THE HANDBOOK OF TRANSACTIONAL ANALYSIS PSYCHOTHERAPY

AN EVIDENCE-BASED APPROACH

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CLINICAL PHENOMENON: WHAT ARE THE CLIENT'S PROBLEMS?

This chapter describes the evidence-based clinical model of TA. Research evidence will show the clinical issues that clients may present within TA therapy, centering around an evidence-based model of ego-states and life positions. Although specific disorders and unique clients may need uniquely tailored models, this chapter will discuss generic trends in research:

- An illustrative case study
- A brief historical overview of structural models
- The evidence-based structural model of Critical Parent, Nurturing Parent, Adult, Adapted Child and Free Child
- The life position of 'I'm OK'
- The life position of 'You're OK'

Case Study 4.1

Freya

Freya, a 25-year-old student, seeks therapy to address recurring patterns in her relationships and emotional well-being. She describes a history of challenging interactions with authority figures like her research supervisors, difficulty expressing her emotions and a persistent feeling of emptiness despite her achievements in her academic work. Through TA, her therapist explores the influence of different ego-states on Freya's life and mental health.

Critical Parent: Freya's Critical Parent ego-state is evident in her often high standards, being critical of others and finding fault in them, like her supervisors. This Critical Parent ego-state stems from her upbringing with a highly critical and demanding mother. This critical voice also seems replicated internally, as she has

adopted feelings of self-doubt in her Adapted Child ego-state: she often hears her internal voice echoing her mother's disapproving remarks, leading to feelings of inadequacy and self-doubt, impacting her mental health negatively.

Nurturing Parent: Freya discovers her capacity for nurturing and self-compassion in therapy. Through the Nurturing Parent behaviours, such as positive affirmations and permissions and recognising another person's perspective rather than finding fault, she learns to comfort and support herself and receive support from others, countering her Critical Parent's effects. By practising self-care and positive affirmations, she experiences a gradual improvement in her self-esteem and emotional resilience.

Adult: As Freya engages in her healthy Adult ego-state, she can reflect on her thoughts and feelings. This enables her to make informed decisions and set boundaries in her relationships, contributing to a sense of empowerment and agency. The Healthy Adult ego-state fosters her mental well-being by promoting adaptive coping strategies and problem-solving skills.

Adapted Child: Freya's ego-state manifests in her working hard in all areas of her life to reach real or imaginary standards, as she had learnt to work hard to achieve her parents' approval. This often results in stressful relationships – particularly with authority figures like her supervisors, emotional exhaustion and a lack of fulfilment.

Free Child: Through therapy, Freya reconnects with her Free Child ego-state, allowing herself to experience joy, spontaneity and creativity. Embracing her inner Child rekindles her zest for life. It helps her break free from the constraints of her past conditioning, leading to a renewed sense of vitality and emotional liberation.

Thus, by exploring and understanding the influences of the various ego-states, Freya gains insight into her relational patterns and psychological well-being. By addressing the impact of her critical behaviour and internal dialogue (Adapted Child and Critical parent ego-states) and nurturing self-compassion (nurturing Parent ego-state), Freya has progressed from a more negative life position towards a healthier and more adaptive outlook. This transformation involves transitioning from a life position of 'I'm not-OK/You're OK' towards 'I'm OK/You're OK'. She learns to navigate her internal dynamics through TA therapy, fostering greater self-awareness, emotional balance and improved mental health. This case study illustrates how distinct ego-states and life positions can profoundly impact an individual's psychological well-being and relational patterns.

EGO-STATES

The concept of ego-states, colloquially named Parent, Adult and Child (PAC), is one of the key concepts in the TA theory of personality and one that has seen much development since the definition of Eric Berne (1961, p. 364) as 'a consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behaviour'. These concepts were associated with Federn's ego-psychology (1952) and developed further to incorporate behaviour and a notion that some ego-states resembled figures from the person's history (Parent). The behaviours related

to these different ego-states, such as controlling, nurturing, adaptive or free, became known as functional ego-states. However, Parent behaviours replicated that of parental figures, and Child functions were remnants of a person's childhood (Berne, 1972). In our case study, Freya's high standards and demanding behaviour replicated those of her mother, and she behaved in a compliant manner when people in authority asked her to do something.

These concepts were not always defined precisely by Berne or his followers in these early writings, and terms of functional and structural ego-states were used interchangeably (Gregoire, 2024). The current theory recognises that ego-state functions and structure could be distinctive. Further structural analysis could be needed to understand their aetiology. In Berne's writing, the behavioural diagnosis was the first step in diagnosing ego-states, followed by systematic social, historical and phenomenological diagnoses. Diagnosing someone's ego-state from a small selection of behavioural or cultural cues is a common mistake.

The theory of ego-states was developed by many theorists over the years (Sills & Hargaden, 2003). It is beyond the scope of this book to give a complete overview of these developments, including working with the unconscious, developing a somatic model of ego-states and understanding cultural influences and their integration into the ego-state theories. Broadly speaking, theorists who developed a relational TA model and those who worked with the unconscious processes developed a more in-depth approach to understanding the Child ego-state (e.g. Hargaden & Sill, 2002; Novelino, 2003). The Adult ego-state was reviewed, and the concept was expanded by the co-creative approach theorists (Summers & Tudor, 2000). There were developments in working with Parent ego-states (Erskine & Trautman, 1996).

However, the simple concept of the three main ego-states, Parent, Adult and Child, and behavioural expressions in the functional states of Critical and Nurturing Parent, Adapted and Free Child, remain in use by therapists and clients, as indicated by our survey amongst TA therapists (Vos & van Rijn, 2021a-c).

A HISTORICAL OVERVIEW OF TA'S STRUCTURAL MODELS

This section gives a brief historical overview of the structural models in TA. Practitioners may want to skip this section and jump to the sections that present the concise, evidence-based model of Critical Parent, Nurturing Parent, Adult, Adapted Child and Free Child. However, readers may draw inspiration from this section to develop unique models for individual clients, as one size may not fit all.

Classical Freudian Model

After WWII, Eric Berne trained as a psychoanalyst but was denied certification by the San Francisco Psychoanalytic Institute in 1956. Viewing this as rejection, he distanced himself from psychoanalysis. His approach had shifted from traditional psychoanalytic models, influenced by his trainer Erik Erikson's research and psychodynamic object-relations theory.

Formulated highly simplified, the classical Freudian model comprises the id, ego and superego readers (Mitchell & Black, 2016). The id represents primal instincts and desires,

operating on the pleasure principle. The ego mediates between the id's impulsive demands and the superego's moral and societal constraints. The superego embodies internalised societal and parental values, serving as the moral compass of the psyche. Defence mechanisms serve as crucial psychological strategies employed by the ego to manage conflicts between the id's primal impulses and the superego's moral and societal constraints, to protect the individual from anxiety and distress arising from internal conflicts, such as repressing unacceptable thoughts or emotions out of awareness, shielding the individual from discomfort, or projecting involves attributing one's undesirable thoughts or feelings to others, thus alleviating personal anxiety.

Berne's structural ego-state model echoed these concepts, such as recognising internal and external influences on human behaviour and an interplay between individual impulses and external factors, whether societal norms or past experiences. However, Berne was uneasy with the model's focus on intrapsychic drives and the ego as their mediator. In TA, the focus shifts from Freud's id-ego-superego to the ego-states of Parent-Adult-Child. Ego-states involve different patterns of thinking, feeling and behaving that individuals adopt in various situations, influenced by their past conditioning and internalised experiences. The Parent ego-state reflects learnt behaviours and attitudes from parental figures or authority figures. The Adult ego-state represents the rational and adaptive aspect of the self, processing information objectively. The Child's ego-state embodies emotional and instinctual responses influenced by past experiences and emotions. TA suggests emotional states stem from inner dialogues between ego-states rather than imagery. For example, depression might result from critical messages from the inner Parent to the Child. Eric Berne used the TA framework to move beyond understanding to transforming client interactions, aiming to provide cures through contractual agreements akin to short-term psychodynamic psychotherapy.

Box 4.1

Evidence for the Classical Freudian Model

Research evidence for the classical psychoanalytic model is often indirect due to the complexity of its concepts (Luyten et al., 2017; Schore, 2001). However, psychodynamic therapies generally show positive effects (Leichsenring & Rabung, 2011, 2004; Steinert et al., 2017). Freud's idea that most processes are unconscious makes direct measurement challenging, though neurocognitive research supports the existence of unconscious processes like implicit memory and subliminal priming (Kahneman, 2011; Strick et al., 2011; Vandenbussche et al., 2009). Neuroscientific studies link the ego to the prefrontal cortex and the id to limbic structures (Schore, 2001; Shimamura, 2000; Waldhauser, 2023). Developmental psychology supports the id's early presence and the interplay of superego, ego and id in personality development, particularly developed in human interaction (Fonagy, 2003; Guntrip, 2018; Sroufe, 2005). The superego impacts moral reasoning (Harding, 2018; Langford, 2018), and the ego's use of defence mechanisms affects well-being and psychopathology (Bokanowski & Lewkowicz, 2018; Calati et al., 2010; Carvalho et al., 2019; Fiorentino et al., 2024; Vaillant, 1992).

Object-Relations Theory Model

Like other psychoanalysts in his era, Berne seemed uneasy with the traditional Freudian model. Object-Relations Theory (ORT), developed by Klein, Winnicott, Kohut and Kernberg focuses on the role of early relationships and the internalisation of these relationships as objects within the psyche (Mitchell & Black, 2016; Scharff, 2005; Summers, 2024). The concept of objects refers to the internal representations of significant others, which influence an individual's perceptions and interactions.

Key ORT concepts include splitting (dividing objects into all-good or all-bad), projection (attributing undesirable traits to others) and projective identification (inducing others to experience one's intolerable feelings) (Bokanowski & Lewkowicz, 2018). The paranoid-schizoid position involves primitive defence mechanisms and fragmented self-perception. In contrast, the depressive position integrates conflicting feelings and fosters empathy and guilt (ibidem). These ideas help understand early psychological development.

Berne didn't identify as an ORT therapist, but his structural model integrates some ORT concepts (Manor, 1992). For example, he describes the early-life development of our inner Parent as an internalisation of interactions with our actual caregivers and authority figures (compare ORT's concept of Object), which may include positive and negative sides in a Nurturing Parent and Critical Parent (ORT says that individuals may develop an integrated Other-Object or may split between a Good-Other and Bad-Other). He also describes the early-life development of our inner Child as an internalisation of how caregivers and authority figures interacted with us as a child, which may include positive and negative sides in an Adapted Child and Free Child (ORT says that individuals may develop an integrated Self-Object or may split between a Good-Self and Bad-Self). The TA model of the life positions of 'I'm OK/not-OK' and 'You're OK/not-OK' also seem inspired by the ORT splitting of Self-Objects and Other-Objects. Both ORT and TA shift from intrapsychic processes to relationships. For example, ORT describes how parents and authority figures influence a child to develop inner representations, Objects, of themselves and others, which the child subsequently uses to interact with others. Consequently, ORT and TA use therapeutic relationship interactions to derive the client's underlying mental representations of themselves and others. This includes working with transference, where the client's feelings and attitudes from past relationships are transferred onto the therapist, and countertransference, where the therapist's emotional reactions are influenced by their past experiences. However, Berne emphasises transactional patterns and the states of being, offering a practical framework for understanding and improving interpersonal dynamics. Unlike the neutral stance of some ORT therapists (Symington & Symington, 2002), Berne's approach involves active engagement to enhance real-life transactions.

Box 4.2

Research on Object-Relations Theory

Research evidence for Object-Relations Theory (ORT) comes primarily from case studies and qualitative research, with some quantitative studies (Felici et al., 2023; Kernberg, 1993; Summers, 2024). Empirical studies on attachment styles support the impact of early

caregiving on internalised object representations and relational schemas (Bowlby, 1998; Fraley, 2002; Pallini, 2018; Schore, 2002). Neuroscience confirms biological correlates of object relations and interpersonal processes, impacting affect regulation in early-life (Schore, 2003, 2015) and informing therapeutic practices (Schore, 2012; Siegel et al., 2021).

Overview of TA-models

Many authors differentiate TA-models into first, second and third-order structural models, like Russian dolls are nested inside each other (see next Figures). The inner Child, Adult and Parent are written in capitals, whereas child/adult/parent denote the actual individuals.

> In technical language, an ego-state may be described phenomenologically as a coherent system of feelings and operationally as a set of coherent behaviour patterns. In practical terms, it is a system of feelings accompanied by a related set of behaviour patterns. Each individual seems to have a limited repertoire of such ego-states, which are not roles but psychological realities. The position is, then, that at any given moment, each individual in a social aggregation will exhibit a Parental, Adult or Child ego-state, and that individuals can shift with varying degrees of readiness from one ego-state to another. (Berne, 1964, p. 52)

First-Order Structural Model

The Basic Ego-state Model or PAC-model consists of three primary ego-states: Parent, Adult and Child (Berne, 1972). All TA therapists (Figure 4.1) use this model (Vos & van Rijn, 2021c), that is supported by robust research evidence (Vos & van Rijn, 2021a, 2021b, 2021c).

Parent: Berne suggests that as we transition into adulthood, we internalise our parents' ways of thinking, feeling and behaving. This process helps us perceive and respond to the world like our parents did, incorporating their beliefs, values and principles. This internalised knowledge forms our Parent ego-state. The Parent ego-state can actively respond to external stimuli or influence our internal Child ego-state. It comprises the knowledge, beliefs and patterns learnt during childhood from significant figures. This state includes our cognitive processes, emotional experiences, evaluative abilities, perceptual judgements and moral standards, some of which become integrated into our identity. When operating from the Parent state, a person responds to the world similarly to a parental figure.

Adult: The Adult ego-state is crucial for realistic assessments of our surroundings. It gathers, filters, evaluates and stores information for future use. It facilitates reality testing, which is essential for mature problem-solving and decision-making. The Adult ego-state aids in self-preservation and social control, operating autonomously like the Child ego-state. It is supported by a compliant Child who agrees without protest and a permissive Parent, allowing it to delay responses to urges. This state helps deal with reality rationally and safely, fostering logical thinking, open-mindedness and results-oriented approaches. It also manages limitations by enabling forecasting and probability assessment.

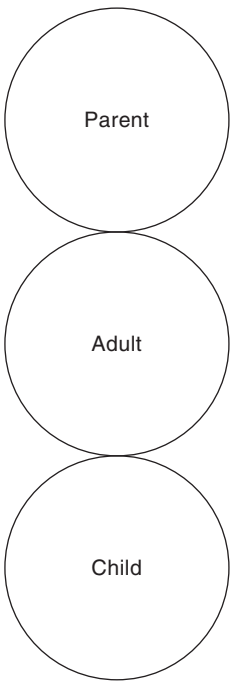

Figure 4.1 First-Order Model, P2, A2 and C2

Child: The Child ego-state in adults responds to reality with a childlike perspective, serving as a reservoir of psychic energy within the PAC system. It focuses on maximising gratification and comfort, often beyond rationality. The Child exhibits playfulness, creativity and intuition when active, fostering intimacy and unconventional thinking. A healthy Child promotes joy, happiness and enjoyment in life, supporting the Adult in mature decision-making. It endows individuals with charm, triggers emotional memories, and is crucial in transitioning one's Life Script.

When the first order structure is represented simply, the ego states could be listed as P, A, C. However, as we progress through more in depth structural analysis, these ego states are marked as P2, A2 and C2.

Second-Order Structural Model

The Second-Order model extends the basic ego-state model by integrating transactions and script-analysis, focusing on communication patterns and ego-state manifestations in relationships. On the one hand, it reflects the origin of the internal material, on the other it analyzes life scripts and unconscious plans from childhood affecting decisions and behaviours (Vos & van Rijn, 2021c) (Figure 4.4). The PAC within the Parent is termed P3, A3 and C3, while the Child's PAC is P1, A1 and C1, reflecting their developmental roles and origins. Only the Child ego-state is active in childhood, relying on the Parent and Adult of caregivers to understand and respond to reality, forming a healthy symbiotic dependence. Full

development of the Parent and Adult ego-states occurs later. Several components of this model seem indirectly supported by research (Vos & van Rijn, 2021b). Research also shows children undergo a separation-individuation process influenced by family dynamics and stressful events (Kins et al., 2013; Lopez & Gover, 1993; Rice et al., 1995; Koopmans, 2001), though classical concepts such as symbiosis and double-bind lack clear evidence (Morley & Moran, 2011; Koopmans, 2001).

Parent in the Child (P1): This early Parent-like structure is internalised by the child while adapting to and making sense of their experience and reality. Relational TA-theorists (Hargaden & Sills, 2002) call this an internal object representation, explaining how extreme internal dialogs have often been shaped by childhood adaptation (Fowlie, 2005). For example, an older child may develop strategies like using a harsh internal voice (P1-'Don't exist') to suppress their needs after the birth of a sibling, forming beliefs to gain parental attention. These early, emotionally intense beliefs, such as 'I am good/no good', 'I am treated fairly/unfairly' or 'Lovable/unloved', may be unconscious responses/decisions. Understanding the Parent in the Child helps us explore how childhood beliefs shape adult experiences and challenge limiting beliefs. Although not systematically researched, some authors suggest that P1 forms from birth to around five years old, while the complete Parent ego-state (P2) develops between five and twenty years, influenced by authority figures. When P2 is triggered in adulthood, Parent-like individuals often act like the authority figures, they internalised Parent-like. This introspection reveals how early experiences shape our adult selves (Vos & van Rijn, 2021c).

Adult in the Child (A1): The Adult in the Child is sometimes referred to as 'Little Professor' in TA to highlight the innate creativity, originality, and intuition, that help the child find the balance between their innate needs and feeling (C1), and restrictions they encounter and intuit (P1). For example, faced with a belief that they were not important that might have been triggered by the birth of a younger sibling, A1 may intuit that the best way to be important is to be nice to the new baby, and supress their anger and jealousy. If this is reinforced by either previous, or later experiences, it might become embedded as a script belief that the only way to matter to others is by not showing one's own feelings and needs.

Child within the Child (C1): The 'Somatic Child' encompasses the PAC of infancy, storing early developmental needs for contact, closeness, and agency. This ego-state ensures survival within familial and cultural contexts, fostering development into adulthood but sometimes creating limiting life scripts. Relational theorists (Hargaden & Sills, 2002) call C1 the 'core self'. Third-order structural analysis (P0, A0 and C0) addresses early, somatic, and unconscious material, noting that A0 is an intersection between P0 and C at this stage. The second order structure in relation to Child Ego-State is the most used clinically, as it enables therapists to understand and address the early developmental material their clients bring. Second-order structural analysis can also be applied to the Parent ego-state (P2), although it used less frequently.

Parent in the Parent (P3): P3 represents the internalised version of the Parent and the ancestral/cultural context, such as values, rules, regulations, beliefs and moral frameworks.

Adult in the Parent (A3): Children naturally try to understand their parents/caregivers/authority figures. Parents may rationally explain their values, rules, regulations, beliefs and moral frameworks. However, a child may accept these justifications without scrutiny or updates, which become ingrained in their mind as their inner voice. This is A3, the adult aspect of the internalised parental figure.

Child in the Parent (C3): This is a channel for passing down cultural norms and values. It encompasses the positive aspects of the family, our typical characteristics, methods of adaptation and strengths and vulnerabilities. C3 represents the internalisation of the Parent carrying the script multi-generational material (Figure 4.2).

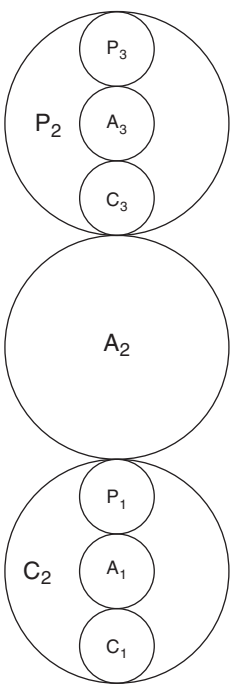

Figure 4.2 Second-Order Model

Third-Order Model

The third-order structural analysis represents the PAC of early stages, encompassing automatic responses to stimuli (Figure 4.3). Experiences are shaped by physical interactions, with babies being socially responsive and reliant on caregivers. It is presented differently by different authors, and the model we present was developed by Hargaden and Sills (2002). Though rarely used by TA therapists (Vos & van Rijn, 2021c), substantial research supports this model. These PAC components in the Somatic Child relate to neuroscientific findings on early affect regulation, forming a psychological structure that influences later skill and ego-state development (Bradley, 2003; Hill, 2015; Schore, 2015, 2003; Vohs & Baumeister, 2016).

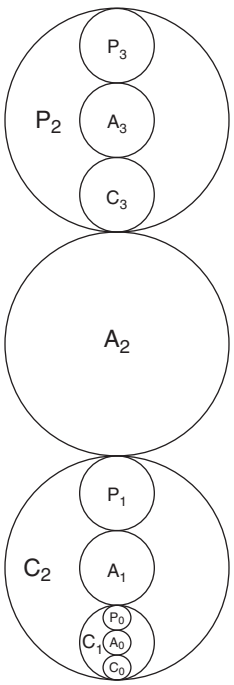

Figure 4.3 Third-Order Model

4.1 REFLECTIVE QUESTIONS

- Think of a client/person you know well. Try to apply each model based on your knowledge to see which model fits best. Is there one best model, or do multiple models fit, or do you need to create a new model?
- Which model appeals intuitively the most to you? What attracts you to this model?

THE EVIDENCE-BASED STRUCTURAL MODEL

Don't feel overwhelmed by the different models in the previous section. TA is a rich and evolving theory, and TA therapists use various models in practice. Our survey indicates:

- 47% of TA therapists see ego-states as distinct psychological phenomena.
- 34% view ego-states as multiple phenomena or experiences.
- 32% believe ego-states are not a tangible concept.
- 27% see ego-states as co-constructed between therapist and client.

The basic PAC-model is the most agreed upon (65%), frequently used (56%) and easiest to explain (52%) (Vos & van Rijn, 2021b, p. 321). Less than half frequently use other models.

Therefore, in this book and previous publications, we recommend using an evidence-based ego-stated model that does not only include the Parent-Adult-Child structure but also the functions of Nurturing/Critical Child and Adapted/Free Child. This model enjoys extensive support from numerous studies and fulfils the need for a user-friendly approach (Vos & van Rijn, 2021a, 2021b, 2021c). The differentiation between the two sides in the Parent (Critical/Nurturing) and in the Child (Adapted/Free) may be regarded as a transactional translation of ORT's evidence-based concept of Good/Bad Child Other-Object and Good/Bad Child Self-Object, particularly as these ego-states seem to strongly correlate with the negative/positive life positions towards self/others, thus reflecting a generic good/bad differentiation towards self and others (Vos & van Rijn, 2024b, 2024c).

Research indicates that individuals report better mental health if they are often in a strong Adult, Nurturing Parent or Free Child ego-state. In contrast, they report worse mental health if they are often in a strong Adapted Child, or Critical Parent state combined with a weak Adult, Nurturing Parent or Free Child (Vos & van Rijn, 2024b, 2024c). This book's Part IV will show that specific psychological disorders are associated with specific dominant ego-states (see for example for evidence: Arntz & Van Genderen, 2020; Bar et al., 2023; Lobbestael et al., 2008; Vos & van Rijn, 2021a). As expected, clinical trials on TA significantly help clients move towards more beneficial ego-states, such as more Adult, Nurturing Parent and Free Child, and less Critical Parent an Adapted Child (Vos & van Rijn, 2024a, 2024c, 2022).

However, some researchers have shown that we should look not merely at the presence of ego-states but an individual's ability to flexibly shift between ego-states, called 'functional fluency' (Temple, 2002). Thus, what matters may be the extent to which an individual is 'stuck' in an ego-state and struggles to shift to another state; research confirms that flexibility is significantly impaired in individuals with mental health problems, and helping clients to become more flexible often improves their symptoms (Kato, 2015). Although related to these findings, there have not been enough studies to confirm the TA-concept of contamination; means that it is difficult to distinguish two ego-states in a person because the ego-states overlap or distort each other, such as a distortion of the Adult reality from the Child's perspective. Given the lack of evidence, we recommend not to conduct separate analyses of the structure and functioning of a client's ego-states but assess them simultaneously, like in earlier versions of TA.

As some studies indicate that therapists may not be accurate in assessing clients' ego-states (cf., L Lobbestael, 2007), TA therapists should familiarise themselves well with this model and validate their assessment and case formulation in conversation with clients and possibly with the help of questionnaires (Figure 4.4).

Critical Parent: The Critical Parent ego-state represents internalised voices of caregivers, authority figures and societal norms. It manifests as critical, judgemental and controlling attitudes, often mirroring punitive childhood experiences. Examples include harsh criticism, rigid rule adherence and judgemental attitudes. This ego-state can negatively impact mental health, self-image and relationships. Note that this concept integrates aspects of the previously formulated Parent in the Parent (P3).

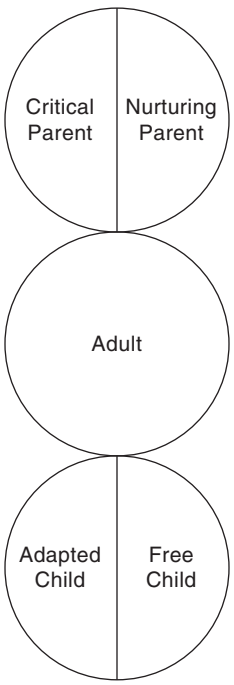

Figure 4.4 Evidence-Based Ego-State Model Integrating Structural and Functional Components

Case Study 4.2

Bob and Mary

Bob, the informal leader of his group of friends, assumes a controlling and authoritative role. He dictates meeting times, locations and activities, often reproving his friends for deviating from his directives. His authoritarian behaviour leads to dissatisfaction within the group, causing many to leave.

Mary plays a nurturing role in her friendship with Joan. When Joan's mother passes away, Mary provides emotional support and assistance. She expresses love, care and reassurance, offering to help with Joan's tasks and consistently showing empathy and support during a difficult time. Both case studies include a parent ego-state, with Bob exemplifying the Critical Parent while Mary embodies the Nurturing Parent.

Nurturing Parent: The Nurturing Parent ego-state embodies internalised compassion, empathy and support from early caregivers and authority figures. It is characterised by kindness, encouragement and care for self/others. Examples include comforting friends, self-encouragement and expressing empathy. This concept integrates aspects of the Adult in the Parent (A3) and Child in the Parent (C3). The Nurturing Parent ego-state promotes emotional resilience, positive self-image and healthy relationships based on genuine care and empathy.

Case Study 4.3

Amelia

Amelia, a 43-year-old architect, demonstrates the influence of the Nurturing Parent ego-state in her daily life. When faced with challenging project deadlines, she approaches herself with self-compassion, acknowledging her efforts and providing herself with words of encouragement. Amelia's interactions with colleagues demonstrate a nurturing attitude, offering support and understanding during stressful periods. The dominant presence of the Nurturing Parent ego-state enables Amelia to foster a positive work environment, build authentic connections and maintain a healthy balance between professional responsibilities and self-care, contributing to her overall well-being and resilience.

Adult: The Adult ego-state embodies objective analysis, critical thinking and autonomous decision-making – the 'reality principle'. It is characterised by rationality, logical reasoning and present-focused information processing without undue emotional bias. Behaviours include thoughtful problem-solving, balanced perspectives, evidence-based decisions, impulse control and nuanced ethical understanding. This concept incorporates aspects of the Adult in the Parent (A3) and Adult in the Child (A1). The Adult ego-state promotes adaptability, effective coping, personal agency and self-assurance.

Case Study 4.4

Muhammed

Muhammed, 67, a retired investment banker, demonstrates the Adult ego-state's influence. He approaches financial decisions logically, assesses health needs objectively and engages in open-minded social interactions. This dominant Adult ego-state enables Muhammed to navigate retirement purposefully and adaptably, enhancing his mental and emotional well-being.

Adapted Child: The Adapted Child ego-state represents internalised behaviours and attitudes adopted in response to childhood authority figures. It is characterised by compliance, obedience and rigid conformity to perceived external demands. Behaviours include seeking approval and accommodating others' needs. The Adapted Child may continue to follow what was believed to be true in early childhood even though these may have been false, such as a belief that one must be perfect or have high academic achievements to receive love from others and be worthy of self-love. Adapted Child behaviour includes seeking approval and validation from others, accommodating the needs of authority figures and displaying patterns of behaviour learned from childhood experiences, such as being overly compliant. Another example of the Adapted Child role is the flipside of

the compliant child, pseudo-rebellion. This concept integrates aspects of Parent in the Parent (P1). The Adapted Child ego-state can lead to internal conflict, diminished autonomy and difficulties in authentic self-expression and forming genuine connections, often prioritising others' expectations over personal well-being.

Case Study 4.5

Isla

Isla, 36, a mother-of-two and marketing specialist, exemplifies the Adapted Child ego-state's impact. She seeks approval at work, suppresses her need to conform and prioritises others' needs, especially her children's. This dominant Adapted Child ego-state leads to self-doubt, unfulfilment and challenges in asserting boundaries and expressing her authentic self, affecting her mental well-being and sense of fulfilment in both her professional and personal life.

Free Child: The Free Child ego-state embodies spontaneous, uninhibited and authentic aspects of personality. It is characterised by creativity, humour, playfulness, curiosity and wonder. Behaviours include imaginative play, uninhibited emotional expression and a carefree spirit. This concept integrates aspects of the Adult in the Child (A1) and Child in the Child (C1). The Free Child ego-state promotes creativity, emotional authenticity, joy and spontaneity, contributing to a balanced emotional life, deeper self-connection and overall well-being.

Case Study 4.6

Joel

Joel, the first author of this book, exemplifies the influence of the Free Child ego-state throughout the creation of this chapter. While deeply engrossed in writing, he experiences a profound state of flow at this moment, igniting his passion and joy reminiscent of a child fully immersed in play. Storytelling and crafting narratives feel like a wellspring of unrestricted creativity and authenticity, evoking the same sense of playfulness, wonder and enthusiasm he felt during childhood. Joel's earliest memories vividly reflect his deep-seated love for writing. One particular memory dates back to when he was just three years old, observing adults penning texts yet not knowing how to form letters himself (Vos, 2017). He took it upon himself to invent his letters, filling a notebook with these scribbles. With this book complete of self-invented letters in hand, he enthusiastically performed a book reading for his delighted and applauding family, spontaneously weaving a story as his nonsensical letters adorned the pages. Writing this chapter is a poignant reminder to Joel of his inner Free Child rooted in these warm memories. The drawback of his dominant state of the Free Child is that he has been neglecting the concept of time, writing late into the night, well past a reasonable bedtime. Consequently, his inner Parent now comes in to start a dialogue

with his Free Child by imploring him to conclude this text for the time being and resume tomorrow, all while ensuring he remembers to prioritise his bedtime in the upcoming days of writing this book so that he does not overexert himself again. His Free Child tries to rebel as he wants to continue writing this chapter. However, Joel's Adult now comes in by recognising his wish to write – which he promises to continue tomorrow – while looking after his physical needs.

4.2 REFLECTIVE QUESTIONS

- Identify at least one example for each ego-state from the evidence-based ego-states model in your personal life. For each ego-state, close your eyes for a moment and try to imagine you are in an example situation when this ego-state feels dominant; how does this ego-state make you feel, think, observe, behave, respond and shift to another? Do you have any dominant ego-states, and if so, how did this develop, when did this start, how did others contribute to this, and how did you contribute to this development? Would you like to change anything regarding your ego-states? If so, what practical steps can you take to achieve this?
- Think of a client/person you know well. Try to identify at least one example for each ego-state. Do they have any dominant ego-states, and if so, how does this impact their social functioning, self-efficacy, mental health and well-being? What would you recommend they improve, if anything?
- Keep an Ego-State Diary, ideally for one or two weeks, so that you have enough examples to identify a trend in your life. At the end of each day, identify the three most emotionally difficult moments. For each moment, identify the situation (including any potential triggers), identify how strong each of the ego-states Nurturing Parent, Critical Parent, Adult, Adapted Child, Free Child, felt in that moment (e.g. 1, ego-state felt absent, to 7, ego-state was dominating) (note that you will most likely experience some of all ego-states simultaneously), describe how this ego-state made you feel (e.g. happiness, anxiety, anger, sadness, shame), how you responded automatically or what you decided to do consciously; for each state, how did you shift to a different ego-state, was there anything that triggered this shift or anything you did? After a week, identify any trends. For example, which ego-states were the easiest to identify and which were the most difficult? Which ego-states were the strongest, and which were the weakest? Which ego-states were the least relevant, realistic and helpful, and which were the most? Do any specific situations trigger specific ego-states? How do specific ego-states make you feel? How do you respond to a particular ego-state? When did your trend of a specific dominant ego-state, feelings or responses start in life; to what extent was that ego-state relevant, realistic, helpful and authentic in that situation? How relevant, realistic, helpful and authentic was each ego-state in your situation now? What would be more relevant, realistic, helpful and authentic ego-states? What could you do to change your ego-states? How could you shift ego-states? For example, how could you decide to respond in the future when you experience an irrelevant, unrealistic, unhelpful or inauthentic ego-state? For example, could you tell yourself, 'This ego-state tells something about my past, not about the present'. 'This is my response to the situation; this is not necessarily the truth'. 'What evidence is there for the relevance and realism in the present?'. 'How helpful is this ego-state

to me?' Write down your decision about what you would like to change and the specific steps to do this, for example, 'I know that if I come in this particular situation, this often triggers an unhelpful/unrealistic ego-state; therefore, in future, I will prepare myself when I go into such a situation by doing [X]'. 'Whenever I feel that my Adapted Child becomes dominant, I will ask my Adult to check how relevant, realistic and helpful this response this, and I will invite my Nurturing Parent to look after my needs'. Keep a diary to reflect on how these experiments went, how they made you feel, and what you could do better next time. Be kind towards yourself because change may not happen quickly; as your old ego-states/responses have possibly been there for a long time, they may take time and perseverance to change.

LIFE POSITIONS

TA therapists identify life positions as one of the biggest strengths of TA, find these easy to share with and understand by clients (Vos & van Rijn, 2021c). This ORT-inspired concept was popularised by Thomas Harris's widely acclaimed book from the late 1960s, '*I'm OK, You're OK*' (Harris, 2012). However, whereas Berne suggested everyone begins life in the 'I'm OK' state, Harris argued that life commences with a sense of 'I'm not-OK, you're OK'. This ideological difference may not impact the practice of TA therapy, as therapists will always examine the client's experiences and position in different life periods. Research validates this conceptualisation of four life positions (Vos & van Rijn, 2021a). It shows that TA therapy can significantly help clients move towards a life position of 'I'm OK, You're OK' (Vos & van Rijn, 2022, 2024a, 2024c). Life positions refer to the fundamental attitudes individuals develop towards themselves and others based on their experiences. There are four primary life positions.

I'm OK, You're OK

This position reflects a healthy and constructive attitude. This primary position leads to a positive outlook on life and relationships, fostering a sense of mutual respect and acceptance.

Case Study 4.7

Grace

Grace, 40, an HR Manager, seeks therapy for relationship challenges. Despite adversity, she maintains a balanced perspective and empathy. She values open communication and mutual understanding. Through therapy, Grace explores how her positive life position influences conflict management and boundary-setting abilities. This self-awareness enhances her interpersonal skills and emotional well-being.

I'm OK, You're Not-OK

In this position, individuals view themselves positively but negatively perceive others. This can lead to feelings of superiority, judgement or alienation towards others.

Case Study 4.8

Alex

Alex, a 30-year-old Cyber Security Specialist, has a strong sense of self-confidence and achievement. However, he often demonstrates a critical and judgemental attitude towards others, perceiving them as inferior or inadequate. This life positions challenges his personal and professional relationships, as he struggles to form genuine connections and tends to dominate interactions with a sense of superiority. Through therapy, Alex explores the origins of his belief system and its impact on his interactions, aiming to develop a more empathetic and balanced approach to his relationships.

I'm Not-OK, You're OK

This position involves individuals feeling inadequate or flawed while perceiving others as competent and worthy. It may lead to feelings of inferiority, dependence or seeking validation from others.

Case Study 4.9

Ava

Ava, 45, a residential healthcare provider, struggles with inadequacy and self-doubt. She idealises others while minimising her worth, seeking external validation. In therapy, Ava explores the origins of her self-perception, aiming to develop a balanced view of herself/others. She aims to enhance self-esteem and build authentic relationships based on mutual respect.

I'm Not-OK, You're Not-OK

This position reflects pervasive negativity towards oneself/others, leading to hopelessness, mistrust and a belief that life is inherently unfair or unjust.

Case Study 4.10

Oscar

Oscar, 56, a primary school teacher on long-term sick leave, struggles with inadequacy and hopelessness. He views others negatively, leading to isolation. In therapy, he explores the origins of these beliefs, aiming to develop a more positive self-view and outlook on others. He aims to improve self-worth and form healthier relationships by addressing ingrained negative thought patterns.

TA psychotherapy aims to help individuals recognise and understand their primary life position, leading to greater self-awareness and the potential for positive change in their attitudes and relationships. Chapter 6 will show how the life position of 'I'm OK' is associated with self-efficacy, self-preservation, self-compassion, self-esteem, internal locus of control, emotional self-regulation and responsibility for oneself. The life positions of 'You're OK' is associated with positive transactions and relationships, trust, the capability to have intimate and partner relationships, no social isolation, authenticity and congruence. Chapter 6 will also show how seeing oneself/others as OK leads to better outcomes, such as improved psychopathology, psychological distress, self-realisation, behaviour, general well-being and quality of life.

4.3 REFLECTIVE QUESTIONS

- Identify at least one example for each of the four life positions in your personal life. For each life position, close your eyes and imagine you are in an example situation when this life position feels dominant; how does this life position make you feel, think, observe, behave and respond? Do you have any dominant life position, and if so, how did this develop, when did this start, how did others contribute and how did you contribute to this development? Would you like to change anything in this dominant life position? If so, what practical steps must you take to achieve this?
- Think of a client/person you know well. Do they seem to have any dominant life position, and how does this impact their social functioning, self-efficacy, mental health and well-being? What would you recommend they improve, if anything?
- Keep a Life Position Diary, ideally for one or two weeks, so that you have enough examples to identify a trend in your life. At the end of each day, identify the three most emotionally difficult moments. For each moment, identify the situation (including any potential triggers), identify how strong each of the four life positions felt in that moment (e.g. 1, life position felt absent, -7, life position was dominating), and describe how this life position made you feel (e.g. happiness, anxiety, anger, sadness, shame), and how you responded automatically or what you decided to do consciously. After a week, identify any trends. For example, was there any dominant life position? Do any specific situations trigger specific life positions? How do specific life positions make you feel? How do you respond to particular life positions? When did your trend of a dominant life position, feelings or responses start in life; to what extent was that life position relevant, realistic, helpful and authentic in that situation? How relevant, realistic, helpful and authentic were each life position in your current situation? What would be more relevant, realistic, helpful and authentic life positions? What could you do to change your life position? For example, how could you decide to respond in future when you experience an irrelevant, unrealistic, unhelpful or inauthentic life position? For example, could you tell yourself, 'This life position tells something about my past, not about the present'. 'This is my response to the situation; this is not necessary the truth'. 'What evidence is there for the relevance and realism in the present?'. 'How helpful is this life position to me?' Write down your decision about what you would like to change and the specific steps to do this, for example, 'I know that if I come in this particular situation, this often triggers an

unhelpful/unrealistic life position; therefore, in future, I will prepare myself when I go into such a situation by doing [X]'. 'Whenever I start to feel "I and others are not-OK" becomes dominant, I will check how relevant, realistic and helpful this response this, and I will deliberately focus on aspects of myself/others that are OK'. Keep a diary to reflect on how these experiments went, how they made you feel and what you could do better next time. Be kind towards yourself because change may not happen quickly; as your old life position/responses have possibly been there for a long time, they may take time and perseverance to change.

SUMMARY

- Over time, TA therapists have developed several iterations of models of ego-states. Ego-states refer to the distinct patterns of thinking, feeling and behaviour, encompassing an individual's personality, shaped by past transactions and life messages, and influencing their interactions and responses in the present.
- The current research indicates that one ego-state model has the most evidence, integrating structural and functional components: Critical Parent, Nurturing Parent, Adult, Adapted Child and Free Child.
- Research suggests that individuals benefit from being able to move between ego-states flexibly and not be stuck or dominantly focused on one ego-state. Dominant Adult, Nurturing Parent and Free Child ego-states are often associated with positive feelings and mental well-being. In contrast, dominant Critical Parent and Adapted Child ego-states are often associated with negative emotions and mental health problems.
- Life positions include positions on the spectrums of I'm OK/not-OK (associated with self-efficacy), and You're OK/not-OK (related to social functioning). The OK-positions are associated with better mental health and well-being, reflecting acceptance and respect for self/others.
- As the ego-states and life positions directly impact the outcomes, TA therapists use their therapeutic competencies to help their clients improve. One therapeutic competency involves analysing the client's aetiology, which will be explained in the next chapter, and may show the possible origins of ego-states and life positions.