deeply.

Where clients and therapists could engage in these explorations, clients reflected on how their feelings of disconnection evolved post-break. They reported that their anxieties around abandonment intensified during the break but lessened as they were able to reconnect with the therapist and talk about it. For these clients, the return to therapy provided an opportunity for deeper self-awareness, as they began to articulate their concerns and emotions more clearly and helped strengthen the therapeutic relationship with both parties engaging with each other authentically with what was emergent between them.

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

During the research interviews, clients reflected upon what they would have liked their therapist to do differently and what they could have done differently in order to manage the break more effectively. They found themselves questioning the break itself and its communication, as one client wondered, *"Was that the only way they could've informed me?"* Another pondered, *"If we had discussed a plan on what I could do, it would have made it easier"*. Some clients felt relieved at the realization that they can express their feelings and talk to their therapist about the impact of the break on them. These reflections highlighted the shift from initial acceptance of the break and feeling powerless to do much about it, to taking an Adult approach through a more critical re-evaluation of the break's impact and role that both parties played in creating that experience.

In conclusion, the break in therapy illuminated a range of emotional experiences, from fear and uncertainty to reflection and reconnection. Ultimately, the process of reconnection was pivotal in facilitating deeper therapeutic work, allowing clients to confront and explore their emotions while reaffirming the importance of the therapeutic relationship in their healing journey.

Some Further Reflections

Being therapists ourselves, we were curious about the therapist process and perspectives on planned breaks and what it revealed about larger systemic dynamics. While that is perhaps a topic for another research, we did make some sense as we reflected on our own experience of conducting the research and what the clients shared. It is important to say here that this meaning-making is the authors' own, and no direct input or feedback has been obtained from therapists.

The intent of sharing this is the hope that it serves as a reflective lens rather than a definitive account of therapists' experiences and what may be happening.

Throughout this process of planned breaks, therapists aimed to operate from an "I'm okay, You're okay" life position, working to maintain trust, empathy, and connection in the therapeutic relationship. However, underlying fears, of not handling the situation well or unintentionally creating an unpleasant experience for the client and causing a rupture, seemed to drive the therapists to take an "I am not OK, You are OK" life position and operate from Be Perfect, Be Strong and Try Hard Drivers, thus helping them maintain an OK sense of self (A1+).

We got a glimpse of this right at the start of our research. As we started our work, it proved particularly difficult to find therapists and clients to participate in the research, despite the fact that we are part of a large community of therapists. Through our conversations with some therapists who volunteered to ask their clients to participate in the study, what emerged was the hesitation of therapists to be part of the research for fear that it would show them as not being good enough therapists. This showed up later in the research when clients spoke about therapists' hesitation in talking about breaks and how it was communicated, leading clients to experience the therapists' guilt at taking the break and a subsequent dynamic of clients feeling the need to take care of the therapist lest they add to therapist guilt and distress. The therapists' need to show up as "perfect therapist" or "good object" left little space for clients' feelings to emerge as they had to take care of the therapists' feelings. It also showed up in how clients felt the need to justify the therapists' actions to the researchers during the interviews.

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

As much as this is reflective of the socio-cultural norms of how people who provide help need to show up as larger than life, strong and all providing, we believe it's also saying something about the prevalent trend in mental health practice which fosters maintaining a forced sense of OKness (A1+), the fear of working with negative projective transferences (P1-) and therapist difficulty of being seen as "bad object". It keeps therapy focused on building a false sense of self instead of helping clients build a real and integrated sense of self (Hargaden & Sills, 2002). It made us reflect on how we as therapists hold our role in our minds and can end up colluding with clients and popular narratives of therapy being the "nice" "comforting" thing to do rather than engage with the really hard and difficult task of therapy.

It also creates dynamics of oppression within the therapeutic relationship. Both the therapists and clients feel compelled to be a certain way with each other which is defined by wider norms, thus continuing to operate from deception that leads to experience of alienation from one's feelings and each other in the therapy room. Oppression + Deception = Alienation (Steiner et al, 1975). As therapists who are committed to anti-oppressive practice (Minikin, 2024), keeping this awareness alive in our minds then becomes even more important.

Recommendations

These recommendations are not intended as rules or mandatory to-do's but rather as an invitation for therapists to question and reflect. They are also not offered as an attempt to take away the discomfort of breaks or its impact on the therapeutic relationship and make the process easier. The aim is to encourage therapists to approach breaks with greater awareness of the

underlying dynamics and emotional processes at play, fostering a more supportive environment for clients before, during, and after the break.

1. **Attending to Unspoken Cues:** Therapists are encouraged to not take a clients' initial "I'm fine" response at face value, as clients sometimes masked intense anxiety about the upcoming break. It is extremely valuable if therapists remain attentive to unspoken cues, such as frequent cancellations or tardiness, which might indicate underlying distress and proactively explore underlying feelings.

2. **Providing Adequate Notice:** Providing clients with 3-4 weeks' notice of an impending break was found to be beneficial, allowing time for repressed feelings to surface and meaningful conversations to unfold.

3. **Communicating with an OK-OK Stance:** Communicating the break with an OK-OK stance acknowledging the therapists' need for rest, possible discomfort it may cause the clients and the clients' capacity to handle separation.

4. **Discussing Plans for Managing Absence:** Discussing a plan for how the client would manage during the absence, even if they initially appeared dismissive, prompted clients to reflect on their feelings toward the break. To offer options and a plan fostered a sense of preparedness and self-reliance, making the break easier for clients to manage.

5. **Creating a Safe Space for Emotional Expression:** Proactively creating an open, accepting space for clients to explore and express their feelings before and after the break reinforced support and trust in the therapeutic relationship.

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

6. **Allowing Time for Emotional Integration:** Allowing time to "slow down" and process emotions, rather than rushing back into sessions as usual post the break, helped clients integrate the experience, recognizing the emotional challenges and growth that separation periods may bring.

7. **Being Aware of Unconscious Dynamics:** Therapists to remain alert to the unconscious dynamics at play, as experienced through transference and countertransference. Recognizing these dynamics can help therapists better understand the clients' behaviour and provide appropriate emotional support, while also maintaining healthy boundaries within the therapeutic relationship.

Limitations

1. **Small Sample Size :** The study involved a limited number of participants, which may have restricted the ability to generalize the findings to a broader population of therapy clients. A larger and more diverse sample could have provided more robust and widely applicable results.

2. **Lack of Cross-Therapist Comparison :** The study only considered clients whose therapists were trained in TA, which meant the dynamics explored may not have captured variations in client behaviour and experience that occurred with therapists using other modalities (e.g., CBT, psychodynamic therapy).

3. **Lack of Longitudinal Perspective :** The study examined clients' experiences during the break, but there was no active follow-up to assess how these experiences

might have changed over time post the conversation. A longitudinal design would have offered deeper insights into the lasting effects of therapist breaks.

4. **Limited Exploration of the Therapeutic Relationship :** The study focused on the dynamics during the therapists' break but did not fully explore the nuances of the therapist-client relationship as a whole, which could have provided deeper insights into why clients responded in specific ways during the break.

5. **Gender of the participants** : The study's participants included 7 females and 4 males. This gender distribution may have influenced the findings, as the study did not specifically analyse whether gender played a role in shaping participants' emotional responses or coping strategies during the therapists' absence. Gendered socialization and differences in expressing vulnerability or independence might have revealed nuanced dynamics.

Implications

The implications of this study underscored the importance of addressing the emotional dynamics of client-therapist separations, and its impact on the therapeutic relationship. Future research could build on these findings by expanding the sample type and including clients from diverse therapeutic modalities to explore how different approaches, beyond Transactional Analysis, impacted client experiences during breaks. It would have been valuable to investigate the role of attachment styles in transference and countertransference during separations, as well as the use of transitional objects to help clients manage the absence. Longitudinal studies could have provided deeper insight into the long-term effects of therapist absences on client's

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

emotional growth. Another area for further research could be to see the correlation of nature of issues being worked upon in therapy at the time of break and the consequent client responses to break.

Additionally, including a more diverse client population across age, gender, and cultural contexts would have enriched the findings and offered a broader understanding of therapeutic dynamics during separations. Future researchers can investigate whether gender-specific patterns emerge in how clients navigate and process these separations, considering societal norms around vulnerability, autonomy, and emotional expression. While our paper was qualitative in nature, future researchers looking to build upon these suggestions could also consider making the study quantitative to provide a more comprehensive analysis of these dynamics.

Conclusion

In conclusion, this study shed light on the emotional complexities clients faced during their therapists' break, revealing the nuanced dynamics of autonomy, dependency, and vulnerability within the therapeutic relationship. It highlighted the inherent power dynamics in the therapeutic relationship. Transference dynamics emerged, with clients projecting unmet childhood needs onto the therapist, oscillating between idealizing the therapist as a caregiver and longing for them and also feeling abandoned by them. This led to intense feelings of anger, hurt, grief and self-doubt. It showed that breaks can be a disorienting process and planning for them can be helpful in managing them.

This separation experience also proved to be a valuable process in therapy, as it facilitated individuation and could bolster clients' confidence in their ability to manage independently.

Engaging in a reflective process during the break allowed clients to explore the nature of their attachment to their therapist, what the therapeutic space meant to them, and to work through transference issues within a contained environment. Future studies could benefit from a broader focus, encompassing diverse therapeutic approaches, to provide a fuller understanding of how these planned breaks impacted the therapeutic relationship.

Acknowledgement

References

Barchat, D. E. (1988). Vicissitudes of patients' internalized representations of their psychotherapists and affective responses to temporary separations. (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Order No. 8827534)

Berne, E. (1961). Transactional analysis in psychotherapy. Grove Press.

Berne, E. (1962a). Classification of positions. Transactional Analysis Bulletin, 1(3), 23.

Back

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

Berne, E. (1966). Principles of group treatment. Oxford University Press.

Bowlby, J. (1969). Attachment and loss: Vol. 1. ATTACHMENT. Basic Books.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101

Bush, R. W. (1989). August vacation: A planned treatment interruption (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Order No. 9011707)

Callaghan, V. L., Freed, R., & Levaggi, J. (1973). "Tears on paper": Reactions to a therapists' death. Transactional Analysis Bulletin, 3(1), 59-62.

Crossman, P. (1966). Permission and protection. Transactional Analysis Bulletin, 5(19), 152-154.

Goulding, R., & Goulding, M. (1976). Injunctions, decisions, and redecisions. Transactional Analysis Bulletin, 6(1), 41-48.

Hargaden, H., & Sills, C. (2002). Transactional analysis: A relational perspective. Routledge.

Kahler, T. (1975). Drivers: The key to the process of scripts. Transactional Analysis Bulletin, 5(3), 280-284.

Knowlton, G. G. (2018). Anticipated therapist absences: The therapists' lens [Doctoral dissertation, Loyola University Chicago].

Levy, K. N., Johnson, B. N., Gooch, C. V., & Kivity, Y. (2019). Attachment style. In J. C. Norcross & M. J. Lambert (Eds.), Psychotherapy relationships that work: Evidence-based therapist responsiveness (3rd ed., pp. 15-55). Oxford University Press.

Minikin, K., (2024). Radical-Relational Perspectives in Transactional Analysis Psychotherapy,

p. 96. Routledge

Mitchell, S. A. (1988). Relational concepts in psychoanalysis: An integration. Harvard University

Press.

Moiso, C. (1985). Ego states and transference. Transactional Analysis Journal, 15(3), 194–201.

Stein, H., Corter, J. E., & Hull, J. (1996). Impact of therapist vacations on inpatients with

borderline personality disorder. Psychoanalytic Psychology, 13(4), 513–530.

Steiner, C. (1966). Script and counterscript. Transactional Analysis Bulletin, 5(18), 133–135.

Steiner, C., Wyckoff, H., Marcus, J., Lariviere., Goldstine, D., Schwebel, R., & Members of the

Radical Psychiatry Center. (1975). Readings in radical psychiatry. Grove Press

Webb, N. B. (1983). Vacation–separations: Therapeutic implications and clinical management.

Clinical Social Work Journal, 11(2), 126–138.

Winnicott, D. W. (1953). Transitional objects and transitional phenomena. International Journal

of Psychoanalysis, 34, 89–97.

Appendix

Demographics Form :

- Name (Initials) :
- Email ID :
- Pronouns :
    - She/her
    - He/him
    - They/them
    - Others
- Age :
- Overall duration of being in therapy :
    - 0 months – 6 months
    - 6 months – 1 year
    - 1 year – 2 years

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

- 2 years – 3 years
- More than 3 years
  - Duration of being in therapy with the current therapist :
    - 0 months – 6 months
    - 6 months – 1 year
    - 1 year – 2 years
    - 2 years – 3 years
    - More than 3 years
  - Initial / primary reason for being in therapy :
  - Number of therapy sessions attended after the break :
  - Consent :
    - I have read through the information given above and give my consent for participating in this study.

Interview Questions :

Before

- **Context and Relationship**
  - How long ago was the break? What was the nature of the work in therapy then?
  - How were you feeling about what was happening in therapy at that time?
  - How would you describe your relationship with your therapist before the break?
- **Informing the Client About the Break**
  - How much prior notice did the therapist give you about the break and how did they inform you?
  - What was your initial / reflex response to being informed of the therapists' leave?
  - What thoughts and feelings were you aware of?
  - How did you express these to your therapist, and how did they respond?
  - Was the break announced abruptly, or was it well-paced and timed?
- **Support Options**
  - What support options did the therapist offer to help you manage during their absence? (e.g., calls/texts availability, SOS sessions, alternative therapist, etc.)
  - Which, if any, of these options did you choose?
  - If you didn't choose any, why?
- **Approaching the Break**
  - What was the time gap between the therapist informing you of the break and their actual break? (e.g., 1–2 sessions).
  - What was going on for you as the break approached? What feelings were you aware of during this time and were you able to communicate them?
  - Did other feelings surface later?

During

- **Managing the Absence**

- How did you manage or cope with the therapists' absence?
- Did you feel the need to reach out to your therapist? If so, what did you do? And why did you do what you did and why not any other option?
- Did you use any of the offered support options?

– **Thoughts and Feelings During the Break**
- How often did you think about your therapist or your sessions with them during the break and in what context?
- What feelings did you have toward the therapist, especially during challenging moments?

After

– **Resuming Therapy**
- How was it to resume your work with your therapist?
- How did the first session after the break go?
- How long did it take for you to feel settled or comfortable again?
- How did the following sessions feel?

– **Reflecting on the Relationship and Process**
- How, if at all, was the relationship impacted by the break?

– **Retrospective Insights**
- Looking back, is there something you would have liked your therapist to do differently?
- Is there something you would have done differently?
- Anything else you would like to share?

About the Authors

Aanchal Munoth is a counselling psychologist and psychotherapist based in Hyderabad, India, with bachelor's and master's degrees in psychology. She has been in TA training for three years, holding a Diploma in TA while continuing advanced training. She is passionate about being part of different stories and realities, focusing on connection, reflection, and creating safe spaces. Aanchal is involved with 'Daayra,' a community supporting the mental health of sexual abuse survivors. Outside work, she enjoys traveling, food, culture, and stories while figuring out herself and life — quietly and sometimes not so quietly. Aanchal can be contacted at aanchal.therapy@gmail.com

AANCHAL MUNOTH
GUNJAN ZUTSHI

MY THERAPIST IS ON A BREAK: EXPLORING THE IMPACT OF
THERAPIST PLANNED BREAKS ON CLIENT EXPERIENCES,
THERAPEUTIC RELATIONSHIP & SUPPORTIVE MEASURES

Gunjan Zutshi, PTSTA-P is a psychotherapist, supervisor and trainer. She is deeply involved in working with individuals for personal transformation. Her practice is informed by radical-relational perspectives, and she combines that with her experience in behavioural science and Group Relations framework to work with individuals keeping in mind their specific socio-cultural-political contexts. She is a Bihar School of Yoga practitioner and works towards integrating ideas from yoga into her psychotherapy practice to bring harmony in body, mind and spirit. She is also co-founder of AgileSattva Consulting LLP. She lives in Bangalore and can be contacted on +919845679362 and her email is zutshig@gmail.com

THE NOT SO GOOD GAMES: EXAMINING THE CULTURAL IMPACT OF 'GOOD GAMES'

ARUNA GOPAKUMAR AND MONICA PILLAI

Abstract

Berne's concept of 'good games' (1964) suggests that some games can have positive outcomes despite complex or unconscious motivations. In this article we critically assess the broader cultural impacts of the good games listed in 'Games People Play'(Berne, 1964). Although these may appear harmless or even beneficial at first glance, they not just harm the players, but have the potential to perpetuate harm through exploitation, gender inequality, and environmental degradation.

Keywords: Games, culture. Gender, environment, bias, unconscious motivations, environmental degradation

What are good games?

Berne (1964, p.143) defines a "good game" as one where the social contribution outweighs the complexity of its motivations. He goes on to say that despite players acting with unconscious, ulterior motives, the outcome of the game is beneficial to all participants.

We challenge this assertion and examine each of these games to highlight their not-so-good aspects. We have adopted the convention of calling the game player 'Blue' to move away from Berne's original conventions of White, Black, and Brown. While the original terms may not have intended to carry racial bias, this change promotes neutrality ensuring the language is free from any unintended interpretations.

Busman's holiday

Busman's holiday is vacation where one engages in activities similar to their vocation: a bus driver from the UK driving a bus in India. It has the flavour of a holiday while keeping the person stimulated. Berne says people play this game to 'collect stories to tell'. The thesis of the game is 'showing off'. Blue's ulterior message is, 'Please see what an interesting person I am and what wonderful things I do'.

A Busman's holiday offers an opportunity to engage in a bit of harmless bragging for Blue, says Berne. But is there potential for harm? The question to ask would be why does Blue need to collect stories to tell. Are they feeling inadequate? Are they distracting themselves from their painful feelings? Why are they working instead of holidaying? Are they feeling guilty about rest? The grandeur of the stories of adventure or triumph is often directly proportional to the depth of internal despair. The lower our self-esteem, the more we need external admiration. Thus, Blue's life could become about searching for stories to tell, seeking reassurance that they are good enough. A contemporary version of this is people curating happy lives on Instagram, while their reality may be quite different.

This game also demonstrates how the personal and social interact, creating potential for harm on a larger scale. The fact that people desire to collect stories to tell creates middlemen who make a business out of helping people collect stories. Busman's holidays have spawned off the booming industry of "voluntourism": where tourists get involved in charity work. Sounds noble, but it can have a negative impact on communities it intends to help.

Volunteers arrive as Rescuers (Karpman, 1968). The help they offer is designed to meet their needs first. So, these contracts do not meet the conditions of an effective contract as explained by Steiner and Cassidy (1969). There is no mutuality, as the communities being helped often do not have a say in who they would like to work with; there is no valid consideration for the volunteers; and their competence in actually helping could be questioned.

Voluntourism, though well-intentioned, can inadvertently cause harm to local communities. For instance, unskilled volunteers may undertake construction projects in countries with high unemployment, producing substandard work that local workers must later repair, thereby creating additional burdens (Barker, 2015).

Young adults apply to volunteer in Africa to add credits to their college applications. This has given rise to 'orphanage tourism', an abominable practice where orphanages are created with children snatched or bought from families, kept in hunger and squalor, so the paying audience can bring aid, hugs and photo ops. These are rackets that exploit both the volunteers and the children (Coni, 2024).

This game also reveals what is left out of Berne's consideration: the availability of discretionary time (Goodin et al, 2008). The game is available only for folks with time affluence and the means to travel internationally. Poverty, gender disparities and other factors make this a 'privileged game'. Also overlooked is the ecological footprint of our travels to 'show off', creating unthinking carbon emissions.

To step out of this game, the player must ask themselves:

- How could I look inwards and not outwards to develop my self-esteem?

- Am I avoiding painful feelings, by finding stories that show the world that I am

  happy?

- How do I seek attention/get strokes in ways that are healthy for me?

- How do I consider the impact of my choices on others, including the environment?

  Some of those impacts may be invisible.

Cavalier

'Cavalier' originally meant a person trained in arms and horsemanship and later took on meanings including a lady's escort or dancing partner. Berne's description of 'Cavalier': 'Upon encountering a suitable female subject, White takes every opportunity to remark upon her good qualities, never transgressing the limits appropriate to her station in life, the immediate social situation and the requirements of good taste. But within those limits he allows full play to his creativity, enthusiasm and originality.' (Berne, 1964, p. 144).

According to Berne, the players flirt, but not under sexual pressure, so it may be played by men with satisfactory relationships as well. The assumption is that when done with good taste and within acceptable boundaries, it unlocks energy and creativity. It is almost equated to an art form, because the man is more interested in the expression of his creativity, wit and charm. The playful banter, teasing, and anticipation adds a dash of fun and adventure to social interactions, making them more engaging and memorable. The ulterior message from the men who play this game is, 'I can make you feel sexually desirable in a charming way'.

Even at the first degree this game has potential for harm. It reinforces stereotypes about how women and men should relate to one another. It assumes that women desire to be regaled

with praise from men. The reverse seems inconceivable. It encourages men to generalise that all women enjoy being charmed. It leaves no space for a woman to consider these as unwelcome. Women who don't want to be charmed are considered an anomaly, putting the pressure on women to, by default, 'be pleasant'.

Berne says that the man 'of course' will know when to stop, before it becomes inappropriate, or the quality of his poetry drops. The idea that there is 'good flirting', and all involved know when to stop is a naïve ignorance of the slippery slope. Then, there is 'chivalry'. It is customary in many cultures for men to offer a range of special courtesies to women: paying on dates, carrying heavy objects, pulling out chairs or opening doors for women.

The thesis, 'I can care for and protect you', again reinforces traditional gender roles. While this can be seen as good manners, the term 'benevolent sexism' captures why this is a game. Benevolent sexism involves the belief that men should cherish and protect women, and 'put them on a pedestal'. It can undermine women's autonomy, power and competence. Men take a higher-status role as providers and protectors, while women play the role of being pleasant and deferential. As a result of this, women end up taking on more administrative and facilitative roles, rather than leadership roles, which is a definite impediment to the use of their potential and to their social status.

These acts allow men to have dominance while appearing loving. To recognise the ulterior motives, we need to see what happens to women who challenge or resist these offers and claim a different status in an interpersonal relationship. History has shown that the response to these asks by women have often been hostile, showing benevolent sexism goes hand in hand with

hostile sexism. It punishes women who own their power. For example, Hillary Clinton has been criticized for being "unlikeable," which reflects a hostile response to her rejection of traditional feminine norms of deference. Serena Williams has often been penalized for displaying assertiveness on the tennis court, she has faced backlash and accusations of being "angry" or "unladylike," underscoring how stepping outside submissive norms is punished.

In romantic films like Dilwale Dulhania Le Jayenge (1995), men like Raj (Shah Rukh Khan) are portrayed as protectors of women. Simran (Kajol) is depicted as requiring male approval (both her father's and Raj's) to exercise her autonomy, reinforcing benevolent sexism. Flirting and chivalry then become rewards for women who accept the traditional roles of being one down, sexual and submissive.

To clarify, individual acts of kindness are not a problem – but the double-standards driving them are, if they disadvantage one gender. Achieving gender equality might mean sacrificing some of these perceived perks.

To step out of playing Cavalier, the player must ask:

- Do I 'harmlessly' flirt or appreciate 'harmless' flirting as a practice?

- What gender biases and conditioning do I operate with? Which of those could I question?

- Do I participate in benevolent sexism, irrespective of gender? Do I think women in general should be cherished and protected because they are 'the weaker sex'?

They will be glad they knew me

Berne declares: 'This is a more worthy variant of *I'll Show Them*.' If Blue wanted to make another feel terrible about themselves without hurting them physically or being mean to them, they could do it, say, in the following ways:

- Win the Nobel prize

- Buy an island

This gives them power to exercise their spite. They can now hope that their enemies will be eaten with envy and regret for not having treated them better.

The thesis of the game: 'I will be better than you, so you will regret the way you treated me.' Blue believes a PhD or a big car or a national award 'will show them'.

Berne might ask: Who is harmed if Blue gets a Nobel prize? Don't the positives outweigh the complexity of the motivations?

Perhaps Blue is harmed. This might not have been the life they wanted. They may have spent significant time and effort to get a false sense of vengeance over the other, and not for the intrinsic motivation of self-actualisation. If Blue chooses to have the biggest home and private jets to stick it to the others, the environment, and consequently, the world is harmed in the process.

However, there are popular cultural contaminations that make it seem like a worthy alternative. Here is a list of some of these:

- You must live up to your potential

- You have to be the best at whatever you do

- Competition brings out the best in people

This can make competition and valuing success the social default and can silence those who don't value achievement. People's self-worth gets firmly linked to their achievements.

To step out of this game, the player should explore

- Do I connect my OKness to my achievements or material possessions? How can I trust that my 'being' is unconditionally OK?

- How do I deal with hurts or betrayals? What can be healthy ways to resolve the pain from these, rather than spending a lifetime 'showing them'?

- Can I compete consciously and appropriately?

- Can I differentiate my autonomous aspirations from scripty compulsions?

Homely sage

Berne describes this as 'A script rather than a game but with game-like aspects'. This is when a well-educated Blue learns a lot of other things besides their own business. After retirement, they move to a smaller town, where their knowledge becomes of outsized importance to this community that has had lesser exposure than Blue and they gain the stature of a homely sage. The townspeople come to them to seek counsel and Blue doles out sage advice. Berne says that in the best form, this is played by people who have gone to a psychiatrist to examine their motives and learn errors to avoid before setting themselves up to be a homely sage.

The first sign of something being wrong is this explicit statement that Blue spends a lifetime picking up information to store it away for future use. There is clear avoidance of some internal inadequacy here.

Blue seems to be aware of a need to go elsewhere and start being of use to others. Perhaps they feel like they don't have enough currency among equals. The move to a smaller town automatically gives them a 'superior' tag – they feel useful. They search for people who need to be helped, to feel adequate about themselves.

At second and third degree levels, this is a colonisers mindset: exploiting a naïve populace for personal gain. A common strategy used to colonise is to devalue local knowledge and impose 'superior' knowledge. At scale, European powers, in their pursuit of wealth and power, often viewed indigenous peoples as 'primitive' and their knowledge systems as inferior to the 'civilised' West. Western systems of education dominate the world, deeply ingraining this mindset in our collective consciousness. This devalues indigenous cultures and knowledge systems. It is a loss for the world. Inequity and exploitation of groups continue.

To step out of this game, the player could think about

- Do I need to be needed to feel adequate? Can I feel OK around people who seem OK with themselves?

- How do I recognise power differentials and not exploit them for personal gain?

- What might I unconsciously do to feel 'superior'? How might I devalue another?

Happy to help

Here is Berne's explanation of this game: 'White is consistently helpful to other people, with some ulterior motive. He may be doing penance for past wickedness, covering up for present wickedness, making friends in order to exploit them later or seeking prestige. But whoever questions his motives must also give him credit for his actions. After all, people can cover up for past wickedness by becoming more wicked, exploit people by fear rather than generosity and seek prestige for evil ways instead of good ones.' (Berne, 1964, p.146)

Here, by playing 'Happy to Help' Blue is atoning for their past sins by doing good. This can be admired if Blue has recognized their mistake and taken responsibility: acknowledging that their action has created harm, reflecting and owning their own vulnerability that led to the mistake, apologizing to the people they hurt directly, sincerely making amends and demonstrating new, corrective behaviours. If Blue's offer of help does not follow these actions, then Blue is avoiding taking responsibility and assuaging their own guilt by deluding themselves that they are atoning.

Another potentially harmful factor is that the 'helping' could become a form of atonement that sanctions the wrongdoing. According to Miller and Effron's (2010) moral licensing theory, moral credits obtained for doing good can be used to purchase the license for wrongdoing. For example: As long as I feed these orphans, I can continue to pollute that river.

Another example of help to atone for guilt is western folks sending their used clothes to Africa, to assuage their guilt of overconsumption. Thousands of tonnes of used clothes are being

shipped to Africa without consideration to the needs and wants of Africans, clogging their streets and water bodies, creating a form of waste colonialism and enormous environmental damage. (Quashie-Idun, 2024)

One could ask, what could be the harm if the goal of helping is to enhance prestige? Tobacco giant Philip Morris, for example, spent $ 75 million on its charitable contributions in 1999 and then launched a $100 million advertising campaign to publicize them. (Porter and Kramer, 2002) So while altruism for prestige can lead to positive social outcomes, it raises ethical concerns about authenticity and whether the efforts are driven by real commitment to helping. Without the commitment, the help is likely to hurt more than help.

To step out of this game, the player could ask:

- Why am I helping another? What am I getting in the process? Is what I am doing ethical?

- Am I deluding myself that I am atoning? Have I stopped doing the wrong deed, or do I compensate by 'helping' in ways that may not really be helpful?

Conclusion

The "Good games" that Berne has listed are essentially Rescuing games where we meet our needs for validation, power and prestige in the guise of doing "good". These games reveal how easy it is for privilege and self-interest to be disguised as service or creativity. We as Transactional Analysts, and others in the helping profession, could easily go down the slippery slope of overextending ourselves, seeking the vulnerable to prove our indispensability or unconsciously pushing clients to do well to enhance our own prestige or manage our own

inadequacies. By shifting the focus inward, considering the social and cultural implications of our choices and challenging the need for these 'good' games, we can strive for more authentic, responsible, and equitable interactions in our personal and social spheres.

References

Barker, M. (2015) Voluntourism and the perils of unintended consequences. The Culture-ist. https://www.thecultureist.com/2015/02/06/voluntourism-perils-unintended-consequences/

Berne, E. (1964). Games people play: The psychology of human relationships

Coni. (2024, August 28). Volunteering in Africa: White saviorism, orphanage tourism, aid dependency, and a safari https://experiencingtheglobe.com/volunteering-in-africa/#Orphanage_tourism

Goodin, R. E., Rice, J. M., Parpo, A., & Eriksson, L. (2008). Discretionary time: A new measure of freedom

Karpman, S. (1968). Fairy tales and script drama analysis. Transactional Analysis Bulletin, 7(26),39-43.

Miller, D. T., & Effron, D. A. (2010). Psychological license: When it is needed and how it functions. In Advances in experimental social psychology (Vol. 43, pp. 115-155). Academic Press.

Porter, M. and Kramer, M. (2002) The competitive advantage of corporate philanthropy. (2002, December 1). Harvard Business Review. https://hbr.org/2002/12/the-competitive-advantage-of-corporate-philanthropy

Quashie-Idun, S. (2024) Return to sender: Why Africa doesn't need any more of your clothes.

(n.d.). Greenpeace International. https://www.greenpeace.org/international/story/65273/return-to-sender-why-africa-doesnt-need-any-more-of-your-clothes/

Steiner, C.M. & Cassidy, W. (1969). Therapeutic contracts in group treatment. Transactional Analysis Bulletin, 8 (30), 29-31.

About the Authors

Aruna Gopakumar is a psychotherapist, Teaching and Supervising Transactional Analyst, Certified Transactional Analyst (CTA), and Master Certified Coach (MCC). She currently serves as the president of the South Asian Association of Transactional Analysts (SAATA). As the founder of The School of You (theschoolofyou.in) Aruna works with two distinct groups: professionals; those dedicated to helping others, and seekers; individuals seeking growth. She is passionate about the intersection of psychodrama, autobiographical narratives and mythmaking for healing. She had earlier founded Navgati (navgati.in) in 1999. Aruna holds an engineering degree from Anna University and an MBA from IIM-Bangalore. She can be contacted at aruna@theschoolofyou.in

Monica Pillai consults with organisations, helping them to set up or scale up their People Success function. She does this with an eye on balanced business growth, drawing from her experiences heading HR & communications in corporate and impact organisations over the past 24 years (https://monicapillai.com/). Monica champions humane systems, policies created and

implemented with kindness and inclusivity in designing organisation structures. She operates

from the belief that the only scalable way for organisations is to treat people that make up the

organisation as more than resources, and as critical partners in success and creating ways of

working that are fundamentally respectful and balanced. She can be reached

at monicapillai@gmail.com

PREPARING FOR SUPERVISION: A GUIDE TO TRANSACTIONAL ANALYSIS PRACTITIONERS

C. SURIYAPRAKASH

Abstract

Supervision is often seen as a daunting and confusing aspect of TA training and certification. This article aims at demystifying the process by providing a broad outline of what supervision is and by giving some guidelines on how practitioners can prepare for supervision while framing a supervision question and supervising oneself as a preliminary process.

Keywords: *Supervision, Physis, self-supervision and inner autonomy*

Introduction

Supervision is a pivotal aspect of growth and accountability for practitioners in all the fields of Transactional Analysis (TA) – counselling, education, organisations, and psychotherapy. It serves not only as a method for enhancing professional competence but as a critical avenue for ethical grounding, self-awareness, and skill refinement. For practitioners, supervision is a structured process that enables them to reflect on their work, celebrate successes, confront challenges, and clarify confusions. This article discusses the purpose, and functions of effective supervision in TA, presenting some guidelines on how to prepare for supervision.

What is Supervision?

Supervision in TA is a structured professional relationship where practitioners present their work with clients to a supervisor. The supervisor, in turn, provides a safe space to reflect, evaluate, and refine their approaches. TA practitioners regularly engage in supervision to ensure

adherence to ethical standards, quality of service, and personal well-being, all while addressing

the complexities of their work with their clients or client systems. Supervision is distinguished

from therapy in that the focus is not on the personal development of the supervisee but on

professional growth and skill enhancement. Personal growth might be incidental but not the aim

of supervision. At times, supervision could help identify potential areas of personal therapy for

the practitioner.

Why Supervision?

Hay (2007) suggests that the word supervision literally refers to super-vision, meaning

someone is able to see things from a position or perspective which is not available for others.

Supervision is an invaluable process for practitioners, serving not only as a structured means for

skill development and accountability but also as a channel to access and nurture the physis within

both the practitioner and the client. Physis refers to the innate drive toward growth, health, and

self-realization. Supervision helps practitioners tap into their own physis, fostering an

environment where they can achieve greater self-awareness, hone their authentic self, and

reinforce their commitment to growth. This self-nurturing quality can then resonate in their work,

facilitating similar growth and autonomy in clients.

When practitioners engage in supervision, they often confront aspects of themselves that

may have been overlooked or discounted. By reflecting on these aspects, practitioners begin to

connect more deeply with their own potential, thereby enhancing their capacity to model,

encourage, and support the same growth within their clients. Supervision, thus, could enable

mitigating blind spots and biases and also strengthen the practitioner's core capacity for

autonomy, ultimately fostering a work environment where both the practitioner and the client could be free to evolve and express their authentic selves.

The Functions of Supervision

Supervision has three primary functions: formative, normative, and supportive (Procter, 1986; Hay, 2007).

1. **Formative Function**: The formative aspect of supervision focuses on skill development, knowledge acquisition, and reflective learning. Supervision provides a structured environment where practitioners can critically evaluate and refine their TA interventions, enhancing their competence in using techniques, understanding theory, and applying it in practice.

2. **Normative Function**: The normative function upholds professional standards and ethical guidelines. Through this lens, supervisors ensure that practitioners maintain appropriate boundaries, adhere to TA's ethical code, and manage personal biases. This aspect of supervision also addresses accountability, ensuring that clients receive ethically sound and professional care.

3. **Supportive Function**: TA practice can be emotionally taxing, as practitioners navigate complex client dynamics and confront challenging emotional material. The supportive function of supervision provides emotional support, helping practitioners manage stress, frustration, and potential burnout. In the supportive space of supervision, practitioners can celebrate successes, process difficult experiences, and restore their emotional well-being.

Why Prepare for Supervision?

Mindfully preparing for supervision is a crucial practice that benefits not only the supervisee's development but also strengthens the client-practitioner relationship and deepens the connection between the supervisor and supervisee (Hawkins & Shohet, 2012).

By engaging in thoughtful self-reflection and preparation, the supervisee is better able to bring focus and intentionality to the supervision session. This clarity fosters more meaningful and productive discussions, allowing the supervisee to gain nuanced insights into their therapeutic work and refine their skills.

In the client-practitioner relationship, this preparation leads to tangible improvements. When practitioners arrive at supervision with a well-defined understanding of their challenges and questions, they can receive tailored feedback that directly enhances their interventions. As they become more adept at addressing blind spots, ethical considerations, and client dynamics, practitioners bring greater integrity, presence, and responsiveness into their work with clients. This intentionality not only supports the client's journey toward autonomy but also establishes a safe, reliable foundation upon which clients can explore, grow, and ultimately thrive.

Furthermore, mindful preparation enhances the supervisor-supervisee relationship. When supervisees come prepared, they show respect for their supervisor's time and expertise, facilitating a reciprocal relationship based on mutual commitment to growth. Prepared supervisees demonstrate autonomy and responsibility, which allows supervisors to focus on higher-level guidance rather than basic clarifications. This dynamic fosters trust, respect, and an environment where both supervisor and supervisee can engage in an open, authentic exchange.

Over time, such a relationship becomes a collaborative space for both ethical and professional development, one where deeper exploration, creativity, and growth are encouraged.

What to Bring to Supervision: Celebration, Confusion, and Challenge

Effective supervision requires thoughtful preparation. Often practitioners wonder what to take for supervision. There is a widespread misconception that one needs to seek supervision only when faced with a problem or crisis in practice. On the contrary, practitioners could come to supervision sessions prepared to discuss any of the following (workshop by Gordon Hewitt, 1997) :

1. **Celebration**: Recognizing and sharing successful interventions or moments of growth is essential in supervision. Celebrations allow practitioners to acknowledge progress, reinforce and learn from positive practices, and build confidence in their work.

2. **Confusion**: Unresolved questions, uncertainties, and ambiguous situations should be openly shared. By addressing areas of confusion, practitioners can gain insights, refine their understanding, and discover new perspectives that may have been previously overlooked.

3. **Challenge**: Challenges or difficult situations, including complex client cases, ethical dilemmas, or interpersonal conflicts, are important to discuss. Presenting challenges in supervision allows practitioners to develop problem-solving skills and receive guidance on managing difficult scenarios effectively.

Therefore, practically everything from the client-practitioner relationship is a valid subject for supervision.

Self-Supervision: Reflective Questions

- An essential part of preparing for supervision is engaging in self-supervision—an introspective process where practitioners evaluate their work before presenting it to the supervisor. Engaging in self-supervision prior to formal supervision can deepen the insights practitioners bring forward. Key questions practitioners can ask themselves in self-supervision include:

- What was my contract?: Reflecting on the initial contract made with the client clarifies whether the intervention aligned with the agreed objectives.

- Was the contract fulfilled?: Assessing whether the objectives were met allows the practitioner to identify areas where the contract may need revisiting or adjusting.

- What was the key issue?: Identifying the core challenge or theme of the session helps practitioners maintain focus and structure in the supervisory discussion.

- Was there an ethical issue?: Reflecting on any potential ethical considerations maintains the integrity of the therapeutic work and upholds TA's ethical standards.

- Was the relationship OK-OK?: The OK-OK position reflects the mutual respect and recognition of worth in the practitioner-client relationship. Evaluating this dynamic allows for adjustments to ensure healthy, balanced interactions.

- Did I model desired behaviour to the client?: Reflecting on one's behaviour is essential to ensure that practitioners are embodying the qualities they aim to promote.

- What did I possibly discount or grandiose?: Reflecting on potential discounts (overlooking issues) or grandiosity (overemphasizing importance) reveals biases or blind spots.

- Am I aware of any transference or countertransference that may be influencing the dynamics? Or What am I noticing about my feelings toward this client, and how might that be impacting my work?: Reflecting on if there are parts of the client's situation or behaviour that trigger a reaction in the practitioner might reveal something valuable about the practitioner's own process.

- What do I sense I might need to work on in my approach, and how might I go about doing so?

- Did I miss any opportunities to encourage autonomy in the client?

- In what ways have I supported or hindered the *physis* of the client?

These questions encourage a depth of introspection that empowers practitioners to better understand and refine their work, enhancing the quality of their supervisory sessions and practice outcomes.

Developing a Supervision Question

Reflecting on one's own work using the questions in the previous section could lead to framing a clear supervision question. A specific, clear supervision question helps to focus the session. Rather than delving deeply into the client's story, the question should relate to the practitioner's development, understanding, or intervention strategy. Examples might include:

- How can I better manage this client's resistance to the contract?

- What approach might best address my own countertransference?

- Am I upholding the ethical boundaries in my relationship with this client?

- What might I be overlooking in my approach with this client that could be hindering their autonomy?

- How can I manage my own emotional responses to better support my client's needs?

- In what ways could I improve my use of TA techniques to address the client's presenting issue?

- How can I deepen my awareness of any parallel processes between me and the client?

- Am I maintaining appropriate boundaries, and how might they be impacting the client relationship?

- What TA interventions could I use to challenge any emerging dependencies within the client relationship?

- How do I approach situations where I sense resistance to the contract?

- How might I better support the client in identifying and harnessing their own resources/physis or drive toward growth?

Presenting a supervision question fosters a more productive supervisory dialogue, directing attention to the practitioner's needs and challenges rather than details about the client.

Validation in Supervision: Fostering Inner Autonomy

Seeking validation is a natural component of supervision, particularly for beginner practitioners who may be navigating feelings of uncertainty or doubt about their competence (Erskine, 1982). In the early stages, validation from an experienced supervisor can reinforce positive skills and behaviours, boost confidence, and provide reassurance that the practitioner is on the right track. However, it's equally essential for practitioners to cultivate internal sources of validation, encouraging self to draw upon their own autonomy rather than relying on external affirmation.

One way to foster this self-validation is by practitioners recognising and affirming their strengths, accomplishments, and areas of growth within themselves by reflecting on the following questions:

- What did I do well in this session?

- What strengths did I bring to this session?

- Where did I feel most aligned with my authentic self in the session?

- What feedback might I give myself on how I handled a challenging situation?

- Where do I sense growth in my capacity to support autonomy in my clients?

The process of shifting validation from others to oneself takes time and builds self-confidence and trust. Practitioners who rely on inner validation become more resilient, independent, and self-assured. This approach not only empowers them but also shows clients how to grow autonomously.

By fostering inner validation, practitioners align with TA principles of autonomy and connection. Over time, this self-validating practice enhances their confidence, presence, and clarity, supporting personal and professional growth.

Supervision Models to Consider

Several models offer structured approaches to supervision within TA. Some models that lend themselves to effective self-supervision are:

1. **Petruska Clarkson's Supervision Checklist** (Clarkson, 1992; Mazzetti, 2007): This checklist is a tool for systematic preparation. It includes questions on therapeutic processes, ethical standards, the practitioner's personal reactions, and client dynamics. This structured approach ensures comprehensive case examination and thorough preparation for supervision.

2. **C4P4 Checklist** (Gobes, 1993): The C4P4 checklist is an acronym representing four "C"s (Contact, Contract, Content, Context) and four "P"s (Process, Parallel process, Permission, and Potency). This model helps practitioners break down their supervision preparation, ensuring they address all significant aspects of their work and supervisory process.

3. **Steps to Success Based on the Discount Matrix** (Hay, 1995): The Discount Matrix is a TA tool that categorizes levels of awareness and responses to problems. Steps to Success uses this matrix to evaluate where a practitioner may be discounting issues and to encourage conscious problem-solving. This model is beneficial for practitioners who might be minimizing or exaggerating elements of a session, helping them attain a more balanced and grounded perspective.

Conclusion

Supervision is an essential component of professional practice for TA practitioners. It provides a framework for continual learning, ethical integrity, and emotional support, contributing to the effective and ethical delivery of therapeutic services. By preparing thoughtfully, bringing clear supervision questions, and engaging in self-supervision, practitioners maximize the benefits of the supervisory process. Through supervision, practitioners not only enhance their competence and resilience but also honour their commitment to providing high-quality, ethical, and empathetic care to clients.

In essence, the act of preparing mindfully for supervision goes beyond the individual growth of the supervisee; it enriches all facets of their professional relationships. It enables them to model autonomy, responsiveness, and ethical rigor in both their client work and their supervisory interactions, creating a foundation for a deeply effective and compassionate therapeutic practice. Through this process, supervision becomes a holistic experience that nurtures not only the practitioner's skill but also the integrity and vitality of their engagements, fostering growth, healing, and transformation across the client ecosystem.

References

Clarkson, P. (1992). Transactional analysis psychotherapy: An integrated approach. London: Routledge.

Erskine, R. G. (1982). Supervision for psychotherapy: Models for professional development. Transactional Analysis Journal, 12, 314-321.

Hawkins, P. & Shohet, R. (2012) Supervision in the Helping Professions, 4th edition,

Maidenhead: Open University Press.

Hay, J. (1995). Transactional analysis for trainers: Your guide to potent and competent application of TA in organisations, Minneapolis: Sherwood.

Hay, Julie (2007). Reflective Practice and Supervision for Coaches Maidenhead: Open University Press.

Mazzetti, M. (2007). Supervision in Transactional Analysis: An Operational Model Transactional Analysis Journal 37:2 93-103.

Proctor, B. (1986). Supervision: A co-operative exercise in accountability' in A. Marken & M Payne (eds) Enabling and Ensuring: Supervision in Practice Leicester National Youth Bureau/Council for Education and Training in Youth and Community Work.

About the Author

C. Suriyaprakash, PhD, integrative life coach and team coach, is a teaching and supervising transactional analyst in organisations and counselling fields. Having served over 3 decades as professor of organisational behaviour in business schools and as OD consultant in private practice, Suriya's professional mission is to 'rehumanise work; revitalise life' as an integrative coach, counsellor, trainer and supervisor. An avid ultra marathoner based in Coimbatore, Suriya is deeply engaged in Vedantic studies, and can be reached at suriya@relationswork.in

BRIDGING CULTURES: THE ROLE OF TRANSACTIONAL ANALYSIS IN CROSS-CULTURAL COMMUNICATION

GAURI PALEKAR AND SAURABH RAYE

Abstract

Understanding cultural norms helps define acceptable behaviour, but knowing these boundaries is only the first step. The article discusses how Transactional Analysis (TA), and awareness of cultural dimensions can create meaningful connections across cultures. This article demonstrates how TA can help navigate the expanding boundaries of our interconnected world—whether working with global teams, traveling for pleasure, or simply interacting with people from different cultures.

Keywords: culture, ego state, contamination, functional fluency

Introduction

"You never really understand a person until you consider things from his point of view… Until you climb inside of his skin and walk around in it." – To Kill a Mockingbird

Culture shapes how we think, act, and communicate—often without us even realizing it. We like to believe we understand others, but how often do we miss the subtle cues, the unspoken meanings shaped by their cultural scripts?

TA shines a light not only on those hidden influences but helps us understand our own behaviours and the dynamics at play in cross-cultural interactions.

Eric Berne's TA framework (1964) has profoundly influenced how we perceive and navigate cultural interactions. We use TA Concepts along with Erin Meyer's (2014) cultural dimensions framework as a roadmap for decoding the complexities of cultural interaction.

The TA concepts as developed by **Eric Berne (1964)** referred to in this article are:

- Contamination

- Ego States

- Functional Fluency Model

We also draw on Erin Meyer's (2014) framework, which outlines eight dimensions of cultural differences—communication, evaluating, persuading, leading, deciding, trusting, disagreeing, and scheduling—to explore the nuances of cross-cultural interactions.

When Cultural Awareness isn't enough, it's time to play the TA card

TA theories can help understand and navigate the deep-seated emotional reactions and behaviours that arise in cross-cultural interactions in the following ways:

- Understand our responses & emotions, like discomfort and irritation when cultural differences arise

- Analyse and adjust our interactions, helping avoid the traps of cultural misinterpretation. For e.g.; if you feel disrespected by a behaviour that's normal in another culture, TA can help process that feeling and respond in a way that builds bridges rather than walls.

- More importantly, it helps connect more authentically and makes it easier to connect across boundaries

Here are a few examples that illustrate pronounced cultural differences and demonstrate how TA awareness can pave the way for meaningful connection:

1. When Feet meet books

Scenario: As an Indian, seeing my American friend resting his feet on a book made something deep inside me flinch. I felt a jolt of discomfort. My chest tightened, and a wave of irritation washed over me. To me, as an Indian, it felt almost sacrilegious. Why? Because in Indian culture, books symbolize knowledge and are revered. To him though, it was no big deal, the book was no different than a coaster or any other object on the table.

Cultural Dimension: This is a textbook clash of cultural norms. What's mundane in one culture can feel deeply offensive in another.

This seemingly small act created a disconnect that ran deep. I grappled with the question: 'How could we truly connect when our perspectives on something as simple as a book were so vastly different?'

Even when you know these boundaries of acceptable and unacceptable behaviour in a particular culture, it's not as simple as flipping a switch and connecting with someone from a different world.

TA Concept Applied: In the above example of a friend placing their feet on a book, something felt deeply wrong. That feeling of discomfort was my first clue that a cultural difference is at play. But instead of just sitting with that discomfort, what if I had taken a moment to dig deeper, asking myself the following questions:

i) "Why does this bother me so much?"

ii) "Is it truly affecting my life right now," or

iii) "Is it something I've been taught to believe is wrong?"

iv) "Is it really fair to think, "He **must** take his feet off the book" Is that "must" based on logic, or is it a contamination?"

By asking these curious questions, I allow myself to shift into my **Adult ego state**—where I think rationally and objectively. This process helps reduce the discomfort that comes with witnessing a different cultural practice.

A Contamination happens when we confuse Parent messages, feelings, or beliefs from our childhood as our here & now (Adult) thinking.

- **Parent Contamination** is usually when "must" or "should" rules from our parents influence our adult decisions.

- **Child Contamination** is when we let emotions or beliefs from our childhood affect how we think as grown-ups.

When both happen at the same time, it's called double contamination. This means we act based on a mix of parental rules and childlike beliefs, thinking they are true in the present moment.

Let's look at the double contamination in this example:
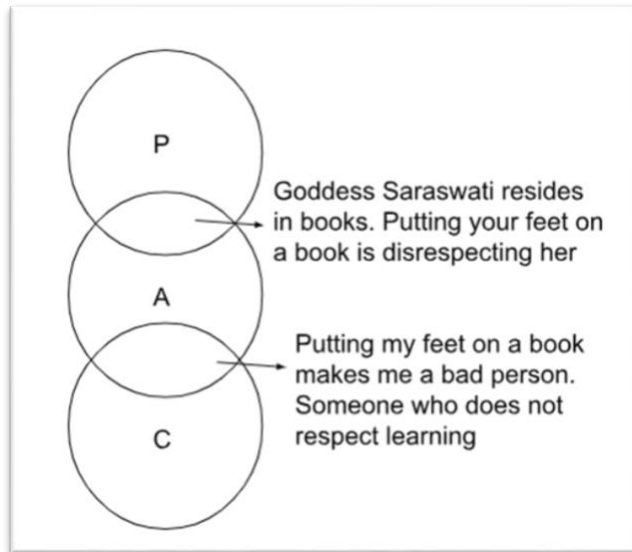
Figure 1. Double Contamination as explained by Berne (1961)

Insight: Being aware of our contaminations can help understand and manage our initial reactions to cultural differences. With this comes the choice to calmly explain our cultural norms or take a moment to reflect on why it bothers us so much. We don't have to be ruled by initial reactions. Instead, we can approach situations with clarity and empathy, making it easier to connect and communicate across cultures.

2. A Swedish Affair

Scenario: An Indian presenter in Sweden faced a silent, expressionless audience. She had done weeks of preparation and meticulous rehearsal for this day and was confident. But, in the midst of her talk, she paused briefly to assess the audience's response. To her surprise, the room remained silent. Panic set in as she assumed they were disengaged. A wave of confusion washed over her. She wondered what might have gone wrong. She started to question her abilities: "Was it her accent?" "Was it the choice of words?"

Deep within, an unsettling thought took root—what if the issue extended beyond language. This persistent uncertainty spiralled into self-doubt, prompting her to second-guess each action and decision.

The reality, however, was that it wasn't the words that failed her; rather, it was the subtle cultural and behavioural cues that were overlooked—those unspoken aspects that she missed.

Cultural Dimension: The above scenario took place in Sweden, a country known for its low-context communication style. According to Meyer (2014), Sweden ranks as a low context culture, where they value precise, direct & clear communication.

When the Indian presenter paused while speaking, she expected the audience to give her some feedback like a smile, head nod, or maybe even a few words of encouragement—this is what she was used to in her Indian culture.

But in Sweden, the cultural norms are different. The audience may remain silent, not because they don't appreciate the ideas, but because they respect the speaker by not interrupting. Silence, in this context, isn't a sign of disapproval—it's a sign of respect. They're giving you the space to express fully, without the distraction of applause or comments.

However, from the Indian speaker's perspective, the silence felt like a void, triggering a self-deprecating thought of —"did I do something wrong?" "Did I fail?" As an Indian, her culture had conditioned her for an immediate recognition by spontaneous clapping and immediate positive reinforcement, a **stroke** in TA terms, which reinforces our sense of accomplishment and connection. When that didn't come, it was easy for her to misinterpret the audience's behaviour as disinterest or even rejection.

Back

But the reality is that both cultures follow different scripts, shaped by deep-rooted norms and psychological patterns. In essence, what feels like a failure might not be one.

TA Concept Applied: Understanding these differences, recognizing the cultural cues, and applying insights from TA could have helped the Indian speaker navigate these moments with more confidence and less self-doubt. Her anxiety reveals that she may have been in her **Adapted Child ego state**—sensitive to approval and rejection. In this nervous state, she might over-explain, trying to win over the room.

Had the Indian presenter taken a moment, gotten into her **Free Child**, smiled & asked the audience, *"Did you enjoy what I said?"* the power would have been with her. This would have been one of the ways she could have asked for strokes.

Alternatively, had she engaged her **Adult ego state**—the part that processes things logically and stays grounded in the present—she would have thought, "The silence doesn't necessarily mean they dislike my idea. In this culture, it just means they're thinking it over."

Instead of questioning her worth, she could have seen the silence not as a judgment, but as a different form of communication.

Insight: By using ego state analysis, we can become aware of and break free from old patterns and become flexible in how we respond. This shift can transform anxiety into confidence by facilitating small but profound shifts in perspective.

3. Don't hold back. Speak Up

Scenario: In a bustling conference room in the Netherlands, Sarah, a manager from a culture that values egalitarian principles (Meyer, 2014), led a team meeting. As she leaned back

in her chair, expecting an engaging discussion, she was instead met with a sea of silent faces. Despite this, she continued, assuming that the meeting was progressing smoothly.

Meanwhile, across the room was Arjun, an Indian, a junior team member from a hierarchical culture (Meyer, 2014) who sat quietly. In his cultural context, openly disagreeing with a senior manager was considered inappropriate. The idea of directly challenging Sarah's viewpoints was unthinkable. Instead, if he had concerns, he would express them in a more subtle manner, carefully wrapping his objections in language that appeared compliant, but carried a different, underlying message.

Cultural Dimension: Sarah, originating from a culture that values flat hierarchy, approached the team meeting with the expectation that discussions would be open and participatory. In her view, the absence of opposition signified alignment and agreement. She interpreted the silence in the room as a positive indication that her points were being accepted without reservation.

In contrast, Arjun, came from a culture with a strong hierarchical structure, perceived the meeting dynamics differently. In his cultural context, there is a significant distinction between superiors and subordinates, and openly disagreeing with a senior manager is considered unacceptable. The words of a superior are seen as final, and any form of direct challenge is avoided to maintain respect.

Consequently, Arjun remained silent, not because he agreed, but to conform to the expectations of deference in his culture. This silence represented his reluctance to voice concerns directly, expressing them instead through more subtle means. This situation highlights how

cultural differences, particularly in communication styles and power dynamics, can influence team interactions.

   TA Concept Applied: The Functional Fluency model helps people examine their own behaviour and find ways to change it if they wish to. It gives people a menu of effective behaviours to choose from – your go-to strength. It is a model for developing "functionally fluent behaviour" (functionalfluency.com). Let's explore how Sarah can use the Functional Fluency Model (Temple, 1999,2004) to get her team and Arjun talking. We will also see how Arjun can use the same model and be more participatory.

Sarah	
Dominating Mode (–)	Marshmallowing Mode(–)
Structuring Mode (+) Sarah: 'In this team everyone's feedback counts. Let's go around the table and hear one pro and one con'	Nurturing Mode(+) Sarah: ' If there is something you would like to share, feel free to do so. There are no wrong ideas. I am keen to hear you all'
Accounting Mode/Reality Assessment Sarah(thinking): I am the only one speaking. Let me check if everyone agrees with me or not	
Cooperative Mode (+) Sarah: ' Your support is very important team; please share you views honestly'	Spontaneous Mode (+) Sarah: ' Come on guys, challenge me. You look as if you are at a funeral'
Compliant/Resistant Mode (–)	Immature Mode (–)

Table 1. Sarah's Positive Behavioural Modes on the Functional Fluency Model(Temple, 1999,2004)

Arjun	
Dominating Mode (−)	Marshmallowing(−)
Structuring Mode (+) Arjun: 'To address this effectively, perhaps we could outline the key metrics for success and assign ownership to specific tasks. Would you like me to draft an initial plan for review?'	Nurturing Mode (+) Arjun: 'Thank you for encouraging us to share our thoughts. It's helpful to know our input is valued'
Accounting Mode/Reality Assessment Arjun (Thinking): ' I am not in India; things work differently here. I have seen others in the past offer their opinions. let me try to do the same'	
Cooperative Mode (+) Arjun: 'I see the value in the direction you're suggesting, and I'm happy to contribute to that effort. Let me know how I can best support the team in this area.'	Spontaneous(+) Arjun: 'I like this challenge and have some ideas, What are your thoughts on exploring this?'
Compliant/Resistant Mode (−)	Immature Mode (−)

Table 2. Arjun's Positive Behavioural Modes on the Functional Fluency Model(Temple, 1999,2004)

Insight: Functional Fluency model offers positive and flexible ways of responding to each other. It empowers us to choose effective behaviours that can help us form authentic connections.

Conclusion

To summarize, Transactional Analysis provides a valuable framework for understanding and improving cross-cultural interactions. When we travel to a new country or engage with someone from a different culture, we are stepping into someone's personal space. A gesture of friendship from an individual from another culture is a significant act—an unspoken embrace that says, "You are welcome."

This exchange is not just about sharing physical space; it extends to an invitation to open one's heart. In these moments of cultural interaction, it is important to recognize that the act is not just a cultural exchange— it's an invite, a stroke, it is a profound opportunity for human connection.

Therefore, when navigating a multicultural environment, it is essential to remember that such gestures are invitations to understand and bond beyond the surface level, creating meaningful connections that transcend cultural differences.

In the context of navigating complex cultural differences, we really believe that:

"You never really understand a person until you consider things from his point of view – **an invitation to account for the cultural norms.**

"Until you climb inside of his skin and walk around in it." – **an invitation to understand the deeper layers of human behaviour.**

~ To Kill a Mockingbird

Reference

Berne, E. (1964). Games people play: The psychology of human relationships. Grove Press

Cornell, W. F., de Graaf, A., Newton, T., & Thunnissen, M. (Eds.). (2016.). Into TA: A comprehensive textbook on transactional analysis. Karnac.

Thefunctional fluency model. https://functionalfluency.com. (n.d.). https://functionalfluency.com/about/functional-fluency/the-functional-fluency-model Lee, H. (1960). To kill a mockingbird. J. B. Lippincott & Co.

Meyer, E. (2014). The culture map: Breaking through the invisible boundaries of global business. PublicAffairs.

Stewart, I., & Joines, V. (1987). TA today: A new introduction to transactional analysis.

Lifespace.

Temple, S (2004). Functional Fluency for Educational Transactional Analysts

International Transactional Analysis Journal, Volume 29 (Issue3),
https://doi.org/10.1177/036215379902900302

About the Authors

Saurabh Raye, a Human Resource Professional with over 20 years of experience in the IT industry. Based in Stockholm, Sweden, he conducts cross-cultural workshops, expertly navigating the nuances between Swedish and Indian work cultures. Saurabh holds a PGDM from IMDR, Pune, and a Master's in Organisational Development from Bowling Green State University, Ohio. Currently, he's deepening his expertise with advanced training in Transactional Analysis for Organisations. He can be contacted at saurabh.raye@gmail.com

Gauri Palekar is pursuing her advanced Transactional Analysis practitioner course. With 17 years of work expertise across culture, people, communication, and behaviours, runs her setup Sumances, based in Mumbai. With an MBA in HR, she has worked with big corporates & fast-growing companies helping them in the area of work culture. She has conducted cross-cultural workshops in Europe on the nuances of Indian business culture. She can be contacted at gauri@sumanceshr.com

WHEN PSYCHOTHERAPY BECOMES TRULY ECLECTIC

MINA DILIP

Abstract

This article explores three distinct case studies where a clinically trained and certified play therapist (who has specialized in Sand Tray Therapy) examines the organic intermingling of various psychotherapeutic approaches, resulting in a truly holistic therapeutic environment. Although the therapist identifies exclusively as a play therapist, she uses an eclectic framework and these cases demonstrate the natural emergence of other approaches as part of the process. In each case, such a co-mingling of theoretical orientations occurred as a result of client-led circumstances. These spontaneous occurrences suggest that nearly all psychotherapeutic approaches rely on the same (or similar) basic principles and the underlying purpose of all psychotherapy is client wellness.

Keywords: psychotherapy, eclectic, play therapy, sand tray, Cognitive Behaviour Therapy, Rational Emotive Therapy

Introduction

Play therapy is a scientifically researched and documented approach to psychotherapy, which uses a wide variety of tools and mediums, including (but not restricted to) sand, miniature toys, puppets, doll houses, clay, musical instruments, movement aids, storytelling, dressing-up materials, masks, art, craft etc. The cases being examined here are all being handled using non-directive play therapy, which is based on Virginia Axline's principles (Axline, 1947), Carl Jung's philosophies (Jung, 1980) and Stephen Porges' Polyvagal theory (Porges, 2011).

Virginia Axline worked extensively with children and came up with eight primary principles to guide play therapy, the essence of which includes accepting the client unconditionally, being permissive, reflecting feelings using words and empowering the client to solve their own problems. Even though Axline created these principles in her work with children, there is plenty of evidence now to suggest that the same can be applied to adolescents and adults as well.

Virginia Axline's principles, taken in conjunction with Carl Jung's theoretical orientation, which focuses on concepts such as individuation, symbol formation, psychic descent and ascent as well as the power of unconscious processes in healing and integration, makes play therapy deep, meaningful and effective. Most of the therapeutic work that occurs in the playroom is symbolic. The images that emerge in art, the miniatures that show up in the sand tray, the toys or dolls that are used in a session, and the narratives that accompany such play allow a client's deep, unconscious psychic processes to surface to conscious awareness within the safe context of play.

Adding the third dimension of neuroscience through Stephen Porges' polyvagal theory grounds this technique in evidence-based science, thereby creating a sustainable, effective method of interventions that can be applied safely to all age groups. The polyvagal theory describes how the human nervous system responds to different situations, particularly traumatic ones, and offers a system of rewiring the nervous system to develop healthier coping mechanisms.

As play deals with a lot of image work and symbolic content, neuroscientific research has shown that it tends to be predominantly a right-brained activity (for all right-handed individuals).

The right hemisphere of the brain controls movement, spatial thinking, creativity, emotions, social skills etc., while the left hemisphere is responsible for language skills, analytical thinking, interpretive skills and numerical ability.

Before we move into the case studies, all of which are excerpts taken from ongoing therapy sessions with adult clients, here are some pictures of a typical play therapy room in which such sessions usually take place:

Figure 1. Play therapy room, Sand tray corner flanked by miniatures on the shelves on one side and movement aids on the other
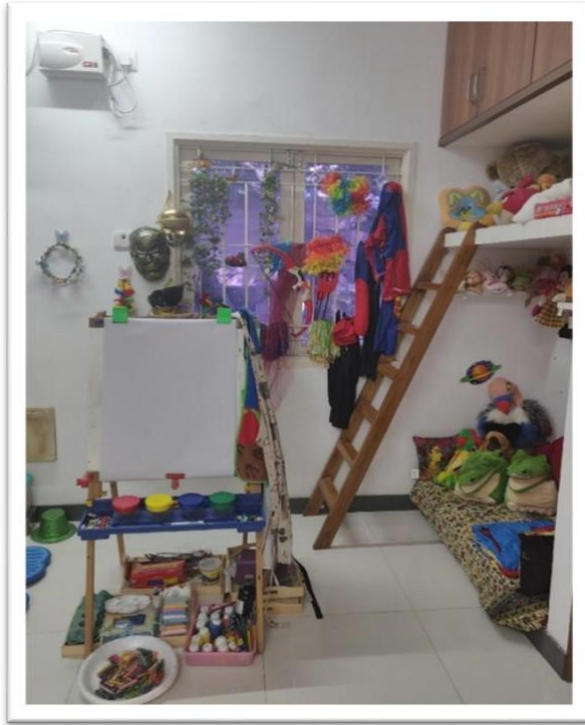
Figure 2. Play therapy room, Art supplies, masks, costumes and puppets

Figure 3. Play therapy room, Sample dollhouse setup with dolls and furniture

Case 1: Karishma*, Female, 48 years: Transactional Analysis

Transactional Analysis (TA) is a psychoanalytic method of therapy based on theory that analyses social interactions to understand behaviour. It's based on the idea that a person's personality is made up of three ego states – the parent, the child and the adult – each representing a system of thought, feeling, and behaviour.

Karishma came in for play therapy three years ago presenting concerns of insomnia, binge eating, severe mood disturbances and an inability to decide whether to continue in her marriage or to separate from her husband. She did not have any official diagnosis, although she had been in and out of counselling for over eight years with different practitioners. Karishma is an artist who holds a psychology degree and has specialised in Transactional Analysis. She had already worked with two Transactional Analysts, one psychological counsellor and one cognitive behavioural therapist. She was seeking something different this time, because she felt that all of her earlier therapists or counsellors were unable to really "get" her. She also stated that she felt "stuck" and "frustrated" when her counsellor asked probing questions or used a directive approach.

As she lived in a different city, Karishma's sessions had to be online. Being an artist, she had access to a variety of art and craft materials as well as clay, which she brought into her play therapy sessions. Karishma processed many of her emotions using art, collages and clay. She felt that she was truly allowed to speak her own language through play therapy. She felt free, uninhibited and safe enough to explore (in her own words) "even my dark emotions like guilt and shame" within the safe framework of play therapy. Through play therapy, Karishma was able to

gain enough mental clarity to make some tough decisions. She decided to separate from her husband and moved into a rented flat. Having made this life-changing decision, Karishma wanted to continue play therapy because it offered her a safe space to work through her emotions as well as the practical aspects of her decision.

After several sessions online, Karishma came to see the therapist in person, because she wanted to experience a sand tray. At first, the sensory aspect of the sand (as she ran her fingers through it) helped her feel grounded and settled. Then she started placing various miniatures to build her world. When Karishma finished building her first sand tray, she was overwhelmed by the images that came up. After the emotional flooding subsided, she was able to articulate many details that had hitherto remained repressed. Below is a picture of Karishma's very first sand tray:

Figure 4. Sample Image of a Sand Tray, Sand tray representing the psychological games played by the client's mother and sister

As we processed this tray together, Karishma started using terminology from her Transactional Analysis training. For example, she spoke about the psychological "games" (Berne,1964) her mother and sister often played; she described how she had internalized the

voice of a "Critical Parent" rather than a "Nurturing Parent" (Berne,1961) and this made her feel disproportionately guilty most of the time; she complained about how her inner "Free Child" (Berne, 1961) did not have the permission to surface and was stifled, and so on. With the organic integration of TA into play therapy, Karishma began to make sense of her world in the sand using terminology that felt familiar and safe to her. This made her feel seen, heard, and understood.

The beauty of non-directive play therapy is that the client leads and the therapist follows. Often, a reflective therapist learns the language of the client when paraphrasing for biofeedback. The interpersonal neurobiology or IPNB (Kestly, 2014) of the therapist and client thus come to engage in an environment of safety, trust and containment, creating the right circumstances for the client's self-reflection and healing. IPNB is an interdisciplinary framework that studies how the mind, brain, body and relationships interact. For example, if a client says, "These games which my sister plays exhaust me, and I am so tired" a non-directive play therapist might reflect that saying, "You are tired of these games. Would you like to check in with your body and notice where you might be holding that?" Connecting emotions to the body helps anchor the client, and makes the experience more tangible to work through. Such anchoring in the body also enables a client to consciously regulate the breath, which in turn helps nervous system regulation. This type of reflective handling of a client creates an atmosphere of safety by subtly reiterating that the therapeutic space belongs entirely to the client, and that the therapist's role is to encourage insights through self-reflection, and not to offer solutions or solve the client's problems. The most critical aspect of IPNB is that the therapist's nervous system is always interacting with the

client's nervous system, and the client learns self-regulation through reflective co-regulation, which is provided by the therapist.

As Stephen Porges says, "...safety is the treatment" (Porges & Dana, 2018). Hence, whenever Karishma brought up terminology from Transactional Analysis, which she was so familiar with, the safe context of play therapy and the reflective comments of the therapist enabled her to achieve deep and meaningful insights that were necessary for her progress in therapy.

The above case demonstrates the appearance of **Transactional Analysis** in the playroom, despite the approach of the practitioner being non-directive play therapy. The play therapist being open to the concepts of Transactional Analysis appearing in the sand tray not only enabled the client to develop clearer insights, but also led the therapist to appreciate the power of combined theories at work.

Case 2: Shraddha*, Female, 27 years: Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) (Beck, 2021) is a type of psychotherapy that connects thoughts, feelings and behaviour and helps clients learn to reframe unhealthy patterns of thinking into more adaptive ones. The underlying principle behind CBT is that our thoughts affect our feelings, which in turn guide our behaviour. Essentially, CBT proposes that by changing the way we think (which is a cognitive process), we can alter our behaviour. As this approach borrows from the Behavioural school of psychological thought, behaviour fading and shaping through reinforcements (rewards / punishments) are a common practice.

Shraddha started seeing the play therapist as part of the employee assistance program (EAP) offered by her employer. She is a journalist by qualification and was working for one of the premier news agencies when she had her first set of play therapy interactions. As the EAP restricts the number of interactions, Shraddha later sought individual psychotherapy with the same play therapist privately. Her original presenting concerns included severe depression and separation anxiety following a difficult breakup. Over the course of play therapy sessions online, it became evident that Shraddha was clinically depressed and needed to consult a psychiatrist for medication. At first, she was hesitant to do so, but as the sessions progressed, Shraddha slowly opened up to the possibility of doing so.

Eventually, when Shraddha came back for a second round of sessions, she had also been diagnosed with adult ADHD and was taking medications for the same. Shraddha's sessions have all been online, and she has used visual art as her medium of choice. Below are a couple of the recent images created in therapy by Shraddha as she processed a wide range of emotions, including grief, hatred, anger and sadness:
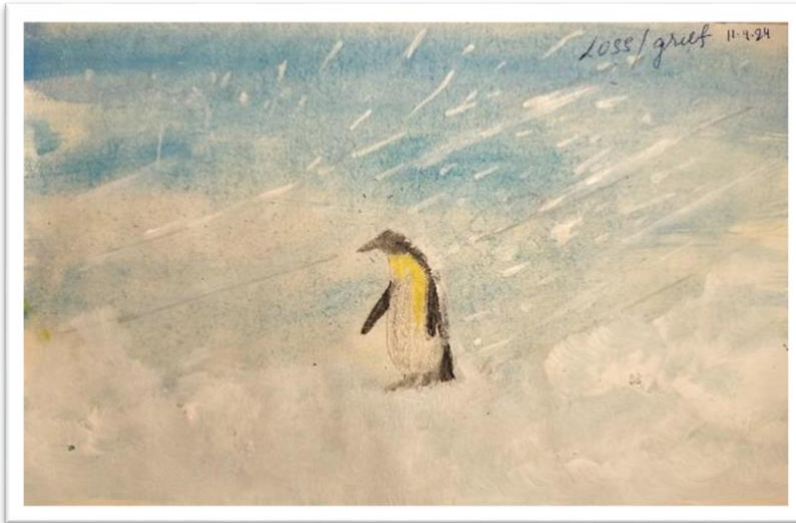
Figure 5. Lone penguin in the snow, Image representing grief

Figure 6. Fiery hatred, Image representing hatred

When Shraddha felt that she had worked through most of her emotions, she was ready to

shake things up a bit by creating a mind-map of the various things she wanted to do.

93

Once the mind-map was done, Shraddha's next step was to create a daily timetable for herself, outlining how she was going to combat her most debilitating ADHD symptoms.

Her three main concerns were her inability to be on time, her inconsistency and her extreme disorganisation (all of which are classic symptoms of ADHD). Shraddha went on to add rewards and consequences for each individual task on her timetable and requested the therapist to be her "accountability buddy". These steps appeared to be typical of a CBT approach.

Traditionally, non-directive play therapy considers mind maps as cognitive tools governed by the brain's left hemisphere. In contrast, play therapy tends to focus on imagery and experiential processes typically associated with the right hemisphere. However, within the permissive and supportive environment of play therapy, guided by Axline's principles, the therapist encouraged Shraddha's use of mind mapping. This integration of left-brained activities into a predominantly right-brained therapeutic setting seemed to enhance Shraddha's therapeutic experience, adding both richness and depth to the process.

In Shraddha's work with the mind-map, there was a cognitive element (the thought processes that went into structuring the mind-map and drawing up a schedule), a behavioural element (following through on the tasks listed in the schedule daily) as well as an element of reinforcement (the rewards and consequences she set for herself). While the process was initiated, worked on and followed up entirely by the client, the play therapist remained a reflective witness, holding the space and encouraging the client to keep progressing on the chosen path. This was one of the most beautiful natural amalgamations of play therapy and Cognitive Behavioural Therapy observed in real time during play therapy sessions – a true delight to observe and be a

part of. Shraddha meticulously followed her schedule, and over time, was able to get more organized, and become punctual at work; she started to feel a lot more confident.

Case 3: Roshni*, Female, 46 years: Rational Emotive Therapy

Rational Emotive Therapy (RET) is a type of psychotherapy that helps people identify and challenge unhealthy thoughts, emotions, and behaviours. RET uses the "ABC" model, which stands for "Activating Event," "Beliefs," and "Consequences," representing the idea that it is not the event itself that causes our emotions, but rather our beliefs about that event which lead to our emotional and behavioural responses. The power of belief systems and the consequent impact they have on behaviour is at the core of this modality. Helping clients become aware of beliefs that no longer serve them, and guiding them in resetting those beliefs to align with a healthier life is the crux of RET.

Roshni has been in therapy for the last eight years. Initially, she came in along with her husband, with the objective of making the marriage work. There had been infidelity, which had destroyed the trust between the partners and Roshni was in a lot of emotional pain. The intimate betrayal had opened up several older, unhealed traumas from the past for both spouses, which had led the couple to seek help.

Roshni was committed to being in therapy, but her husband was not very keen. After two joint sessions, he dropped out, but Roshni kept seeing the therapist face-to-face at the clinic. Roshni worked in the sand tray, made drawings, created mosaics and used adult colouring books in her work.

Over the course of therapy, it became clear that there was no way she could change her husband. From her descriptions of their relationship, a new and disturbing pattern started to emerge. Roshini shared how her husband would often taunt her, put her down in front of mutual friends and colleagues, snub her in front of their children and call her names. Whenever she tried to confront him, he would turn things around, blaming and criticizing Roshni, calling her "oversensitive" and "a sissy". This had destroyed Roshni's self-esteem and she had come to see herself as a loser. "I am such a loser" had become her core belief.

In one of her sessions, as she was using the painting easel, she wrote the word "LOSER" in big bold font and burst into tears. Processing her belief that she is a loser led to some interesting self-discoveries. She started to see the differences between her pre-morbid personality and her current self. She was able to clearly pinpoint the origin of the belief to the day she got married. As she started to recognize the abuse she was being subjected to, this core belief started to loosen its hold on her.

As Roshni worked through individual instances where her husband had humiliated, devalued or dismissed her, she started to notice the pattern of antecedents that had led to the formation of this belief about herself. She also made the connection to how this belief made her start behaving differently across situations. Thus, the play therapist observed the natural emergence of the ABC model, where there is an Activating event of being put down or criticised by her husband, leading to the Belief, "I am a loser", the Consequence of which was Roshni's diminished self-esteem.

In Roshni's case, the ABC model and related insights occurred within the context of play therapy. These came up entirely owing to the client's own actions and self-reflections. Although the therapist did not mention RET or anything academic to the client, observing vast shifts in the client's self-esteem and decision-making capabilities convinced the therapist of the power of the combination of play therapy and Rational Emotive Therapy. Just as it had emerged spontaneously, it also integrated itself into Roshni's work within the playroom. Her sand trays started to reflect her newfound confidence, her drawings became bolder, crisper and more colourful, her mosaics became more abstract as she developed the resilience to sit with uncertainty. Her core belief "I am a loser" shifted to "I am a good person".

Conclusion

Psychotherapy has so many approaches and takes on different forms, ranging from psychoanalysis, person-centred therapy and non-directive play to cognitive behavioural therapy, rational emotive therapy and Transactional Analysis. And yet, these different approaches may not remain as water-tight compartments. They tend to flow into each other's spaces and occupy each other's territories naturally. It is up to the practitioner to hold the space with grace and poise, being mindful, and in allowance of cross-theoretical interventions showing up within the therapeutic setting. The above cases are examples where a psychotherapist employed an eclectic approach, along with one primary framework. This created more room for the clients to confront deep-seated emotions and work through them effectively.

These case studies suggest that the very nature of psychotherapy may be inherently eclectic. What an honour and privilege it truly is, to be a psychotherapist who can observe with

97

awareness, the natural unfolding of so many different theories within the safe confines of a therapy room!

**Note*: All client names have been changed to protect the identity of the concerned individuals and to preserve the therapist-client confidentiality clause. All images and art works have been reproduced here with the explicit written consent of the clients.

References

Axline, V. M. (1991). Play Therapy. Ballantine Books.

Barkley, R. A. (2006). Attention-Deficit Hyperactivity Disorder. Guilford Publications.

Beck, J. S. (2021). Cognitive behaviour therapy: Basics and beyond (3rd ed.). The Guilford Press.

Berne, E. (1961). Transactional analysis in psychotherapy: A systematic individual and social psychiatry. Grove Press.

Berne, E. (1964) Games People Play: The Psychology of Human Relationships. Grove Press, New York.

Ellis, A., & Joffe-Ellis, D. (2011). Rational emotive behaviour therapy. First edition. Washington, DC, American Psychological Association.

Jung, C. G., & Hull, R. F. C.: (1991). The archetypes and the collective unconscious (2nd ed.). Routledge

Kestly, T. A. (2014). The interpersonal neurobiology of play: Brain-building interventions for emotional well-being. W W Norton & Co.

Porges, S. W. (2011). The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation. W W Norton & Co.

Porges, S. W., & Dana, D. (Eds.). (2018). Clinical applications of the polyvagal theory: The

emergence of polyvagal-informed therapies. W. W. Norton & Co.

About the Author

Mina Dilip is a consultant psychologist who offers well-being supervision services for the

international clients of CiC, UK in locations such as Chennai, Tamil Nadu, India, and Islamabad,

Pakistan. She also has a private practice in Chennai, specializing as a non-directive play therapist.

In addition to her clinical work, Mina collaborates with educational institutions, offering her

expertise in mental health and wellbeing. She can be reached at mina.dilip@gmail.com.

THE 'ME' IN THE THERAPY ROOM

RITU SHUKLA

Abstract

The article is self-reflection and introspection on my therapy practice and the human, raw and uncomfortable aspects of my experience in the therapeutic space. It reflects on my ability to recognize and be present to aspects of myself that experience shame, inadequacy and not ok-ness. It also delves on the power of vulnerability and how owning and connecting with the 'uncomfortable' can bring alive a moment of healing and acceptance in therapeutic dyad.

Keywords: *psychotherapy, vulnerability, humanness, stuckness*

Introduction

Psychotherapy as a profession keeps bringing the therapist face to face with her/his own demons, fears and anxieties. As the therapeutic relationship deepens the therapist has no choice but to meet herself too while she meets the client. How else would she meet the other human if she is not ready to allow her own humanness to enter the space. To quote Rogers(1980, p.142), "it (psychotherapy) means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing."

This article also sums up my approach towards therapy which is keeping the relationship at the core of the therapeutic practice. As Hargaden & Sills (2002) state, " Deconfusion can occur only in the transferential therapeutic relationship."(p.28). Here, I share a few of my experiences:

Case 1

Vanya is in her early twenties, signed up for therapy since she was experiencing insomnia and high anxiety levels. She was raised by her father as her mother was working in another country. Her father was quite 'intellectual' in her words and he was very critical of her mother. The father held the client responsible for his marriage and said it was her duty to be the mediator and help the parents keep the family together. He often made disparaging remarks about her character and her mother's character. Initially we focussed on her anxious behaviours and her relationship with her body; all pointed towards the difficult relationship she had with her father. In one of the sessions she was quite upset and in distress because of her father's behaviour. She was too angry to speak to her father after the incident. Her mother was also pressuring her to talk and make peace with her father. "Tell me what do I do", she implored. "I don't feel like speaking with my father and I am feeling very anxious. Help me get out of this."

When I saw the pain in her eyes and pleading tone which implored "relieve me of this pain and stress", I felt extremely helpless, inadequate and stuck as a therapist. For the next few seconds, I stayed quiet and tapped into my own feeling of helplessness and inability to help her out of this misery. I felt some ease in my body and clarity in my thoughts as I connected with my body. There was a loss of contact with the client as I was feeling overwhelmed and, in my attempt to re-establish contact with her, I enquired about her feelings. She said she felt responsible for

her parents and believed it was her duty to fix things for them. Both of us slowed down to be in the "not knowing" and that's when she connected with memories of her younger self and remembered many instances of how she played the role of bridge in her parents' marriage. While she was in contact with her earlier memories, I recognized my own counter transferential response of how I was feeling inadequate and felt it was my duty to support her and "fix" her as a therapist. This experience ties in with the concept of "transference" as discussed by Hargaden & Sills (2002) in their book *Transactional analysis: A relational perspective.* "Overall, we view the transferential process as an attempt, by the patient, to use the therapist to change something that cannot be changed by cognitive/behavioural means alone" (p.50).

We continued exploring her need to be the bridge between her parents and the fear of disappointing them and letting them down. I gently probed further about how it is to know that her therapist is not able to fulfil her expectations. How does this disappointment make her feel about the therapist? Was she disappointed in me? And will it impact the therapeutic relationship? This moment became a real humane interaction between us. It was also a moment of realization for her; of the role that has been given to her by her father and the burden of the expectations that she is carrying within herself.

Case 2

Arjun was a single male in his mid-twenties. He was very conscious of his body and the large space he needed around other people. He was dissatisfied with his job and wanted to quit and start working on his own venture. His parents were emotionally unavailable in the growing up years. Both the parents would drink in the evenings leaving the child to manage himself and

watch his drunk parents. He had moved a lot of cities as a young boy and craved to belong and find stability. He was also often shamed for his body by his parents and bullied in school as well. He did not have any close relationships and friends.

Arjun would walk into the room breathing heavily and would talk on a loop and would hardly ever acknowledge my response. He jumped from one topic to another. It was very difficult for me to engage with him. And at one point in time, I wished he would find another therapist. I became so frustrated, and it looked like no progress was being made and we were stuck in this relationship. In one of my supervision an analogy of "a client broadcasting like a radio" emerged and that felt like my experience with him. I would wonder what my role was in the sessions. I could sense how a historical replay was happening, and I became the Critical Parent. I would judge him and felt sympathetic towards his parents instead of my client. I started to feel uneasy after the sessions and started questioning my potency and role in the therapeutic relationship. I was aware of my frustrations and anger. I felt all my efforts were in vain just like his parents' efforts to get him to work and become independent were in vain.

In one of the sessions, he said since there were hardly any close people in his life, he is managing with whatever the people are able to offer him even if it is much below expectations. That particular session left me quite disturbed and when we met next, I decided to share about the relational dynamics that was playing in the therapeutic dyad. I enquired if he felt judged in the therapy room. To which he said he was so alone, and this was one of the few safe spaces he had where he could express himself freely. It took me some time to realise that the continuous broadcast of his misery and frustration was what he needed. He did not need answers, he just

103

needed another human's presence to feel seen and alive. He continued coming for the sessions and what I noticed eventually is that he started engaging much more in the sessions. Instead of a one way broadcast it became a two-way engagement. He started seeing his parents as flawed humans rather than only viewing them as the not good enough parents who let him down. The feelings of guilt, resentment, hurt, disappointment, sadness and anger that he felt towards his parents slowly started to lose intensity. The visible signs of anxiety were replaced by a lot more grounded energy and body language. While there was progress in certain aspects, there were also longer gaps in scheduling sessions. This has left me wondering if he has decided to move away from the therapist just like he has distanced his parents or is it because he feels more in charge of his situation. That remains to be seen in the upcoming sessions.

It also made me wonder about my expectations from a client. How was it for me to not be seen and engaged with and to be treated just like an object that needed to hear him out. My needs to be seen and acknowledged were also challenged. I doubted my 'role' while the patient 'rattles on' (Hargaden& Sills p.53). My experience with Arjun was a classic case of Introjective Countertransference (Hargaden & Sills 2002), where "the therapist feels as though she is needed, as a type of extension of the patient. The therapist might well feel not seen for who she is, controlled and under some pressure to be attentive while remaining quietly in the background of therapy (p.64)".

Case 3

I had a few sessions with Martin, a 34 year old man, before he decided to take a break from therapy. I sensed something amiss and I suggested a closing session before he takes a break. The

last session we took stock of how therapy was for him and what could be the need to take a break. He told me that during sessions sometimes I would close my eyes when I was reflecting on something and he experienced that as a disconnect and abandonment. He didn't want to be with a therapist who wouldn't maintain eye contact with him and thus disconnected with him while he was sharing important experiences. It wasn't the easiest feedback and I felt quite disturbed with the conversation however I thanked him for the gift of authenticity and vulnerability that he brought into the session and heard him out. We closed the session, and he said he felt heard and validated in the session.

I took this case for supervision and my supervisor also wondered about this behaviour of mine and said he noticed this behaviour a couple of times during supervision too and found it a bit odd. My supervisor's response, instead of giving me any solace, triggered me further. Why did he not bring it to my notice if he found it weird? I experienced my supervisor as dismissive of my sharing and felt judged by him. I felt resentful towards him. There were thoughts of closing the supervision contract with him. I was aware of my process and did not take any action. Eventually the resentment lessened and in a later supervision I shared about this particular case supervision and that I felt judged by his response. He enquired and probed to understand my response of anger and shame and upon learning that I had grown up in a very volatile environment he could understand the context to my behaviour. He said, "this is how you would find a bit of quiet safe space for the little child in you who would get overwhelmed by the chaos around her and once you felt more integrated you connect back with the client with a fuller presence". This interpretation of my internal experience was like a 'bull's eye transaction' (Woollams &

Brown,1978) for me. I felt seen for who I was. This experience with Martin, his sudden termination of therapy and my subsequent experience with my supervisor was cathartic for me. I was no longer feeling defensive or ashamed about my behaviour. In fact, I felt a lot more connected with disowned and repressed parts of me. I believe that the presence of the therapist is the cornerstone of creating a solid foundation for the therapeutic relationship and this incident has helped me enhance my presence.

I wish to close this article with two quotes that resonated with my experience and my journey as a therapist.

Leigh & Silbert (2016), " In the relational paradigm there is a belief that if we share the therapeutic space, allow ourselves to be impacted, disclose more of ourselves and use our counter transference in a transparent and self-owning way, we will be effective and curative. Even though research papers support this way of working, it still cannot save us from the inevitability of failure and wounding another (p. 325)".

"In order to find the patient, we must look for him within ourselves" (Bollas, 1987, p.202)

To be a therapist is to feel lost and stuck multiple times and to experience in full intensity, the discomfort, to allow the client fully experience what she needs to experience.

References

Berne, E. (1966) Transactional analysis in psychotherapy: A systematic individual and social psychiatry. New York: Grove Press

Bollas C (1987) The Shadow of the Object, New York: Columbia University Press

Leigh, E., & Silbert, J. (2016) Our Greatest Vulnerability in the Therapeutic Encounter,

Transactional Analysis Journal, 46:4, 322–330, DOI: 10.1177/0362153716663175

Hargaden, H., & Sills, C. (2002). Transactional analysis: A relational perspective. Hove, England: Brunner-Routledge.

Kottler, J. A. (2010). On being a therapist New York, NY: Wiley.

Rogers, C. R. (1951). Client-centered therapy: Its current practice, implications and theory. Constable & Robinson.

Rowland, H. (2016). On vulnerability: Personal reflections on knowing, knowingness, and meaning making in psychotherapy. Transactional Analysis Journal, 46(4), 277–278. https://doi.org/10.1177/0362153716662874

Woolam, S., &Brown, M. (1978) Transactional Analysis , Huron Valley Institute Press.

About the Author

Ritu Shukla has a master's degree in psychology and history and has completed her Diploma in Transactional Analysis. She is trained in Gestalt, Psychodrama and NLP and has a private practice in Bangalore. She meets clients online and facilitates workshops on Emotional Intelligence. Apart from her work, she loves traveling and meeting new people. She can be reached at rjritu.shukla@gmail.com

FICTIONAL CHARACTER OR STORIES: DEVELOPMENT OF SELF
SANJIDA AFROZ

Abstract

Clients come to psychotherapy because they have been struggling with various negative symptoms that are unbearable for them. We need to investigate the roots of how it has been written as stories at an early age in their lives. Our early experiences with the caregiver shape how we write our script, our experiences of affective attunement impact the developing a sense of self-knowledge. This article will explore how childhood favourite stories contributed to developing self-beliefs and help connect with relational needs.

Keywords: fictional character, developing Self, Script beliefs, behaviours, feelings, Relational Need

Introduction

Children are born with some inborn qualities like temperament, traits, social predisposition, intelligence, etc. As an infant, their needs are mainly physical, however, they have a sense of positive and negative pleasure and pain (Thunnissen, 1998). They organize and integrate the outside world according to their unique thoughts and feelings. Memory integrates perception, thoughts, feelings, and cognition through interaction with the outside world, and a sense of self versus others is developed. In the self-developing process, affectional attunement plays a significant role in shaping an infant's internal world (Stern, 1985).

The quality of the relationship between mother and child in early childhood impacts trust. Children have an inborn tendency to express their feelings and needs. However, for this expression, children need acceptance where they feel OK to express themselves and this facilitates the buildup of trust. In some families and cultures, positive affirmation is not encouraged. As a result, the child may receive a negative stroke in place of a positive stroke and

may try to find attention where it is available. The child's survival hinges on getting a stroke, even if it is a negative one. Thus, the negative stroke system becomes a survival script for the child (Berne, 1968).

Development of the Child's Self

The unconditional love given to the child helps to develop basic life positions like I am OK, You are OK. However, if the infant experiences an insecure, neglectful, and inconsistent relationship at this stage, then it would increase the possibility of emerging confusion: either I am not OK, or the mother is not OK, or both are not OK. The decision was likely made with some struggle. If the developmental stage is completed successfully it leads to the virtue of hope in later life, which means the infant feels that if there is a new crisis, there will be someone who supports them. On the contrary, fear develops when failing to achieve the virtue of hope. The trust and basic life position are summarized below in Figure 1.
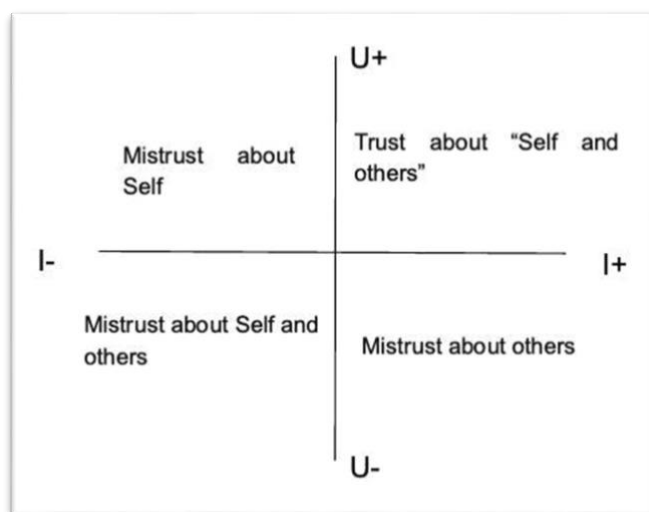

Figure 1. Trust and Mistrust with Life Positions

Early experiences are significant in developing a sense of security. The messages are received from various forces like family members influencing the children to decide for

themselves, others, and the world. During adverse circumstances, the child readjusts his or her expectations to fit the situation. When relational needs are unmet, the child compensates by fantasizing about ideal parenting according to their needs. Therefore, when children feel unable to make sense of pressure regarding negative experiences, they might create an imaginative character within themselves based on fiction, movies, cartoon characters, comic books, or any real-life character (Hargaden & Sills, 2014).

This unconscious survival pattern influences reactions, and expectations, which limits our autonomy and capability in problem-solving and maintaining relationships. Moreover, it stimulates the subcortical brain and affects cognitive blueprints formed as beliefs, attitudes, values, thoughts, affects, fantasies, and relational patterns (Erskine, 1993). Fantasy is defined as a fanciful place; where past and present meet the challenges for a better future, however, we want to escape and create a sense of the world and live with stories. Research has found that fictional characters' thoughts, feelings, problems, and communication influence the reader's mind and act as role models in developing personalities. In the novel, heroes or heroines face battles, abandonment, identity confusion, betrayal, and power which affect readers' personalities and turn into their guide as a sense of security and protection. These stories and characters impact how we see ourselves and teaches us about our roles in the family and society. The characters' behaviour comes spontaneously in dreams, behaviour, fantasies, and thoughts (Allison & Goethals, 2016; Efthimiou & Allison, 2018; Oatley, 1999; Rubin, 2007).

Imaginary Companion

The imaginary character can be chosen from the circumstances in which we are living or what we are reading or watching. It helps children develop emotional intelligence and beliefs, understand internal processes, and cope with traumatic experiences (Bettelheim,2010; KB, 2005). This is why exploring the client's favourite story and character is essential to understand what the client has internalized. This will give an understanding of the script beliefs, which helps the therapist develop a treatment plan.

Below, I explain some of the client's (all names have been changed to maintain confidentiality) favourite stories that contribute to developing beliefs and how these beliefs could continue in adulthood.

1. **Favourite Character "Hero"**

Rafia is 24 years old. When she came for psychotherapy, she was anxious and confused. The chief complaints were daydreaming and feeling helpless when facing a stressful situation. While exploring childhood, she said that at the age of 9, her father had died, and she strongly felt his absence. She believed her father was a hero as well as a supportive person. She imagined that a prince like her father would come and support her in life. However, this was a fantasy, the prince did not come as expected and she felt depressed. In her adult life, when she faced stressful situations, she thought that the prince would come and support her. The imaginary character is a prince, who has the power to deal with difficulties.

2. Favorito Character "Scientist"

A 21-year-old girl named Mahia was diagnosed with clinical depression and had been on medication for 3 years. The chief complaints were procrastination, withdrawing herself from daily activities like attending class and lab, and feeling numb during stressful situations. She had suicidal thoughts, however, she never attempted it. She said that she wanted love and affection from her parents, however, she did not get it. Since childhood, her mother consistently blamed her whenever she made mistakes. Her core feeling was worthlessness, accompanied by the belief, "I am not good enough." Her mother did not praise her. Mahia believed she could never fulfil her mother's expectations, so she often felt sad. She could not figure out what she wanted to become; she felt emptiness. She was dissatisfied with her project work because of a lack of uniqueness. She tried hard to do things perfectly as her mother always focused on her mistakes and gave negative strokes. While exploring her childhood favourite stories, she was fascinated by the originality and uniqueness of the scientists' works, like Albert Einstein, Alexander Graham Bell, etc. She wanted to be a scientist unconsciously, however, when she did not find uniqueness in her project work, she gave up everything and lost interest in work.

3. Favourite Character "Princess"

A 29-year-old married girl named Lamia had been married for 3 years. Her father was an abusive alcoholic. She grew up seeing parental conflict. Moreover, very often her father would beat her mother, especially while drunk. She tried to please her parents and put up a brave face, always smiling in front of others. She was afraid when she saw her father's anger. She couldn't

express her feelings to her mother because she thought her mother would get upset. Later in adulthood, she could not express her needs to family members, or even her husband, and was always focused on others' needs. Exploring her childhood stories revealed that she was fond of watching cartoons, and her favourite cartoons were stories of princesses, where the princess pleased others and took all the responsibilities of suffering. Unconsciously, she imitated that character, striving to please others while enduring her own suffering.

4. Favorito Character "Powerful Person"

A 23-year-old boy named Rayhan lacked social skills, faced an inability to express his opinion, was constantly agitated, felt inferior, and indecisive. His brother and sister sometimes bullied him since he was small built. He felt suppressed in the family and felt he had no right to say anything. Revealing his childhood stories, his favourite cartoons were Pokemon, Dragon Bosley, etc. The protagonist who had some power was always his favourite character. In addition, the favourite character was smart, had a lot of affirmation; and was a helpful person. He wanted to be like that since childhood. He imagined himself as the center of attention, and everybody would praise him; however, the reality differed from his imagination. Table 1 below explains how the favourite stories contribute to developing script beliefs and life positions.

Favorite character	Relational Needs	Script Beliefs and Life Position
Hero	The need for security	Self–belief: I can't handle myself if I am stuck in a difficult situation Fantasy: Someone will come to rescue me. Life position: I– U+ Mistrust about self
Scientist	Validation, Affirmation	Self–belief: People will judge me if I do not do things perfectly Fantasy: One day I will be a unique person Life position: I– U– Mistrust about self and others
Princess	Significance within a relationship, Having an impact on the other person	Self–belief: I will be a good girl as long as I please them and do as they want Fantasy: I wish, I could please everyone Life Position: I– U+ Mistrust about self
Powerful person	Acceptance by a stable, dependable, and protective the other person	Self–belief: Others will value me if I am in a position of power Fantasy: I wish, I could have some magical power Life position: I– U– Mistrust about self and others

Table 1. Analysing favourite Stories

The connection between favourite stories and script beliefs

During infancy, a lack of attunement leads to an insecure sense of self, placing the intrapsychic process under threat. Children try to compensate for unaccepted feelings through imagination or magical solutions. The favourite stories showed the script's decisions in maintaining OKness, where clues of unmet relational needs are visible. It is speculated that imagination or magical solutions are related to childhood desire. It is made by discounting the realities we do not want to face (Hargaden & Sills, 2014).

After analysing all the above favourite stories, it is observed that we create an imaginary character within us and believe that they will come to our rescue. If the person faces positive

experiences, then there is a chance to develop a good and safe feeling about self. On the contrary, if the person has hostile experiences, it lessens the possibility of making a good sense of self, and a sense of not OKness about who they prevail. The negative cognitive framework about self does not allow us to deal skilfully with present intrapsychic or social reality (Rogers, 1995).

Progressive misattunement and non-attunement from the environment during childhood lead to the infant having nothing left but dissociation from the undigested experience (Klein, 1987). When an infant experiences gross misattunement from their surroundings, they are incapable of making sense of what is happening inside them. On the contrary, when an infant experiences healthy parenting, it allows them to grow with a cohesive sense of self. Thus, a coherent sense of self helps the child to feel secure even if there is any imperfection in parenting and environment. Meeting relational needs is vitally important in developing the self during childhood. If any of these needs are abandoned, then the child recompenses the need with a positive image of oneself and eliminates the unmanaged and unaccepted feeling through imagination. At that time the child develops an imaginary self through a fictional character or any admiring person (Kohut, 1977).

Conclusion

To conclude, in nerve-racking situations, imagination often unconsciously steps in to propose solutions, though these imagined resolutions may be impractical in real life. This process, carried out without awareness, can lead to conflict avoidance and inaction, as the inner self feels incapable of generating viable options. The therapist's attempt is not to fill the gap of infanthood; but to offer an empathic response that could help develop a healthy narcissism.

Through the interrelation between favourite stories and script beliefs and their connection with relational needs, I have sought to interpret how these imaginary characters become almost real for the child and continue to be a deeply held belief that influences his or her sense of self.

In my clinical practice, analysing imaginary characters that my clients identified with gives me a profound understanding of the patterns of belief and life position formed in relational experiences with the caregiver and how the unmet need creates a barrier to autonomy in adult life. I have been able to use this information in formulating my treatment options and planning how to assist my client in his or her journey to seeking a better understanding of themselves.

References

Allison, S. T., & Goethals, G. R. (2016). Hero Worship: The Elevation of the Human Spirit. Journal for the Theory of Social Behaviour, 46(2), 187–210. https://doi.org/10.1111/jtsb.12094

Berne, E. (1968). Games people play: The psychology of human relationships (Vol. 2768). Penguin Uk.

Bettelheim, B. (2010). The uses of enchantment: The meaning and importance of fairy tales. Vintage.

Efthimiou, O., & Allison, S. T. (2018). Heroism Science: Frameworks for an Emerging Field. Journal of Humanistic Psychology, 58(5), 556–570. https://doi.org/10.1177/0022167817708063

Erskine, R. G. (1993). Inquiry, Attunement, and Involvement in the Psychotherapy of Dissociation. Transactional Analysis Journal, 23(4), 184–190. https://doi.org/10.1177/036215379302300402

Hargaden, H., & Sills, C. (2014). Transactional analysis: A relational perspective. Routledge. https://www.taylorfrancis.com/books/mono/10.4324/9781315820279/transactional-analysis-helena-hargaden-charlotte-sills

KB, K. (2005). "A" is for Auschwitz: Psychoanalysis, trauma theory, and the "children's literature of atrocity." 33(1), 120-149.

Klein, M. (1987). Selected Melanie Klein. Simon and Schuster. https://books.google.com/books?hl=en&lr=&id=312NrwYN8cAC&oi=fnd&pg=PA6&dq=the+selected+melanie+klein+1986&ots=Kc0RVMX93v&sig=SOyaZgNnqXB4rRp0EAHvEqnzYWo

Kohut, H. (1977). The Restoration of the Self. New York (International Universities Press) 1977. https://opus4.kobv.de/opus4-Fromm/frontdoor/index/index/docId/28109

Oatley, K. (1999). Why Fiction May be Twice as True as Fact: Fiction as Cognitive and Emotional Simulation. Review of General Psychology, 3(2), 101-117. https://doi.org/10.1037/1089-2680.3.2.101

Rogers, C. R. (1995). A way of being. Houghton Mifflin Harcourt. https://books.google.com/books?hl=en&lr=&id=ymS0e1jZmtMC&oi=fnd&pg=PR15&dq=Rogers,+C.R.+(1980)+A+Way+of+Being,+Boston:+Houghton+Mifflin.++&ots=5Rnyl0RYWP&sig=USon1e85nfkdyMlq1prtki_lH5I

Rubin, L. C. (2007). Introduction: Look, up in the sky! An introduction to the use of superheroes in psychotherapy. https://psycnet.apa.org/record/2007-00887-001

Stern, D. N. (1985). The interpersonal world of the infant: A view from psychoanalysis and

developmental psychology. New York: Basic Books

Thunnissen, M. (1998). The Structural Development of the Child Ego State. Transactional

Analysis Journal, 28(2), 143–151. https://doi.org/10.1177/036215379802800207

About the Author

Sanjida Afroz is a Clinical Counsellor at the Bangladesh University of Engineering and

Technology (BUET). She is also a certified NLP Master Practitioner and Certified Family and Couple

therapist. She works with individuals, families, and couples. She has completed her diploma in

Transactional Analysis. At present, she is a trainee of CTA (P). You can reach her at

sanjidaafroz@medical.buet.ac.bd

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.

Submission Requirements for Authors

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 must be mailed by 15 Oct of the previous year and for the July publication, by 15 April of the same year.

General Writing Guidelines

- Manuscripts must be submitted in Word format with a target length of 2,500 words, allowing for a flexibility range of ±500 words (i.e., between 2,000 and 3,000 words). This word count excludes bibliographic references, keywords, and the author biography. Authors are advised to adhere strictly to this word limit, as any additions or deletions during the revision process may significantly impact the final word count. For research articles, specific word count requirements may be adjusted in accordance with the scope and nature of the submission and will be determined on a case-by-case basis.

- 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.

- The article should not be published anywhere before, including in SAATA Diploma or Advanced Diploma exams. We are open to answers modified into a journal article.

- 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 <u>a week.</u> Over the next <u>3-4 weeks,</u> 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 organisational, 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, organisational 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**:

  o Is the **title** both engaging and reflective of the paper's content?

  o Is the **abstract** accurate, concise, quickly comprehensible and informative?

  o Does the overall **structure** of the paper help to represent the author's ideas and facilitate the reader's understanding?

  o Does the text include **sub-headings** that help organize the material for readers?

  o 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?

  o 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?

  o 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:

- o Are **quotations and publications referenced correctly** in the main text of the paper, giving author name, year of publication, and page number(s)?

- o Is there any **plagiarism** of ideas or concepts which have not been appropriately referenced?

- o 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…"?

Acceptance of Manuscript and Publishing

Around <u>4 weeks</u> after your submission, you will be notified if your manuscript has been accepted for publishing and if additional modifications are needed. If not accepted, reasons will be shared. A Co-Editor from the *SAJTA* editorial team is assigned to work with each author over the next <u>3-4 weeks.</u> They will collaborate closely – to challenge ideas or thinking, question the logic or rationale or make suggestions. The work will go through a few iterations before both Author and Reviewer agree it is ready for publishing. Some minor changes might occur as part of the final editorial process, prior to publication.

Once ready for publishing, you will be required to submit an electronically signed *Author Consent Form* allowing exclusive publication rights to SAJTA and a short 150-200-word biography of yourself, with email ID for readers to correspond with you.

We hope this is useful, as you contemplate contributing to the journal.