Notes on the Transference Papers:
Transference as a Game

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Abstract

The articles on transference from the 1990 Brussels Conference Roundtable on "Transference and Transactions" are reviewed, and theoretical comparisons are made between classical psychoanalytic and transactional analytic viewpoints. Many popular concepts in TA practice are reviewed in illustrating the active use of transference and counter transference in setting up social level transactions, games, and scripts. Case examples illustrate the use of transference as a game, transference of family pairings in group therapy, and Berne's concept of the family Coat of Arms.

I want to thank Roundtable Moderator Richard Erskine for inviting me to comment on the roundtable papers from the "classical TA" perspective of a "social-level TA" practitioner. To me, "classical TA" means constantly inventing and discovering new TA ideas to cure patients faster, because that is what we did in Eric Berne's Tuesday night seminars. So I read the papers looking for new gems of TA theory (with case examples), and to welcome new challenges to established theory.

I was impressed by the excellent writing and the thoroughness of each author's contribution. The reader is provided with a scholarly yet easily read review of existing thinking on transference, with ample connections to TA theory as well as new thinking and new perspectives to add to the TA literature. The papers were well researched and referenced, an effort I will not try to duplicate here. Instead, my comments are offered as an editorial response to the transference papers. I might note, however, that some of the quotes I cite from Berne come from my attendance at the seminars from 1965-1970 and others come from personal communications.

In reading the transference papers, two general questions arise for me: "What else needs to be said

about transference in the next 100 years that has not already been said in the past 100 years?" and "What are the unique contributions TA can make in this area?" If the analytic resolution of transference can be seen as "social-level psychoanalysis," then TA, as the science of social-level transactions, can add significant contributions to that subject.

Theoretical Concerns

There are some basic problems in trying to integrate the opposites in the psychoanalytic and transactional analytic approaches. For example, psychoanalytic writing generally is seductive and complex, and like hypnosis-from which psychoanalysis partially derives-it tends to draw the reader inward into the mind and backward in time. Berne, on the other hand, chose words that were crisp and immediate, with vivid social imagery specifically designed to bring a person forward into an alert, here and now, wide-awake consciousness. Freud's writing was complex, used long words, and sounded too profound. Berne's writing was simple, used short words, and sounded too easy. As one analyst said to Berne, "Yours is too simplified," and Berne replied, "Yours is too complicated."

Freud typically used a passive free association technique, staged alone in an office with his patient, who was lying on a couch talking at the ceiling. Berne typically used a focused contractual approach, setting up active, person to-person relationships in a group therapy social setting.

Freud's approach seemed to encourage a view of the struggling patient as a defended, fixated, passive victim of childhood circumstance, or at least to attract therapists who view patients that way. Berne, on the other hand, stressed that the child is an active decision maker and, later, a game-playing survivor seeking old and new payoffs, one who is accountable and responsible for choices.

The transference literature seems to characterize transference as a perceptual distortion that passively and inevitably occurs in therapy (or through automatic unconscious defense mechanisms), rather

than something a patient might do to a therapist for a payoff, which is a more behavioral view. TA, however, may consider a patient who is transferentially criticizing the therapist's personality to be playing the game of "Blemish," or if more aggressive, the game, "Now I've Got You, You S.O.B." If the patient wants to go further and get even with the "phony Rescuers" in the world, he or she may list all the therapist's real and imagined faults in the game of "Furthermore."

Freud wrote that a person's drive comes from the hidden unconscious, the id deep within; Berne taught that our drive comes from a conscious social need to get strokes. Freud's intrapsychic defense mechanisms defend against the intrapsychic id; Berne's social games defend against social intimacy.

There are so many other contrasts that can be enumerated between psychoanalysis and TA that perhaps they are best left for the usual cocktail lounge debates at TA conferences. For the purposes of this article, I am suggesting that we view the two approaches as opposites, but opposites which are theoretically equal in their final states: Freud, the Thesis; Berne, the Antithesis; and these papers on transference, the Synthesis.

The differences between these approaches are particularly interesting in relation to questions about "what Berne really meant," as in the TA pastime, "How do you diagnose an ego state?" Berne, as the pioneer in social psychiatry, said that "an ego state is what you can photograph and tape record." To him, this social definition evolved as primary, with the other intrapsychic definitions of ego states (subjective, historical, etc.) as secondary confirmations that fell victim to Occam's Razor over time. In contrast, an analytically oriented TA therapist would see the intrapsychic definitions as primary.

Transference Transactions

For balance, I would have liked more original TA talk and new TA theory that sounds like TA theory in the transactions and transference papers-that is, experimentation with TA tools and crisp new social observations. For instance, Berne talked about Type I transference and Type II counter transference crossed transactions. Why not add a Type IB transference response that comes, not from the patient's Child, but from the Child-contaminated Adult, and a Type IIB counter transference response that comes, not from the therapist's Parent, but from the Parent contaminated Adult? Continuing in that line, we could brainstorm a three-move Type III transference. This could include a Type IIIA transference in which the therapist speaks from Adult, the patient responds with transference, and then the therapist responds with counter-transference. Or a variation could be called Type IIIB, where the therapist initiates the sequence with an ulterior counter transference hook, the patient responds with transference, and then the therapist responds to that, and so forth.

Berne suggested we interpret transference as a crossed transaction. To use more of TA's impact and ideas, such interpretations could include the discounting and redefining transactions involved in the transference response and the types of passivity that transference involves around not thinking or problem solving.

Additionally, the Drama Triangle can be useful in looking for three covert motives behind the transference transaction. As the Persecutor, the angry patient may want to allow transference reactions to surface in order to annoy the therapist and defeat the treatment; as the Rescuer, he or she may want to take charge and help the perceived "inadequate" therapist open up better self-object bonding; and as Victim, the patient may wish to regress and yield to the perceived "controlling" therapist's untreated drivers and unclear treatment plan.

Transactional Options can be used for a positive crossing of the transference transaction. If the patient, in transference, cannot be reached on the Adult level, the therapist can talk to another ego state that is more receptive. For example, humor on a Free Child to Free Child level, or kindness on a Nurturing Parent to Adapted Child level, may get the best response. A more formally trained therapist or classical analyst may not have the TA training or theoretical permission to flexibly shift ego states.

Egograms can also be used to help a patient read a therapist (and others) more accurately. A TA-educated patient can more accurately and objectively read a therapist's egogram, as well as his or her transacting ego states, and therefore have better control of transference distortions. This may reduce the likelihood of a sudden "bad quit" or flight from therapy during negative transference. In addition, a therapist who monitors his or her own ego states and who respects the patient's reading of people will not be as likely to discount a patient's

criticism as "only" transference. Egograms will not be read correctly by a patient in transference or a therapist in counter transference.

Berne suggested that transference can be avoided or postponed. Some ways of doing this include:

1) *Social skills training*-A therapist who encourages patients to read TA books and to participate in social practice through lively group interaction will have "smart" patients who know how to read people well in group, out in public, or at home, and thus avoid many transference distortions. A psychoanalytic therapist may discount the patient's intelligence and see additional social education as "intellectualizing," superfluous, or competitively interfering with therapy.

2) *Showing different ego states*-Transference may be avoided or diluted if the therapist freely and appropriately shows (demonstrates) different sides of his or her own personality and OK ego states, rather than being the rigid, excluding Adult, the Freudian "blank screen" which invites transference.

3) *Attending to all of the patient's ego states*-Transference may be reduced by addressing all of the patient's ego states rather than selectively attending to (overcathecting) the Adapted Child or ignoring it, both of which can invite transference. In honoring all ego states, the therapist can serve as a role model of flexibility and openness for "transference junkies" and other tunnel-visioned, transference-prone individuals with selectively localized energy reserves.

Transference Games

Transference may be seen as a game in which the therapist is conned, and after the response, the switch is pulled for the patient's payoff. In counter transference, the patient is set up and the switch is pulled for the therapist's payoff.

For example, Jennie's script game involved the entrapment and defeat of Rescuers and Murgatroyds, whom she secretly envied. First she set them up to believe that they were "wonderful," while she patiently collected envy stamps. Then, at transference time, she cashed in all her stamps and switched into a dreary "Ain't It Awful" game that she kept untreatable to prove that the therapist and group members were not so wonderful after all. She withdrew all her Murgatroyd strokes and proceeded to negate all the enthusiastic help of the people who were "only trying to help" her. When the transference was analyzed, she saw that she was assuming that the therapist was "just another do-gooder" like her mother, who regarded her as a helpless princess without strengths. In therapy, the social payoff was to establish the wall-stroked helpless role with the therapist, with no apparent strengths showing that could be discounted as they had been in her childhood. Her hidden payoff in the "I'm Only Trying To Help You" game was to reverse the power axis and throw the therapist into the helpless role.

An example of a countertransference game involved a therapist in training who played a "good game" of NIGYSOB with his female patient. Without "informed consent," the therapist used undeclared power positioning (creating the setting, make the rules, define the terms, control the stroking, use sensory deprivation and seductive benevolence) to lull his patient into childhood fantasy. The therapist then pulled a switch and made aggressive transference interpretations about how she was no longer in touch with who he was anymore, as if her regression was spontaneous rather than induced by him. The therapist's counter transference payoff was to prove he could be as smart and helpful as his father was to his younger sister.

Transference to Groups

Patients also may have transference reactions to the entire group. The three-part interpretation for this process involves the following sequence: what is experienced in the group circlc is experienced in the societal circle and as experienced in the family circle.

In group the therapist may be invited to play into a five- or six-handed game in the patient's favorite family game, and to switch among all the roles of Persecutor, Rescuer, and Victim. The patient, who has many years of practice at this, may manipulate other group players into changing their attitudes toward the therapist in order to recreate the family transference feeling in the group. The dysfunctional family games stirred up can range from active rebellious group games that could be called "Hop On Pop," "Mutiny," or "Sinking Ship," to a silent passive group game that Berne once named "Wax Museum."

Similarly, the therapist and other group members can be drawn into the family symbiosis where they actively experience the family stroke economy and the favorite family racket system at a first-, second-,

and third-degree level. The skilled therapist will step out of the experience and use the information to interpret the family dysfunction.

In group transference, the patient feels the group to be the original family. In group counter transference, the therapist feels the group to be his or her original family.

In the Tuesday night seminars, Berne once suggested that the feeling in the family could be summarized in a family "Coat of Arms" with the family motto (e.g., "Life Is Hard") emblazoned in Latin across the shield. The therapist can keep in mind that the patient will put his or her family's Coat of Arms up on the office wall and react to it. The therapist, in counter transference, may have one up there, too (e.g., "We're One Big Happy Family [And Keep It That Way!])."

One patient, George, had a "Don't Anyone Speak" family Coat of Arms. He went months without contributing to the group discussions, feeling he should not speak and had nothing to say that the therapy group wanted to hear, just as he had felt in his family.

Suzanne's family slogan was "You Gotta Look Out for Yourself." A hard worker with a "Be Strong" driver, she impressed the group by reading the TA books and applying the information immediately; she followed through on all her homework assignments and reported her progress to the group each week. What she did not do was ask for help or leave time for anyone to help her. She assumed everyone was looking out for themselves and that she should not ask for help. Her redecision work included asking for help from the group. Redecisions can be made in terms of the entire dysfunctional family unit (i.e., Get-Rid-Of, Get-Away-From the family, Get-On-With), not only in relation to individuals in the family as is customary.

In group John had a "classroom transference" with a classroom Coat of Arms that said. "We're Too Smart For You." He felt immobilized and alienated in therapy and expressed vague reasons for not liking the therapist. He frequently threatened to quit the group. Eventually he revealed that he assumed, without checking it out, that he was the slowest learner in group, just as he had been in fifth grade when he was preoccupied with problems at home. Back then he did not like the teacher and wanted to quit school, feelings he experienced again in group. When this was interpreted he stayed in group and went on to make new contracts.

Transference Combinations

One advantage of group therapy is that in the group interaction we can use TA to explore "all possible transactions." These can include, theoretically, family transference combinations projected onto the group, such as self to sibling, other sibling to other sibling, self to projected self, self to self-object, self to parent, other sibling to parent, parent to parent, and so forth. The possibilities expand if we rook for the reactions in those situations from each ego state. And for a comprehensive exercise, a master grid could be set up to assess each one of the aforementioned two-person combinations from the perspective of 1) transference, 2) counter transference, 3) projection, 4) projective identification, 5) self-object relations, 6) fantasized identities, 7) imitation, and others. For an extreme example, and in the spirit of Berne's humor, in group a patient may be imitating the fantasized identity of a sibling relating through projective identification to another sibling in the context of family group transference contaminated with self-object projections (with apologies to Occam's Razor).

Berne's classic relationship diagram can be used to expand on self-object theory. In it he illustrated nine channels for relating (all possible links between the two sets of three circles). For example, on the Adult to Child teaching channel, the therapist's Child can learn from the patient's Adult, which further strengthens their bond. Or, on the respect channel, the therapist's Parent will respect the patient's thinking Adult, rather than only focusing on the patient's hurting Child. Each of the nine channels of relating can be a factor in building the bond in self-object transference work. A new relationship diagram can be structured using a different type of connecting line focused only on the mirroring, idealizing, and twinship transferences and defenses against them. New combinations for study may come from playing with the diagram, but I leave this to theorists well-versed in self-object relations.

Transference in Scripts

Transference plays a part in scripts, not only in our relationships with others, but also in the background setting provided by the family group transference. An example of this would be an "Us

against them" (I'm OK-You're OK-They're Not OK) life position.

Script theory focuses on how people go through life recreating their script scenes. In what I call the three P's of script promotion-Pick 'em, Provoke 'em, or Perceive 'em-a patient "shops around" to *pick* the therapist most likely to be a key player in the next script scene, then *provokes* the therapist into the needed transference attitude if possible, and if not possible, perceives it anyway. The TA therapist declines the script "casting call" and uses the drama to clarify some or all of the script games, script decisions, miniscript drivers, and time scripts used to get to the transference point (a switch point in the game). He or she may also clarify the underlying life positions, script roles, script permissions, reparenting, and redecisions needed, among other things.

We can view transference as a "transference position" and, therefore, as a script decision. Childhood script decisions are made during the "Script Game" in the "Script Scene" and have Persecutor, Rescuer, and Victim transactional motives. A child makes the decision, such as Don't Make It, for example, not only for survival purposes, but also as Persecutor (Revenge)-to get even with the parents (i.e., deprive them of a role as successful parents); as Rescuer (Bargain)-an unspoken agreement~ to help parents complete their ulterior script motives (i.e., to have the children fail and come back and live with them); and as Victim (Surrender)-to surrender to the parent's persistent influence (i.e., "You're the not OK person, not us. Admit it"). In transference and redecision work, the therapist may need to work with all three game motives behind the script decision.

Conclusion

Freud's work has a dynamic base, but transference is often presented as an inevitable unconscious occurrence in therapy. With TA, transference can also be seen behaviorally as a timed event for multiple payoffs. These payoffs include internal and external psychological and social advantages, among others spelled out in the TA literature. Thus Berne added the sociodynamic model to Freud's psychodynamic model.

The possibilities of an idea may seem exhausted in its own system, but can be expanded when approached by a new system, particularly if the full power of the new system is explored. Thus we can see how TA offers many new perspectives to the concept of transference.

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