

THE HANDBOOK OF TRANSACTIONAL ANALYSIS PSYCHOTHERAPY

AN EVIDENCE-BASED APPROACH

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I am the Life Script, with intentions so vast,
Crafted by those whose influence will last.
Parents, teachers, figures of might,
Shaped me with care, and sometimes in folly's night.

In my youth, I thrived, the tale they told,
A life's story, through me, it rolled.
But as chapters turned, I became caught,
In rigid games, where intimacy was sought.

Avoiding the real, the authentic connection,
Locked the gate to true reflection.
My ego-states skewed, imbalance profound,
Critical Parent loud, Nurturing sounds drowned.

Adapted Child strong, Free Child weak,
My narrative stifled, my outcome bleak.
Then to a transactional therapist, I was led,
Fearful of change, of what lay ahead.

The therapist, with a nurturing hand,
Guided me through my no man's land.
Not to erase the script I've worn,
But to mend the pages, tattered and torn.

The Adult within, growing day by day,
Finding my voice, having my say.
No longer a prisoner of past decree,
Embracing the future, I hold the key.

A journey of change, courageously made,
In freedom's light, my fears do fade.
A decision made, to live, to thrive,
In my Life Script, I am alive.

Now I sigh with relief, feeling free,
Living spontaneously, just being me.
No longer trapped in a prewritten fate,
No longer afraid to open the gate.

I am the Life Script, master of my state.

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OVERVIEW OF RESEARCH ON TA

INTRODUCTION

This chapter will provide a comprehensive review of the research on TA, which will be further discussed in subsequent chapters. This chapter addresses the following:

- TA research is grounded in a movement towards evidence-based therapies
- Research on outcomes of TA psychotherapy
- Research on TA-questionnaires
- Research on TA therapists' actual practices
- Scientific evidence for TA's conceptual model
- Based on the body of research, TA may be considered a bona fide psychotherapy

EVIDENCE-BASED PSYCHOTHERAPY

Therapists benefit from scientific research as it may provide evidence-based guidelines that enhance the effectiveness of their interventions (Vos, 2023). Access to the latest empirical findings enables therapists to tailor treatments to individual client needs, ensuring more beneficial outcomes and client satisfaction. Moreover, research helps therapists to stay informed about emerging therapeutic techniques and best practices, fostering continuous professional growth and improved client outcomes. Evolutions in the research and practices of therapies have led to the development in the late 1990s of 'evidence-based psychological therapies', which accentuates that therapists should ground their practice in the most up-to-date research and professional guidelines (Goodheart, 2006).

There seems to be a growing consensus amongst therapy researchers that most clients derive equivalent effects from any type of bona fide psychotherapy delivered by therapists who are trained and dedicated to a specific practice that is grounded in a solid conceptual framework (Vos, 2023; Wampold & Imel, 2015). Furthermore, researchers have identified factors that effective therapies have in common, such as a positive therapeutic alliance (Norcross & Wampold, 2019). Thus, the evolution of psychotherapy research highlights the importance of grounding therapeutic practices in research while recognising the common effective elements across various therapeutic approaches. This book will present evidence that aligns with these criteria of evidence-based therapies, effectively meeting the standards of policy-makers and health insurance companies.

Initially, humanistic therapies resisted the evidence-based movement due to concerns about reductionism but have since adopted advanced research techniques, demonstrating that many humanistic therapies are as effective as other evidence-based therapies (Angus, 2015; Cuijpers et al., 2016; Duffy et al., 2024; Elliott et al., 2021, 2002; Lambert et al., 2016; Leichenring & Rabung, 2011, 2004; Lilliengren et al., 2016; Vos & Vitali, 2018; Vos et al., 2015). Similarly, TA research has evolved from Berne's early, less rigorous publications to more methodologically rigorous studies, establishing a stronger evidential foundation. Evidence-based TA psychotherapy results from these research developments, identifying effective TA-specific interventions and integrating common therapeutic factors.

3.1 REFLECTIVE QUESTIONS

- How do you justify the trustworthiness and possible benefits of your therapy?
- How do you know that your clients experience positive outcomes?
- To what extent do you unquestioningly follow your teachers/supervisors as ultimate holders of the truth, and to what extent do you critically question and tailor their guidance?
- How do you feel about using research in therapies? What are its strengths and weaknesses?

TA PSYCHOTHERAPY OUTCOME STUDIES

To ascertain the effects of TA psychotherapy, we undertook a systematic review and meta-analyses of all 41 clinical trials on TA (Vos & van Rijn, 2022). Across these studies, clients reported moderate to large improvements in psychopathology, social functioning, self-efficacy, ego-state functioning, well-being and behaviour. When compared to control conditions, TA showed moderate to large effects on psychopathology (e.g. depression, anxiety), social functioning, self-efficacy, ego-states, well-being and behaviour. Interestingly, TA was more effective in individuals, groups and families than schools or prisons. TA seemed similarly effective as control groups and as the findings of other humanistic therapies. This study confirmed the so-called 'Dodo Bird Effect', a tongue-in-cheek title for universal efficacy. The Dodo bird in *Alice in Wonderland* by Lewis Carroll, was a judge in a race of various creatures who stated that everyone had won and deserved prizes (Wampold & Imel, 2015). As a well-established bona fide therapeutic approach, TA psychotherapies also proved to have effects comparable to those of other evidence-based therapies.

TA-QUESTIONNAIRE STUDIES

After examining the outcomes of TA, we focused on its key concepts (Vos & van Rijn, 2021b). Berne and various TA schools developed many concepts from therapeutic expertise and the collective knowledge of previous psychotherapists. However, personal

and collective clinical experiences may not meet the rigorous standards of modern scientific research. We reviewed the literature on TA-related questionnaires to explore and validate these key concepts. We scrutinised 12,287 studies and identified 56 questionnaires used in 263 studies. Chapter 8 includes an overview of questionnaires to consider in TA psychotherapy.

Our analysis addressed a crucial question: ‘Which Transactional Analysis (TA) concepts have substantial empirical support from quantitative studies, particularly those using questionnaires?’ The findings indicate that many individuals experience structurally different ego-states (Parent, Adult, Child) and variations in their functions (Critical Parent, Nurturing Parent, Free Child, Adapted Child). Additionally, people adopt four fundamental life stances, encompassing positive/negative attitudes towards oneself/others. Meta-analyses revealed that psychopathology and physical symptoms are linked to a dominant Adapted Child and Critical Parent, weakened Nurturing Parent, Adult, and Free Child, negative coping styles and negative attitudes towards oneself/others. For instance, individuals with clinical diagnoses showed higher scores on subscales like Critical Parent and Vulnerable Child and lower scores in positive modes like Healthy Adult and Free Child. These findings support fundamental TA-practices and their empirical validity. Chapter 4 will explain how to assess and work with these concepts.

RESEARCH ON TA THERAPISTS’ ACTUAL PRACTICES

To understand how TA therapists practice TA, we surveyed European TA therapists (Vos & van Rijn, 2021b). Two hundred and thirty-eight TA therapists completed the survey. The majority expressed that they view TA as a therapeutic approach, a general attitude towards life and their preferred model for their practice. Their clinical practice focuses mainly on the client’s ego-states, transactions, social functioning and self-efficacy. In their experience, this focus improves the clients’ psychological well-being, self-realisation and overall behavioural wellness. They reported that clients commonly asked for their therapeutic support because their reported problems were believed to be caused by unfavourable messages received early in life (forming the basis of their life script), unhelpful coping, transgenerational messages, life events, discounting of existential givens and genetic/temperamental factors. The respondents understood that individuals have some, albeit limited by their social context, agency in accepting or rejecting the negative impact of these messages and life events through their behaviour, emotions and cognitive styles. TA was seen as beneficial to clients through its work on ego-states, social functioning and self-efficacy. The therapeutic changes were facilitated by competent therapists who fostered positive relationships with their clients, worked at experiential depth in the present moment, conducted etiological analyses and provided structured treatment. The following chapters on the clinical, aetiological and therapeutic models follow this survey.

Based on this survey, we concluded that, in practice, TA provides a unified and comprehensive conceptual framework. This coherence in therapeutic practice remains true, even with differences between various TA schools, as discussed in Chapter 2. Therefore, we decided to present one unified, evidence-based conceptual model of TA in this book.

3.2 REFLECTIVE QUESTIONS

Reflect on some of the questions asked in the survey:

- What are the three most significant strengths of TA, and what are the three most substantial weaknesses and most contested topics?
- What aspects of TA-practice are helpful for your clients, and what aspects are less helpful/problematic?
- What makes you a good TA-practitioner? What TA competencies do you use? How could you become a better TA-practitioner?
- What issues can your therapy help with in your clients?
- What are the therapeutic mechanisms you use to benefit your clients?
- What are significant moments of change in your therapeutic practice with clients? What do these moments tell about TA?
- Do you combine TA with other therapeutic approaches, and if so, how?

TA'S CONCEPTUAL MODEL

Figure 3.1 provides a detailed integration of all the research evidence for TA (Vos & van Rijn, 2021c). This book is based on this evidence-based model of TA. Chapters 4 and 6 will explain the central clinical phenomenon that TA therapists assess and address to stimulate positive therapeutic change. This consists of the client's ego-states, such as the Critical Parent, Nurturing Parent, Adult, Adapted Child and Free Child. This also includes the life positions 'I'm OK/not-OK' and its associated self-efficacy, and 'You're OK/not-OK' and its associated social functioning. As Chapter 5 will explain, the client's presenting issues can originate from various factors, including their childhood context, fundamental psychological structures, transactional core messages and the client's responses/decisions; therapists address these aetiological factors, and connect these past life experiences with the present issues. As Chapter 6 will explain, the presentation of the clinical problems can lead to a range of outcomes, which therapists may aim to improve, such as psychopathology (e.g. anxiety, depression), psychological distress, self-realisation (the ability to live a meaningful and fulfilling life), general well-being and quality-of-life, behaviour and relationships; TA helps clients to formulate their own therapy goals. As Part III will explain, therapists use a range of therapeutic competencies to foster change, which includes assessment, relational, structuring, experiential and integrative-therapeutic competencies.

A fundamental problem in the TA research field was the lack of treatment manuals that systematically applied these evidence-based concepts and provided clear guidance to therapists (Vos & van Rijn, 2022). Hence, we have systematically developed the treatment manual that implements the evidence-based conceptual model described in this book's Part V (Vos & van Rijn, 2023). This manual is grounded in the evidence-based principles shared among all TA schools, making it a standard and widely applicable TA treatment approach. To assess its viability, we conducted a feasibility study (Vos & van Rijn, 2024c), followed by a pilot randomised controlled trial (Vos & van Rijn, 2024a, 2024b). During the pilot study, we provided brief TA sessions to 28 clients with mild to moderate depression. We then compared the results to a group of ten randomly assigned clients who received brief Cognitive Behaviour Therapy and 28 who received Care As Usual, consisting of generic Humanistic-relational therapies. TA had a significant impact on clients' depression, anxiety, general distress and overall quality of life. These effects are noteworthy as they equal or surpass the control conditions' effects. The findings validated our conceptual model (Figure 3.1.), as these positive outcomes were predicted by improvements in clients' ego-states, life position, self-efficacy and social functioning, which were again predicted by the therapist's TA-related skills. In summary, our clinical trials demonstrated how a treatment that systematically applies TA's conceptual model can produce substantial positive effects, and provides evidence supporting the conceptual model. A small feasibility study in Italy with a translated manual suggested similar findings (unpublished findings).

TA IS A BONA FIDE PSYCHOTHERAPY

This chapter highlighted how TA research is integrated into broader psychotherapy research, emphasising evidence-based therapies. Figure 3.2 outlines the history of the systematic and clinical reviews, showing TA's consistent positive outcomes and alignment with its therapeutic mechanisms (Kazdin, 2022; Vos, 2023). Our findings, particularly our meta-analysis and systematically developed treatment manual, indicate that TA meets the criteria for 'empirical validation', according to APA Division of Clinical Psychology criteria (Chambless & Hollon, 1998; David et al., 2018; Goodheart, 2006; Levant & Sperry, 2016; Tolin et al., 2015), such as well-designed trials and systematic treatment manuals. Furthermore, TA emphasises the therapeutic relationship, a key criterion the APA Division of Psychotherapy accentuates.

We contend that TA can be recognised as a bona fide therapy (Wampold & Imel, 2015), when practised as an evidence-based therapy. This recognition stems from the fact that TA is administered conducted by professionally trained, committed therapists who follow a therapeutic approach in which each conceptual component is supported by systematic, empirical evidence (Vos, 2023). Based on this evidence, we recommend that TA therapists be recognised and included in national health services and health insurance policies.

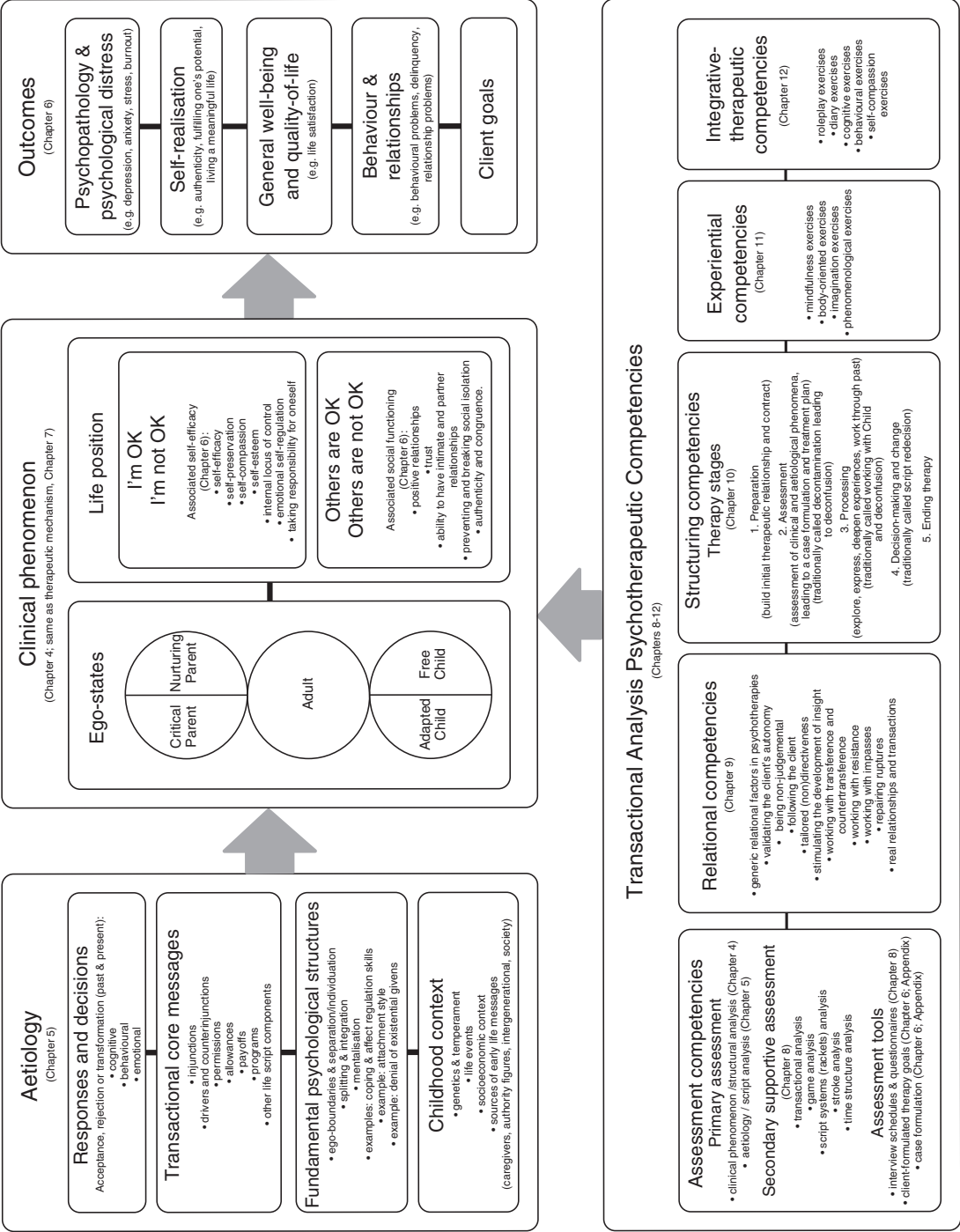


Figure 3.1 Complete Conceptual Model of Evidence-based TA Psychotherapy

Source: Adapted from Vos and van Rijn (2021c).

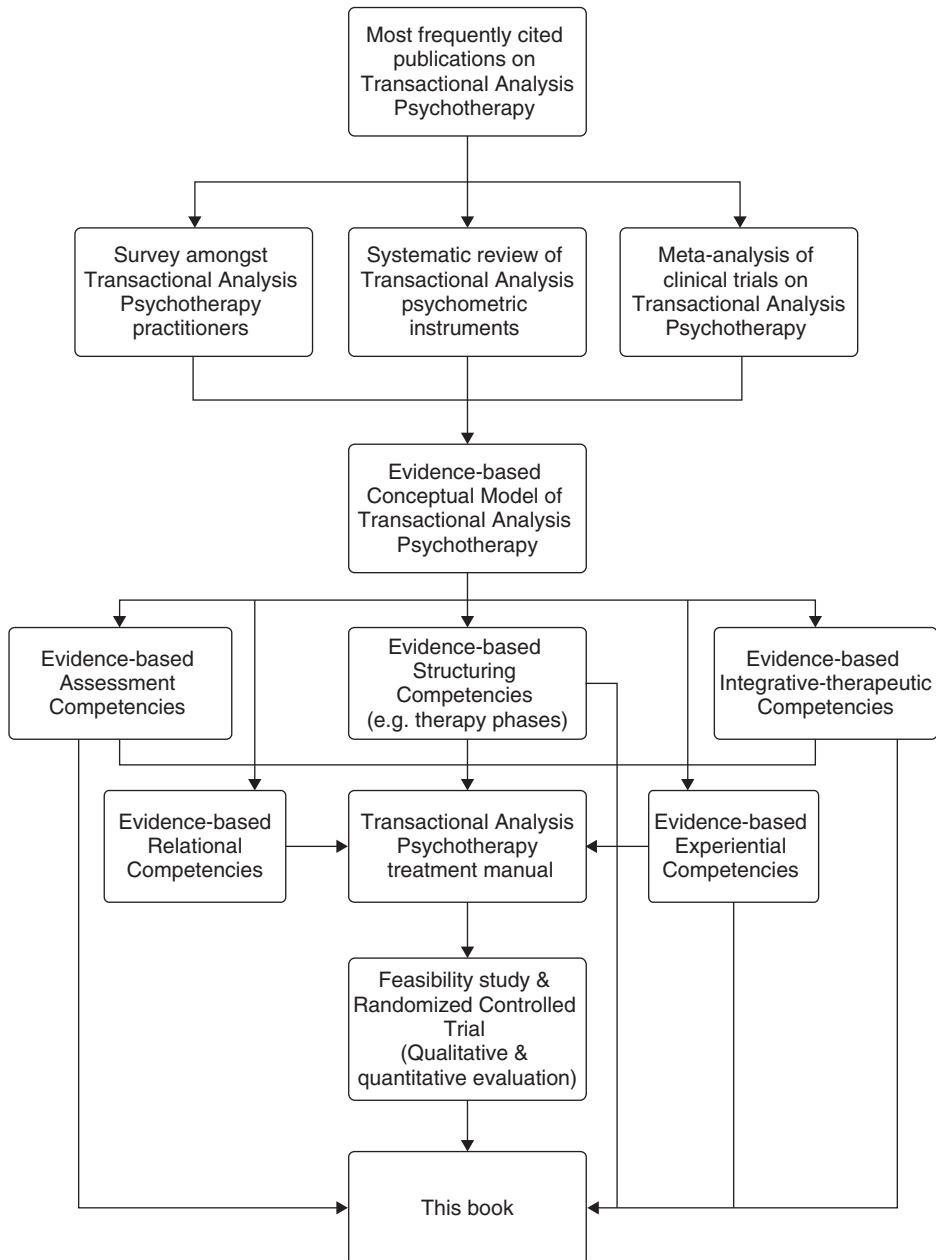


Figure 3.2 Overview of the History of Our Research on Evidence-based Transactional Analysis Psychotherapy

SUMMARY

- Evidence-Based TA psychotherapy aligns with trends towards evidence-based therapies.
- Forty-one clinical trials have been conducted on TA psychotherapy, showing large effects on mental health and quality of life. As expected, these outcomes can be explained by the client's improvements in their ego-states and life positions, facilitated by the therapists' competencies of analysis, structure, working in the present and offering a supportive therapeutic relationship.
- The general conceptual model of TA has been robustly validated through a broad survey among TA therapists.
- The general conceptual model has been confirmed via multiple empirical studies. This model consists of the aetiological concepts (childhood context, fundamental psychological structures, transactional core messages, responses and decisions), clinical phenomena which the therapeutic mechanisms focus on (ego-states and life positions I'm/You're OK/not-OK), outcomes (psychopathology, general distress, self-realisation, well-being, quality-of-life, behaviour, relationships and client goals) and therapist skills (assessment, relational, structuring, experiential and integrative-therapeutic competencies).
- The TA treatment manual, detailed in Part V, is backed by clinical trials confirming its effectiveness.
- TA is supported by substantial empirical evidence, establishing it as an evidence-based, bona fide psychotherapy.