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Editorial

Julie Hay

In the last issue I wrote about how I enjoy the international contacts that come as part of the role of Editor – and that I hope to have papers in this issue from Brazil and South Africa to add to the list of 14 countries already represented in our pages over the five years of issues. I am pleased to confirm that the Brazil and South Africa papers are indeed here, plus others from Russia, Ukraine (for the first time) and a contrast involving the UK and the USA (the latter also for the first time).

We start the issue with the paper from Brazil by Jane Maria Pancinha Costa. This was the first ever to be submitted to IJTAR when we launched and it has taken some time to go through the review process, not least because of the need to translate from Portuguese, and I am delighted that it has now reached publication status. The work was done many years ago but there was little doubt in my mind that the topic remained relevant, and this has been confirmed by a recent paper in the *Transactional Analysis Journal* by Bastianelli (2014) on TA activity in Brazil where the problems of oppression clearly continue to apply. The methodology also stands the test of time and I hope the paper will prompt others to repeat the study elsewhere.

We follow with a paper by Marina Solomonovna Sokovnina and Viktor Nikolayevich Aleshin on their work of combining the approaches of psychodrama and TA to produce interventions with 11-12 year olds in the Russian educational system. In addition to demonstrating how useful the interventions were, they include a copy of a contract drawn up by the children themselves when invited to role play being teachers and pupils, plus enough detail so that again the ideas can be copied elsewhere.

Cathy McQuaid provides our third paper, on her investigation into the perceptions of students of TA psychotherapy training. McQuaid has included interview findings from early TA students in the USA and contrasted these with more current UK students. McQuaid's paper provides the specific research

methodology and results based on 21 participants and supplements the book review that appeared on this topic in the previous issue of IJTAR (Hay 2014).

An interesting contrast is provided in the 4th paper, in which Ganna Golovan reports on research with hospitalised individuals in Ukraine who have been diagnosed as schizophrenia paranoid sub-type. Commenting that the schizophrenia diagnosis covers millions worldwide, Golovan proceeds to describe the use of several TA questionnaires/checklists to a group of 27 participants. Although the instruments have not been validated, Golovan provides English copies so that others can copy the methodology.

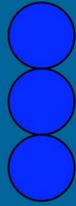
Finally, we extend IJTAR coverage to South Africa with a paper from Sharon Mary Johnson on interventions designed to reduce teacher stress and burnout in a very deprived area of the Western Cape. Johnson demonstrates the positive effects of a TA-based intervention in some extremely challenging circumstances, with a particular outcome of teachers taking more responsibility for discipline within the classroom.

Administrative Editor

Having announced in the previous issue that we now had a new Administrative Editor, regrettably she decided after one issue that she no longer wanted the job. So again we welcome enquiries from anyone who might like this role, which requires a high level of internet-based expertise. Enquiries to Editor@IJTAR.org please with a full CV and indication of hourly rate expected.

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- Hay, Julie (2014) Book Review: What you really need to know about Counselling and Psychotherapy Training *IJTAR* 6:1 77-78



An action research project aimed at raising social consciousness amongst women attending transactional analysis group psychotherapy in Brazil

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Abstract

Based on awareness of material by Gramsci (1978, 1982) on hegemony, Freire (1979a, 1979b) on cooperative contact, and Steiner (1975) on radical psychiatry, action research methodology was used by the researcher, who was also a psychotherapist, with 12 women attending two ongoing weekly psychotherapy groups in Brazil in order to raise their social consciousness of culturally-based oppression of women, particularly relating to work; to apply life script analysis as a therapeutic intervention within the groups; and to facilitate recognition by the women of the benefits of cooperative contact when seeking to liberate themselves from oppression. Individual structured interviews were conducted and the data from these was discussed within the groups, leading to the development of a model containing 6 levels of consciousness of oppression. Examples of oppression identified by the women are provided, with only 17% relating directly to sexual discrimination at work. Although the research was conducted many years ago (1987-1989), it is shown that problems still exist and the research methodology could usefully be applied elsewhere.

Key words

hegemony, social consciousness, discrimination, transactional analysis, group psychotherapy, action research, radical psychiatry, levels of oppression

Introduction

This research developed from practice as group psychotherapist in Brazil with two groups of women, from different socio economic and cultural contexts, over two years of group meetings for two hours weekly. Questions emerged in the groups about social or external constraints and intrapsychic or internal constraints experienced by the women. I started to ask myself questions: if we consider that relationships are permeated by ideologies that become embedded in individuals, and if the elements of the internal processes in individuals can

be understood and known through transactional analysis theory, particularly life script (Berne, 1974; Steiner 1976), how can these elements contribute, in a joint reflection, to enlarge and expand the spaces of perception and action by women? How can they contribute to help women develops critical awareness about their role in society as individuals, a gender and a part of the whole?

The research was conducted through a qualitative methodology using action research of an awareness-raising character. The objective of the therapy was to raise the awareness and action capacity of the group members through the flow of awareness raising plus the contact with other women. The objective of the research was to identify the ways in which the women were being limited by society and were limiting themselves, so that they could better identify appropriate behaviour changes.

Theory Review

Radical Psychiatry

According to the Radical Psychiatry approach, an individual needs the support of a group of other human beings in order to move against aggression. Steiner (1975), proposed that "... in the absence of oppression, human beings will, due to their basic nature or soul, which is preservative of themselves and their species, live in harmony with nature and each other. Oppression is the coercion of human beings by force or threats of force, and is the source of all human alienation.

Alienation is the essence of all psychiatric conditions.

All alienation is the result of oppression about which the oppressed has been mystified or deceived" (p. 10).

Oppression is often supported by laws and traditions. In interpersonal relationships, oppression consists of taking away from someone, by force or threats, physical or psychological manipulation, something that belongs to those individuals, and which they do

not want to give away, and which otherwise they would not give away.

Another important aspect is that mystifications, or lies, constitute a powerful method to destroy people's ability to understand the world and to be effective. These lies pave the way for submission, obedience and the belief that failure and unhappiness are exclusive products of one's own guilt. Obedience and the acceptance of mystifications are taught in many childhood institutions, as we learn to do what we are told.

Each oppressive system has a series of mystifications that justify the abuse of power perpetrated over its victims, so that those who are oppressed come to believe in the lies used to justify oppression. When arguments that explain and legitimize oppression have been incorporated into someone's awareness, mystification and alienation are complete. Thus, people will no longer rebel against oppression, but will blame themselves instead. They will accept and admit that they are the source of and reason for their own unhappiness. They will apply their internalized oppression to those around them and will reinforce oppression of others through their own oppression. Alienation characterizes itself as a person's feeling of being apart from the main group. According to Steiner et al (1975), alienation does not refer to the separation of an individual from other people, but rather, to an individual's isolation in relation to themselves, from their human possibilities of work, of thought, of love. It refers to the separation of an individual from their body, always as a result of the deluded acceptance of oppression.

When people are alienated from their job and fragmented, they isolate themselves from other people and force themselves to be competitive, becoming alienated from other people, too. This alienation is supported by the belief in individualism and competition as a means of acquiring assurance in the fulfillment of needs and happiness. Hence, according to radical psychiatry, two factors are necessary for liberation: awareness of oppression including the sources of it, and cooperative contact with other human beings who, united, will move against the oppression through some form of action.

Society

For the transformation processes that are the subject of this study, there needed to be a change in the awareness of the individual women in their everyday relations, so it became necessary to deepen the comprehension of the dialectic relationship and reciprocal action (organic bond) between society's structure and superstructure. For this, Gramsci's (1978, 1982) material is relevant, as even authors who disagree with many of his ideas (Strinatti 1995)

are unanimous in asserting the importance of his work to the understanding of the historical block (Baratta 2001). Gramsci wrote of structure as the set of productive action material forces. In a global historical situation (historic block), it is the less variable element, in which each change may be verified and measured with mathematical accuracy. The structure is justly shifted to reality because it is the testimony, the incontestable document of what has been done, and it continues to subsist as the condition of present and future. (Portelli, 1983).

The superstructures of the historic block form a complex set in which two spheres are distinguished as two elements: the Political Society and the Civil Society. The first has well-defined features; it gathers the set of superstructure activities that concern the coercion function. In that sense, it is an extension of the Civil Society. Gramsci often defines the State as the Civil Society plus the Political Society i.e. armored coercion hegemony, or the State in its integral meaning of dictatorship plus hegemony. The Civil Society is an intermediary sphere that includes aspects of structure and superstructure, and is a complex set that gathers every organism said to be private and through which the hegemony function, exerted all over society by the dominant group, is expressed.

Hegemony may be considered under three complementary aspects:

1. as the ideology of the governing class, it reaches every field of ideology, all the way from art to science, including economics, law, etc.
2. as a conception of the world, diffused through all social layers to link them to the governing class, that adapts itself to all groups. From this adaptation come different qualitative degrees of philosophy, religion, common sense and folklore.
3. as society's ideological direction, it articulates itself on three levels: ideology itself, the ideological structure (organisations that create and diffuse the ideology, as well as all means of communication and the cultural ones that may allow influence on the public opinion) and the ideological material (technical instruments for diffusing the ideology). Gramsci defines ideology as "a conception of the world that implicitly manifests itself in art, law, economical activity, in every individual and collective life manifestations." (Portelli, 1983, p. 23)

Ideology, governing class conception of the world, must diffuse itself throughout society. Thus, it is not homogenous in all levels: the ideology diffused on each governing layer is more elaborate than its fragments found in popular culture.

Civil Society's domination expresses itself in the form of hegemony, and every hegemonic relationship is necessarily a pedagogical relation. The domination of consciences, through the practice of hegemony, is an indispensable element to stabilize a relationship of domination and, with that, the relationship of production. It is in that context that the conception of Civil Society as a place of diffusion of ideologies takes on importance.

Gramsci refers to individuals as intellectuals, contributing to the evaluation of the importance of individual change in the reading of the world, for the superstructure modification in the core of Civil Society. However, according to Freire (1979a) "The alienated society has no awareness of its own existence... The alienated being does not look at reality with personal criterion, but through other people eye's." (p. 35)

Cooperative Contact

According to Freire (1979b), an individual cannot think without the co-participation of other individuals in the act of thinking. True dialogue, however, is not possible if the people involved do not commit themselves to critical thinking, through which reality is perceived as a process of evolution and transformation. The development of awareness is more than just becoming aware of something. It involves, "the critical insertion of the person with a developed awareness in a demystified reality." (p.90). Such cooperative contact needs to be practiced and the awareness of it developed and watched over, since it is not spontaneous at first. Being spontaneous in a society that is built on exploitation goes against common sense when relationships are based on individualism and competition.

The training for power and psychological games is quite massive, since the games are part of hegemony. When they happen, they have to be resolved by friendly confrontation, negotiation and contracts. Among people who are committed to self transformation and the transformation of others, this confrontation becomes especially possible when there is awareness of the determining role of the games for the maintenance of hegemony.

In the same way, the search for cooperative contact among people who feel oppressed requires an awareness of oppression which is the second level of awareness. With this second level present, contact, if established on a cooperative basis, makes de-alienation easier at the remaining levels. This moves people closer to liberating action. The contact on a cooperative basis is necessary to produce, create, transform and not just reproduce the status quo. This is a way of taking possession of one's self,

a way of breaking free from alienated forms of thinking, feeling, and behaving in the intra and interpersonal relationships, acting to disclose and transform hegemonic oppression and inequality.

Transactional Analysis

Since the original study was undertaken many years ago, a great deal more relevant transactional analysis material has been published to add to that available at the time of the study and some of that has now been included here.

Levin (1977), discussing women's oppression, pointed out that that gender roles hurt both men and women, and that cultural values that regarded the roles of women as inferior to those held by men were reinforced through the practices of parenting, social influences and psychiatry theory. Later, Levin (2010) challenged that the same scenarios still exist, and commented that the 'inferiority' is particularly evident in leadership positions.

James (1983), addressed cultural scripts and social change, considered the family as a small subculture but pointed out that political parties, religion, socioeconomic and racial groups, including professional associations, can influence as much as parents do. She wrote that the down-scripting of women in all cultures and all times is a clear example of the "collective ego states of a world-wide cultural belief that women should be kept down as that is their "place", to be subordinate - no matter what. A massive worldwide cultural contamination in both men and women, these contaminations are continued today." (p.220).

Drego (2006, 2009) emphasised the power of social transformation of transactional analysis. Both Levin (1977) and Drego (2006) refer to Steiner (1975) and radical psychiatry as a forerunner in the advancement of the social aspects of transactional analysis. Drego (2006), referring to collective action that leads to social change, quotes from Kabeer (1994) "We have stressed...the importance of incorporating women's own needs and priorities into the construction of organizational agendas ...Strategies of empowerment from within provide women with these other perspectives. They entail reflection, analysis and assessment of what has hitherto been taken for granted so as to uncover the socially constructed and socially shared basis of apparently individual problems. New forms of consciousness arise out of women's newly acquired access to the intangible resources of analytical skills, social networks, organisational strength and sense of not being alone. (pp. 245-246 in Drego, p. 102)

Mazzetti (2010) refers to Reisman's (1950) analysis of the development of human society, and how third phase societies, with stable democracies as is

common in advanced capitalist societies, have a social character that is "other-directed" in that individuals respond behaviourally to peers rather than tradition. The winner's stereotypes within these cultures are therefore reinforced by the environment, and sometimes through counsellors and psychotherapists who are unaware that they are colluding. Mazzetti suggests that, in order to deal with our cultural scripts, we need to pay attention to "[how] the cultural script usually creates fewer social difficulties than other aspects of a person's script because it is consistent with the expectations of the sociocultural environment. This can make diagnosis more difficult. ... The therapist may be unaware of being contaminated by sociocultural prejudices. ... Cultural script behaviors, which are reinforced by the environment, become even more powerful because most people share them, and they are constantly displayed in the media, marketing, and so on." (p. 193)

Campos (2012) refers to how individuals also gain strength at a collective level from positive connections with others and maintains that the heart of transactional analysis is in helping people develop the courage to risk positive change, not only at the individual level but also at the collective cultural level.

As part of forming their life script, people take on and develop basic beliefs and feelings about themselves and others that might structure a lifetime as opposed to autonomy. Using this theory, it becomes possible to begin to understand in what way – at the intrapersonal level – the phenomenon that is described by Gramsci (1982) happens such that "In the consciousness of children, "what is right" becomes "what is true". But a child's consciousness is not an individual (let alone individualized) thing. It is rather the reflex of that portion of the Civil Society in which he/she participates, the social relations as they are found in the family, in the neighborhood, village, and so on." (p.131)

In Berne's (1974) words "Although human beings are not laboratory animals, they often behave as such. Sometimes they are put in cages and treated like rats, manipulated, and put to sleep, according to their masters' will. Cages often have an open door, and one has but to leave, if he or she wants to. If they do not do so, it is because as a rule their Script keeps them there." (p.71)

Life script is, in dialectical terms, a strategy for survival (it is so mainly during childhood) and, at the same time, it is the anti-life mechanism that needs to be overcome. So it is characterized as an alienated life plan which was decided for – under pressure - during childhood. Part of it contributes to maintaining consensus in a society marked by the exploitation of

the majority by a minority of the population. Therefore, when analyzed in the light of people's place in society, script theory can be a way of understanding an individual's contradictions in everyday life.

When we think of women, there are many evidences about the influences of socioeconomic and cultural patterns, including on women's work. The so-called feminine characteristics (values, desires, behaviours) are undertaken by means of a complex individual and asocial process of gender acquisition. The masculine-feminine dichotomy establishes generally rigid stereotypes. These stereotypes limit the roles, and limit people's possibilities by encouraging or repressing behaviors according to whether or not they are appropriate to the gender. The structure of gender eventually is converted into such a powerful social fact that it is often thought to be natural.

The different socio-biological interpretations fall into the gender categories. Thus, even if there are variations related to culture, social class, ethnic group and even generations, it is possible to recognize a basic division corresponding to the most primitive work-related sexual division. Women have their children and therefore take care of them. Feminine means maternal, domestic; it is the opposite of the masculine characteristics, which are public. The gender categorisation, therefore, makes it possible to indicate with greater clarity and precision how difference promotes inequality. This segment of society – woman – can be considered so specific because, although there are differences in behavior and in the kind of oppression to which women are subject (since they are from different social classes) there are a few elements which are constants. They are constants both in what is expected of women and in where they locate themselves. Women from different classes have differences and also a lot of converging elements.

Educational institutions, in turn, instead of encouraging women to attempt new activities and new areas, seem to reinforce and stimulate even more the traditional role. In pre-school, boys and girls find the ratification of the social panorama and the demarcation of masculine and feminine roles. This happens because, in the environment in which they are taken care of, most of the time men feel absent. And like a mother's, a teacher's work is also not seen as a job or profession in the plain sense of the word, but as a job, more or less authoritative, more or less benevolent and not worth much payment.

In relation to children's literature, many papers and books that make the sexual discrimination clear are

used in schools. In Brazilian textbooks, according to data gathered by Nosella (1981), the mother is mentioned as a family member who usually does not work, but takes care of the home, the husband and the children. Their social role is reduced to wife, mother and housewife, and presented as uninformed and ignorant. When occupying any position, it is in typically feminine professions, generally socially, economically and culturally devalued (Toledo et al, 1983). Men, on the contrary, are the informed ones, they read the paper, and are undeniably superior. In textbooks, mothers are never seen as human beings that have the need for personal and social achievement. The only profession that can be exercised by them is that of a teacher, seen as a complementary profession for the performance of her motherly duties..

Invariably, in the analysed readings, a mother is a symbol of love, sacrifice, protection and holiness. Nosella emphasizes the fact that “stereotype” mothers do not belong to a defined social class, not indicating at all that some are rich and others not quite so; they transcend the class concept.

To Wyckoff (1976), at a script level women in the modern capitalist society are programmed to be the complementary half of the productive man. “As men and women, we’re socialized in the sense of developing certain parts of our personalities, while suppressing the development of others. This programming promotes a pre-determined, repetitive, and artificial way of acting... In a classic way, a man “should be” rational, productive, and hardworking, but he “shouldn’t be” emotive, in touch with his feelings, and openly loving. On the other hand, a woman “shouldn’t” think rationally, be able to do the accounting or be strong. (p. 160)

Research Questions

The research questions for this action research study were framed as:

1. Is it possible to identify the sources of instances of oppression that are reported by the women in the study?
2. Will the sources of oppression vary between different socio economic classes?
3. Can we link those sources of oppression that appear to be internally generated to the transactional analysis theory of life scripts?
4. Is it possible to use life script analysis as a therapeutic intervention within a group psychotherapeutic work in order to help the women understand and overcome sources of oppression?

Methodology

Action Research

The research approach was of action research, which Koshy et al (2011) describe as commonly used for improving conditions and practices, Parkin (2009) suggests is to bring about change in specific contexts, and Meyer (2000) proposes to be an approach which can generate solutions to problems and empower practitioners. Those authors appear to concentrate on the practitioner improving their own practice, whereas in this current study the focus was on using the results to empower the participants. This focus is summed up by action researcher Swantz (2001) when commenting that “For me it is really a quest for life, to understand life and to create what I call living knowledge – knowledge which is valid for the people with whom I work and for myself.” (p.1)

Whyte (1991) explains how what he calls Participatory Action Research involves the practitioner in the research process through from the initial design of the project through data gathering and analysis to final conclusions and actions arising out of the research. For this study, this translates into an initial design for conducting structured interviews (see Appendix 1 for the questions used) with the members of two ongoing therapy groups, the analysis of the interview data, and the subsequent development within the groups of a model for classifying the data from the participants, the application of transactional analysis concepts to participants’ issues in order to facilitate the identification of potential behaviour changes, and the ongoing facilitation of the implementation of such changes.

Ethical Considerations

This study was conducted under the auspices of the Faculty of Education of the Federal University of Rio Grande do Sul.

All participants agreed to be involved in the action research process, which of course was implemented through the psychotherapy groups that they were attending. It was made clear to them that refusing to join the research would not mean that they were no longer allowed to be in the group.

They agreed to attend the research interviews and gave permission for the interviews and group work to be recorded. They also gave permission to the author to write about the work, and contributed their own material for inclusion. The researcher promised that all material would be made anonymous and kept confidential.

A significant ethical consideration was the potential conflict of being the researcher whilst also being the psychotherapist. This is of course a common consideration when action research is the methodology. It was felt that, as the purpose of the research was to focus on empowering the participants, this would not conflict with the identical aim for the psychotherapy.

The Groups

The demographics of the two groups are shown in Table 1. This study was developed from the work with women's groups from different socio-economic and cultural levels. These were basically therapeutic groups, but also growth groups and workshops that had been running for about 10 years. The research took place from 1987 to 1989.

One group was composed in a public health centre of a peripheral village of Porto Alegre. The work in

this village had been developed since 1978 through a project of Community Health initiated by a group of students from the Faculty of Medicine of the Federal University of Rio Grande do Sul in an extra-curricular activity in which the author was included (Pozatti, 1980). Some of the women participating in this group therapy had been working with students and professionals from various areas of the health centre, and had participated in activities such as taskforces, campaigns, organization of community associations, and development and promotion of a theatre group. Others came to the group about problems with 'nerves', medical indications or issues with neighbours. There were six women in the group, married, separated and widowed, with children, with and without current paid jobs and with varying levels of education within the first degree of formal education. They were in a low-level socio-economic context.

	Age	Civic status	Educational level	Origin	Place of Activity	Family income (salary)	When begun to earn salary (age)	Children
Group 1								
A	36	Married	Alphabet school	Rural	Home	1x		2
B	34	Widow	Primary	Rural	Trade	2x	17	2
C	49	Widow	Primary	Urban	Home	2x		4
D	47	Married	Primary	Rural	General service	3x	45	7
E	46	Married	Primary	Rural	Home	1x		2
F	47	Separated	Primary	Rural	Creche	2x	35	3
Group 2								
G	37	Married	Higher education	Urban	Professional	23x	25	3
H	43	Married	5 th Grade	Urban	Trade	24x	17	0
I	28	Married	Higher education	Urban	Professional	40x	24	2
J	37	Married	Higher education	Urban	Professional	45x	22	2
L	31	Married	Higher education	Urban	Public service	24x	22	1
M	32	Married	Higher education	Urban	Professional	45x	21	2

Table 1: Characteristics of Groups

The other group was composed in a private psychotherapy clinic in the urban area of Porto Alegre. This group began in August 1986. Some sought a specific space to work on individual questions related to their womanhood. Others were individual psychotherapy clients and were invited to participate in the therapeutic group. There were again 6 participants, married or single, with and without children, with and without current paid jobs

and with varying levels of education, including university courses. These women were embedded in a mid-level socio-economic context, similar to that of the researcher.

Results

Situations identified as oppressive

Table 2 summarises the three top situations described by participants as oppressive.

	1st	2nd	3rd
Group 1			
A	Too many clothes to wash and someone comes	Going shopping	Illness in the family
B	Doing business (shopping, taxes)	Fear of assault on my warehouse	Driving the car
C	Arranging a house	Worrying about my children	Illness in the family
D	Being criticised at work	My job as a cleaner	Working on Saturday
E	When I think that I will not earn my money (fees)	When my husband is at home and I am working	When I have to lie
F	Lack of money	Arguments	When I want to do something better in the community and it does not work
Group 2			
G	Difficulties with colleagues	Feelings of inadequacy	Difficulty of raising my professional fees
H	Difficulties to understand something	Commit to a lot and cannot complete	When I need to justifying something to someone else
I	When I spend too much to work	Difficulty of reconciling work, home, kids	
J	Husband commands	My ideas are not valued at work	My ideas being used by someone else as their own (men)
L	When I need to solve problems with authority figures (boss)	Involved in conflicts at work	The boss ask me to work harder and I accept
M	Difficulty balancing work with children	Too many intellectual or work requirements	When I earn less than I think I should

Table 2: Summary of Oppressive Situations

Levels of Consciousness of Oppression

Using the analysis of the data from the interviews, I then worked with the group members and from this work there emerged a model showing six levels of awareness of oppression, as illustrated in Figure 1. Readers will see that this is similar to the treatment levels identified by Schiff (1975) within the discount matrix, with the significant addition of the need for contact with others. Within the groups, the participants used this model to analyse and understand their own processes of women's liberation.

Other Findings

The data collected showed the result of a dynamic and dialectic process being revealed by reality and which, quite inevitably, passed through the sieve of the criticisms of the group participants and was shared with objectivity, conviction and fairness.

The analysis made evident the relationship between current external oppressive situations and the internal oppressive situations, thus characterizing a continuum of the decoding of the superstructure of the individual (Question 1). This aspect was observed in both groups despite the difference between their cultural and socioeconomic levels.

In both groups, the situations identified as oppressive, which were directly related to the sexual discrimination at work, accounted for approximately 17% of all oppressive situations reported in each group. In Group One, approximately 56% of the situations identified as oppressive could be directly related to a feeling of inability to act due to being a woman. (for example: "*at business, to make a deal or to stand up*"). This is a feeling linked to the stereotypes of common sense, identified with the "gender" category, according to study by Lamas (1986). In Group Two (higher socioeconomic bracket) the situations related to the same feeling of inability account for approximately 40% of the total situations referred to in this group.

Approximately 28% of the situations referred to as being oppressive by Group One are directly related to these women's low socioeconomic bracket (for example: "*to be in need of money and other resources*"). Around 40% of the situations identified as oppressive by Group Two were directly related to discrimination against women at work (for example: "*my ideas being used by other people, specially men, as if they were their own ideas*"). These data, in addition to the fact that all women in Group Two were involved in specialized activities and earned money for their work, leads to the assumption that the insertion of women in the world of work shows to these women the extent of their discrimination. In Group One 50% of all women did not earn any

money for their work at their own homes and therefore they remained more isolated (Gorz, 1982). The type of activity, together with these women's different insertion in the work world, make the inequality of opportunities for women of different social classes evident. (Goldsmith, 1986).

The answers to question 20 of the interview Schedule are also noteworthy. When asked if they talked to other women about oppressive situations felt by them at their work, only one woman in each group mentioned doing this frequently. One mentioned that she began to talk to other women after she understood the necessity of cooperative contact to liberate herself from the oppressive situation. Others answered that they never or almost never talked to other women about these situations outside the psychotherapeutic group. This characterises a high degree of alienation in relation to the importance of contact for liberation.

Discussion

The reverse of alienation means being powerful in this world. The task we set ourselves is to help us claim our alienated powers back. To be powerful in this world, you have to walk a road which goes through establishing contact in order to end isolation, developing awareness to end mystification, and taking action to end oppression. The awareness raising, especially the understanding of how oppressive influences operate in order to diminish our power, is the key to developing it. The development of awareness is the gathering of information about the world and how it works, and it is an important never-ending task to expand personal power in the world.

In this spiral of evolution, once in contact, each awareness that produces action with a liberating effect paves the way for a new opportunity, an opportunity to become de-alienated at a more complex level for a better understanding of the world. Each oppressive situation identified seems to make room for the identification of other oppressive, more abstract, and therefore subtler and more comprehensive situations. Likewise, liberation from an oppressive situation, that is 6th level, seems to recover the belief in one's personal power to overcome other oppressive situations, and to do this with increasing speed and intensity.

Limitations

An obvious question about this research is whether it is still valid after so many years. Bastianelli (2014), in describing work done by Italian volunteers in Brazil each year since 2008, comments that "This is a land where children disappear and become victims of organ trafficking or sexual abuse, where fathers are out getting drunk and mothers wash the clothes of

<p>6th level - awareness of the situation, associated with contact, action that rescues the power for liberation.</p>	<p>Once there is consciousness of the oppression, the liberation requires both contact and anger (that promotes motivation); it is the contact with other human beings that, when united, will mobilize against oppression. However, awareness and contact cannot produce liberation. This will only happen under some form of action. Only action taken by groups of people that feel anger due to the form in which they have been oppressed may lead to liberation.</p>
<p>5th level – awareness of an oppressive situation, awareness of the cause of this oppression, awareness of the possibility to change, awareness of potential personal power to change the situation; a lack of awareness of the importance of contact for liberation.</p>	<p>At this moment, when there is awareness of the potential personal power to change, therapeutic contact and cooperative contact with other people are still needed to create a favourable (appropriate) and secure environment that stimulates a person to act to liberate the initial motivation (this action represents the overcoming of the script and the liberation of autonomy).</p>
<p>4th level – awareness of an oppressive situation, awareness of the cause of this oppression, awareness of the possibility to change, a lack of awareness of potential personal power to change the situation.</p>	<p>In this level, when there is awareness of the possibility to change (which to the child would mean disobeying Dad, by breaking the rules), the person may try to avoid the awareness of his/her self-competence to change, because of the fear of reliving the catastrophic experience and because this person expects to find a hostile and oppressive environment.</p>
<p>3rd level – awareness of an oppressive situation, awareness of the cause of this oppression, a lack of awareness of the possibility to change.</p>	<p>At this moment, when there is awareness of the oppression (discomfort by repetition), awareness of the cause (that would be: "Dad doesn't like it"), the person tries to avoid the awareness of the possibility to change, because this would put him/her in contact with the catastrophic experience involved in that situation of an early decision in the script and the fear of reliving it.</p>
<p>2nd level – awareness of an oppressive situation, associated with a lack of awareness of the cause of this oppression. "</p>	<p>At the second level, there is growing awareness of the beliefs that justify repetition. At this moment the person avoids contact with injunctions of the script, very much like a child who repeats "I shouldn't do this" while avoiding the contact with "Dad doesn't like it" or "Dad doesn't like me when I do this".</p>
<p>1st level – non-awareness of an existing oppressive situation. It represents full alienation.</p>	<p>At this level, oppressive situations of the life script are reproduced without awareness of the discomfort produced by this. It is the moment of alienated repetitions, where the psychological games seem to be a more viable form of social relationship, or the most viable one. Rackets seem to be the way to feel, think and act. When the facilitator works with someone in this way, the facilitator knows that this person will soon experience the discomfort caused by the awareness of the repetition associated with the lack of awareness of the cause of this oppression.</p>

Figure 1: Levels of Consciousness of Oppression

fazendeiros (owners of large plantations) for a handful of beans. It seemed incredible to us, but slavery was prohibited in Maranhão only some decades ago, and some forms of slave labor still survive, even if the government fights them.” (p. 88). I invite the reader to consider where else in the world the male/female stereotypes still exist, and how similar problems of oppression also affect men. In the UK the Government are currently running television advertisements asking the public to watch out for, and report, signs of human slavery that is now occurring there with men and women. (Hay, 2014).

There is also the way in which oppression was assumed to exist; the questions were worded with the implication that participants would be able to provide examples of oppression. This may have led to group members providing responses in order to ‘please’ the psychotherapist.

The further possible limitation that the researcher was also the psychotherapist is implicit in the nature of participatory action research. In this case, the aims of the research were identical to those of the psychotherapist, in that the intended outcomes were to increase the self-awareness and social consciousness of the participants in order that they might become more autonomous.

The research was conducted in Brazil and the examples of oppression experienced by participants may well be different within different cultures. Furthermore, no definition of oppression was provided to participants and that also may be defined differently by different groups, and different researchers.

The number of participants was small and it may well be that different examples would be identified if a larger group were interviewed. Similarly, there were only two groups that worked on the model of the Levels of Consciousness and other groups might have analysed the data differently.

Conclusion

The possibility of collective therapeutic work influencing the liberation of women so that they can bring about superstructural change is related to the difference in each woman’s personal process, which characterizes their own liberation and its specificities, their choices and their status as unique individuals. It is possible to notice that the degree of awareness raising depends on these women’s views on work and their action when working collectively. However, the expansion of spaces for perception and action by these women was more evident in Group One and subtler in Group Two.

In the first group, all these women began to participate more often in community groups, also exerting leadership. The changes that the women in the second group referred to and noticed seemed to appear on an individual level. However, there was no liberation in the sense of cooperative contact amongst equals in order to intensify action and raise the conscience of work groups in the wider population. It is possible that, through alienation on a particular level, women come to realize only theoretically the social determination of their behaviour, without capturing this fact in concrete everyday relations. This is particularly true for Group Two.

It is also possible that these women, in their process of overcoming oppression, stimulate other people’s change by questioning and acting on their everyday relationships at work and their subsequent greater participation in groups. This transformation of oppressive situations when it comes to previously alienated and deterministic relationships, characterizes the possibility for action on the superstructure level.

It is hoped that, by presenting these findings, the model of the levels of awareness of oppression may provide a vehicle for use by other groups and individuals in their journey towards increased awareness of the dynamics of oppression and development of their own social consciousness.

Finally, we need to consider the dynamic relationship in which the overcoming of an oppressive situation means a new world and personal view. This, on a wider level, generates new oppressions to be overcome.

As this research was a process investigation, it does not end like an experiment. It highlights considerations about the process of de-alienation in which those women became involved. It points at new directions for joint reflection and action. These are meant to formulate a critical awareness of women’s participation as individuals, as a gender and as participants in society as a whole.

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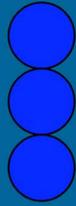
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Appendix 1: Structured Interview Schedule

The structured interview was based on the following schedule, with 20 items arranged to pave the way to acknowledge the existing relationships between current external oppressive situations and intrapersonal alienation.

- 1) Remember three situations in which you feel oppressed at work.
- 2) Choose one.
- 3) What do you think and feel in this situation?
- 4) To what do you attribute this oppression?
- 5) What would you like to do in order to solve this oppression?
- 6) How would you feel if you had solved this oppression?
- 7) What do you usually do in this situation?
- 8) What do you feel when you deal with the situation the way you do today?
- 9) Choose two important people to you in your childhood (mother and father, if possible)
- 10) What would each one of them feel, think, say, if they saw you solve this oppression?
- 11) What does oppression mean to you?
- 12) Remember two situations in which you feel great at work.
- 13) Choose one.
- 14) What do think and feel in this situation?
- 15) To what do you attribute this well-being?
- 16) What do you usually feel and do after feeling like this?
- 17) What would those two important people to you feel, think, say, if they saw you in this situation of well-being?
- 18) Is all this information of use to you?
- 19) What can you do with this?
- 20) Do you talk to other women about these oppressive situations you feel at work? If not, why? If so, who with, where, how often, and what are these conversations for?



Integration of Psychodrama and Transactional Analysis Methods in psychoeducational work with school-age children in Russia

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Abstract

Beginning with a comparison of the concepts and methods of psychodrama and transactional analysis, the authors identify similarities and present their experiences of combining these approaches in order to conduct workshops for 5th grade (11-12 years) students within the Russian educational system. They provide their rationale for this work, details of the content of the training and an example of the work of the students in the form of an agreement on cooperation between students and teachers. They provide an analysis of the reported emotions during lessons for 78 students compared to 38 within control groups, showing increased positive emotions and decreased negative emotions for those in the transactional analysis/psychodrama lessons. They conclude that the role-play method used was more effective than traditional educational methods within Russia for the development of autonomy, motivation and involvement of students.

Keywords

transactional analysis, psychodrama, educational transactional analysis, efficiency estimation of transactional analysis, Redecision school.

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It is common practice to use group work including role-playing when applying approaches such as psychodrama and transactional analysis within educational settings. The authors of this paper initially used psychodrama and TA separately and gradually introduced elements of the other approach

into their work. Their experiences were that such a combination provided additional resources for resolution of personal problems and for educational development. They decided, therefore, to analyse the differences and similarities of the two approaches in order to support practice with theory, and to find the contact points between the theories for a better understanding of the principles for combination.

Historical Background

Historically it has been evident that the two approaches have contributed to each other, and that the creators – Jacob Moreno and Eric Berne – were developing their ideas during the same period. According to biographer René F. Marineau (1989/2001), professionals from different fields gathered in 1942 in New York at the Institute of Sociometry, organized by Moreno, and "people like Fritz Perls, S. H. Foulkes and Eric Berne participated in Friday-night sessions" (p. 15). The German psychodramatist Grete Leutz (2008) noted that these sessions influenced the participants of the meetings to include role-playing techniques into their practice, and she believes that Eric Berne, influenced by these meetings, has featured transactional games in his theory.

Berne (1957/1991) described the advantages of psychodrama as follows: "In psychodrama one can replay severe emotional disturbances, which allows the subject to fully express his (sic) feelings and in such a way to realize his accumulated fears and faults." (p. 279)

Comparison of the Concepts of Psychodrama and TA

The notions introduced by Moreno and Berne were close, including game, spontaneity, creativity, interaction, etc. Some of their practical approaches to psychotherapeutic work are also similar, as can be seen in Table 1.

Approach	Psychodrama	Transactional Analysis
Goal of Therapy:	Kipper (1986/1993) referred to <i>awakening of spontaneity</i> , which is expressed in a creative act, or the manifestation of a certain behavioural pattern in the here and now situation; also that Moreno correlated lack of <i>spontaneity</i> with emotional illness, so the goal of psychotherapy was to teach spontaneity	Stewart & Joines (1987/1996) refer to Berne's concept of autonomy as defined by three capacities - awareness, spontaneity and intimacy, commenting that this needs release or recovery of those three human qualities.
Definition of spontaneity	Spontaneity as a key concept in Moreno's theory does not mean a reactive action, or lack of control, or rashness; it implies the ability to move in a given direction, and hence it is not alien to self-control. (Kipper 1986/1993)	Spontaneity is understood as a capacity to choose from a full range of options in feeling, thinking and behaving (Stewart and Joines 1996)
Tasks/ steps	<ol style="list-style-type: none"> 1. Facilitate an expression of pent-up feelings 2. Contribute to gaining of insight 3. Help a client to create new and more effective behaviours 4. 4. Reveal unexplored possibilities for conflict resolution 	<ol style="list-style-type: none"> 1. Clarify the problem 2. Verbalize the desired result 3. Develop understanding of the mechanisms of personal script behaviour 4. Bring a client to re-evaluation of early decisions and making of new decisions 5. 5. Consolidate new behaviours through practice

Table 1. Similar elements in the conceptual bases of psychodrama and TA

Comparison of the Methods in Psychodrama and TA

From the authors' viewpoint, one of the branches of TA - the Gouling & Gouling (1997) redecision school - is the closest to the method of psychodrama. Our comparative analysis is shown in Table 2. We concluded on the basis of our theoretical study and our own practical experiences that the two approaches were similar and compatible and could therefore be applied together in practice.

Practical Application

We decided that one of the authors would combine TA and psychodrama with 5th grade school students (ages 11-12) during a workshop intended to support a healthy process of acceptance of the new learning environment and the building of new relationships in their group and the development of emotional attachments. Due to the peculiarities of the educational system in Russian secondary schools, fifth grade students change to a different system of education and have to adjust and learn new communication skills and develop new relationships with other teachers. In Grades 1-4, basic subjects are taught by one teacher in one room, with pupils

moving to different rooms and different teachers only for gym, music, technology and manual skills. From the 5th grade, a cabinet style of education is used so that each academic subject is held in a specially equipped classroom with its own teacher. Some of the school requirements and expectations from the students also change. There are new subjects in the programme. The rotation of students in parallel classes is often done, in order to create learning groups of students with similar levels of development and academic progress. Because of this, the processes of group dynamics and formation of study groups occurs.

These changes of the learning environment, as well as the natural processes of childhood development, make it necessary to revise explicit and implicit agreements and contracts, including negotiable and non-negotiable rules of behaviour at school. Traditionally, however, such revision is not conducted and students are simply ordered to follow the written rules of behaviour in the school statutes. This contributes to the development of passivity of students and to the emergence of psychological games between teachers and students.

Stages	The description of the methods at different stages of their implementation		Similarities	Differences
	Psychodrama	TA Redecision school		
1st stage of warming up / preliminary phase	<i>Disclosure</i> of the group members and a protagonist is supported by <i>warming up techniques</i>	The <i>disclosure</i> of members is provided through a focus on creating a safe atmosphere by means of <i>contracting</i> , rules, protection, paying attention to group dynamics.	The importance of creating conditions for self-disclosure and authenticity in working on problems is recognized.	A group contract gives an opportunity to declare individual requests concerning safety in the group.
2 Clarification of problems and desired results	A vague image of the result or the absence of positively formulated result are possible.	Focus on contracting about outcome client wants to achieve and specifying the desired changes in three areas - feeling, thinking, behaviour.	In both approaches action is preceded by discussion and clarification of the problem.	Clear contract guarantees results to a greater extent, but requires greater readiness of client. For clients who 'don't feel their needs', the looser contracting may be more appropriate.
3. Techniques for deciding who works when.	3 options: <ul style="list-style-type: none"> practitioner decides based on criteria (time required, importance, etc.) group votes on whose problem is more important selection through discussion between group members who volunteer to become protagonists 	Techniques are used simultaneously: <ul style="list-style-type: none"> client's willingness (the explicit expression of desire to do the work now) group rules that minimize competitive processes in establishing order of working 	There are recommended rules or procedures for selection of the protagonist.	TA has more focus on protection; with group voting clients may feel pressured or not important: with group discussion problems are actualised for all but may not be dealt with.
4 Enactment and its peculiarities	Enactment is used for a wide variety of intrapsychic and interpersonal problems.	Enactment is primarily aimed at work with the <i>impasses</i> . Portrayed elements of the scene represent the primal scene or conditions of the impasse formation, or significant figures or symbols on which the content of the impasse is projected.	Both approaches use "enactment" of the problem to facilitate client's expression of feelings, reflection, and to stimulate insight in the area where the problem is contained.	
5 Specific aspects of the dialogue	Dialogue between real persons is used, as well as between almost any elements of client's personality.	Dialogue between "real" individuals, ego states, roles, needs is used.	The use of "externalization" - bringing the inner dialogue out.	Psychodrama allows the inclusion of various elements of the problem, and relevant hypotheses are put forward during the work.

Stages	The description of the methods at different stages of their implementation		Similarities	Differences
	Psychodrama	TA Redecision school		
6 Changes expected in a client	<ol style="list-style-type: none"> 1. Catharsis 2. Insight (realisation) 3. New ways of behaving, expanding role repertoire (Aleshin 2009) 	Catharsis of unexpressed feelings as an essential but intermediate phase on a way to rededecision, which in turn leads to more behaviour options.	Expression of feelings, understanding problem, new behaviours; as new behaviours arise via rededecision, we can assume they are the <i>latent, unaccounted phase</i> in psychodramatising of problems.	TA additionally uses the concept of racket feelings to ensure catharsis of genuine feelings.
7. Necessity to work with the primal scene	The true essence of things (events) is revealed only when they appear in their original context. Change of context changes the contents of the things.	The importance of identifying the early scene and stimulating client to change the decision made at that moment.	The importance of the context.	In rededecision school the notion of <i>primary context</i> is narrower.
8 Accuracy	"It is quite important for both a therapist and his (sic) patients to provide specific information during a role-playing session." ((Kipper, 1986/1993, p. 22)	TA and rededecision school put forward a similar requirement.	Concurrence of the working methods.	
9 Temporal shifts	The past or the future are brought into the present.	The client shifts over the time symbolically.	The client speaks of past events in the present tense.	
10 Factors used for an enactment of problem situation or an issue	The action situation is created through the scene, the elements of personality are modelled by participants and/or by the client.	The imagined action situation can be created with assistance of group members, by the client using changing of chairs, or in the client's imagination	Creating an action situation, related to the problem, stated by the client.	
11. The use of 'Focusing'	Therapy by means of clinical role-playing games uses a selective amplification (focusing).	Practitioner can use the early decision focusing method in order to stimulate a client to rededecide.	The procedural approaches coincide.	

Stages	The description of the methods at different stages of their implementation		Similarities	Differences
	Psychodrama	TA Redecision school		
12. The importance of the expression of feelings for healing	"Insight alone usually does not heal. Healing occurs when emotions are ventilated and accepted "(Kipper, 1986/1993, p. 269)	It is believed that feelings that were not expressed in the primal scene block the process of rededecision, so the expression of feelings is essential.	The conceptual approaches coincide.	
13 The ritual of assuming and shedding the roles	Practitioner regulates and makes sure participants have left the roles they had played <ul style="list-style-type: none"> • by using psychodrama techniques (now you are not you are) • by leaving the stage 	Practitioner regulates de-role of the client <ul style="list-style-type: none"> • through finishing of the dialogue on the initial chair • saying goodbye to imaginary figures • removing of conditions and things of an imaginary situation from the 'stage' • leading the client out of 'time travel' using the elements of suggestion 	Both methods recognize the importance of closing - for clients to leave played roles and the scene.	The differences in the rituals are not a matter of principle.
14. The closing stage / Sharing Protection of the client	Protection is realized through the rule that participants focus on their personal experience (talk about themselves and not about protagonist) (Moreno, 1998)	Protection is maintained by a group contract, established at the beginning of the work, for 'I' messages, no judgmental statements, etc.	The importance of specific protection for a client-protagonist during sharing is taken into account.	The same phenomenon is described in different terms.
15. The necessity of sharing - the feedback from the group	Sharing is carried out on a mandatory basis.	Clients 'pass' at the request of the working client (the protagonist) if s/he is not ready to listen.	The importance of sharing (the feedback) is recognized.	TA allows exceptions.

Table 2 Comparison of TA rededecision method and psychodrama

We concluded that 'play' methods would be an effective way of providing group educational work for these students. We saw this as being within the 'accommodating' quadrant in Kolb's (1984) experiential cycle concept, because this provides action first followed by thinking stimulated by the newly acquired experience and is therefore most relevant to the age characteristics of these students.

Traditionally, Russian methods of education and development begin in Kolb's 'converging' quadrant, with an offering by the teacher of information on a rational level. This creates an imbalance towards cognitive-rational approaches based on conceptual thinking. Playing methods are the most effective way of relationship and personality development in group educational work with school students, since, in our opinion, these methods refer to the 'accommodating' quadrant in the experiential cycle concept of Kolb. This is due to the fact that learning through playing activity, where action comes first and thinking is stimulated by the newly acquired experience, is most relevant to age characteristics of the children. At the same time, other methods of education and development (support), traditionally adopted in Russia, where the educational learning cycle organized by a teacher begins with the offering of information on a rational level ('converging' quadrant in the Kolb experiential cycle concept) are used more often. It creates an imbalance towards cognitive-rational approaches based on conceptual thinking.

Workshop Arrangements

The training workshop was run for six classes, in five of which the effective diagnostics were conducted. One class was correctional, containing children with difficulties in learning and behaviour. Class sizes were usually 25-30 people, with only 15 in the correctional class. During the training, the children in each class were subdivided into two groups, and one of these groups moved with the second teacher to another room. The membership of the subgroups remained unchanged, and each subgroup studied with only one teacher.

In both groups, the training was conducted according to the same scenario which had been discussed before each class by the authors (both employees of the school – an educational psychologist and an assistant psychologist). The work was financed from the state budget.

The training programme and its conduct were agreed with the school administration. Parental consent was collected in a written form. Children participated in activities on a voluntary basis, having been advised that they had the right to refuse to participate in the lessons. One child out of 81 refused to participate.

The control group comprised another class of 19; these were involved in the diagnostic research process but were not given sessions based on TA and/or psychodrama. Instead they were given additional classes in general school subjects during the times of the TA/psychodrama (TAP) sessions.

Content of the Training

The following is an outline of how we combined TA and psychodrama within the workshop.

The Preparatory Stage

The rules and the plot of the game were explained and roles were distributed. Each child chose what teacher's role they would play (a teacher of Mathematics, Physical Education, etc.). Then children made their badges, where they wrote their first name and patronymic (as teachers are traditionally called by name and patronymic) and the name of the school subject which they conducted. Badges were used for the ritual of assuming and leaving a role.

The Headteacher Election

Within the role-play, children in the role of teachers elected the headteacher by secret voting from amongst candidates who were those who had expressed a wish to take on the role.

The Pedagogical Council Rules

Acting as a Pedagogical Council, the children as teachers developed the rules of interaction between teachers at staff meetings. The purpose of this was to give them an experience of influencing the group rules.

The Pedagogical Council: Giving the marks

Acting as the Pedagogical Council, the children in the roles of the teachers gave the final marks for academic subjects per trimester. This part of the game helped the students to understand teachers' difficulties with decision making while giving marks, and teachers' motivation in evaluating; this was intended to contribute to reduction of negative emotions in teacher-student interactions.

The Contract

In another case, children in a similar role-playing game developed school rules both in the role of students and in the role of a teacher, which contributed to the acceptance of the school rules. The game consisted of two parts. In the first part, a group of 'students' developed a list of needs and expectations of what they would like to receive from the teacher in order to learn effectively, and a list of responsibilities of what they were ready to do for their education. The second group of 'teachers' developed lists of items of what they required from students and items of what they should and were

willing to do in order to contribute to students' learning. In the second part dialogue took place and the lists were compared, and there was a joint discussion under the guidance and control of the leader. In both cases, playing used psychodrama techniques of role reversal, role-taking, soliloquy, dialogue, doubling. At the same time, in both cases TA concepts were used as well. In the first example TA understanding of effective and ineffective transactions was applied for the construction and correction of transactions between the participants. In the second case the concept of contract was used and the balance of the school rules, developed by the participants, was considered in terms of their response to the *psychological needs* and with regard to the balance of the participants' contribution. TA concepts were used in these cases also to conceptualise the understanding of the role play process and its resulting effect.

It was considered, in particular, that even the 'played' discussion of the rules by the participants of the educational process would stimulate the formation of the Adult ego state and personal autonomy and encourage the taking of responsibility, such as for example for the success in learning and for the received marks. In the result of the second game the text of the contract between students and teachers was created. The game ended with signing of the contract between students and teachers who conducted the lesson; stroking for the good work during the training and for the specific achievements. Strokes were given as an oral public recognition of the achievements, as well as and in the form of certificates and letters of appreciation to the students for their success. The text of the contract is given in Appendix A.

Evaluation

Training impact was evaluated through two methods: student yes/no responses to a listing of 18 emotions that might have been felt during classes, and a limited amount of qualitative feedback through Vopel's (1993/2000) sentence-completion activity "What I have learned" (p. 152). In both cases confidentiality was promised.

Students in the control group also responded to the list of emotions, based on their reactions during the lessons traditionally taught in school, such as languages, literature, geography, history, art, social science, biology, sport, life skills, computer science, technology (e.g. design, modelling, cooking, sewing).

Since the work was carried out by two teachers, the statistics of each teacher's groups were at first considered separately, in order to analyse additionally whether there was an impact of the teacher's working style and personality on the

effectiveness of the lessons. Scores in each teacher's groups were compared with the answers of the students from the control sample.

80 participants of the experimental group and 19 participants of the control group took part in the assessment. 2 of the completed protocols were not valid, so the statistics are based on 78 completed protocols.

Results

The resulting data is shown in Tables 3 and 4, presented in percentages in order to make it possible to compare groups containing a different number of members. In addition, the results of the correctional class students are examined.

Discussion

As can be seen from the tables, the differences between the control sample and any teacher are higher than between the authors, which points to the impact being due to the method rather than the style of an individual teacher. It can also be seen that the data in Table 4 is very similar to that in Table 3, so no comparative analysis has been conducted.

Using Table 3 and the mean values for Groups A, B and V compared to the Control Group, the results show that more students experienced interest, confidence, enjoyment, calmness, activity, engagement joy and (to a lesser extent) desire to work at the lesson during the TAP workshops than did the control group in their usual school lessons. Class B also registered more concern at not keeping pace with the teacher, and more irritation with other students who behaved in ways that interfered with the process of the lesson.

Nearly 3 times as many children felt confidence (item 2) during the TAP lesson, which reflects the actualization of the OK-OK life position.

32% and 87% of the children, respectively, felt "calm" (item 4). Moreover, fear decreased from 17% to 3%, and anger at the teacher from 12% to 5%. We interpret this as a result of providing a higher emotional security at TAP lessons (protection against belittling, destructive group criticism, ridicule of the classmates in the case of an incorrect answer during the lesson, etc.).

The desire to work at the lesson (item 10) has increased, as well as the activity per se (item 5) (according to subjective self-evaluation of the students) from 26 to 80%. However, the reasons for a higher level of passivity compared with the control group are not so clear. We wonder if this is connected with a greater level of comprehension of passive behaviour. It is remarkable that this parameter is highest in a correctional class, in both subgroups.

	Group Name	Control Group	Class "B"	Class "G"	Class "V" Correctional Class	Mean Values for all Groups (B+G+V)
	number of children	19	11	14	6	31
Increased						
1	interest	51	100	93	100	97
2	confidence	31	91	100	77	92
3	enjoying the lesson	39	82	93	50	81
4	calmness	32	91	100	50	87
5	activity	26	86,5	75,2	77	80
6	engagement	24	100	100	33	87
7	concerned at not keeping pace with the teacher or the class	11,3	18,5	11,5	33	18
8	irritation with those who interfere with listening to the teacher, with participation in the lesson	14	55	14	50	36
9	joy	31	91	93	77	89
10	desire to work at the lesson	68	82	100	50	84
Decreased						
11	fear	17	9	0	0	3
12	anger at the teacher	12	9	3,5	0	5
13	boredom	13	0	18	33	14,5
14	reluctance to engage	9	9	0	33	10
15	lack of confidence	27	13,5	7	33	14
16	hopelessness	8,9	4,5	14	33	14
17	feeling upset because of not coping	21	22,5	14	0	14
18	passivity	10	4,5	14	33	14

Table 3: Data for the sub-groups of the assistant psychologist

	Group Name	Control Group	Class "A"	Class "B"	Class "G"	Class "V" Correctional Class	In Total (A+B+G+V)
	number of children	19	19	12	12	4	47
Increased							
1	interest	51	89	100	100	100	96
2	confidence	31	74	92	67	100	79
3	enjoying the lesson	39	74	92	83	75	81
4	calmness	32	58	74	92	100	74
5	activity	26	68	74	67	75	70
6	engagement	24	58	100	67	67	72
7	concerned at not keeping pace with the teacher or the class	11,3	32	16	17	33	24
8	irritation with those who interfere with listening to the teacher, with participation in the lesson	14	63	42	25	25	45
9	joy	31	84	100	75	100	87
10	willingness to work at the lesson	68	84	75	67	75	77
Decreased							
11	fear	17	5	0	0	0	2
12	anger at the teacher	12	5	8	0	0	4
13	boredom	13	11	0	8	10	10
14	reluctance to engage	9	5	8	8	0	6
15	lack of confidence	27	16	8	25	0	15
16	hopelessness	8,9	1	8	8	0	4,4
17	feeling upset because of not coping	21	21	16	0	0	12,6
18	passivity	10	11	8	25	67	19

Table 4: Data for the sub-groups of the educational psychologist

Analysis of the responses provided to the sentence-completion activity were scrutinised and a selection of answers are provided here:

- I've learned ... to understand the teacher. I've learned to think. To understand the other person. Respect myself. Not to be afraid of the teacher.
- I've found out that ... there are a lot of good people in the world. I've learned a lot of interesting things. All teachers are good. You can ask questions at the lesson ... I'm kind.
- I've found confirmation that ... learning is necessary ... that all teachers are very hard-working ... My sister is smart
- I've discovered that Our class is very intelligent ... psychology is a good lesson My thinking is good ...
- I was surprised that the teacher treats us so decently I received a mark of 5.
- The most important thing for me was that ... the teacher is kind that teachers don't put bad marks to us that we played at the psychology lesson...

From our point of view, these answers reinforce the results in the tables and reflect that the classes have made the most powerful influence on the formation of the OK-OK life position and on the development of autonomous Adult thinking.

Conclusion

Role play, methodologically based on psychodrama and TA, appeared to be more effective compared to the traditional (in Russia) educational method, for the formation of the following skills and qualities:

- autonomous thinking
- OK-OK life position
- taking responsibility for the outcome of the learning
- positive learning motivation
- the predominance of positive motivation in comparison with negative motivation

It also enhances the efficiency of a student through:

- greater involvement of students in the learning process
- an atmosphere of emotional security
- deliberate and conscious acceptance of school rules by the students
- better understanding of the teacher (the ability to consider the situation from the teacher's perspective)

Ending the article, we would like to express our agreement with the conclusion reached by Corey (2000/2003), writing of group counselling, that "Personally, I favor integrating TA concepts and practices with Gestalt and psychodrama techniques. ... TA concepts can be brought to life by the enactment methods that are typical of psychodrama" (p. 449).

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Appendix: An agreement on cooperation between teachers and students

Note. This version of the contract between teachers and students is the result of the work of the fifth grade students. It is given as an example only and not for use elsewhere.

School is our second home. We spend part of our life here.

This document is created out of our desire to live in harmony, to respect and to understand each other. It is also based on understanding that we have a common goal - to achieve the best result by every student. To reach this goal, we, the teachers and the students, conclude the following agreement:

1. **Teacher (teachers).** We want to teach you and we are ready to give our time and energy for this. In order to teach you, we are ready to do the following:
 - 1.1. Come to school on time.
 - 1.2. Prepare educational material for the lesson and provide lessons according to the schedule.
 - 1.3. Give knowledge taking into account the features of the class.
 - 1.4. Check the homework and test papers and explain what the mistakes are.
 - 1.5. Make verbal requests.
 - 1.6. Answer the questions concerning the learning material (during the lesson and in extra classes).
 - 1.7. Give the opportunity to improve the mark at the time set by the teacher or in extra classes).
 - 1.8. Mark fairly.
 - 1.9. Control discipline during a lesson.
 - 1.10. Write on a blackboard clearly.
 - 1.11. Take into account the health status of a student (state of eyesight, hearing, etc.) when choosing a place for them to sit in the classroom.
 - 1.12. Recognize the right of students to make mistakes.
 - 1.13. Punish fairly.
 - 1.14. Care for school property.

For effective learning we want you to perform the following rules:

- respect the teacher,
- maintain discipline during the lesson,
- do your homework,
- treat your fellows and classmates with respect,
- help if I ask,
- comply with safety regulations in relation to yourselves and others,
- if something is not clear, then ask with your hand raised.

2. **Student (students).** I want to learn and I'm willing to devote time and to invest an effort to it. To achieve the result in learning and to graduate from school I'm ready to:
 - 2.1. Come to school on time
 - 2.2. Maintain discipline
 - 2.3. Work at the lesson
 - 2.4. Make notes in a notebook.
 - 2.5. If anything is unclear to me, I will ask questions.

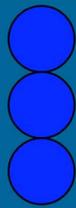
- 2.6. If I can't cope with something, I will ask for help from parents, friends, etc.
- 2.7. Write the home task in a diary and do the homework.
- 2.8. Bring the second pair of shoes and equipment that is necessary for working on the subject at the lesson.
- 2.9. Maintain discipline and follow safety regulations.
- 2.10. I will work systematically to avoid irretrievable gaps in my knowledge.
- 2.11. Recognize the right of my classmates and teachers to make mistakes.
- 2.12. Care for school property.

In order to make us feel good in school, we want teachers to:

- respect the students,
- put marks into the class register for knowledge and not for behavior
- note our success in studying,
- write on the blackboard clearly
- not let the necessary punishment humiliate a student
- to punish those who are responsible for misdeeds and not the whole class,
- if the teacher needs to leave the classroom or to be absent, then s/he should find a substitute.

Date

Signatures



An investigation into the factors that influence the perceived experiences and outcomes for students training in Transactional Analysis Psychotherapy in the UK and USA

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Abstract

Interpretative Phenomenological Analysis (IPA) (Smith, 1995) was applied to data from 21 out of 50 participants who had shared their training experiences during semi-structured interviews. Subjects were chosen from trainees and trainers in the USA and UK, to include 'generations' from those trained by transactional analysis originator Dr Eric Berne through to recently qualified transactional analysis psychotherapists, and including some who had ceased training before qualifying.

Results suggest that TA psychotherapy training is experienced by some as a transformational, life enhancing and reparative experience that culminates in a satisfying and rewarding career, whilst for others it is perceived as an abusive, punitive and punishing experience, bringing disillusionment, disappointment and dissatisfaction. The main contributing factors were the students' personal belief systems, motivations for undertaking the training, and relationships with the trainer, peers and the profession as a whole.

Analysis of the themes suggested that subsequent anxieties raised by participants concerned lack of information, inconsistencies in training offered by different establishments, reasons for trainees entering training and trainers' reasons for accepting them, and the significant time and resource requirements of the training. The paper includes recommendations aimed at making the training experience one that upholds the basic philosophical principles and values of TA, and promotes, develops and enhances TA psychotherapy training.

Key Words

transactional analysis training, trainers, supervisors, trainees, CTA, training needs, training concerns, psychotherapy training, non-completion rates.

Literature Review

Teaching methods and learning styles continue to play a significant part in the learning experience and these have been developed and discussed by authors who consider the advantages and disadvantages of the different theories of teaching and learning: (Zhang, 2009; Tileston, 2000; Reece & Walker, 2007; Hillier, 2005; Minton, 2005). Research into the efficacy of learning styles instruments and theories (Coffield et al., 2004) prove inconclusive.

Training in the mental health professions, e.g. counselling, psychotherapy, psychology and psychiatry, is varied and diverse. According to Boswell et al. (2007), the core ingredients of psychotherapy training are "(a) exposure to classical works in psychotherapy and behaviour change (e.g., Bandura, Freud, and Rogers [*unreferenced in original*] (b) exposure to both applied (i.e., process and outcome) and basic (e.g., social, developmental, cognitive psychology) research, (c) experiential forms of training such as self-exposure to feared objects or situations (Freeston, Cromarty, & Thwaites, 2006), rather than a purely didactic focus, (d) the systematic encouragement of self-reflection (Bennett-Levy, 2006), and (e) an emphasis on multicultural competence throughout (including both awareness and practice)." (p.380). This suggests that a broad range of theory, research, experiential work and ability for self-reflection are the core

ingredients for psychotherapy training. How these ingredients are perceived within the philosophy of the specific psychotherapeutic approach would be likely to influence how they are incorporated into the training.

The philosophy of humanistic models of psychotherapy suggests a therapeutic goal of self actualization, (Maslow, 1987), or the Rogerian view of a returning to the 'organismic self', (Rogers, 1961). They suggest that given a safe psychological environment, people would naturally move towards greater awareness and a better fulfilment of their potentials.

Furthermore, Berne (1968) describes physis as "A force of nature which eternally strives to make things grow and to make growing things more perfect." (p. 80). All of these philosophical principles suggest the need for growth and change. Berne seems to take it one step further by suggesting some sense of attaining or striving for 'perfection'. This has a different motivation than psychoanalytic or cognitive behaviour therapy approaches, for example, and, consequently, this would suggest that the nature of the training may also imply, either covertly or overtly, a need for growth and change within the training of the therapists. This has ethical implications for the training, in that personal change may not be an aim or aspiration of the trainee when undertaking the training.

Additionally, it would seem that within the psychoanalytic, and, perhaps to a lesser extent, the humanistic traditions, personal therapy is essential to the training of a psychotherapist, (Atkinson 2006, Leader 2006, Watts 2006), but the monitoring of that personal therapy is generally left unchecked. The potential for harm here is significant, as so much of the trainee's training, both in terms of their therapy and the more academic learning, needs to take place in a trusting environment.

The quality of the learning relationship between trainee and trainer is discussed by various authors, (Reiss, 1975; Rieken, 2003; Lings, 1992; Hearst, 1990; Klain, 1975; Russell & Staszewski, 1988; Stauble, 1965; Blohm, 2006; Bonds-White, 2003), who focus on the nature of transference and counter-transference phenomenon, and how this impacts on the experience of psychotherapy training. Some writers consider the values that are held in psychotherapy and how they influence training (Carlsson & Schubert, 2009; Palmer & Barnes, 2001; Bergin et al., 1996; Walsh et al, 1999), and others make comparisons between the legal status and nature of psychotherapy trainings across Europe, (Ginger, 2009; Schroder, 2004; van Deurzen, 2001; Tantam et al., 2001).

General literature considers different aspects of teaching from basic counselling skills (Nelson-Jones, 2004, 2007, 2008; Evans, 2007; Hough, 2006; Geldard & Geldard, 2002, 2005; Tolan, 2003), and cover different theoretical viewpoints (Corey, 2008; Nelson-Jones, 2005; Stewart, 2005; Kauffman & New, 2004; Colledge, 2002; Barrelet & Merlo, 2006; Bondolfi & Bizzini, 2006; Hovaguimian, 2006). There are various critiques of counselling and psychotherapy theories (Feltham, 2005; Shepherd, 2004; Spence & Markowitz, 1997; Thorne, 1944), and still more on various aspects of life that the authors consider missed from mainstream psychotherapy education (Bartoli, 2007; Sue & Zane, 1987; McLemore & Court, 1977).

Some of the current literature reviews the usefulness, or otherwise, of current counselling and psychotherapy trainings (Boswell & Castonguay, 2007; Fertuck, 2007; Gordon, 2007; Greben, 2004; Elliott & Zucconi, 2006; Knight, 2005; Reiss, 1975; Thienemann & Joshi, 2007). Others focus on specific models or methods for teaching psychotherapy, (Halgin, 1985; Friedlander et al., 1984; Robertson, 1984; Watters et al., 1980; Melnick & Bradmsa, 1977; Robertson, 1976; Reiss, 1975; Chance, 1965; Snow & Rickels, 1965; Bjerre, 1964; Dellis & Stone, 1960; Derner & Monroe, 1960; Whitaker & Miles, 1960; Greben 2004; Leszcz, 2004; Ravitz & Silver, 2004; Lytle, 2007; Jacobs, 2002; Jacobs, 2000).

Consoli and Jester (2005a, 2005b), critique the teaching of only one specific model within the training programme and suggest an integrated approach from the start. Castonguay (2005) suggests, however, that the pre-existing knowledge needs to be taken into consideration and that integration should be a later developmental process in the training programme. Fauth et al (2007) suggest "Traditional psychotherapy training practices do not durably improve the effectiveness of trainees because they overemphasize theory, technical adherence, and didactic learning... [and proposes that] ...Future psychotherapy training focus on a few 'big ideas', such as therapeutic responsiveness, emphasize the development of psychotherapist meta-cognitive skills (i.e. pattern recognition and mindfulness) via experiential practice and constructive feedback; and attend more closely to the organizational/treatment context." (p. 389)

Ladany (2007) goes much further and questions the validity of psychotherapy training suggesting that the relationship and work undertaken with the trainee's supervisor and personal therapist are more significant than the basic training. Others emphasise the experiential nature of psychotherapy training as being more significant, (Trotzer, 2006; White, 2004; Robertson, 1976; Carkhuff & Truax, 1965; Truax et

al., 1964; Elliott et al., 2004). However, Jones (1991), who initially appeared to doubt the appropriateness of training, considers that training within specific parameters is necessary and is not antithetical to the spirit of psychotherapy. Other studies have specifically focused on the issues of power and shadow influences in psychotherapy training (Jones, 2006; Feltham, 2006; Leszcz, 2004; Proctor, 2002; Chance, 1965). There is also a growing debate on where and how counselling/psychotherapy training takes place (Rizq, 2007; Parker, 2002; Wheeler & Miller, 2002; Horton, 2002). These authors specifically consider whether universities are the best places for this type of training to be undertaken.

Transactional Analysis Psychotherapy Training

To date, there has been limited research into TA psychotherapy training. Those papers that have been published are unrelated and focus on specific areas of the training process.

Newton (2003) specifically focuses on the use of Group Imagoes (Clarke, 1996) in transactional analysis training groups. She considers six different models of adult education, exploring its roots, primary uses, nature of the contract, metaphor used to describe that model, what is discounted (Schiff & Schiff, 1971) and what is emphasised, and the shape of the group imago. She makes links with styles and methods of learning and concludes with a suggestion that trainers need to consider their training philosophy, offering a checklist for trainers to use to consider how they take account of the strengths from each model.

Cornell (1994) particularly focuses on dual relationships, born out of his own experience. He is critical of the current view that 'all dual relationships should be banned.' Instead, he recommends that a more open approach is taken, and that pros and cons are carefully and maturely considered within a bounded and ethical framework, and that an Adult ego state decision is made on an individual basis.

Another contribution from Cornell & Hine (1999) focuses on an explanation and description of the parallels and differences between the psychotherapy (referred to as 'clinical') and counselling fields of TA, and the apparent inflexibility of some psychotherapy members to accept the nature of counselling in a wider context, especially in Europe. TA is one of the few approaches to distinguish between counselling and psychotherapy, as well as educational and organisation fields, and this has led to misunderstandings with colleagues who perceive the 'emotional' work as purely being the domain of psychotherapists. Cornell seeks to educate colleagues into being more accepting of the broader application of TA counselling.

Bonds-White (2003) discusses the dynamics of a training group, specifically with a visiting trainer. She illustrates with a vignette how negative *transferences* between the student and trainer need to be confronted in a non-defensive and normalising manner. She states that time needs to be given to students who may be feeling let down or angry with the visiting trainer for not being as available as they would like them to be. She states that this needs to be explored and made transparent so that the training group remains attached and connected, rather than split, and the negative transference is not projected onto the local tutor.

More recent research undertaken into TA psychotherapy training has been that of van Rijn et al (2008, 2011). The training programme at Metanoia, UK, has been redesigned to move away from a traditional mix of lecture/group discussion, exercises and triads to being one that aims to be more student-led and clinically focused. In the 2008 project, the students became researchers from the start with a research question of 'How do I become an effective practitioner?' The research process clearly had difficulties but these were overcome by open communication and dialogue concerning the underlying processes with all parties concerned. She advocates "More research is needed into what made the training successful, and the possible relevance of the emotional challenges" (p. 267). Their 2011 project aimed to "evaluate the impact of the training on students' psychological health, using the 'Autonomy Questionnaire'" (p. 16). The findings suggest that although students in the later years of training would appear to report a higher degree of psychological health it is hard to know whether to attribute this to the training or the requirement for personal therapy.

Finally, Nowak (2013) investigated a related topic, in a study published after the current research had been completed, with a focus on the effectiveness of non-therapeutic TA training on 12 participants in Austria, who had completed at least a three-year TA training but of whom only one third were aiming at a higher qualification in TA. Nowak reported that "Frustrated TA trainees who give up their training or who reject TA theory in general are included in this study but they actually represent a minority. Amongst the reasons reported for a negative attitude towards TA are conflicts within the group or (sic) trainees. It would be certainly interesting and necessary to carry out an additional study on frustrated TA trainees and to find out other reasons for a subjectively experienced failure or loss of contact (e.g. at the end of contact.". (p. 84).

Completion Rates

One of the researcher's curiosities concerned how many trainees began training and how many actually went on to take the CTA examination. A ratio sometimes heard quoted at trainers meetings (origin unknown) was that for every 12 trainees who start training only 1 will take the final exam. One of the researcher's aims was to find out whether there was any truth to this statistic and how the statistics for TA trainees compared with other trainings. All training establishments offering TA psychotherapy training were asked to provide some statistical information regarding how many trainees they had, went for exam etc. Unfortunately only one training establishment was able to give the information requested. The participants in the research were asked for their experiences regarding the ratio of people who undertake the training and those who go on to take the CTA examination. The statistics obtained varied significantly. The most common ratio, quoted by five participants who answered the question, was 1:12 go to exam (8%); other statistics quoted were 100%, 91%, 64%, 50%, 30%, 12% x 2, 11%, 3.8%. The remaining participants declined to answer the question.

These figures may be compared with statistics of colleagues training in related fields. All the training organisations who were members of the United Kingdom Council for Psychotherapy (UKCP) were asked for their statistical information – only Body psychotherapy trainings were able to give this information; other organisations reported that either they did not keep this information or were not willing to share it. The researcher spoke to colleagues from other psychotherapy modalities of Gestalt, Person Centred, Core Process and Integrative. The general response was that the statistics for TA psychotherapy training were comparable with their experience.

Over a five year period Body Psychotherapy training centres enrolled a total of 321 students, 103 completed the training, 47 were still in training and 171 did not complete. If the remaining 47 complete their training, 47% of students who started the programme would complete their Diploma and gain professional registration.

Art Psychotherapy - over a five year period a total of 29 students enrolled on the programme. Of those, 3 students left prior to graduation, 3 were still completing (due to extenuating circumstances) and 23 graduated. For their current programme, 15 students enrolled and all are still active on the programme. This would suggest, therefore, a completion rate of 79.3%. It was also pointed out that there was a significant competition for places, so for

every student who was successful in their application another 4 people were refused a place. It was also noted that full time students had a higher completion rate than their colleagues who attended part-time.

Psychology – as with Art psychotherapy, it was mentioned that there was significant competition for places, the figures quoted by one University based psychology course suggest a 92% completion rate.

With regard to postgraduate levels of study in general the Higher Education Funding Council for England (HEFCE, 2013) state: "Around 73 per cent of the 11,625 students who started research degrees in English HEIs in 2010-11 are projected to qualify within seven years, and around 80 per cent will qualify over a longer period." (online 4th para)

Therefore, according to these statistics, completion rates for TA psychotherapy training in the UK appear in some cases to be well below the national average for postgraduate studies. However, looking at higher education in general the statistics for undergraduate studies suggest that the completion rates may be lower than postgraduate with figures ranging from 50% (Barefoot, 2004) to 83% (Christie, Munro & Fisher, 2007).

With regard to psychotherapy or psychology training, the statistics suggest that the larger or more established training programmes are more likely to put more candidates forward for final qualification and professional registration. The training establishments that have links with universities also tend to have a higher student retention rate. It may also be that students who are offered places on courses leading to a nationally recognised qualification, e.g. MA, or MSc, where there is significant competition for places, may be more motivated to complete.

Objectives

The research questions were:

- A. Why are there so many trainees in the UK leaving training before qualification?
- B. Is it a problem that trainees leave without qualifying?
- C. Could it be there is a discrepancy between the expectations of trainees and their actual training experiences?
- D. What are the historical and cultural factors that are being passed down through the generations of TA trainers that impact on trainees today?
- E. What is it that helps and encourages students to complete to exam?
- F. What are the stories that trainers and trainees can tell about the exam process?

Ethical Considerations

The ethical procedures of Metanoia and Middlesex University were followed, involving submission to a panel of a Learning Agreement. Acceptance by the panel meant that they were satisfied that the proposal paid attention to and demonstrated ethical governance of carrying out the research. No further ethics application process was needed because the participants were all self selecting.

All participants were informed of the nature and purpose of the project, the method of the data collection and the amount of time involved for the participant. All participants were asked to sign a consent form that confirmed their willingness to voluntarily take part in the project, and advised them of the right to withdraw from the project at any time without any penalty, and that no reason need ever be offered.

When interviews were transcribed, any information concerning names of people or locations, less those for Eric Berne, was removed from the transcript. Participants were under no obligation to identify any person or training establishment. A couple of participants expressed a desire to keep the identity of their trainer and training establishment confidential from the researcher in order to feel able to express their opinions without any fear or favour.

To maintain appropriate boundaries and avoid the possibility of harm, current psychotherapy trainees were excluded from the project.

At the end of each recorded interview, time was taken to debrief the interviewee, as necessary, and the participants were also given the contact details of the researcher should they have any later concerns or questions.

This project was devised as a result of the researcher's concerns about the practice of TA psychotherapy training. A balance needed to be made between accounting for the researcher's own experiences, including being open about any prejudice she may have, and the experiences of the participants in the project. With regard to the area of subjectivity bringing forth ethical concerns, it could be argued that if subjectivity is accepted, then the whole project is biased, and, consequently, of little worth, but if subjectivity is eliminated, then the research could equally become meaningless as it is the phenomenological experience that is being explored and this will, of its own accord, be subjective. The balance, here, will be between the researcher owning her own subjectivity, and with how this impacts on her view of the participants and their accounts, whilst also acknowledging that the

interviews will also be subjective from the viewpoint of the participants.

Moreover, the researcher sought supervision from both her Academic Adviser (AA) and Academic Consultant (AC) and each also acted as an independent third party to ascertain if they would reach the same, or similar, conclusions as the researcher.

Methodology

Interpretive Phenomenological Analysis (IPA) was chosen because it is concerned with understanding the lived experience, and with how participants, themselves, make sense of their experiences. This can be viewed directly with the TA concept of script (Berne, 1972) whereby each person's Life Script is unique and will makes sense to the individual, but may not necessarily make sense to someone else as they have a different Script and view life through an alternative frame of reference (Schiff et al, 1975). The reader is reminded that the quotes from the participants reflect their own subjective experiences or opinions.

IPA (Smith 1995) was applied to data from 21 out of the 50 participants who had shared their training experiences during semi-structured interviews. Semi-structured interviews, based on the questions shown in Appendix A, were used to make sure the participants were asked identical questions so that comparisons and links could be made; they also gave flexibility for specific experiences to be discussed in detail. Only 21 interviews were selected to keep the project manageable in the light of the significant amount of data that was obtained. These interviews were randomly selected although care was taken to make sure each group was fully represented.

The interviews were transcribed and the transcripts read repeatedly to ensure that a general sense of the whole nature of the participants' accounts of their experiences was obtained. Notes were made of potential themes and patterns, with the process informed by the researcher's experience of the interview itself. The researcher also looked at the narratives of how the stories were told and at the cultural contexts of the training, and looked for any classification or typology. Returning to the beginning, the text - and sub-text - was re-read, and any emergent themes were identified and provisionally organised.

Once each transcript had been analysed individually, the researcher compared the themes and patterns with the other transcripts. Attention was then focused on the themes themselves to define them in more

detail and establish their inter-relationships. The shared themes were then organised to make consistent and meaningful statements that provided an account of the meaning and essence of the experiences of the participants. The analysis of the data was initially done manually but because of the large number of interviews this became unmanageable and NVivo Computer Assisted Qualitative Data Analysis Software (QSR International 2014) was used to further refine the themes, sub-themes and collate quotes for the finished thesis. Only those themes supported by at least six participants were taken into account.

Once this had been completed, the researcher sought for explanations using transactional analysis to make a further analysis of the data received, allowing the TA concepts to emerge from the analysis already undertaken, rather than search for the concepts from the outset.

Smith's (1995) checklist was applied to validate the project:

Internal Coherence: The project analysis was reviewed at several stages by an independent researcher to ensure themes were grounded in the data. Clear, consistent and coherent links were shown between data extracts, themes and theoretical analysis;

Presentation of Evidence: There was sufficient raw data in the analysis chapter and appendices of the researcher's original thesis to provide the independent researcher with an opportunity to test the interpretations that had been made by the author;

Independent Audit: The data - presented as draft consent forms, interview schedules, and interview transcripts - were offered to provide a clear chain of evidence from initiation enquiry to final report.

External Supervision: Throughout the project, external supervision was provided by the Academic Advisor, Academic Consultant and peers in a peer-writing group.

Subjects

Six participant groups/generations were identified, with 3 subjects in each of Groups 1-5 and 6 subjects in Group 6.

Group 1: These participants undertook some of their training with Eric Berne;

Group 2: Trainers in the USA who have been training for 5+ years;

Group 3: 'Old' Trainers – those who have been training in the UK for 10+ years;

Group 4: 'New' trainers – those training in the UK for less than 5 years;

Group 5: UK Transactional Analysts who passed the CTA (P) examination within the last 5 years;

Group 6: Trainees who left their training prior to taking the CTA exam.

The participants were self-selected; those in Groups 1 and 2 responded to personal contact from the researcher via a general email to US colleagues who fitted the selection criteria; participants for Groups 3-6 responded either to advertisements in professional journals or in direct response to hearing about the project from the researcher or a colleague.

By interviewing people from group 1, the researcher hoped to identify whether the core principles and philosophies that Berne wrote about were integral to his teaching and practice, to discover how the theories were developed and taught, and whether there are aspects of training TA that have been lost over time.

The interviews with people from group 2 were to gain an insight into the development and then decline of TA in the USA. The interviews with people in groups 3, 4 and 5 were to provide insight into how TA has been taught in the UK over a substantial period of time. It became possible to make links and comparisons with the information gained from groups 1 and 2, thereby giving a wide and time specific view of the development of TA training in the UK.

Results

Figure 1 shows the themes and sub-themes that emerged and are described below with examples of participant comments.

Gains and Losses

1. Gains

Life Changing

For all of the participants in this project, it was their own personal development that was the most significant achievement that they gained from undertaking the training. Across all generations, this is a theme that was consistent.

A participant who undertook the early marathons – “...never experienced being able to change so much over a month. I mean, the experience was really a life changing experience...” (Interview 5:2)

Another said “...understanding myself, really...a livelihood that I find I enjoy...what I've gained the most is how I understand me, and I think that...that's probably where I started from.” (Interview 10:19)

Looking back on what they had accomplished during the training experience, for some, focused more on the academic side of the work, and having met all the requirements and completed the coursework, there is a real sense of pride and achievement.

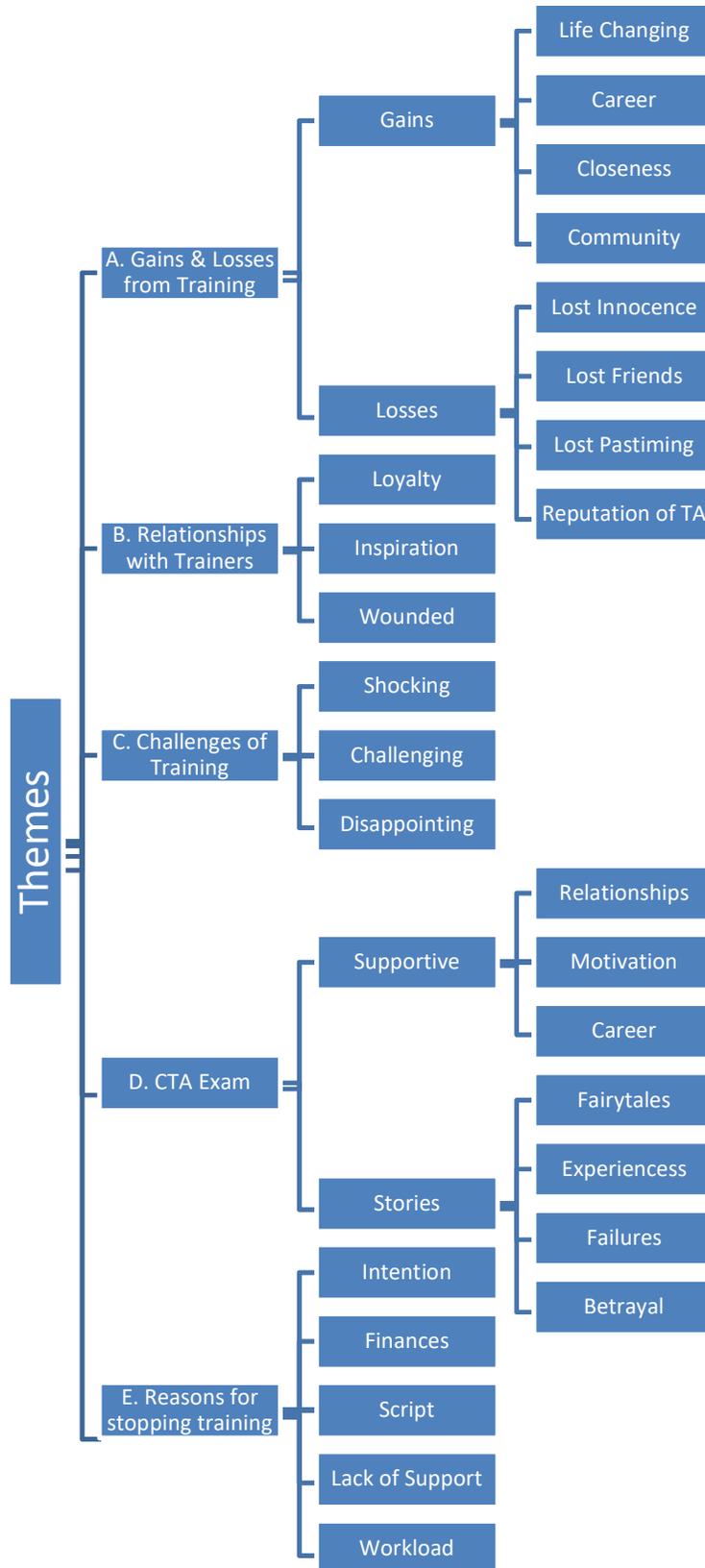


Figure 1: Themes and Sub-Themes

“...getting clients, and, you know, and looking back from the end of the four years to the beginning, and thinking, —Wow, you know, I did that. I did all of those hoops and psychiatric placements and all of that. I did it. Yeah, a real sense of achievement...” (Interview 13:3)

“...the triumphs were...was doing the presentation at the end of each year. That was a real triumph for me.” (Interview 16:5)

Even those who did not take the CTA examination have taken something from the training for themselves and applied it to other areas in their life -

“For me, it's made me very grounded, and very in touch with myself, and I look after myself and my family, well, because of all that training, so, work and home life have been much better for it.” (Interview 17:10)

Career

This second theme covers the appreciation of the participant's ability to use TA in their working life. There is a sense of gratitude for what the training and subsequent experience has given them.

“...my whole career has been a delight, and it's forty years of a really gratifying career.” (Interview 4:10)

The simplicity, stability, flexibility and depth of TA remain a basis from which the participants can integrate other theoretical approaches for both professional and self-reflection.

“It's given me a basic framework for learning about and integrating many different psychotherapy approaches.” (Interview 5:5)

“An incredible set of conceptual and therapeutic tools...I keep coming back to the TA as fundamentally useful for my own reflection and conception of how I work, and also incredibly simple effective ways of helping people, and empowering people, to understand their own process, and do their own work.” (Interview 9:14)

The ability to use the theory as a therapist has helped in developing a sense of identity, effectiveness and potency that is appreciated by the participants, and has been noticed by clients and others.

“...giving me a space to really find my identity as a therapist.” (Interview 10:16)

“...being a potent practitioner and getting feedback from clients and observers about that.” (Interview 17:10)

The diversity that TA offers in terms of the wide range of available models means that different people, using different aspects, can come up with the same

conclusions. This is a source of curiosity and fascination.

“We never can understand how it is that we can all work in the same room, at the same time, and come up with the same ideas, and look at everything completely differently. So I think that that intrigues me, you know, I don't...I've never found another theoretical approach that has done that, and I've done lots of different therapeutic training.” (Interview 7:10.)

Closeness

This third theme relates to the relationships that the participants have developed with their peers. The foundations of the relationships started during the training process, whether it was during a residential course, or through being a member of an active learning environment, and the longevity of the relationships was also commented upon.

“...a week's residential away together as a group... That was always just stunning. A real mixture of therapy, of thinking, of walking, talking, eating, drinking, laughing. All that sort of stuff. It was a real wonderful mixture. It was something, I think, which we all looked forward to immensely.” (Interview 8:2)

“The highpoints were the friends I've met, I sense, and still have.” (Interview 16:5)

“...there's a community, an international community. I love the fact that we continually develop theory, that there's intellectual stimulation, there's an emotional relationship, that it's an extraordinarily good set of theories for every aspect of life.” (Interview 19:16)

Losses

Lost innocence

It seems that for nine of the participants the loss of naivety was something they identified as having been a result of the training. For them, the opportunity for denial is felt to be no longer an option, and this can be seen in the sense of others no longer being willing to accept that the participant does not know something, or in the inability to discount the reality of the situation.

“There was a time when...when I didn't understand something, it was accepted. It isn't now. I act as if, or I look as if, I cannot be deceived, which, of course, is not true, unfortunately. So I think I've lost that innocence a bit.” (Interview 7:10)

“...the comfort of denial...there was something about, you know, in my old life, with the, sort of, potentially destructive patterns of behaviour that I had, there was something quite comfortable in not knowing about any of that...” (Interview 10:19)

Through the process of personal development, whether it is via therapy, the challenging of peers and trainers, or the gaining of theoretical knowledge, the ability to continue discounting (Schiff et al, 1975), to keep our Frame of reference and, indeed, Life Script (Berne, 1972; Stewart and Joines, 1987) intact, is drastically reduced. The benefit of this is that it is less likely that the participant would get into harmful relationships or indulge in damaging or unsafe behaviours.

Lost Friends

This links closely with the previous theme, although it could be that the person concerned is no longer willing to compromise themselves as they had in the past, including with long standing relationships and even, in one case, a marriage.

"I definitely lost some friends. By choice but you know along the way I have decided to change the friendships and relationships." (Interview 19:16)

"The more I became me the less he liked me and the less I liked the way he responded to me. So. But it has, look ...yeah, I suppose, that's cost. Potentially, I wouldn't have ended my first marriage, but, actually, the benefits of that one have been huge." (Interview 11:14)

Lost Pastiming

Six participants commented that due to the high level of intimacy possible within a training group, they had less need to spend time pastiming (Berne, 1964), and in some cases were needing to re-learn this skill. Psychological game playing (Berne, 1964), was also reduced.

"I've certainly lost naivety when it comes to interpersonal communication with friends...I'm having to work hard at regaining a lightness in my personal life, which, I think, psychotherapy training educates you out of, potentially, into having much higher expectations...I have to re-educate myself into relaxed pastiming, which, I think, I've rather fallen out of through the training." (Interview 12:6)

Reputation of TA

There were comments to the effect that the theory of TA could be perceived as punishing or blaming, and also that there are negative attitudes towards TA, contributed to by the focus on simple language and the impact of misleading textbooks.

"—The only disrespect I've got for the model is that I think we have to be very careful - and I say 'we' because I use it - I think we have to be very careful when we're talking to people about 'Rackets', and

we're talking to people about 'Discounting', and 'Rescuing' (Karpman, 1976), you know. I think it's quite harsh, and if somebody's really in the grip of something, and it's suggested to them, 'It's a 'Racket'', you know, it may be true, but it could also send the defences even higher." (Interview 18:20)

"I probably lost all sorts of things, the little bits I know about, by being associated with TA. So, there are some very negative attitudes out in the world about TA, and I know there are times when people say, —Oh, her. She's TA." (Interview 19:16)

"...a negative press because it was too simple and because...that's the pit-fall of it..." (Interview 1:12)

B. Relationship with Trainer(s)

Loyalty

There were a range of comments from all the participants in Group One about how the Tuesday night seminars were a hotbed of ideas, discussion and debates, and that although Berne was the leader as the initiator of TA, he was also willing to be challenged. Issues of power and control began to emerge, the growing momentum attracted people who may not have been there for the right reasons, and a training standards committee and other systems were put into place. There was a theme of wishing to remain loyal to Berne and to the principles and the original theory of TA.

"He was very open to suggestions, feedback, confrontation and everything else, and, so, we did, and we did a huge amount of that" (Interview 1:18)

"...the Training Standards was quite important because we had a lot of people who were opportunists coming along and becoming TA linked, or getting in on it, rather, going off and giving huge, high-paying seminars, and things like this – which bugged us a little because we were much more conservative from a financial standpoint." (Interview 1:15)

"...we were loyal to the principles. We had sibling rivalry, we'd fight ... with each other, but it was kind of in the room. Yeah, we didn't do it in public so much." (Interview 1:19)

"...use it exactly the way Eric wrote it, instead of somebody interpreting it..." (Interview 2:19)

Inspiration

The positive relationship and sense of inspiration with the main trainer continues into later generations and other trainers.

" ... (He) was an extremely bright and loving man...feel like I was his special student, that he had a really special place in his heart for me, and that he thought I was special. (Interview 4:3)

"I had experienced both [trainers] and really felt they were solid, and safe, and grounded..." (Interview 11:3)

"...something about qualities of people I respect. That, even if it all goes horribly wrong, they will be active, and come back, and do something about it." (Ibid:6)

"I got that high level of respect, and sense, that the trainers were mindful of meeting the needs of the group, and the individuals, rather than their own grandiosity of, 'Look what a great trainer I am,' type of thing." (Interview 12:3)

For some participants, their view of the trainer(s) seems to have been fairly grounded from the beginning; the level of respect was high, and there is a sense that all parties were operating from an 'I'm OK, You're OK' Life Position (Berne, 1976). For others, there is an acknowledgment that their relationship changed over time. For some, this went from idealised to being more real. The relationship seems to have encouraged some trainees to stay within the same training environment and not seek professional development elsewhere. The process of growing up is mentioned by six participants, particularly when their original training relationship had been more Parent-Child or they had perceived this in some of their peers. Some suggest that trainees even appear to return into a childlike state when with their trainer, and yet others had experienced a positive or negative impact due to a previous therapeutic relationship with their trainer.

"...like many trainees, I had quite an idealised view of my trainers to start with...And over time, I think, it becomes a little more real..." (Interview 10:4)

"...what I experienced of them as people, therapists, was that they genuinely were who they were, and that, therefore, it would be good to be one of their trainees because they would be real..." (Interview 11:23)

"My trainer's part of that system, you know...my trainer, then, was one of my first supervisors, but I did get other supervision, and, so, what happens is, I end up belonging to the training establishment, but I don't belong to the TA community. Now...and I think that was a problem where I trained, personally...there wasn't a lot of encouragement to . . . Get out there and grow up, and leave home." (Interview 10:6)

Wounded

This theme focuses further on the issue of power that continues, with thirteen participants reporting issues that appeared to them to range from unreasonable to verging on abuse on the part of the trainer towards the trainee. It would seem that for five of the participants in Group 6, this issue has been significant in both their experience of their training and also in the decision not to continue to the CTA examination. Some participants who wished to transfer to other trainers also reported negative experiences.

"...he said, 'I don't think you'll make it with her'. I said, 'Well, I'm quite interested in exploring it, and my mind had been made up, really.' I felt that they were clinging to me. Not for me, but for them, in a way, and I had been looking at this symbiosis stuff. It's the first time I had heard about it, and I was exploring it, and thinking that, —You want to do some thinking for me, here, and I can think for myself. I had obviously grown in my journey, my personal journey though TA, and it felt a bit like a stranglehold." (Interview 17:4-5)

"...she became very angry with me because I went off and did bits of training with other people...And she, sort of, needed me because I was out there in the world, a lot, and she wanted to get out in the world. So, she was very keen, and wanted to come and do training, and TA 101s in my workplace, which she did come and do." (Interview 19:8)

C. Challenges of Training

Shocking

This theme considers some of the personal challenges that the participants experienced during their training. For a number, it was the challenge to change how they might participate in the training group.

"The biggest personal challenge – but it also made me want to keep being there – was that I was so shy, and so depressed, and so insecure, that I wouldn't get up and participate in the training ...so it was difficult for me to be there in that I was nervous and didn't want to be called on, or put on the spot about having to do something publicly." (Interview4:5)

For some, a significant personal challenge was due to the experience of having their frame of reference consistently confronted. For one, the confrontation was direct challenge by the trainer:

"...[The Trainer said] 'Well... I'm going to make a contract with you. Your questions are really, really

good, and they all have an angry edge to them. Since you've never met me, it's unlikely that you're angry with me but you're clearly angry about something, or angry at somebody, so, if you're willing to do something about what you're angry about, then I'll continue answering your questions. If you are not willing to do that, I'm not going to answer any more of your questions.' Nobody'd ever said that to me before...such clarity, and all. And so that's...after the 101, I felt I'm going to learn how to do this." (Interview 6:2)

Another participant was similarly confronted by another supervisor, just prior to taking his CTA exam. At the time, the impact of this was very significant in that the participant:

"...lay down on the living room sofa and went into a catatonic state, and my wife - I told her what had happened - and she just brought me cups of tea and it was about, sort of, five hours before I could stand up after I opened the email...[On later reflection] ...he caught me out, and he was right...to confront the trainee, probably in the last few months before exam, to really go that extra bit...and that's going to be very helpful, and it will probably mean that the process in the room will go much smoother." (Interview 12:12)

Some describe the challenge as meeting a developmental deficit; they needed to take responsibility for their personal and professional requirements, describing this as a growing up process:

"I think that one of the less spoken of processes behind the developmental aspect of training and moving to CTA, and so on, is about growing up and becoming an Adult, and taking oneself seriously, as a colleague amongst peers..." (Interview 12:5)

"...that, for me, has been a big challenge and that 'accepting' who I am..." (Interview 15:7)

Consideration is given to the reality that much of the financial cost of the training pays for the personal journey, and there is also a comment that the subsequent income for some therapists does not reflect the significant financial input that the therapist has made with regard to their training:

"...the reality for a lot of people, now, is, —No. It could cost you £50,000 to do your training, and are you, actually, ever going to earn that much from it in a way that you notice? Because, certainly, lots of my colleagues, who are CTAs, if they're in private practice, they're, maybe, earning £10,000 a year, and when you think you've got, like, a master's level qualification, that's rubbish. And I think there's a

slight amount of collusion around, still, about saying, —'Yes, yes, there will be clients', and, —'Yes, this is the hourly rate', and, —Blah blah, and, that thing about, —'A lot of this is your personal journey.' That's what you might be paying for, actually." (Interview 11:26)

Challenging

As mentioned in the previous theme, nine participants generally regarded the group as 'challenging but positive'. This theme considers the group dynamics and group process with regard to the impact of the group dynamic on the participant.

For some, their perception was that the group experience was balanced, for others it was rather more disruptive and challenging, and for some there was a sense of inconsistency that included a sense of unfairness and irritation that others were not doing the same as them.

"The group was on the one hand very challenging and very supportive, which was a nice combination..." (Interview 9:7)

"Challenges were to do with other people in the group; the group dynamic; group process. We had a group that went through a lot of change and had various, sort of, episodes within that, so there were outsiders who came into the group, there were people who, within the group, were very disruptive...had a situation where two people in the group had an affair...all sorts of nice, exciting processes that must have been really difficult for the trainer to hold, really. Thinking now...and I'd be thinking, —'Oh, O.K.' And, at the time, those felt like...it fell into my stuff about...—'I like all.. these people, —I want everybody to like each other,' and it really fed into my stuff of, —'This is not O.K.' And, yet, it was O.K., and it happened, but I found it very, very difficult to be a part of." (Interview 11:7-8)

"...[What] I didn't like was that there were people along the way in first, second year, who weren't in therapy, and who weren't in that training to be psychotherapists..." (Interview 12:2)

"...[I] didn't like the fact that, at times, I would, maybe, be doing a lot of the sharing of vulnerability and stuff because I was in therapy, and others were very 'Be Strong' because they weren't in therapy." (Ibid:3)

"...the tutor was very challenging to one of the people in the group, and that was important to me because I thought it needed to be done, and it felt containing to me, but, also, that TA didn't need to be a nurturing soft option, you know, when the boundaries need to be put in place, and people needed to be challenged, that it could happen." (Interview 13:3)

“...they weren't real, and that, therefore, it didn't feel safe to be in that group, and that a number of other places where I'd had little tastes of this, or tastes of that, was all about, 'Let's all say the right words and smile the right smiles, but you don't really have to look at what's in you that you don't like, or that might be difficult, or uncomfortable, or unpleasant, even'.” (Interview 11:23)

Disappointing

One of the characteristics of many TA training programmes is to run a multi-level training group, with one of the advantages of this being the breadth and depth of knowledge within the group. Whether trainers are offering multi-level courses or not, a good trainer will be able to pitch the training at a level, or levels, that will meet the needs of, and utilise, the expertise of the all the trainees. Unfortunately a couple of the participants considered that they did not have this experience.

“...left me feeling a little bit disillusioned because a lot of the material I was being taught I knew, because I'd already studied it in my degree, and a lot of it I knew at a better level than I was being taught...I'm not really being fed at the level I want to be fed...” (Interview 10:4, 11)

“I found it hard that I didn't know much about TA at all and also I'm not totally sorted myself and whenever I tried to say that I didn't know I was sort of told that of course I had a great deal of knowledge and they kept saying that I was discounting myself and it got, it really got up my nose and there was something about modesty. I'm coming from a place I'm not discounting myself but being fairly modest and realising my limitations and there was a lot about TA that they was, because I went into the second year. ... So there's a lot I didn't know. So there was all of this that I didn't feel that I could actually say that I didn't know and when I did I was told I was discounting.” (Interview 18:6)

Nine participants experienced a sense of disillusionment when they realised that what they were required to do on the course or for CTA exam was not what they had expected they needed to do, or that they had lacked understanding of the training requirements.

“...so I had a breach of trust, really...‘You haven't told me everything that there was to know about this side of it’, and myself and the group would query it. ...This is just like ‘pyramid sales’...I had bought into it. Why I hadn't asked questions was because of where I was in my journey, and I put them on a pedestal, I suppose, and I hadn't done the sort of grounded checking that I would do if I was joining a course now. So, I think it was a Script thing going on

from them, and from me, and other members of the group, as well...” (Interview 17:4)

“I was angry that I, perhaps, hadn't, kind of, fully known what it all involved.” (Interview 20:6)

D. The CTA Exam

Supportive

Relationships

This theme focuses on the significance of specific relationships that the participants found supportive during the examination preparation stages, and, for some, the relationship was with a specific person, whereas for others it was the sense of group identity that they found supportive.

“I was there with somebody who was doing it.” (Interview 10:25)

“I needed someone completely away from all this process, for me and my Script, in order... to get through that last bit.” (Interview 15:14)

“...it was never really a question that you wouldn't do it in our group, it was something about the collective energy that was there and that sense of group identity but it also had sense of, you know, the group influence, and the group demand, that you just go and do your CTA. So, for me, that was the experience, there was no other choice that I wasn't going to do it.” (Interview 8:9)

“It really was about a sense of belonging...” (Ibid:8)

“I was always in a peer group of people preparing for exam...I think that was really important, having a peer group. Had a peer group right from the very start, and we're still in the same peer group eleven years later. Three of us.” (Interview 15:12)

Motivation

This theme concerns the personal determination of the participants themselves. For many, the question was not really about whether they would take the exam, but, rather, when they would do it, and the personal motivation that sustained them during the process.

“...there was no lack of motivation. I was going to do my exam, sometime, and that was it.” (Interview 15:12)

“...it's a bloody long process, and you've really got to know that you want to do it.” (Interview 10:23)

“...it was a re-decision for me. I will finish this process...” (Interview 12:10)

Career

Some saw the CTA exam as a way of proving they were competent psychotherapists. In the early days

of TA in the USA, before state regulation, the CTA exam was recognised as being of value.

"...the TA certification was a way to get a legitimate credential that let the public know that I was competent to call myself a transactional analyst, and, at that point, that had some recognition because there weren't yet all the licensing categories and everything that we have now." (Interview 5:8)

"I really wanted a career, and this was the career I wanted, so, I think, there were lots of factors. I had time. Money wasn't an issue. I really had inclination, and was enjoying it, and wanted the sense, wanted the whole sense of achievement and fulfilment, and I really wanted the end product of the career, so it was 'masses' keeping me going." (Interview 13:8)

"...there was still that real sense of motivation, momentum, you know. It wasn't a case of the four years training and an exam, it was, actually, 'This is five years training'." (Interview 11:19)

It is interesting to note that all of the themes in this part have directly linked to the themes under 'Gains', in the earlier part of this section. The personal motivation and desire for a new career or development of their existing career, coupled with group cohesion, appears, for many, to run simultaneously.

Stories

Fairytales

This theme focuses on the CTA exam stories that participants have heard during their training process, or subsequently. Their nature is explored in order to understand why there appears to be excessive trepidation about the exam process. Understandably, some people may feel some anxiety around exams.

For the earliest generations of TA in the USA, the stories were merely descriptive but for later generations there were various stories circulating that suggested hidden processes.

"...at that point, people were allowed to sign up for the board that they wanted. There were sheets put up with the board member's names and you could...Look, the ostensible purpose for that was to make sure you weren't on an examining board with anyone who had supervised you previously, or trained you, or whatever, so that they could be objective about your work. The secondary...the 'secret' motivation was to make sure you got a board that people knew was made up of good people who would be positive examiners. And, so, the word, kind of, got out about who was 'Good', and who was 'Not so good'." (Interview 5:9)

"...a fantastic body of history into which people tap for all their hopes, fears, fantasies, desires, excitements, hatreds, etc, etc, you know, so we've got this bloody enormous fairytale of ideas, and what have you, into which people can do whatever they choose to do. I don't think that that was there for us." (Interview 8:9)

"...mainly that some people had to resubmit and it was a, sort of, a huge, big thing, and very traumatic, and, also, that the actual exam was quite traumatic for some people. That some people were quite...I think, felt quite unfairly treated...the impression I get is that it's not necessarily a positive experience. It can be quite bad, and it can be good, and then, when you get it, it's just, kind of, just this huge thing that now you've got it..." (Interview 21:20)

"...stories that came out were indirect, and were through the modelling of people in years above me. I was the first slice of people from the training to go to CTA, and I went in year seven of my training, and...with two colleagues...three colleagues. One from year eight, two from year nine and one from year ten...yeah...So I think that there was a message, by modelling, that it takes a long time to get to CTA." (Interview 12:10)

Experiences

This theme considers positive experiences of passing the CTA examination. There is a sense, in a number of these, of utter relief at passing, and also some acknowledgment of their own process in terms of preparation for the exam.

"I was known as being this bright young person, so, I think, they asked me questions but they expected me to have coherent, straightforward, accurate answers. So, they asked those questions, and I did, and then they asked me to turn on my tape and I turned on my tape to a point where I was asking someone to go back in time to find an early decision scene, and [name] was on board, they were all hungry, he said, 'O.K. I've heard enough! She passes!'...It was a little anti-climactic, but I was relieved, and I was happy, and I got all those strokes that you get when you pass an exam." (Interview 4:20-21)

"I got a perfect score and, so, I was really excited about that – that was a great experience." (Interview 5:3)

"...when I didn't know something, or I went into a 'Don't think' injunction, I would label it, and I found it absolutely delightful. I thought this is brilliant, not like any other way of being examined like you're really being examined, a lot, on how you manage the process under stress..." (Interview 12:11)

"...in a sense, it was a very good experience but, actually, I was aware of finding it difficult..." (Interview 13:18)

Failures

Stories in the UK about exam failures seem to have appeared between the third and fourth generation. The participants in Groups 1-3 do not report hearing much about either the CTA exam, then called the 'Clinical Member' exam, or the TSTA, then called the 'Teaching Member' exam.

"Some people didn't pass back then, but it's usually because they really didn't know some significant stuff." (Interview 4:18)

"...(the) board felt more like trying to trap me, or something, and it was much more of a negative experience, and it was kind of challenging, intimidating...not helpful in terms of really allowing me to demonstrate my knowledge." (Interview 5:3)

"It wasn't very good. It was, actually, a pretty miserable process...it was a nasty experience. It was very competitive...and I passed. Was not pleasant." (Interview 6:12)

"...accused in one of the exams of being too nice..." (Interview 4:20)

Betrayal

There is a sense of anti-climax, or disappointment - mixed with relief at having passed - such as disappointment that only one of the three prepared tapes were used in some oral exams. Most of the comments under this theme were about the oral exam but there were also significant comments about written exams.

"...my board had only just met, and they were arguing amongst themselves, and the chair didn't sit. Oh, it just felt like a complete nightmare...I just, somehow, got lost in the middle of it all." (Interview 15:16)

"...when I did get the feedback, my supervisor was, she was really shocked and was incensed and then stories came out that lots and lots of people got deferred and...there wasn't an appeal...procedure so it just felt, I felt betrayed by the system...I think it might have been easier had I understood at the beginning that this was a fairly...common experience that people got deferred and that they didn't like their feedback and they didn't like the reason of being deferred...and then some of the feedback just didn't make sense so...I was holding this stuff that wasn't making sense and what do you do with that? So yeah I felt completely let down by the sort of the whole TA system. Yeah it was a really shocking experience

and I felt as if I hit up against a brick wall. I was really angry about it." (Interview 13:9)

"... most likening to a lottery – in some ways. ... there was stories about who was a bad marker and who was a good marker, who wanted this, or who wanted that, and, at the end of the day, it seemed to be, — 'Well, you've just got to send it in,' and that's where...the bit about the lottery, it seemed, at the end." (Interview 15:13)

Reasons for Stopping Training.

Intention

This theme considers the participants' views on the reasons why trainers may take trainees into their training programmes, and why trainees may go into training for reasons other than taking the CTA Psychotherapy exam.

"I suppose it depends on who you're recruiting, in part. You know, if you're trying to fill a training programme and you're taking in quite a lot of people, fairly widely, then you can expect only a few to carry through, I suppose, and, maybe, the training is more demanding in terms of the case study and the written work, now, than it used to be." (Interview 9:17)

"...some trainers have taken people onto their training courses who don't have any intention of qualifying the CTAs – that are actually doing it purely for personal development." (Interview 10:23)

"They (the trainee) get(s) seduced into psychotherapy training and then, of course, can never get the hours, and, actually, probably don't ultimately want to." (Interview 19:19)

"I think...people enter the training for the wrong reasons. So, originally, TA training was an additional training for people who were already counselling psychotherapists. Now it's a training from the start, and you have two sorts of people going in ... How the hell do people know they want to be a therapist if they've never had it? ...I think you'll find lots of people enter TA training the first year, the foundation year, for personal development." (Interview 19:19)

"So, they're using it as therapy more than learning." (Interview 10:23)

For some, there is a realisation that what they thought they would have, as a result of doing the training, is not going to happen.

"I think...I certainly didn't have enough information, in the beginning, to know what was, sort of, coming, later on, and, also, how other institutes handle things, so I was really only informed about my institute, and, also, I think, not in very great detail." (Interview 21:15)

“So, I can see why it’s not really made explicit, but I also think there’s a lot of people who get half way through and realise, and feel let down, and angry, and betrayed, and exploited, even...(They say) —I’m paying all this money and not going to get anything back, actually.” (Interview 11:27)

“...a bit more of a realistic idea of how people work because that’s something that I’m only, sort of, gradually finding out. I think, initially, when people say, —‘Well, okay. You’re charging something like thirty pounds an hour for clients, and you can see up to twenty clients a week,’ and people go, —‘Mmmmm. Thirty pounds an hour times twenty? This is how much income I can have,’ and the reality [with my peers is that], one after the other, stopped working as a therapist because they can’t make it work financially. I think it’s that that’s something that I think, in some shape or form, has to change because it seems that not only me but a lot of people go into it thinking, —‘Oh, yeah. That would be great to, kind of, —have an income through that,’ and then find out that they can’t...” (Interview 21:15-16)

Finances

Finance clearly plays a significant part in a trainee’s expectations of training, their lifestyle and future plans. For the participants who did not go to exam, one of the reasons for not continuing was because of the cost of doing the training with added expenses, such as personal therapy. This was sometimes accompanied by a perceived loss in lifestyle options, due to reduced income, and the uncertainty whether it would be worth taking the financial risk.

“I’ve always thought about, maybe, going part-time, and seeing clients one day, and stuff like that, but I’m thinking, —‘Would I still have the same money?’ and all of that stuff...” (Interview 16:15)

“I think it’s really difficult for people, and it’s very expensive, as well, ...if you take your therapy seriously...” (Interview 18:25)

“I’m asking myself the question about the further future because, from the therapists that I know a lot of them, kind of, do it in the evening, after their day job, and I’ve not really come across anyone who’s been able to finance a living with seeing private clients if they haven’t got a job with a monthly income, somewhere...” (Interview 21:12)

Script

In this theme, ‘personal process’ is significant. This appears to be the opposite of the theme about Gains as life changing. It is the realisation that change would be required, personal or professional.

“...There’re always workshops going on, kind of. ‘How to be good at getting your CTA’, and, I thought,

—I don’t particularly like that, either. You know, leave your script behind, and all this...I think there is something about...it’s, like, if you don’t want to go and do the CTA, or you fail the CTA, or in preparation of CTA, you’ve, kind of, got to park your vulnerable side. You’ve got to park your, kind of, your script. You’ve got to, kind of, put that out the way, and I think, —‘Oh, yeah?’...and it’s somehow...it seems to me to, sort of, pathologise the trainee...I have got a script, and, so, my script would be present in the CTA. I can’t leave my script behind. I can, and have, done lots of, kind of, work on all that, whether in TA or out of TA. I don’t need TA to do that, but I just didn’t like what I saw, and what I learnt that people had to do.” (Interview 20:4)

“...realised the influence if they chose to go there, the influence upon their work life, their relational life, their children, their...you know, and, so, what they do was they, kind of, stopped, and they thought, ‘Do I actually want to meet that challenge?’...they realise they didn’t want to take that next step, or they weren’t ready for it...” (Interview 8:7)

“...found it too close to home...gets too scary on a personal level...” (Interview 21:19)

The nature of the trainee’s script also impacts upon their relationship with the trainer and/or the group and/or their therapist.

“...the transferential relationship breaks down and the trainees aren’t necessarily willing to go through the negative transference with their trainers.” (Interview 10:23)

“I think attachment issues are quite big in making an attachment to a trainer because they are lovely or because they represent a parent or whatever and its more for the journey than the end qualification.” (Interview 17:15)

“It’s largely to do with having unsatisfactory work with their therapists, or therapists that don’t challenge them sufficiently. They enter a symbiosis with them when it’s good money for four years. But there’s no Script change there.” (Interview 12:8)

“...something rather peculiar going on in the training, which is both seductive, but also undermining, and I think that’s another reason why people don’t go on, and then, I think, you’ve got the sort of things that I was describing - not unique to [my training], you know, quite pathological stuff going on in the training, involving the trainer and trainee.” (Interview 19:20)

Lack of support

Five participants have referred, in earlier themes, to feeling well supported during the training and exam preparation process. This theme now considers the participants who felt they experienced the opposite.

“...the sadness that I hadn’t found someone that would parent me, not in a confused way, but in a clear...as a leader way, ‘This is the way to go, and I will support you in your development, and I’ll challenge you’, and, you know, I think that’s what I’m looking for, but I probably wasn’t in a place where I could let myself have that before...” (Interview 17:9)

“...when I was training there – that they did the years of training and it’s, like, they came out of the training course at the other end and it’s, like, what? And there wasn’t a, sort of, structure in place...there wasn’t anything to support people [in] transition from ending training to...through to moving towards their, you know, their CTA...It didn’t feel like that was a supported process.” (Interview 10:7)

“...there’s no structure to that. There’s not much support as far as I can see.” (Interview 21:19)

The sense here is that the training became rather insular and exclusive, tending to only look inward at the training programme and not outward towards professional qualification and occupying a place within the wider TA community. In addition, there is also a sense of the trainee’s perception that they are left to ‘get on with it’ should they wish to continue towards the examination. Conversely, another participant suggests that the training can become rather too containing:

“...there’s the rolling structure, or a four year modular structure, etc, that, I think, for people, is easy to manage because it has a coherence of its own, and, I think, in some ways, it can protect you from asking the more vulnerable questions which are about you as an individual, and in what direction you want to take your life.” (Interview 8:11)

Workload

This theme recognises the amount of work required to both continue with the training and to undertake the CTA exam process, and there is an interesting addition to examine at this point. Four of the participants in Groups 1 and 2, who are mainly in the USA, experienced the training and examination process as too much work or noted that licensing is required to be able to apply TA, so the TA training becomes an ‘add-on’. In the UK, however, many trainees start from the beginning. Some of the participants in this project were already working in the helping professions, e.g. social workers, probation officers, teachers, etc. A few had done some counselling training beforehand, and there are also a significant number for whom this was a complete change of career. As a consequence, the training requirements for the participants would have been diverse, depending upon what training they had already completed.

“You should not go into TA with nothing. Why should TA be teaching you from zero? TA should be teaching you TA is a tool. As an ‘add-on’. And it was never intended...even Berne was fighting the psychoanalysts. He’s the one who told [another] to go and get a PhD in psychology...and who told everybody... go and get your ‘psychiatry!’...and Berne would not have...thought me qualified...if I hadn’t had my own credentials. So Berne didn’t want psychoanalysts, as such, but he wanted credentialed people.” (Interview 3: 23)

“...it’s a bloody long process, and you’ve really got to know that you want to do it.” (Interview 10:23)

“I think training to be a psychotherapist is hard. It’s not just the book learning, is it? It’s...you know, it’s all the other things, like they have to do the psychiatric placement, they have to get their hours, and a lot of people have got a job, you know, where they are doing something totally different...” (Interview 18:25)

“...some people taking up five, six, seven, eight years between the end of this four years training to their CTA exam, and all that seems a hell of a long way.” (Interview 21:12)

This suggests that the people who do take and pass the exam have completed a very substantial training programme, and, perhaps, should be justly proud of what they have achieved. The evidence that some do feel this way can be seen in the earlier theme under ‘Gains and Losses’.

Discussion

In addition to analysing the data into the themes described above, it can be considered more directly in terms of the original research questions. This also led to the realisation that there were some additional questions that could usefully have been explored.

Why embark on TA psychotherapy training?

It became apparent that trainees embark on the training for a variety of reasons. These influence the results for the 1st study question about why trainees leave the training. In the earlier generations in the USA and the UK - Groups 1 to 3 - the participants were already working with clients in various capacities, e.g. as psychiatrists, social workers, counsellors etc. All but one had additional professional qualifications prior to starting their training, and one was undertaking another professional qualification, concurrent with their TA training. All had heard about TA in connection with their current working environment. From Group 4 onwards, the initial contact with TA for many of the participants was during personal therapy. Some had already embarked on a variety of counselling/ psychotherapy training programmes, but it seems to

have been their personal therapy that prompted them to start training in TA. For the participants in Group 6, four out of the six first heard about TA from their therapists. The other two heard about TA from employment-based training. Hence, participants in Groups 1 – 2 went into training to enhance their current professional work. For Groups 3 - 5 the motivation was for a change of career, and, with Group 6, two of the participants were mainly motivated to gain personal insight and development, and the other four participants were looking to work in a psychotherapeutic capacity as a consequence of their experience in personal therapy.

Trainer Motivations

Two further questions manifested themselves only as the project analysis evolved:

1. Why do trainers start a training course?
2. How do trainers assess trainees before they take them into their training programme?

In the theme 'Relationship with Trainers', there are comments concerning the psychological processes that were evident to the trainees. In particular, mention is made of narcissistic processes, and the transferences that would have emerged as a result would undoubtedly influence the training experience for all involved. The personal therapy of trainees and, therefore, of trainers is also a significant element of the training experience. Although often seen by many humanistic psychotherapy training establishments as important, but separate, to the main training, in the psychoanalytic field personal analysis is the first stage of training. In other modalities, personal therapy is not viewed as explicitly necessary, but only that there is evidence of some personal development.

In the UK, personal therapy requirements were made explicit by the UK Council for Psychotherapy relatively recently (UKCP, 2003). It is, therefore, quite possible that, for a number of participants in this project, the personal therapy requirements, both for the trainee and their trainer, would have been far less specific. This, in turn, may suggest that some trainers/trainees may not have had sufficient therapy, and that, consequently, some of their unresolved issues may well be acted out in the training environment. Transferences will happen in training, but it is how they are managed that is important, and this process will begin when the trainer decides to start a training programme.

A. Why are there so many trainees in the UK leaving training before qualification?

B. Is it a problem that trainees leave without qualifying?

To deal first with B, it may not be a problem if trainees leave before qualifying because they were attending for personal development, although they may have an impact on other students. The main problem is when they leave prematurely when they have begun their training with the intention of qualifying. The reasons for leaving in such cases may be multi-faceted, and may of course involve unconscious script issues. The reasons given by the Group 6 participants for leaving the training focus on either practical or psychological reasons.

Practical reasons

Practical reasons included costs of the training but also for therapy, supervision, books, etc plus a reduction in income as they would have needed to reduce their working hours, and time constraints due to working full-time whilst running a private practice, or attending placements, supervision, therapy sessions and the training course.

Nine participants stated that they were unaware of the requirements and were shocked when they found out; some were unsure whether they were informed at the beginning and others were adamant they had not been. This led to feeling misled and feelings of resentment and disillusionment. Some identified a perceived lack of support in preparing for the CTA exam, and of being left to their own devices once they finished their initial four-year training programme.

Both of these issues raise ethical questions. One of the core values in the EATA ethical code is self-determination and the principles that follow on from this are respect, empowerment and protection. In order for trainees to make a clear, informed choice about the nature and method of the training they need to be given more than just basic information.

Academic abilities were also mentioned by eight participants as being particularly challenging. The amount of written work undertaken by trainees varied, but one issue that frequently gave rise to comments was the CTA examination process. There is clear evidence that some found the experience challenging and rewarding, but for others it was not such a positive experience and one possible reason

for this is the developing nature, process and purpose of the examination. Participants commented that they felt they were not sufficiently intelligent to reach the required standard; or there was difficulty in gathering sufficient experience without any interim qualification; or that lack of placement opportunities made clinical experience difficult to attain.

Psychological Reasons

Five of the participants in Group 6 had specific concerns about the professionalism and integrity of at least one of their trainers during their training. Such experience undoubtedly impacts on whether the trainee continues in their training, or whether, subsequently, they will take the exam. Of these five participants, two left their original training and joined a different training group. Interestingly, both of these participants chose to move away from psychotherapy training and began training in another field of TA, this highlights an additional issue of whether the trainees are made aware of or informed about the other fields of TA which may, in fact, be more appropriate.

Some participants in the project experienced issues with a trainer during their training, and these tended to focus on issues of power. Some suggest there were dependency issues being re-enacted, some refer to incongruence between what the trainer was verbally advocating and how they then actually behaved, and, although some were able to put this aside, others felt confused or even abused by what they had experienced. Transference issues are clearly seen throughout this project. If this were a psychoanalytic training programme, then the focus of the training may deal explicitly with this phenomenon, but because it is not there is a possibility these issues may not get addressed. Furthermore, many training establishments are sole trainers so the issues, unless externally supervised, may not even see the light of day. One participant felt that her grievances had not been resolved satisfactorily, and others suggest that some trainees may be dissatisfied but do not voice their concerns to the trainer.

Furthermore, personal issues of the trainees appear to have been stimulated by experiences on the training programme. Naturally, undertaking psychotherapy training will involve an exploration of the trainee's personal history, but whilst most participants experienced their training as actually reparative in this respect, there were some who felt that their experiences on the training had either exacerbated their personal issues, or they felt that the trainer was acting out their own personal issues to the detriment of the trainee.

C. Could it be there is a discrepancy between the expectations of trainees and their actual training experiences?

For most participants, expectations and experiences were comparable. Without exception, all of the participants in this project experienced personal change as a result of undertaking their psychotherapy training. For most of them, this part was seen as beneficial, but for others it was seen as needing to adapt, and this has been an unexpected and, sometimes, unwelcome experience for the participant. The most significant consequence of the training that had not been accounted for prior to training was the amount of personal change that the participants would undertake. The majority of the participants were generally appreciative of these changes, despite losing some relationships as a result, but some participants suggested that these personal changes could be one of the reasons for trainees leaving training where the trainee was not willing, or, at that time, able, to deal with the challenges to their existing relationships that would have been necessary had they continued in training. At the heart of a humanistic psychotherapy and TA in particular is the notion of 'personal growth, development and change', and the notion of change is evident throughout this project.

D. What are the historical and cultural factors that are being passed down through the generations of TA trainers that impact on trainees today?

Language

The language of TA was intentionally devised to be easily understandable, and this is something that initially appealed to many of the participants, and continues to be appreciated. A few participants in Group 1 consider that some of the more recent developments have not held this basic principle in mind, but, for the most part, the practical and pragmatic nature of the theory continues to be taught today. One participant in Group 1 suggested that the language Berne used has not always translated well into other languages, and this may have led to misunderstandings relating to basic concepts and ideas. For example, the term '*racket*' has a specific meaning in TA, but the translation of the word '*racket*' could probably refer to something akin to 'tennis racket' if the translator was not clear on the original meaning of the word in the TA context.

Method of training

The early generations of TA were trained in small groups, with some participants attending marathons that would last anything between a few days to a fortnight and others were taught using recordings of

TA 101 courses, or in group training courses/discussions. There are a few training centres in the UK offering marathons but they are in addition to a main training programme, rather than being the main route to training. The more formal, structured approach to training appears to have become the norm, certainly in the UK, with the majority of training courses being run over weekends, usually for ten weekends per year.

One of the main differences between the first two generations and the most recent generations concerns the amount of training the trainees have completed prior to starting their TA training. The founders of TA had their first qualifications either in psychiatry, social work or counselling, and TA was then an add-on to this. This is still the case in the USA and in many European countries. The requirement or expectation of similar first qualifications in the UK is not always sought, and some of the participants in the project have queried whether this is supportive or unsupportive of TA and TA trainees.

Examination

One participant explained that the CTA exam was established, primarily, to restrict the numbers of people who could use TA. "...*there were two goals. 'One', to keep the psychoanalysts out. And 'Two', establish that TA is just as good as psychoanalysis...*" (Interview 3:8) One consequence of this 'limiting' is a sense of an 'us and them' attitude. In The CTA Exam theme, examples are offered of both positive and negative experiences. What is clear is that the examiner, both of the written and the oral exams, potentially holds a significant amount of power, making them the 'gatekeepers' of the TA community.

E. What is it that helps and encourages students who complete to exam?

The main motivating factor was the personal motivation of the participant, and the encouraging and supportive relationships with the trainer/principal supervisor and peers.

The majority of participants who undertook the CTA examination were motivated to qualify as a psychotherapist from the beginning of their training, whereas for the participants in Group 6, their intention for undertaking the training was less directed towards qualification as a CTA.

Furthermore, the modelling of the TA Philosophy in particular, by the trainer or principal supervisor, supported the learning experience for the participant, and the congruence between their words and actions validated their trustworthiness for the participant.

Moreover, the willingness of the trainer to be challenged, and for trainees to question and disagree, was also effective in supporting the participant to take ownership of their own training and professional development.

Additionally, the participants who gained the most from their training, and, hence, their learning experience, appear to have undertaken it with a training establishment having a humanistic approach to teaching and learning, that would also appear to be in keeping with TA philosophy.

F. What are the stories that trainers and trainees can tell about the exam process?

The stories are explored in detail under the theme of The CTA Exam. Many of the 'stories' that the participants had heard about the CTA exam were incongruent with the majority of their actual experiences, and tended to focus on negative behaviours of exam markers or board members. Whilst a few participants did report some element of negative experience, it was either their own personal process that caused a difficulty, or some aspect of competitiveness on the part of the exam marker or board member. The majority of participants experienced their written exam as a challenging process, mainly due to the amount of work necessary.

The 'stories' tend to suggest that the CTA exam is something to be feared, and some of this appears to be due to the lack of clarity regarding the exam process; a few participants reported that they felt that the exam had, at one time during their training, been 'shrouded in mystery', and this led to a sense that the CTA exam was an 'exercise in terror', rather than a standard conclusion to the training. Perhaps, with additional support and/or information, some may have been able to make a different decision based on reality rather than fantasy.

Achieving success in the CTA examination means that the trainee now 'belongs' in the TA community, so the exam could be viewed as a rite of passage. Consequently, to 'fail', or to be 'deferred', suggests a lack of belonging, or worse, rejection by the TA community, as the exam candidate is perceived to be 'not good enough'. This fear of rejection may be sufficient for the 'stories' to be given more weight than the actual events, which may then mean again that the trainee may not consider all their options.

Limitations

There are a number of limitations to this research. Firstly this study mainly refers to psychotherapy trainees in the UK and USA; it would be interesting to see what would emerge from trainees in all fields and in other countries.

Secondly this paper refers to 21 participants' phenomenological experiences and these accounts are therefore subjective and consist of each participant's opinions and views. Similarly the researcher's own subjectivity will have played a part in how the data was analysed, although care was taken to validate the data and the findings.

Thirdly, further research into trainees' experiences of the training itself as they go through the training process would be valuable; similarly exploring the trainer's experience of the same training group would also be of interest. This is currently an ongoing project with trainees from three different training centres in the UK.

Finally the researcher used IPA as a method for analysing the data, IPA is not normally used for projects involving more than 10 people, and therefore it would have probably been easier to use another type of thematic analysis which may have generated additional themes. Similarly the research was data heavy with over 480 pages of transcript and on reflection the outcomes may have been discovered using focus groups which would have been less onerous.

Conclusion

The research has yielded much information in response to the initial questions and has led to the identification of the five themes and some subthemes as shown in Figure 1. From that, it is possible to suggest a number of recommendations for further action.

It appears that there is a definite need for trainees to be provided with more information, which could be given in writing and also might be provided in briefings and perhaps by having current or former students at such briefings, and which should include:

- financial implications, not just of the training but also for personal therapy, supervision, books, etc, and the impact on their current earnings due to the potential need to reduce their working hours
- time implications, such as the need to reduce working hours, with an explanation about the need to run a private practice, attend placement, have supervision and therapy sessions as well as the training course and additional personal study time, and all accompanied by the need to balance this with work and family commitments
- resourcing implications, alerting trainees that they will need to find a placement, arrange their own therapy, organise their supervision and TA principal supervisor, and set up in practice if they are not already a psychotherapist

- training requirements in enough detail that trainees can make a clear, informed choice about the nature and method of the training, including its academic requirements, and so that they are aware of factors such as the CTA examination, professional registration, and that there are various possible routes to qualification/registration
- an emphasis on potential students understanding that psychotherapy training is likely to lead to significant personal changes, and that this may interfere with existing relationships, accompanied by encouragement from the training establishment for trainees to consider in depth their motivation for embarking on psychotherapy training
- an emphasis on what trainees can do if they have concerns during their training, whether this be about practicalities or about dynamics within the training group or between student(s) and trainer(s)

In addition to providing more information to potential students, training establishments/individual trainers might also wish to consider their own processes including:

- their own motivation for running a training programme and how this impacts on the nature of the training provided
- how they locate the teaching and learning methodology within a humanistic and transactional analysis framework
- how they evaluate the personal motivation of potential trainees as part of their initial assessment process
- how they ensure that potential trainees have been given sufficient information to enable the trainees to make an informed choice
- the benefits of having an exit interview/debrief at the end of each year, or when a trainee leaves the programme

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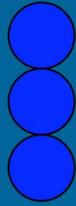
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Appendix A: Interview Questions

1. How did you hear about TA/Eric Berne in the first place?
2. What were the significant factors that attracted you to TA?
3. What were your expectations when you started TA training?
4. What were the factors that influenced your training experience?
5. How did you make sense of those experiences?
6. What were the high points and the challenges?
7. What do you think of TA today when compared with when you did your initial training?
8. If you could change anything about TA what would it be?
9. What have you gained most by training in and using TA?
10. What, if anything, have you lost?
11. What do you think Eric Berne would say about TA today?
12. Who are the significant people in TA for you and why?
13. In the UK only about 1 in 12 people who start training actually go on to take the CTA exam – is this your experience?
14. Why do you think there is such a high drop out rate? / Why do you think there is there such a discrepancy between the UK and your experience?
15. What kept you motivated to continue and qualify?
16. What stories were you told about the CTA exam process?
17. What was your actual experience of it?
18. What do you say to trainees about the CTA exam?
19. What do you think could be done to increase the number of people who stay in training and continue to CTA?
20. Is there anything else you would like to say about your experiences as a trainee / trainer / supervisor that may help future generations of TA practitioners?



A pilot study to investigate and analyse script components of hospitalised individuals in Ukraine diagnosed with schizophrenia paranoid sub-type

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Abstract

Based on World Health Organisation (2014a) identification a lack of psychosocial interventions for the c. 24 million people worldwide suffering from schizophrenia, and a corresponding paucity of relevant transactional analysis literature, the author went on to conduct a pilot study of 27 participants in Ukraine, who were hospitalised and diagnosed by psychiatrists as schizophrenia paranoid sub-type. Four questionnaires were used in Russian: Internal Ego States Questionnaire (Hay, 1996), Driver Questionnaire (Cox, 2001), Critical Points of Development Questionnaire (Gusakovski, 2000 based on Bradshaw, 1991) and Brief Script Questionnaire (Stewart, 1999), the latter accompanied by a clinical interview during which diagnoses of other TA elements were made. Limitations in terms of un-validated questionnaires and statistical validity are noted but the study is presented, and copies of the questionnaires in English are published with the permission of the authors, in order to encourage further research into this hitherto neglected area.

Keywords: transactional analysis, schizophrenia paranoid sub-type, script, ego state, personality adaptation, drivers, life positions, doors to therapy, questionnaires

Literature Review

According to the World Health Organization (2014a) schizophrenia is a severe form of mental illness affecting about 24 million people worldwide, mostly in the age group 15-35 years, and in spite of there being effective pharmacological and psychosocial interventions, more than 50% of persons with schizophrenia are not receiving appropriate care. They provide 30 pages of references of papers on the subject (World Health Organization 2014b).

Mari and Steiner (1998) conducted a rigorous methodological meta-analysis of 12 randomised

placebo-controlled researches to determine the effectiveness of family therapy and found that the recurrence rate is reduced compared with the recurrence rate of patients who did not receive psychotherapy.

Based on meta-analysis of researches (Garety et al, 1994; Tarrier et al, 1993; Tarrier et al, 1998; Drury, 1996; Hogarty, 1997) devoted to studying the efficacy of cognitive-behavioural therapy, Birchwood and Spencer (1999) found that cognitive-behavioural therapy caused a statistically significant reduction of psychotic symptoms compared with a control group.

Although Bellack et al (1984), Liberman et al (1998) and Hogarty et al (1986) claimed that, considering the lack of social adaptation of patients with schizophrenia, social skills training improves their functioning, Birchwood & Spencer, (1999) determined that reducing the frequency of relapse was temporary and insignificant.

Transactional Analysis Literature

Schiff, Erb, Warner, Kline, Bowman & Schiff (1977) reported on the effectiveness of transactional analysis and reparenting at the level of biochemical changes (normalization of tryptophan uptake) while working with patients they had diagnosed as having process schizophrenia and who took no medication during the study. However, the authors do not describe the treatment, say only that they used Minnesota Multiphasic Personality Inventory schizophrenic scale (SC#8) (University of Minnesota, 1943 [ref added; does not appear in original article] for diagnosis, acknowledge that diagnosis according to DSM III (American Psychiatric Association 1980) might have been different, and had samples of 20 and 5 only. The Schiff et al (1977) study was based on work by Berlet et al (1964); similar studies on antioxidants continue to be conducted – see Akyol et al (2002), Ben Othmen et al (2008).

Wilson, White & Heiber (1985) reported on the effectiveness of the reparenting method when dealing with schizophrenia used in a hospital setting. They comment on how they were impressed with the work of Schiff (1970) and therefore adopted some of these techniques. However, they also wrote that they “borrow freely from object relations theory . . . ([and] some of the concepts of [several well-known non-TA practitioners].” (p. 211)

White (1999) commented on the “gaping hole [within the transactional analysis literature] in the theory and practice of the treatment of most schizophrenics; there is no theory and practice of treating psychoses that does not involve residential treatment.” (p. 133) He went on to call for “the construction of a transactional analysis approach to schizophrenia that is accessible to the majority of those who suffer from this disorder.” (p. 137) and, within his paper, to propose a form of no-psychosis contract that might contribute to this.

Finally, as this paper was being prepared for publication, Mellacqua (2014) has proposed that schizophrenia is a relational trauma disorder rather than the result of symbiosis, intrapsychic conflicts or complex contaminations. Mellacqua provides a helpful review of the historical perspectives concerning the psychiatrist definition of schizophrenia, points out how the Schiff (1975) material does not adequately take into account various characteristics of schizophrenic pathology, and presents case examples to support a conclusion that schizophrenics are “individuals whose psychobiography is marked by premature and often enduring traumatic relational experiences with significant others (e.g. parents or other figures acting in loco parentis) that lead to the most pervasive fragmentation of the self.” (p. 24)

Research Objectives

This study began with the expectation that it would lead to identification of TA concepts associated with schizophrenia. However, as the results were reviewed, the limitations described below were identified, and the outcome was changed to the publication of a methodology that might stimulate further research.

To assist in this, permission was granted by the copyright holders of the original questionnaires so they could be reproduced here in full as Appendices.

Ethical Considerations

The contract with the medical staff and patients included that all patients could give their agreement or disagreement to take part in this research. Before being asked for their decision, they were informed about the goals, structure and methods of the research. All participants were responsible for

themselves; they were aware who were they, where were they, and what was happening. They knew they had psychological problems. From the legal point of view they were *Sui Juris* i.e. they had the capacity to manage their own affairs and were not under legal disability to act for themselves.

All participants as well as medical staff were informed that they would not be provided with any results. Also all parties agreed that results would be published in foreign journal(s) without mention of any names. The researcher would keep all results in a safe place (working office) outside hospital; all papers were coded so that there were no names or other signs on papers which could be recognised as belonging to a specific person.

Through this contract we aimed to contribute to ethical research practice. We protected the boundaries of all parties, and especially the boundaries of participants. We were aware about their right to refuse and we discussed it with each of them. Before including each participant we checked their competence through documents and through the making of the contract from Adult ego state. It is important to keep in mind that all participants were in remission phase and had no intellectual damage.

These ethical aspects were discussed at supervisions with a Teaching & Supervising Transactional Analyst (Psychotherapy) to avoid discounting concerning ethics. Also, to protect participants we engaged in supervisions with a psychiatrist outside the hospital to stay aware about medical aspects.

Methodology

Four questionnaires, with one as the basis for clinical interview, were used for an empirical investigation:

- Internal Ego State Questionnaire (Hay, 1996) included as Appendix 1
- Driver questionnaire (Cox, 2001) unpublished, included as Appendix 2
- Critical Points of Development questionnaire (Gusakovski, 2000) unpublished, included as Appendix 3
- Brief Script Questionnaire (Stewart, 1999) included as Appendix 4

The Cox and Gusakovski questionnaires had been made available in Russian and were used in that language; the Hay and Stewart material was translated and had been used at various workshops prior to this study.

The Gusakovski questionnaire was based on material by Bradshaw (1991) that was taught in Russia by Patricia J Cox.

These questionnaires were selected to reflect behavioural aspects (Driver questionnaire), structural aspects (Internal ego state questionnaire and Critical Points of Development questionnaire) and both behavioural and structural aspects (Brief Script Questionnaire).

As discussed under Limitations, these questionnaires have not been validated; however, they were chosen because of their links to transactional analysis concepts.

Whilst using the Brief Script Questionnaire, the researcher also conducted clinical interviews, so that the time spent with each subject ranged from 2.5 to 4 hours. Knowledge of all 4 types of diagnosis - social, historical, behavioural and phenomenological (Berne, 1966) and the diagnostic criteria e.g. pose, typical gestures, characteristic words, typical intonation etc. (Joines & Stewart 1987) were used to identify probable functional ego states, existential life positions, and open doors to therapy (Ware 1983). Childhood strokes were also explored.

Subjects

The study involved 27 patients diagnosed by psychiatrists as suffering from the paranoid form of schizophrenia in remission, aged 20 to 40 years, without the apathy-dissociative defect. All studied gave their consent to participate. The distribution of patients by gender was approximately equal. All patients at the time of the study were receiving antipsychotic medications (e.g. olanzapine, haloperidol, risperidone, seroquel, etc.).

Results

Internal Ego State Questionnaire

The scores for these are shown in Table 1. On inspection, it can be seen that some individuals scored fairly evenly across the three scales. We therefore identified those where one of the scores was 2 or more points below the next highest score. These are shaded in the Table to indicate where this difference occurred for the highest score and where it occurred for the lowest score. Table 2 summarises these results. It can be seen that there are very few highest scores for Internal Child compared to Internal Parent and Internal Adult, each of which are at approximately the same level. For the lowest scores, the difference is much more distinct, with Internal Parent and Internal Adult again being at similar levels but now very few, and with Internal Child showing clearly as a lower score for 12 of the participants.

Driver Questionnaire

Table 3 shows the results of the driver questionnaire. The questionnaire contains five questions per driver so the maximum score for any driver is 5. As with the Internal Ego State Questionnaire, some participants showed a narrow range of scores so it is not possible

to state with any certainty that they have a dominant driver. However, we have assumed that there is more significance when the highest or lowest score is two or more points different from the next highest or lowest score. There are only four participants where the highest score meets this criterion: two of these have Please Other as dominant, one has Be Perfect and one has Hurry Up. For the least scored driver where there is a difference of at least two marks, there are again only five: three for Hurry Up and two for Try Hard.

	Internal Parent	Internal Adult	Internal Child
1	14	12	13
2	14	15	11
3	16	15	5
4	9	9	5
5	13	11	5
6	12	12	12
7	13	17	12
8	13	12	11
9	13	14	14
10	7	13	9
11	11	11	11
12	15	17	14
13	14	11	16
14	14	15	10
15	5	11	7
16	11	16	4
17	5	6	12
18	15	15	7
19	14	10	4
20	19	15	15
21	10	15	13
22	13	15	11
23	16	14	10
24	15	11	11
25	6	20	4
26	14	14	11
27	13	10	2

Table 1: Results of Internal Ego-State Questionnaire (Hay 1996)

	Internal Parent	Internal Adult	Internal Child
Number of highest scores	6	8	2
Number of lowest scores	3	1	12

Table 2: Highest and lowest scores on Internal Ego-State Questionnaire (Hay 1996)

	Be Perfect	Be Strong	Please Others	Hurry Up	Try Hard
1	2	4	3	1.5	3
2	2.5	2.5	4	3	1.5
3	4	5	4	4	4
4	3	3	2	3	1
5	4	4	3	1	1
6	3	3.5	4.5	0.5	2.5
7	1	2.5	4.5	2	1.5
8	3	1.5	3.5	2	4.5
9	4	4.5	5	2	2
10	1.5	3	3.5	1.5	3
11	2	2	3	0	0
12	3	3	3	0	1
13	3	3.5	4.5	4	3.5
14	4	4	4	4	2
15	2	3	3	1	4
16	1	4	4	2.5	2
17	2	2	3.5	1	4
18	4	3.5	3.5	1.5	3.5
19	3	5	4	2	3
20	3	4	4	3.5	1
21	2.5	4	2.5	1	3.5
22	4	4.5	5	2	4
23	5	3	2	1.5	0.5
24	4	4	4.5	3	2.5
25	1	2	1	4	1
26	3.5	2.5	4	2.5	3.5
27	0	2	5	1	1
TOTALS	75	90.5	97.5	56	62

Table 3: Results of Driver Questionnaire (Cox 2001)

	0-6 months	6 months-3 years	3 years - 6 years	6 years - 12 years	12 years - 18 years
1	4	5	4	10	3
2	2	3	3	2	2
3	6	3	4	4	4
4	3	3	2	3	2
5	1	2	2	1	0
6	4	6	2	3	2
7	4	3	1	4	1
8	5	6	2	6	4
9	2	2	1	3	0
10	6	4	1	3	1
11	6	5	4	3	2
12	5	4	3	4	3
13	5	8	3	8	5
14	5	5	2	6	4
15	3	3	3	2	3
16	6	5	4	2	3
17	5	8	3	10	3
18	4	6	3	7	1
19	3	3	2	2	0
20	5	6	2	3	2
21	6	7	3	5	1
22	3	2	3	3	2
23	7	4	3	5	4
24	6	5	3	8	2
25	0	3	1	4	1
26	3	8	4	6	4
27	1	5	1	6	3
Participants	17	8	5	5	6

Table 4: Results of critical Points of Development Questionnaire (Goussakovski 2000)

Critical Points of development Questionnaire

Table 4 shows the results of Critical Points of Development Questionnaire. This questionnaire contains five sections, with one for each developmental stage. However the numbers of questions for each section vary, as shown in the table. We therefore opted to mark as significant those where participants had scored above 50% of the possible responses. For these, it can be seen that 17 participants scored above this level for Stage 1: 0-6 months, followed by 8 who did so for Stage 2: 6 months-3 years. For older stages, numbers of participants were lower.

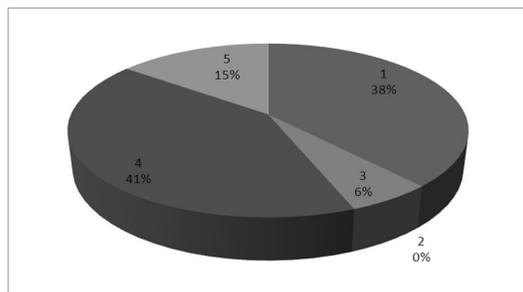
However, we also checked the results for all stages on the same score – in that we took 4 as just over 50% on 2 scales and used that same number of responses for all stages. When this is applied, Stages 1 and 2 both have 17 participants, with 15 participants likewise for Stage 4: 6-12 years. Stages 3 and 6 remain unchanged, with 5 and 6 participants respectively scoring above 4.

Brief Script Questionnaire

We used the Brief Script Questionnaire as the basis for clinical interviews. On inspection, it seems likely that the results obtained may have been influenced by the nature of the interviews and/or the behaviour of the interview; with hindsight some alternative assessment methods was required for correlation.

Functional Ego States: results are shown in Table 5 and Figure 1. We found that Adapted Child and Critical Parent were about equal (41% and 38% respectively) with much lower evidence for Free Child and Adult, and no evidence at all for Nurturing Parent.

Life positions: results are shown in Table 6 and Figure 2. It was found that ‘I’m Not Ok, You’re Not Ok’ predominated (62%).



1 – Critical parent ego-state, 2 – Nurturing parent ego-state, 3 - Adult ego-state 4 – Adaptive child ego-state, 5 – Free child ego-state.

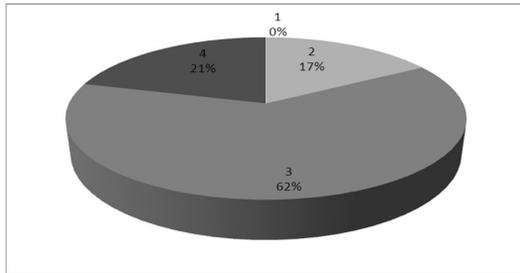
Figure 1. Distribution of dominant functional ego-states of studied patients with paranoid form of schizophrenia.

Doors to therapy: results are shown in Table 7. For this, we used the first question in the Brief Script Questionnaire to diagnose one main open door. This resulted in 85% with behaviour as open door, with very low numbers for thinking and feeling.

Strokes: results are shown in Table 8. For this, questions 3a to 4b in the Brief Script Questionnaire were used. It can be seen that more negative strokes were reported, for both physical and verbal form of strokes.

	Critical Parent	Nurturing Parent	Adult	Adapted Child	Free Child
1	1			1	
2	1			1	
3	1			1	
4	1				
5	1		1	1	
6	1			1	
7	1				1
8					1
9				1	
10	1			1	
11				1	
12				1	1
13	1				
14	1			1	
15				1	1
16				1	
17				1	
18	1				
19				1	
20				1	
21				1	
22	1				
23	1				
24	1		1		
25					1
26	1			1	
27				1	
Participants	15	0	2	17	5

Table 5: Results of Brief Script Questionnaire: Functional Ego States



1 - "I'm - Ok, You - Ok", 2 - "I'm - Not Ok, You - Ok", 3 - "I'm - Not Ok, You - Not Ok", 4 - "I'm - Ok, You - Not Ok".

Figure 2. Typical life positions

	I+, You+	I-, You+	I-, You-	I+, You-
1			1	
2			1	
3		1		
4			1	
5		1	1	
6			1	
7			1	1
8			1	1
9			1	
10			1	
11				1
12			1	
13			1	
14				1
15			1	
16			1	
17		1		
18			1	
19				1
20			1	
21				1
22			1	1
23			1	
24			1	
25			1	
26		1	1	
27		1		
Participants	0	5	20	7

Table 6: Results of Brief Script Questionnaire: Life Positions

	Feelings	Behaviour	Thinking
1		1	
2		1	
3		1	
4		1	
5		1	
6			1
7		1	
8	1		
9		1	
10		1	
11		1	
12		1	
13		1	
14			1
15		1	
16		1	
17			1
18		1	
19		1	
20		1	
21		1	
22		1	
23		1	
24		1	
25		1	
26		1	
27		1	
Participants	1	23	3

Table 7: Results of Brief Script Questionnaire: Doors to Therapy

	Physical negative strokes	Physical positive strokes	Verbal negative strokes	Verbal positive strokes
Participants that received this type of strokes	22	15	24	13

Table 8: Results of Brief Script Questionnaire: Strokes

Discussion

Ego States

It can be seen that the Hay (2009) Internal Ego State Questionnaire completed by the participants showed several with high scores for Internal Parent and Internal Adult, and low scores for Internal Child. Hay's concept of internal ego states is similar to structural ego states, with her version of Internal Adult being presented as the equivalent of Berne's Adult ego state in the here-and-now. This would appear to confirm that, as taken into account under Ethical Considerations, participants were in remission and were capable of intellectual functioning.

The preponderance of Internal Parent and absence of Internal Child may be an indication that participants are very much influenced by what Hay describes as copies of parent figures during their childhood that they have somehow 'filed' and are still responding to, and which is maintaining an internal situation where they have repressed much of their natural child needs and experiences.

We can contrast this with the findings about Functional Ego States using the Stewart (1999) Brief Script Questionnaire, where Adapted Child and Critical Parent were more in evidence, with a notable lack of Nurturing Parent. The Parent results would seem to coincide with the high level of Internal Parent; consideration of the questions within the Brief Script Questionnaire show that participants were being invited to talk mostly about themselves and their childhood and might therefore be expected to be using Child or Parent rather than Adult as they recall past events. The Adapted Child seems the more likely, taking into account that the participants are already aware of having a mental health diagnosis and are likely to be recalling more of the negative and positive aspects of their childhood.

Drivers

There do not appear to be any significant patterns in the results from the Cox (2001) Driver Questionnaire. It may indeed be the case that those with a schizophrenic diagnosis are just as varied in terms of driver behaviour as the general public; however, this may also be a limitation of the questionnaire: for example, "being depended upon" in item 13 and "compare yourself with others" in item 17 might conceivably be selected by participants with any driver – the way in which they are dependent upon or compare themselves with others may be quite different.

Critical Points of Development

Using the calculation that identifies participants who scored four or more points on any of the questions, the pattern becomes that the most significant ages

are 0-6 months, six months to 3 years, and at a slightly lower level, 6-12 years. Although the questionnaire uses different ages to those proposed by Levin (1982), the first two of these do relate to her Being (0-6 months) and Doing (6-18 months), and hence to early childhood experiences.

The other level relates to her Structure stage (6-12 years) when the young person is learning the skills they need to live out a script that they have adopted for themselves at the Identity stage (3-6 years).

Existential Life Positions and Strokes

Bearing in mind that the participants have a diagnosis of schizophrenia and were receiving antipsychotic medications, it is hardly surprising that their life position appeared in most cases to be I'm not okay, You're not okay. These ties in with the way that they were able to identify more negative strokes than positive being given to them.

Doors to therapy

As shown in Table 7, there appeared to be a preponderance of participants that we identified as likely to have Behaviour as their open door (Ware 1983). Participants described themselves with words such as "active" or "passive", "slowly", "shy", "creative", "energetic", "independent", "strong", "ambitious", "sociable", "closed", etc. We assessed Thinking as the open door for self-descriptions such as "thoughtful", "analytic", "meditative", "intellectual", and "convinced". Our assessment of Feeling as the open door was based on expressions such as "emotional", "passionate", "impulsive", and "sad".

Limitations

A key limitation of this study is that the diagnostic methods were not validated in any way. They were not designed for research work but for practice; furthermore the Internal Ego State Questionnaire was actually designed by Hay (1996) for use by employees within an organisational rather than a clinical context. The Cox (2001) likewise includes a comment that it is not intended to be a personality test.

The questionnaires were also translated versions and this may have changed the meaning of the elements. The translations were already available in Russian; for future research more attention is needed to checking the accuracy of the translations.

Although larger than the previous TA-based studies referred to above, the sample size is still relatively small in that although the study continued for six months, out of approximately 50 patients who met the study criteria during that time, only 27 agreed to participate. This has therefore been a pilot study which we hope may stimulate further research by others.

The diagnoses of schizophrenia were conducted by the hospital psychiatrists. They were unable to assure us that no subjects had concomitant mental illness, and the rules of confidentiality meant that they could not advise us who these might have been so we cannot be confident that the sample is representative.

Both collection and analysis of the data was conducted by the researcher, albeit under professional supervision. Hence the participants' responses may have been influenced by the researcher.

Finally, no attempt has yet been made to check the results for statistical validity, and no attempt has been made to investigate potential correlations between questionnaires and with the clinical interview. It is possible; therefore, that conflicting data generated by similar questions in different instruments remains unnoticed.

Conclusion

This study began with the intention to investigate the application of various transactional analysis concepts with a pilot group of participants who were hospitalised and diagnosed by psychiatrists as schizophrenia paranoid sub-type. As it progressed and the results were discussed with others, it became apparent that there were a number of limitations as described above. However, the decision has been taken to publish in order to present the methodology to others in the hope that this will stimulate further research.

Publication is also in line with IJTAR policy is to be open and transparent and publish any research, regardless of outcomes, and in line with Sterling's (1959) exhortation to pass on our learning to other researchers, and Popper's (1963) comment that every refutation should be regarded as a great success.

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Appendix 1: Internal Ego State Questionnaire (Hay 1996) (reproduced with permission)

Instructions

For each statement, allocate a score to indicate how much it matches your own thinking.

not true for me	0	moderately true for me	2
partly true for me	1	extremely true for me	3

Score

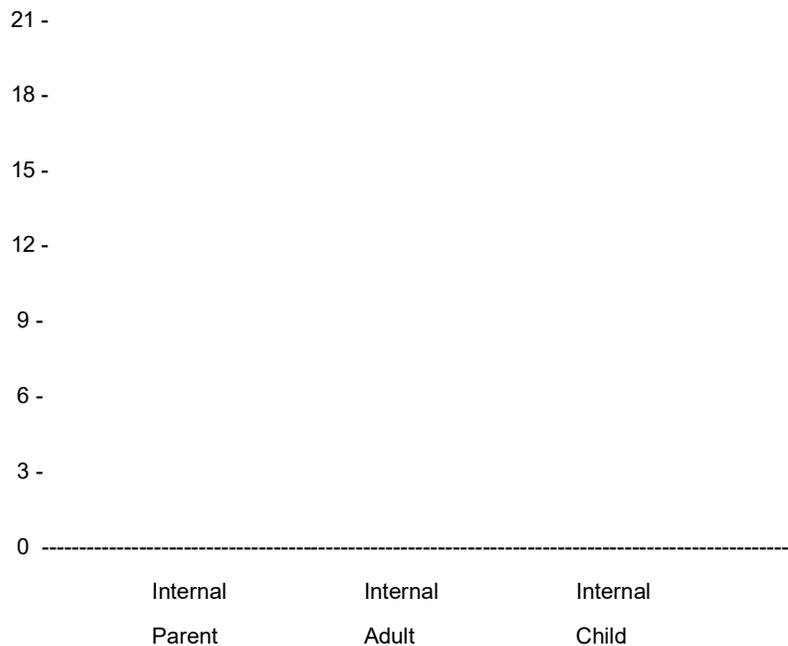
	1.	I have strong opinions on some subjects.
	2.	I like to balance the pros and cons before I make a decision.
	3.	Children should be taught to respect their elders more.
	4.	Most of my parent's views are totally out-of-date.
	5.	I feel upset when people are angry.
	6.	I take a moment to assess a difficult situation before I respond.
	7.	I often go with a hunch when making a decision.
	8.	I think about the implications before I do something.
	9.	I rely on my experience a lot to make decisions.
	10.	I can observe other peoples' reactions without necessarily feeling the same way.
	11.	I often feel more mature than other people.
	12.	I often feel as if I'm a lot younger than I really am.
	13.	I am comfortable sharing decision making when relevant.
	14.	I sometimes hide my true feelings from others.
	15.	Sometimes I think other people behave childishly.
	16.	I prefer it when someone else has to make the decisions.
	17.	I have updated some of the views I learned from my parents.
	18.	I expect to make my own decisions all the time.
	19.	I resent it when people tell me what to do.
	20.	I share many of the views of my parents.
	21.	I can learn from younger people.

INTERNAL EGO STATE QUESTIONNAIRE - SCORING

Step 1. Transfer your scores to the summary below, against the question numbers, and add up each column.

	1	2	4
	3	6	5
	9	8	7
	11	10	12
	15	13	14
	18	17	16
	20	21	19
	-----	-----	-----
TOTAL			
	Internal Parent	Internal Adult	Internal Child

Step 2. Draw a chart of your responses by marking horizontal lines at the score points for each ego state.



Appendix 2: Driver Questionnaire (Cox 2001) (reproduced with permission)

'Drivers' are generalised messages about how to act that each of us acquires from family and social influences. The purpose of this questionnaire is to help you identify what kinds of 'driver' behaviour you typically get into, especially when under stress. The questions are formulated from general and clinical experience and are intended to stimulate self-awareness. This is not intended to be a 'personality' test.

ANSWER questions "yes" or "no" or "to some extent".

SCORING: see overleaf.

1. In general do you hide or control your feelings?
2. Are you reluctant to ask others for help?
3. Do you set yourself high standards and then criticise yourself for failing?
4. Do you do things (especially for others) that you don't really want to?
5. Do you have a tendency to do many things simultaneously?
6. Do you hate 'giving up' or 'giving in', hoping 'this time it will work'?
7. Is it important to you to be right?
8. Is it important to you to be liked?
9. Do you have a tendency to start things and not finish them?
10. Do you set unrealistic time limits (especially too short)?
11. Are you fairly easily persuaded?
12. Do you dislike being 'different'?
13. Do you have a tendency to be in a position of being depended upon?
14. Do you feel discomforted by small messes, mistakes, discrepancies?
15. Do you get impatient fairly easily?
16. Do you hate to be interrupted?
17. Do you tend to compare yourself with others?
18. Do you have a tendency when problem solving to 'go round in circles'?
19. Do you tend to 'keep going', not noticing hunger, tiredness, and other needs?
20. Do you often talk at the same time as others, or finish their sentences for them?
21. Do you generally explain things in detail and with precision?
22. Do you prefer to get on with a job rather than talk about it?
23. Do you prefer to do things on your own?
24. Do you dislike conflict, and tend to avoid it?
25. Do you have a tendency to be a rebel or be the 'odd one out'?

* The concept of 'driver' behaviour was developed by two transactional analysts, Kahler and Hedges [Capers] (TAJ 4.1 p.32), and written about by Mavis Klein in "Pain and Joy" (Boyars 1993). This questionnaire has been created based on the work of those authors, and due acknowledgement is given here.

SCORING FOR DRIVER QUESTIONNAIRE

Collate your scores by giving yourself marks

'yes' = 1 'no' = 0 'to some extent' = 0.5

Then draw up five groups of scores as follows:

column 1	column 2	column 3	column 4	column 5
Q.3	Q.4	Q.5	Q.1	Q.6
7	8	10	2	9
14	11	15	13	17
16	12	20	19	18
21	24	22	23	25

A maximum score of 5 could be obtained in each column. Where you have scored 3 or more in a column it would seem likely that this 'driver' behaviour is a significant tendency in you. The questions in each column are representative of one of five types of 'driver':

Column 1 BE PERFECT

Column 2 PLEASE OTHERS

Column 3 HURRY UP

Column 4 BE STRONG

Column 5 TRY HARD

It is likely that people have one or two preferred driver patterns and that most people behave in a 'driven' way at least some of the time. Driven behaviour (compulsive patterned responses) is more likely under stress. Although there are five of these main 'drivers', the form in which the person acts in response to the message can be infinitely varied, for example some perfectionists pay more attention to tidiness, and some care more about cleanliness.

Sometimes a person scores very low on all the driver columns, or may even have scores of 0. This may or may not signify, and it is important to remember that the purpose of this questionnaire is to stimulate self-reflection. It is not a personality test.

Mary Cox M.Ed

Clinical Teaching and Supervising Transactional Analyst

Questionnaire revised 1999

Appendix 3: Critical Points of Development Questionnaire (Goussakovski 2000 based on Bradshaw 1991 via Patricia J Cox) (reproduced with permission)

Answer the following questions. After you read the question, stop and listen to your feelings. Answer "yes" or "no" to each question.

Stage from birth to 6 months:

- Do you have or have you had in the past a tendency to overeat, abuse alcohol or take drugs?
- Does it ever happen that you are not confident in your ability to meet your needs?
- Do you find it hard to believe in other people, so that all the time you need to control them?
- Do you ignore the physical needs of the body, such as eating when not hungry or not realising how tired you are?
- Do you ignore your needs for good nutrition and exercise?
- Do you visit the doctor and the dentist only in extreme cases?
- Do you feel a deep fear that you will be left? Do you feel now or ever felt despair when a love affair came to an end?

Stage from 6 months to 3 years:

- Is it difficult for you to determine what you want?
- Are you afraid to know, when you get to a new place?
- In complex situations, do you not know whether you want to have something?
- Are you overly anxious (worry over nothing)?
- Do you often have conflicts with the authorities?
- Are you doing everything possible to avoid conflict?
- Do you feel guilty when someone refuses?
- Are you often overly critical of people?
- When you reach success, is it difficult for you enjoy or believe in your achievements?

Stage 3 to 6 years

- Do you have difficulties in communicating with relatives (husband, wife, children, boss, and friends)?
- Are you in control of your feelings in most cases?
- Is it difficult for you to express your feelings?
- Do you believe that you are responsible for the behaviour and feelings of others? (For example, do you feel that you can annoy or offend people?)
- Do you often accept obscure or contradictory information without asking for clarification?
- Do you feel responsible for the problems of marriage or divorce of your parents?

Stage 6 to 12 years:

- How often do you compare yourself with others and find yourself worse than others?
- Would you like to have more friends of both sexes?
- Do you often feel uncomfortable in society?
- Do you feel uncomfortable in a group?
- Do you often have conflicts occur with your employees? Members of your family?
- Are you proud of how strictly and accurately you follow laws?
- How often do you say what you want to do?
- Is it difficult for you to finish the job?
- Are you afraid that you can make a mistake? Do you feel humiliated when you are forced to admit mistakes?
- Do you often get angry or criticize others?
- Do you spend a lot of time to reflect and analyse what someone told you?
- Do you believe that everything you do, is not well done?

Stage 12 to 18 years:

Are you often are in conflict with the authorities (authorities, police and other officials)?

Do you get into a rage about the meaninglessness of the rules and orders that other people take for granted?

When you come to visit your parents, do you feel in the role of an obedient (or rebellious) child?

Are you a dreamer, preferring to read novels or science fiction, but not active in life?

Do people sometimes say that it is time you grew up?

Do you find that it very difficult to express your opinion when it is contrary to generally accepted standards?

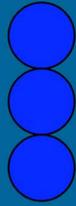
Do you speak a lot about the great deeds that you want to implement in the future and that you will never fulfil?

PROCESSING OF THE RESULTS

Count the number of affirmative answers for each section. If it is at least half the total number of questions on the relevant section, the possible origins of your problems lie in this age.

Appendix 4: Brief Script Questionnaire (Stewart, 1999) (reproduced with permission)

1. What kind of person are you.
- 2a. Give five words to describe your mother.
- 2b. Give five words to describe your father.
- 3a. When you were a child, and your mother was angry at you, what would you have been doing?
- 3b. When you were a child, and your father was angry at you, what would you have been doing?
- 4a. When you were a child, and your mother was pleased with you, what would you have been doing?
- 4b. When you were a child, and your father was pleased with you, what would you have been doing?
- 5a. If your mother were to write her autobiography, and you had to find a title for it, what would that title be?
- 5b. If your father were to write his autobiography, and you had to find a title for it, what would that title be?
- 6a. In your family, is any story told about your birth?
- 6b. Have you ever thought you might kill yourself?
- 6c. Have you ever thought you might kill anyone else?
7. Have you ever thought you might go crazy?
8. What will it say on your tombstone?
9. When things go wrong for you, how do you usually feel?
10. If you keep on the way you are at the moment, where are you going to be five years from now?
11. If you were given magic wishes, how or what would you change?



Reducing teacher stress and burnout in high-risk secondary schools in South Africa using transactional analysis

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Abstract

One of a number of articles arising from PhD research, this paper focuses on the results of applying transactional analysis as one of three approaches to reducing stress and burnout for teachers in high-risk secondary schools in the gangland areas of the Cape Flats, Western Cape, South Africa. The other approaches were Trauma Release Exercises (TRE) and Transpersonal Psychology (TP), and related articles on these and on the quantitative statistical analysis elements of this research are being disseminated elsewhere.

A total of 43 teachers in three different schools took part in one intervention held weekly over 10 weeks for one and a half hours (15 hours in total) at their school as part of staff development, with a control group of 20 teachers at a fourth school. Qualitative TA intervention questionnaire coding analysis and focus group post-intervention thematic analysis of the mixed-methods study are presented. Coding analysis focused on the intra- and inter-individual tools that impacted teachers, and it was found that TA generated self-awareness, self-help tools and a strong group connection. Thematic analysis gave insights into the physical, emotional and cognitive responses to stress and burnout interventions on the individual, interpersonal and organisational levels and revealed new perspectives on classroom competency, with teachers taking more responsibility for discipline in the classroom.

The study gave insights into the well-being and coping of educators who survive in these challenging contexts, and it is proposed that TRE, TP and TA approaches can be incorporated, and possibly combined, into integrative and eclectic ways of dealing with complex psychological challenges of stress and burnout reduction in traumatic environments.

Key words

Stress and burnout interventions; transactional analysis, coding analysis, thematic analysis, classroom discipline, school violence.

Introduction

There has been a plethora of educational policies in South Africa over the past 20 years to address the democratisation of schools, in line with the dismantling of apartheid and social transformation (Waghid & Davids, 2013). Unfortunately, the practices implemented by these policy statements have had little impact on the reality in the classroom in many high-risk schools. Violence and lack of student discipline are among key factors which have eroded academic standards steadily over the past 20 years, resulting in what has been described as an educational crisis in the country (Jansen, 2012). The majority of teachers suffer from stress and burnout in an effort to fulfil their pedagogical obligations (Johnson, 2013; Johnson & Naidoo, 2010). This paper considers transactional analysis as a means to reduce teacher stress and burnout.

Schools Context

Declining educational standards in South Africa are of national concern, with revision of matric school-leaving requirements by government (Capazorio & Thakali, 2012). While progress has been made for the poor in South Africa since democracy 19 years ago, with access to roads, electricity, potable water and services that were denied to black people under apartheid, they have been denied the most important tool for empowerment – education (Hartley, 2012). He describes how those who have made it through the schools struggle to find places in the universities; those who have made it through university can find no place in the job market.

A broader move towards devaluing education in South Africa is leading to social and educational

illiteracy, where emotions triumph over logic, where reason is displaced by wrath and where books take second place to rocks (Jansen, 2012). As there are no short cuts to changing society, he suggests that a social revolution that once again places education at the centre for change needs to take place, where ordinary people confront the rot in the school system before it is too late. A proposal by President Jacob Zuma in the 2013 State of the Nation address to make education an essential service came with the assurance that teachers would not be denied their constitutional right to strike. A presidential remuneration commission has been set up to investigate salaries and working conditions of teachers (Munusamy, 2013).

Schools on the Cape Flats, for example, lack essential facilities for sports and recreation and even basic infrastructure is missing, such as school fences and water pipes, which are often vandalised or stolen. There are broken windows, gaping holes in ceilings, barren concrete school grounds, with main entrances and even school classrooms having heavy security gates, in an effort to keep children in school and criminals out. Schools are faced with severe resource limitations, with one psychologist and one social worker attending to the psychosocial needs of approximately 100,000 children in a district metro (Jalamba, 2009).

Teacher Stress and Burnout

Teaching is emotionally and physically demanding, with stress symptoms including isolation resulting from working alone in the classroom and scheduling constraints which make meeting time with peers difficult, role conflict and role ambiguity, sense of powerlessness, and both physical and mental exhaustion (Wood & McCarthy, 2002). These symptoms can lead to burnout with individual characteristics, as well as job-related stressors being important contributors (Kokkinos, 2007). The structural and organisational challenges faced by the Western Cape Education Department (WCED) are great, with the legacy of apartheid still being evident in high-risk communities.

A study by the Human Sciences Research Council (2005) found 10.6% of teachers in South Africa had been hospitalised in the previous 12 months (Johnson, 2010). Another indication of educators' health status was that at least 75% had reported a visit to a health practitioner in the six months before the study. The most frequently reported diagnoses in the last five years before the study were stress-related illnesses, such as high blood pressure (15.6%), stomach ulcers (9.1%) and diabetes (4.5%).

In early 2013 South Africa was reported as having the highest absenteeism rate of teachers in the Southern African Development Community – a total of 7,448,000 days was lost in 2012, or 19 days on average per teacher, which is double the rate of other neighbouring countries (South African Press Association, 2013).

South African research has found that teachers need emotional-social competencies to cope: empathy, optimism, assertiveness, self-awareness, reality-testing, social responsibility, flexibility, impulse control and stress tolerance (Van Wyk, 2006). To relieve pressures which could lead to stress and burnout, training in emotional-social competencies was recommended. In a study of the role played by hardiness and attributional style in the dynamics of stress and coping processes, it was found that South African teachers who are high in hardiness generally use more transformational coping than subjects lower in hardiness (Leon, 2000). It was also found that subjects high in commitment, a sub-component of hardiness, were more likely to have an internal locus of control. Stronger coping mechanisms, communication skills, interpersonal relationships, emotional security, intellectual stimulation and a balance between professional and personal satisfaction were additional factors found to help teachers to feel better. Gold and Roth (2003) offer a professional health solution for teachers, which considers physical-emotional, psycho-social and personal-intellectual well-being.

Due to complex social and political events, traumatic experiences have increased in everyday life, creating new challenges for mental health practitioners dealing with trauma and its aftermath (Ringel & Brandell, 2011). While these authors cite the 9/11 attacks, war on terror, combat trauma and school shootings as a result of bullying as contemporary American traumas, traumatologists in South Africa are faced with challenges such as intergenerational trauma resulting from political injustices and continuous trauma on the Cape Flats as the result of multiple on-going factors, such as violence and poverty (Kaminer & Eagle, 2010).

Coping and Well-being

The relationship between stress and the onset of burnout may depend on an individual's coping strategies (Wilkerson, 2009). Coping has been defined "as constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person," (Lazarus & Folkman, 1984, p. 141). This definition is more process than task-orientated, distinguishing

between coping and automatised behaviour which limits coping to conditions of psychological stress, and focuses on efforts to manage stress, regardless of outcome. Coping is not identified with mastery in this definition, but includes efforts to minimise, avoid, tolerate or accept stressful conditions.

Well-being, or wellness, has also been described as an evolving rather than static state. "High-level wellness involves giving good care to your physical self, using your mind constructively, expressing your emotions effectively, being creatively involved with those around you, and being concerned about your physical, psychological, and spiritual environments." (Travis & Ryan, 2004, p. xix).

Little attention, however, has been paid to the potential impact of coping strategies on physical health and well-being of individuals (Dewe et al., 2010), with almost all studies on coping focusing on psychological strain or distress. Day and Livingstone (2001), cited in Dewe et al. carried out research with "intriguing results" (p. 93) when studying self-reported health symptoms among military personnel. Only negative coping styles, such as venting of emotions, denial and disengagement, exacerbated rather than alleviated health problems. Positive coping strategies, such as problem-solving and seeking informational and emotional support, had no physical effects on health complaints. Considering the relationship between trauma and resilience, McElheran (2013) questions whether well-being and happiness are part of a Western myth that if we do not feel happy, then something is wrong. She focuses instead on the development of character through effort and pain and suggests that the struggle to emerge is crucial to transformation.

Research Question and Rationale

The research question predicated this study is: How do interventions, based on trauma release exercises, transpersonal psychology and transactional analysis, impact stress and burnout of educators in high-risk secondary schools? In answering this question, the influence of these interventions on stress, burnout, coping and well-being of educators and their effect on classroom competency, were considered.

Levels of educator stress and burnout were established, positive and negative factors about the interventions were elicited and possible areas of improvement in training uncovered. The research sought to gain insight into the life-worlds of these teachers, assess whether TRE, TP or TA interventions affected stress and burnout, and how teachers' experiences impacted on their coping and well-being. If professionals, such as teachers, can benefit from practices in alleviating stress and

preventing burnout, their physiological, affective and cognitive responses should improve.

Potential health consequences in the long term are broad, including the reduction of absenteeism due to sick leave, less susceptibility to infection and reduced resignations due to burnout. Practically, if TRE, TP and TA provide effective tools for mediating stress and burnout, a new model combining some or all of these techniques could be consolidated and further assessed in South African schools in future. Notwithstanding which intervention they received, educators could gain skills to deal with on-going stress and challenges of life.

Theoretical Approach

The main theoretical challenge of this study was to combine evolutionary understandings of brain development with current neurological research into brain function and make these insights relevant to community interventions. The aim was to facilitate meaningful engagement with stress and burnout interventions in group efforts with teachers to improve traumatic social conditions in schools in the ganglands of Western Cape, South Africa. The interventions designed for this challenging context of high learner to educator ratios, high number of learners per school and inadequate number of educators per school, were based on the three brain model (Cummings & Mega, 2003; MacLean, 1990; Yakovlev & Lecours, 1967). In this study, the phylogenetic, anatomic and functional aspects of the brain were considered in designing interventions aimed at reducing stress and burnout: TRE engages the reptilian, survival brain; TP, the paleomammalian, emotional brain and TA, the neomammalian, rational brain.

The first intervention was body-based, involving TRE, developed by Berceli (2007), who was invited to South Africa in 2009. He heads an international trauma organisation, operating in over 30 countries around the world. The second intervention is transpersonal in emphasis, based on the work of Cane (2000), who is founder and director of Capacitar International, a world-wide movement, established in 1988, involved in trauma healing and transformation. More details on these interventions can be found in Johnson (2013).

The third intervention (TA) is based on the rational brain, drawing on Eric Berne's clinical observations as a psychotherapist in the 1970s, with psychodynamic principles checked directly in real world observations (Stewart, 1992). Berne is described by Stewart as the first psychodynamic theorist to make observability the cornerstone of the entire theory. In considering the transactional model of stress in this study (Lazarus & Folkman, 1984),

Berne's transactional analysis of relationships provides a theoretical basis for the understanding of stressful transactions between educator and learner and subsequent coping strategies.

Intervention Design

All three stress and burnout intervention workshops in this study focus on stressors and coping strategies of educators, with major goals being to develop positive attitudes and improved interpersonal skills. The three interventions used group process to facilitate change; and sought to help participants transfer what is learnt to everyday challenges in the classroom and in life. By mirroring challenges faced in the classroom, the workshops aimed to help teachers with daily struggles.

Overall, the researcher planned the workshops, with practical input from trainers who assisted the researcher to understand and apply key concepts, and facilitators who ran the workshops for teachers in the schools. The main focus was on large-group discussion, with inter- and intra-personal processing. Theoretically and practically the researcher had worked with and trained in TRE, TP and TA for several years in diverse contexts, mindful of how each theoretical model presented to educators could assist them to understand educational challenges in traumatic contexts. Alex van Oostveen, who is a TA educational trainee, facilitated the TA workshops with material designed by him, under the guidance of the researcher as well as Karen Pratt, a Training Transactional Analyst (TTA) and Provisional Supervising Transactional Analyst (PSTA) with a specialisation in education. Participants received detailed training notes printed for each session.

Group 1 teachers (n=17) were exposed to TRE, which facilitates somatic release of tension and stress with neurogenic tremors; Group 2 were teachers (n=16) who experienced emotional processing and healing with TP, and Group 3 (n=10) participated in TA workshops, which utilised social psychology for greater understanding between learners and educators inside the classroom.

Psycho-educational Model

The intervention models of TRE, TP and TA are based on psycho-education, which is a major conceptual model in education, especially relevant for community mental health treatment groups (Holtzkamp, 2010). While a feature common to all three interventions was the focus on stress and burnout in the school context of the Cape Flats, intrapersonal as well as interpersonal processes were central to this study. In workshop design, the importance of self-reflection in the context of a psychological sense of community, addressing

educator concerns with cognitive, emotional or physiological support, combined with social support, were underlying principles. Whatever the intervention, the group workshop format promoted collaboration and mutual support among delegates. Indeed, groups have power to move people in creative and life-giving directions (Corey, Corey & Corey, 2010).

Psychological insights and practices facilitated in psycho-educational group interventions for stress and burnout could contribute to healing in sustainable and creative modes of reflective living in high-risk communities, including schools. The trauma prevalent in high-risk schools has a profound effect on those endeavouring to carry out their professional obligations as educators. Dissociated imprints of traumatic experience, such as physical sensations, panic, and helplessness, can be overwhelming, but ignoring or repressing unpleasant, painful sensations and feelings generally makes things worse (Van der Kolk, 2007). In considering the plight of teachers in the challenging gangland context of the Cape Flats, Western Cape, South Africa, this study aimed to provide interventions for teachers to move from avoidance and helplessness to renewed energy and focus, offering a self-supporting, self-managed context to better cope with situations that once felt overwhelming.

Ethical Considerations and Funding

The need to protect the rights and privacy of teachers was considered, as well as their vulnerability, given the focus of the study on stress and burnout. Referral options in the case of adverse reaction were given. Participants gave signed informed consent, with anonymity being assured. Participants had the right to withdraw from the study at any time, without negative consequences. Confidentiality of test scores and interview data was assured and material was stored in a safe and inaccessible place off the school premises, with password protected computer access. Ethical clearance was given from the Ethics Committee of Stellenbosch University, as well as from the Western Cape Department of Education, and letters of permission from all school principals were obtained.

Dr Johnson received the Prestige Equity Award funding from South Africa's National Research Foundation for her PhD (2012-2014) and is receiving further funding to co-create trauma-informed educational milieus with teachers, staff and school principals in a high-risk school and a child care centre in the ganglands of the Western Cape, South Africa.

Research Process

The impact of three stress and burnout interventions on high school educators was analysed with a mixed-methods concurrent strategy to employ the best methods that serve the theoretical perspective of the researcher. By using two phases - quantitative data with pre- and post-intervention statistical analysis of stress, burnout and well-being measures (Johnson, 2013) and qualitative coding text analysis and thematic analysis of focus group interviews - the researcher aimed to consider diverse perspectives, to better advocate for participants, and to improve understanding of the change process as a result of being studied.

Participants

Because of the logistical constraints such as differing timetables at the schools, random assignment of participants to intervention groups was not feasible. Interventions were randomly assigned to schools, depending on the availability of teachers and facilitators. Most workshops took place from 14h30 for an hour and a half on a Tuesday, Wednesday or Thursday, with two interventions, TP and TA, taking place at the same time, which limited the number of workshops attended by the researcher. In all instances the researcher provided tea and ensured materials were printed and that facilitators were well-prepared.

Both sexes were almost equally represented in total in all groups (men, n=32; women, n=31). However, group distribution varied, with two groups (TRE and TP) having a majority of women, and two groups – control and TA, having more men. Most participants were married (n=48; 76%), with a few single, divorced or widowed. Overall, teachers were Christian (n=41; 65%) with most others being Muslim. In most groups, the majority of teachers were aged between 40 and 50. The TA intervention had older participants, with 40% of teachers over 50. Most teachers participating had been involved in teaching for between 20 and 30 years (n=29; 46%), with 8% (n=5) of participants teaching for over 30 years in the TRE and control groups. A small number of educators (n=10; 16%) had taught for less than 10 years, with 50% (n=5) being in the control group.

Key TA concepts

With its focus on transactions between people, TA offers a relevant approach to the dealing of stress in Lazarus and Folkman's (1984) transactional model. Despite highly intellectual concepts, its strength is in its practicality and rationality, which can be understood by all ages and mental abilities (Talob, 1994). Talob urges future studies to examine TA as a dynamic process, not just a fixed body of knowledge or a mere theory of personality. It is

indeed the aim of this study to focus on the practical process strengths of this theoretical functional model.

Philosophical assumptions of TA are about people and their interactions: people are OK; everyone has the capacity to think; people decide their own destiny and these decisions can be changed (Berne, 1961). From these assumptions follow two basic principles of TA practice: the contractual method and open communication, which underlie workshop interventions in this study. Key TA concepts relevant to human interactions chosen in this study are setting up contracts (Berne, 1966), functional ego states (Berne, 1972), transactions and games (Berne, 1964), life positions (Berne, 1962), and the drama triangle (Karpman, 2007). Other TA concepts presented in workshops were: stroke theory (Steiner, 1971; McKenna, 1974), drivers (Kahler & Capers, 1974) and working styles (Hay, 2009)

Methodology

Coding analysis. Content analysis of stress, emotional responses, classroom competency and coping followed the steps suggested by Silverman (2011), based on the work of Bauer (2000) and Marvasti (2004). It is recommended that particular texts are selected relevant to the research problem. A workshop assessment questionnaire asking for response to the intervention and an appreciative self-inquiry questionnaire, seeking reflection of stressors and ways of coping over the previous week, were used as text for content analysis. As these questionnaires were voluntary, not all teachers filled them in every time. Some educators took them home to reflect upon, and returned them during the course of the following week. Most workshop questionnaires were filled in regularly, but some educators only reflected on their stressors and coping strategies at the start, middle and end of the interventions. As a small sample of teachers participated in each intervention (n=10 to n=17), the amount of data was deemed manageable.

A coding frame (categorisation scheme) was then constructed to fit both the theoretical considerations and the materials. The codes were tested for ambiguities and all materials in the sample were coded, establishing the reliability of the process as much as possible. A data file was then set up for the purposes of statistical analysis. Both the rationale of the coding frame and frequency distribution of all codes are given with reliability of the coding process.

While this method is described by Marvasti (2004) as convenient in simplifying large amounts of text into organised segments, fitting data into operationalised predetermined categories, rather than the participants' interactional deployment of categories,

renders the theoretical base unclear and conclusions drawn could be considered trite (Silverman, 2011). In listing codes, the researcher illustrated with brief extracts from participants to better describe the meaning of the code. For example, under the theme, Stressors and the code, Societal Problems, the quotation “*Suffering children*” gives greater understanding.

Focus group thematic analysis: This method offers breadth, describing a “substantive phenomenon” (Silverman, 2011, p. 213). Qualitative data were collected in focus group interviews of all participating educators in each intervention, with a follow-up session during which themes were checked, confirmed and amended where necessary.

In this study, a psychological perspective of educator stress and burnout was examined in the cultural context of the Cape Flats area of Cape Town, South Africa. Teachers were given a voice to describe not only the context of their personal and professional lives, but also the impact of a stress and burnout intervention on their coping, well-being and understanding of competency in the classroom. In each intervention session, teachers were given the opportunity for group sharing about their stress and burnout and methods and procedures presented were linked directly to classroom experiences and competency.

At the end of the interventions, focus group discussions provided data generated via group interaction, building conversation among participants (Millward, 2012). It is this element of interaction that enables the elicitation of a different type of evidence not possible from a one-to-one interview (Morgan, 1997). Group dynamics are managed by an external moderator, who ensures discussion occurs in a focused way. Conversation becomes owned by participants when they are excited by the topic and pursue the discussion in an animated way which has its own meaningful direction. For Morgan (1997), the full potential of focus groups as a psychological tool is starting to be recognised, although this tends to be more said than done. The balance between covering the topic adequately and allowing the information to flow freely requires great skills of facilitation (Millward, 2012).

Reliability. Reliability concerns the assessment of the measurement technique or strategy employed (Hammersley, 1990). Reliability of focus group data requires conducting a systematic analysis of the transcripts or tapes to check for the consistency, stability and equivalence of moderating procedures across groups (Fern, 2001). Fern considers the coding scheme as critical. In order to ensure reliability of coding schemes, an independent

professional clinical social worker was consulted and codes checked for independent assessment. Inter-rater analysis of data was conducted for thematic reliability, as well as feedback from participants.

Validity. Validity refers to assessing the findings of the measurement process (Hammersley, 1990). Internal validity of qualitative data is a complex issue, requiring that the representation of reality and feedback obtained from participants are recorded in a truthful way.

Results

Burnout assessment

The majority of teachers (n=41; 65%) from both intervention and control groups identified with feeling burnout during the school year, all the time (30), or sometimes (11), being equally represented between men (20, 49%) and women. Burnout comments ranged from feeling this way at certain times of the year, such as the end of the week or end of the term and exam times, to a continuous feeling:

Always – forever want to give up teaching. Feel I can't cope in dealing with learners, feel I can't teach anymore. Always feel that I do not have enough time to relax, socialise etc. (I am) always physically/emotionally tired. (48 year old male teacher, working for 22 years)

The control group had the highest number of teachers (n=15; 75%) who were always or sometimes burnt-out. This was followed by the TP intervention school (n=11; 69%); and the TRE school with (n=11; 65%). The TA intervention school had the lowest number of teachers who reported themselves to be burnt-out (n=4; 40%).

The TA group had the smallest number of educators (n=10) taking part in the intervention research, with 58% male (n=6) and 42% female (n=4). When reporting burnout, this group cited learner ill-discipline, departmental regulations, student apathy and attention level of learners as major stressors. With the control group, this was the only group to have more males than females. Seventy per cent were married (n=7), with the balance single and one participant widowed. Fifty per cent (n=5) were Christian, 40 per cent (n=4) Muslim. This was the oldest group, with all participants over 40 - 60% being 40 - 50 and the remainder over 50. Despite their age, this group had the least teaching experience of all the groups - 60% (n=6) had 10 to 20 years, 20% had less than 10 years' experience and 20% had 20 to 30 years.

Stressors. In line with the other two interventions, learner behaviour: “*Ill-discipline of learners*”; administration/workload: “*Department regulations of teaching*”; poor student work ethic: “*student apathy*”

and illiteracy of learners: *“Level of attention of students”* were major stressors for TA teachers. In addition, they cited conditions at the school, parents who did not care or control their children, and having to teach a new subject area as major teaching stressors.

Emotional response – pre-TA intervention. Educators attending the TA intervention described a number of stressful events occurring at the school, which resulted in a variety of emotional responses. In one example, these emotions ranged from being angry, upset, stressed and anxious when a learner refused to take out his books. Stressors of having a learner shot and discovering a learner had been molested left an educator feeling shocked and traumatised, and he admitted he was still trying to cope with these events. Another educator described feeling disempowered when learners did not come to class with any materials like paper and scissors: *“I feel powerless and hopeless”*.

When Grade 12 (17 years of age) learners came to class without completing an assignment, the educator felt angry, anxious and helpless. Another educator tried to disregard a learner “bunking” in class and not working. She felt anger, anxiety and helplessness. When a teacher felt under pressure during moderation, she withdrew, became quiet and was irritated with the learners. When a Grade 10 (15 years of age) class would not cooperate, the educator felt despondent, disappointed and worried.

Coping strategy – pre-TA intervention. In order to cope in stressful school situations, educators adopted a number of strategies, including a positive response: *“I try not to give up, to approach things from a different angle. Stories that they can relate to help a lot”*. Some educators tried to use control with learners, while others became aggressive and threatening: *“My reaction produced no positive result. I struggle with situations like these (throwing the learner out of class).”* Another coping strategy was to disregard or ignore the disruptive learner, or to appeal to reason: *“I felt out of control of my emotions and used reason to appeal to noisy matrices”*.

Competent classroom – pre-TA intervention. Good work ethic was considered the most important aspect of the competent classroom for teachers prior to attending the TA intervention: *“Positive and hard-working learners”*. This is followed by well-equipped classrooms: *“Conducive environment”*, competent teachers: *“Well-prepared teacher”*, and a better context than the Cape Flats (Table 1).

Code	No	%
Good work ethic: <i>“Positive and hard-working learners”</i> ; <i>“Learners willing to learn”</i> .	6	43%
Well-equipped classroom: <i>“Conducive environment”</i> ; <i>“More resources”</i> .	5	36%
Educator competency: <i>“Well-prepared teacher”</i> ; <i>“I must be positive”</i> .	2	14%
Better environment: <i>“Any class outside of this environment”</i> .	1	7%
Total	14	100%

Table 1: Coding frame – Competent Classroom, Pre-TA Intervention

Emotional response – post-TA intervention. Some educators felt extremely positive and confident after the TA intervention: *“Positive, confident, in control”*; *“I am positive and think before taking action”*. Although they also felt angry in stressful situations and negative emotions when challenged by learners, these reactions were processed rationally: *“I felt understanding and in control”*; *“I did contracting with the parents and resolved the issue instead of shouting”*. Educators felt calm, grateful and empowered: *“Thank you for empowering me as a father, husband, educator, manager and church leader with these skills. Your input, sacrifice, is (are) definitely valuable”*.

Coping strategy – post-TA intervention. Educators mostly drew on rational analysis and awareness to cope with stressful situations after the TA intervention: *“I managed to calm the situation by thinking about it”*; *“I am positive and think before taking action”*. They used TA terminology to rationalise their behaviour in a stressful situation: *“I feel empowered by the workshops with a range of insights which are all very helpful and these are/will add value to the way I interact with learners, parents and teachers”*. Educators felt more positive, confident and in control. They still experienced a variety of negative emotions in stressful situations, but with insight moved to a more able position. *“I was disappointed, angry, disturbed”* to *“calm, positive, rational”*. When a non-TA participating teacher tried to choke a student in a fit of rage, the TA participant, who was also deputy principal, felt initially disappointed, and shocked, but then calm and

rational, which allowed for a cool-off period with the parent, which he described as *“working for the confrontation”*. He then felt *“positive and good”*. With empowerment, educators became calm and empathetic towards learners.

Competent classroom – post-TA intervention. In line with these insights, the competent classroom was one in which there was primarily positive interaction between educator and learner: *“By being a positive teacher in a classroom with visible positive signs, our learners will become positive too”*. There was an informed educator in the competent classroom, with implemented TA insights: *“Giving positive strokes, trying to make lessons more interesting”*; *“A class that responds to contracting and knows its boundaries”*. Academic work was improved and there was learner support: *“Learners must feel safe; educators need to create this atmosphere”*. The classroom environment should be conducive to learning, with adequate resources. (Table 2).

Code	No	%
Positive interaction between educator and learner: <i>“By being a positive teacher in a classroom with visible positive signs, our learners will become positive too”</i> .	7	28%
Informed educator: <i>“One in which educator implements everything learnt in TA”</i> ; <i>“A class that responds to contracting and knows its boundaries”</i> .	6	24%
Improved academic work: <i>“Learners should be focused, study, strive for goals”</i> .	5	20%
Learner support: <i>“Learners must feel safe; educators need to create this atmosphere”</i> .	5	20%
Conducive environment: <i>“A peaceful, warm atmosphere conducive to learning”</i> .	2	8%
Total	25	100%

Table 2: Coding Frame: Competent Classroom, Post-TA Intervention

Suggested improvements for TA intervention.

Most comments were positive and suggested no improvements to the workshops: *“Everything must stay the same”*; *“Continue the good work”*; *“Workshops on TA were interesting and fun compared with those offered by WCED. I’m going to miss it!”* Educators then listed more time as a suggested improvement: *“More time and days”*, *“Go slower so PAC (Parent, Adult, Child ego states) elements can be properly understood”*. Some educators wanted more interaction/discussion around topics: *“Make it more lively”*; *“Currently the interaction of everyone present – the informal yet formative nature of the sessions is very helpful”*; *“Was confused by transactions vs operations...needs to be better explained from the beginning”*. A few delegates wanted another venue: *“Change the venue from the staff room to the library”*, while others wanted the workshops more relevant to their environment: *“Relate the PAC to our learners in this environment”*.

Better materials were requested by some educators: *“More detailed notes”*; *“Might show short video clips on observing different clues while detecting driver behaviour”*, while others wanted a different time for workshops: *“Time/earlier...loved the morning workshop!”* Several educators wanted the workshops to be more inclusive: *“Currently we are having psychology chats and not including the five teachers who did not study psych!”* *“Do it with the whole school”*.

Impact of TA intervention. In TA workshops, teachers were given practical tools to deal with learners in the classroom. These ranged from contracting with classes to positive strokes, maintaining a structured discipline and encouraging attitude. Other practical tools were drivers, which explained behaviour, ego states, which gave behavioural insights and the drama triangle and winners’ circle, which revealed unhealthy and healthy positions.

In using these tools, educators connected positively with others: *“I can use it in any relationship - e.g. between me and my wife”*; *“(I) plan to use it in my small ladies’ group”*. Educators gained self-help tools to cope in difficult situations: *“It is imperative to value the input of all role players”*. With better self-understanding, educators feel more empowered to cope: *“I discovered that I am good enough as I am”*; *“I plan to develop self-awareness with learners and parents”* (Table 3).

Code	No	%
Tools for classroom: <i>"I discovered how to use contracts in each of my classes", "I suppose strokes are important to everyone - but especially our learners given their context".</i>	27	38%
Connection with others: <i>"I can use it in any relationship - e.g. between me and my wife"; "Plan to use it in my small ladies' group".</i>	19	26%
Self-help tools: <i>"Self-help tools"; "It was confirmed that I have control over the life position I assume and that position will suggest to others how they will respond to it"; "It is imperative to value the input of all role players".</i>	15	21%
Self-understanding: <i>"I discovered that I am good enough as I am"; "I plan to develop self-awareness with learners and parents".</i>	11	15%
Total	72	100%

Table 3: Coding Frame: Impact of TA Intervention

Summary of Coding Analysis

There were six main impacts of the interventions listed by educators: Intra-individual responses - Impact 1: Body awareness; Impact 2: Calm and relaxation; Impact 3: Self-help tool; Impact 4: Self-understanding; and inter-individual responses; Impact 5: Tools for the classroom and Impact 6: Connection to others. Two further intra-individual impacts, Spiritual awareness (Impact 7) and Theoretical insights (Impact 8) were also listed.

TA supported inter-individual transactions, offering the most tools for the classroom and created a connection with the group. Self-help tools were gained and greater understanding of self resulted. However, there was neither body awareness nor calm and relaxation for educators in this intervention (Figure 1).

Thematic Analysis

Dominant themes. TA themes were grouped under personal, other (group, family) and classroom/school (See Table 4).

From a personal point of view, educators gained self-insights, with improved emotional intelligence, being more in control of their emotions and better able to understand their own behaviours and recognise personal growth, leading to healthier lives and reduced stress:

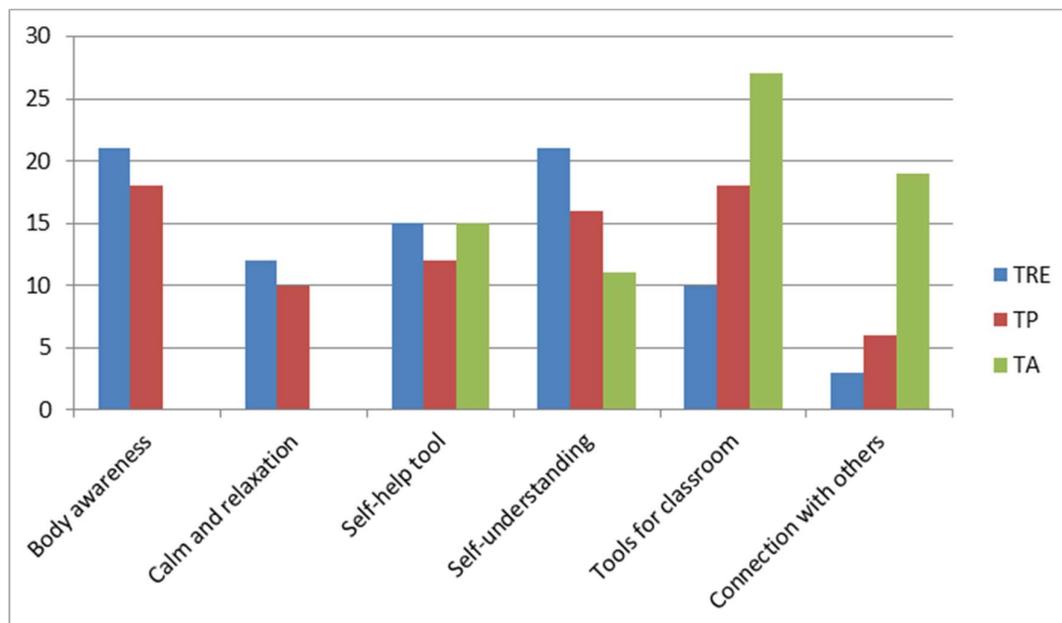


Figure 1. Summary of impact of interventions

Relationship with Self	Relationship with Others	Relationships with School
Gained self-insights: <i>"When we fall in a trap, immediately after that we realise we have made a mistake"</i> .	Deeper relationships with staff: <i>"I am a lot closer now to people within the group because of the TA. In terms of our understanding, I look at them and I don't just see them as my colleagues, as staff. I see much deeper, I see people now"</i> .	Stress reduction through improved discipline: <i>"Much of our stress results from disciplinary problems, so this will reduce our stressors"</i> .
Improved emotional intelligence: <i>"...You can actually pick up when you are stressed, what emotions are coming into play and you say: 'Listen, here, get a hold of yourself', which is very good"</i> .	Better staff understanding: <i>"People have a better understanding of each other"</i> .	More positive approach: <i>"Now we know, 'No, we are the ones that have to be different because we are the professionals', and by applying our TA skills to our learners, we will eventually have a positive influence"</i> .
Self-care: <i>"I have learnt to relax, take time for myself, take time for the gym...and a lot of this is because of what I have learnt here"</i> .	Belief in group power: <i>"What would have happened if the whole staff was doing this? What would have happened if the whole school was driving TA?"</i>	Change of attitude and improved communication: <i>"I can relate to learners, I can talk to them...I remain calm and inform them"</i> .
Gained skills with tools: <i>"We have picked up many skills and we have many tools here that we can use in different aspects of our lives"</i> .	Improved communication skills: <i>"I am much more open to talking about it (stress), especially to my wife, for example, whereas before I never used to talk about my problems"</i> .	Greater understanding: <i>"(It was) empowering understanding the needs of the next person"</i> .
Personal growth: <i>Um, yes, with awareness we used it (TA) but he, he wasn't aware that I was going to use my skills and neither did I know that he was going to use his skills"; "Through TA I have started to realise that learners have problems and I have become more aware and sympathetic"</i> .	Tools to understand behaviour: <i>"I mean I have always tried to do for my family and friends things that worked for them. And I realised subsequently that I am the one to suffer because I am doing everything for everyone else and they are sometimes not even demanding or expecting it"</i> .	Improved emotional responses: <i>"I must say I am more relaxed in class. Last year I was off for stress and it was, like, I couldn't handle the children but ever since I am busy with TA I am quite in control of my emotions and I am quite in control of the class"</i> .
Profound shifts: <i>"I haven't been an exemplary student going through the notes again, but I have noticed I am doing things better than what I am used to doing things"</i> .		Educator is change agent: <i>"I have seen that I need to change towards them and, as I have changed, they have also so now it's a love/love relationship when it used to be a love/hate relationship"</i> .
Calm and in control: <i>"I am cool and calm, even with my wife. My whole perspective has been changed"</i> .		Competent class: <i>"Has respect both ways (I+U+) with acceptance of diversity. The educator boosts learner self-esteem and behaviour is governed by contracts"</i> .

Table 4: Summary of TA Dominant Themes

What is interesting is that when we are doing this course, when we fall in a trap, immediately after that we realise we have made a mistake - I was the rebellious child – and then we come to each other and confess, I did wrong, and so it shows that growth in our lives. (Male educator, 50 years old)

I have made personal decisions I should have made long ago, but realise because of TA I should have taken these steps, trust these steps and just do it. (Male educator, 44 years old)

What was very good was the stress drivers, I also liked that. When you can actually pick up when you are stressed, what emotions are coming into play and you say: 'Listen, here, get a hold of yourself', which is very good. I thoroughly enjoyed TA, I must say, every section of the work, from start to end, I found it very interesting (Female educator, 51 years old).

I have found that definitely, my stress levels have gone down quite a bit – in fact when I was at the doctor the last time (I have been on high blood pressure tablets for almost 10 years), he wanted to reduce them because my blood pressure was too low (laughter from the group) and he said I must come back in a month's time because he might consider lowering my medication" (Male educator, 48 years old).

Relaxation contributed to this reduced level of stress:

I have learnt to relax, take time for myself, take time for the gym...and a lot of this is because of what I have learnt here. For example, one of the ways that I dealt with stress was withdrawal and this causes all kinds of other problems. I don't get things done and I get behind in my school work and I recognised it as a survival strategy that is not working and I now recognise when I am doing this, I can see the warning lights.

Personal insights helped an educator to deal with a conflict around leadership in her church; she felt empowered and in control: *"The impact on my personal life was very great. I was able to address certain issues that were bothering me and...I kept thinking, 'I'm OK, you're OK'...and I felt good, I felt excellent"* (Female educator, 46 years old).

One teacher felt enskilled with many tools: *"I think we have all been very fortunate to have been on this programme...We have picked up many skills and we have many tools here that we can use in different aspects of our lives"* (Male educator, 50 years old). Another mentioned heightened levels of awareness: *"The level of becoming aware of all of us has really improved...we are growing as a person and also we are very aware now...Like H was saying, in a game*

maybe, how you can move out of the drama (triangle)" (Female educator, 46 years old).

One educator tracked her journey in TA, saying she started out *"extremely negatively"* but that she became aware of profound shifts in herself:

I hate rudeness. If someone was rude I used to pounce. I don't pounce like I used to pounce (laughs). (Female educator, 50 years old)

She described how gradually she changed and started to look forward to TA:

I used to say sometimes, initially I would always say: "It's again TA today, oh, I'm tired," (others start to laugh) and as time went on, for the last couple of sessions (group laughs loudly) I haven't been saying that - I was actually looking forward to it. Before I, I'd not want to look at you (researcher) because you represented an afternoon session (group laughs loudly) and now it was nice to see you (laughs with the group). I could look you in the eye and I was happy to see you. And so, as time went along, I just felt that this is good for me, and I could see and in my personal life, I could see.

One educator missed the first few workshops and was encouraged to join by attending a few catch-up sessions. He expressed his appreciation and described the profound changes in him, feeling calmer and more in control:

So yes, thank you Sharon for hounding me, haunting me and victimising me (laughter from the group). I told Mr B, I am going to the meeting...Even getting here for a few workshops has changed me and I will carry that and I can progress more and maybe be a better person. (Male educator, 45 years old)

As a cognitive intervention, TA showed educators the power of knowledge:

Someone said some time ago that knowledge is power and that is true. Because when I hear other people acting out, I think: 'If only you knew what we know; then you won't act like that'. And sometimes it's laughable the way some professionals act. And that is only because of TA that we can see through different eyes. (Male educator, 50 years old)

From the group point of view, TA brought people closer:

I am a lot closer now to people within the group because of the TA. In terms of our understanding, I look at them and I don't just see them as my colleagues, as staff. I see much deeper, I see people now. (Male educator, 44 years old)

One educator said there was better understanding among his peers: *"I think it is obvious that people*

have a better understanding of each other” (Male educator, 50 years old). Another was aware of group growth: “And I think, even we as a group, we can see in each other that we have really grown” (Female educator, 46 years old). Another educator noticed the divide between staff who had done TA and those who had not: “The other teachers pick up that we are different because we speak TA language. They say we don’t know what you are talking about, and they sometimes sound envious, you know” (Female educator, 51 years old).

Appreciating the power of the “token” research group of TA educators, one teacher imagined the power of a greater number of people taking part: “Just imagine, we are just a token group doing TA. What would have happened if the whole staff was doing this? What would have happened if the whole school was driving TA?” (Male educator, 44 years old).

In terms of family, educators felt the insights learnt in the TA workshops helped them at home too. One educator said TA helped her to understand her teenage daughter better after the death of her husband:

Also with my daughter, because of the death of my husband, I had a really big struggle with her. And as Mrs O was saying, with her I can really check out which ego state she is in and how to deal with her. Um, um and I can really say there is a big improvement by using positive strokes (Female educator, 46 years old).

Improved communication skills resulted in one educator being more able to talk to his wife after the workshops:

I am much more open to talking about it (stress), especially to my wife, for example, whereas before I never used to talk about my problems. She doesn’t know anything about what I go through at school but now I tell her I feel this way because this has happened, that has happened...So definitely I am still learning and going through my notes and seeing where I can do something better...It has helped the marriage. (Male educator, 48 years old)

The drivers taught to educators were powerful tools to understand sources of stress. One educator learnt that she was a people pleaser, and this gave her insights on how to improve her relationships with her family and friends. Having had these insights, she describes how she is still struggling to modify old behaviour patterns:

Yes, I was shocked because I was a people pleaser, and it was so true. Because I thought, no I am not there, because I am in control with other people, but then I realised that when you enter my home, if you enter my home and you are going to sleep there, you

will get the best. If you go to sleep and I know you are asleep, then I am going to take off my shoes and I tiptoe and I don’t want to put on lights because I mustn’t disturb you and I’ve been doing that for years...So that was also quite a shock to me, that I am still in this and I thought I was out of it (laughter). (Female educator, 50 years old)

Turning to TA effects in the school environment, the ability of the workshops to improve discipline meant it was a great stress reliever: “If we have positive behaviour, the discipline problems will drop. Much of our stress results from disciplinary problems, so this will reduce our stressors” (Male educator, 50 years old). He hoped that as part of Integrated Quality Management Systems being introduced, where teachers identify areas needing improvement, TA would then be taught to all educators as part of managing discipline in the classroom.

He continued to spell out how the positive TA approach helped educators:

As professionals and teachers, we come to a school where the learners have a certain way of doing things, influenced by the community, so some of us in the past expected the learners to be different when they are in school, in class. Now we know: “No, we are the ones that have to be different because we are the professionals,” and by applying our TA skills to our learners, we will eventually have a positive influence.

Part of the change was improved communication skills, with a change of attitude: “I can relate to learners, I can talk to them...I remain calm and inform them – I wasn’t loud, I wasn’t rude, I wasn’t aggressive” (Male educator, 45 years old). Many teachers shared the positive insights TA gave them to improve their behaviour with learners: contracts; cycles of development; the drama triangle were some of the tools mentioned:

I have learnt in the classroom you can now set up an agreement, a contract...that will still be my favourite part because from there I have learnt such a lot...Sometimes we as teachers get this idea that we are, agh, they are the students, we don’t give them the same...platform, privilege because they are students, we’ve come to teach them, they have not come to teach us. So in that sense we don’t treat them accordingly on the level you are supposed to...Now through the TA I can see you are emotionally immature, now I can handle you (laughter). No, no, no, I have learnt and I can identify. (Male educator, 44 years old)

As a teacher I have learnt such a lot. You treat them all the same...but hell no they are not, because according to TA they are still at certain stages in their

life, (from) which they must move on. Through TA I have actually learnt that you treat an individual as an individual, and not as part of the group. Even though he is part of a group in the class, he is still an individual. That to me was an eye-opener – that is why I stayed in the (TA) group, I have not given up yet (laughter). (Male educator, 44 years old)

An interesting discovery was the drama triangle. Um, whenever something happens in front of you, or even when you are involved, it is being able to identify that this is a game and so then I can make a conscious choice whether I am going to take part in this game or not, or whether I am going to move into the winner's circle. When your eyes are opened about these things, you see it a lot – in the staff room, in the classroom, you see the games, you see positions people take and, and I am just glad that we are now equipped to realise these things and not fall into the emotional trap, er again". (Male educator, 50 years old).

Another tool which had a great impact on educators was the concept of positive strokes, where they learnt that their behaviour positively influences learners:

The positive strokes were for me the best; it has such an impact on our learners. I complimented a girl on her smile and I said, 'As good as your smile is today, give me a good answer to the question I have asked now', and she gave me the correct answer and an even bigger smile and so for me that was important. I think the children are picking up on my behaviour as well in the classroom, so their reaction is also more positive. It seems that our relationship is more positive as a result of TA and I think it has its inroads, good inroads, so I like that. (Female educator, 51 years old)

An educator recalled how giving an appropriate positive stroke to a learner made him feel empowered:

At the end of a function one of our kids came up to me and said: 'Sir, are you proud of me?' and I immediately understood that he wanted to be stroked, that's all. Very innocent, and I could understand that immediately. (It was) empowering understanding the needs of the next person. (Male educator, 50 years old)

Other teachers spoke about improved emotional intelligence in the classroom, which led to relaxation and less stress:

Let's say the learners are rude, then I gave it to them because I hate when they are rude to one another or in my presence. But now I find I would rather defuse

that situation and if I do get angry with somebody, it's not angry at you, but at the action. I would stop afterwards and make you say what the situation was all about. (Female educator, 50 years old)

My relationship with the children...we've got a good relationship, a much better relationship than we used to have, and also I have gained a lot. (Female educator, 40 years old)

A dominant theme in the TA focus group was the teacher capable of being the change agent in the school, which was an important realisation in terms of the competent classroom:

I used to be very angry with this particular class because of their behaviour, not being attentive, not being what it should be. But as times have changed, I have seen that I need to change towards them and, as I have changed, they have also so now it's a love/love relationship when it used to be a love/hate relationship. I was also not OK and they were not OK, but now we are both OK and that to me is good.

Many teachers have the attitude that they can do nothing with the learners, they are from xx, there is nothing good about them. And I think this is quite a comfortable excuse we are making. What TA has highlighted for me is that this is an excuse for us to do nothing. And TA shows us that there is something we have to do, that we can do and that we should do. And we can make a difference. The moment we look at the learners and are comfortable to do something, they are normal people and we can do something to change them" (Male educator, 48 years old).

Summary of thematic data analysis

In analysing dominant themes in TRE, TP and TA interventions, the different impact of these approaches became evident. In the relationship of educators with themselves, with their peer group and families and with the learners in the classroom, powerful insights and realisations were gained. In the case of TRE, teachers were aware of becoming grounded and centred and felt in touch with their bodies, releasing stress and burnout on a physical level. They felt emotional benefits of being calm and in control and changed perceptions of self-concept and thinking processes. In the case of TP, there was a feeling of becoming calm and controlled, with renewed energy, emotional intelligence and powerful group connection, reducing feelings of isolation and thus assisting in stress and burnout reduction. In the case of TA, psychological insights into their own and learner behaviour reduced the greatest reported cause of stress: discipline in the classroom. Educators thus felt more in charge and were able to become change agents in their schools.

Discussion

Benefits of TA

After the TA intervention, educators had powerful insights and gained realisations that improved relationships with themselves, their peer group, families and learners in the classroom. By acquiring social psychological tools, they understood learner behaviour better and saw themselves as the professional change-agents in the classroom. They were also able to apply these tools to themselves, better understanding their emotional and cognitive responses and were able to modify their behaviour in appropriate ways. They gained in self-confidence, with an ability to be in control and plan for the future.

Relationships in the classroom changed from love/hate to love/love, or in the language of TA to (I+, U+) – I'm OK, you're OK (Berne, 1961). The definition of a competent classroom after the intervention was one of mutual respect between educator and learner, where the educator boosted learner self-esteem and where behaviour was governed by contracts.

Challenges of TA

Initially it was not easy to convince educators to attend workshops when their timetables were filled with classes of undisciplined learners, meetings, administrative and marking workloads and this was especially in the case of TA, where workshops involved sitting for extended periods of time, with long discussions which required focus and attention. There were no opportunities for any relaxation techniques, as in TRE or TP interventions, and educators admitted that they were hesitant and resistant to begin with. This was reflected in the low number of educators who participated in the research. However, as the workshops progressed, educators quickly began to appreciate the power of TA to make profound changes in their lives and especially the classroom, so an enthusiastic engagement replaced the negativity, which was an initial major challenge to overcome.

Some educators wanted topics to be discussed in more depth to be better understood, and others wanted more variety of presentation than a flipchart and lecture. More application in the classroom was requested by one educator, with greater discussion and interaction. Several educators wanted the workshops to be more inclusive, involving all the school, as a divide was created amongst staff between those who attended and understood TA and those who did not.

Conclusions of TA

With many educators responding negatively to Department of Education workshops, it required something special to attract and retain participants in

workshops in high-risk secondary schools, where there was little time to include outside activities into busy teaching and meeting schedules. However some headteachers, including the one at the TA school, were prepared to include this stress programme into the curriculum. At first TA seemed intellectually challenging and demanding to understand, but educators soon began to appreciate the insights gained and started to notice changes in themselves and their colleagues. In the end, there was much laughter and animated discussions around relationships and psychological games, especially in the school and classroom.

TA provides powerful tools for educators to manage learner discipline and should be introduced into the curriculum at teacher training institutions to teach basic social psychology. Alternatively, it could be introduced into schools as part of staff development. International programmes for teachers and learners are available in South Africa, where Proficiency Awards (IDTA 2014) are given to encourage educators and children to apply what is learnt and produce portfolios of evidence. This supervised application could ensure that TA is implemented, understood and practised for the benefit of both educators and learners in challenging and traumatic classroom contexts.

Limitations

In considering the limitations of the mixed-methods approach, there is little written to guide the researcher through the process (Creswell, 2009). In addition, there is little advice to be found how a researcher should resolve discrepancies that occur between the two types of data. Because the methods are unequal in their priority, this approach can result in unequal evidence within a study, which may be a disadvantage when analysing results. Significant differences both within and between groups in levels of stress and burnout were recorded in all three interventions in the statistical analysis part of the study (Johnson, 2013) with qualitative interpretation of benefits and challenges for the teachers synergistic with these quantitative results.

Sample group selection and size could be considered limitations of the study, as random selection was not possible with teachers working in different schools and only available on specific days and times due to demanding and varying school schedules. Also the ethical voluntary requirements of the study allowed teachers to elect not to attend interventions as in the case of the control group, despite higher levels of burnout in the majority (n=15; 75%) of this sample. Groups varied between 10 and 20 delegates, which are small samples of participants.

Conclusions

Three interventions, based on the physical, emotional and cognitive responses to threat, were utilised in this qualitative and quantitative mixed-methods study of teacher stress and burnout in high-risk schools. The interactional effect of these three responses was evident in all interventions; there were emotional and cognitive effects in the body-based intervention; physical and cognitive responses in the emotionally-orientated intervention and, as described in this paper, physical and emotional benefits in the cognitively-orientated intervention.

Coding analysis focused on the intra- and inter-individual TRE, TP and TA tools that had an impact on teachers in their efforts to cope with stress and burnout. Focus group interviews gave thematic insights into physical, emotional and cognitive responses to stress and burnout interventions on the individual, interpersonal and organisational levels and revealed new perspectives on classroom competency, with teachers taking more responsibility for discipline in the classroom, their greatest stressor.

This study indicated that the interactional effect of physical, emotional and cognitive responses to stress and burnout can be effectively mediated by TRE, TP and TA. All three interventions offered teachers in high-risk schools physiological, affective and cognitive tools to dealing with threat and trauma, assisting with stress and burnout reduction and facilitating renewed insights into classroom competency. Depending on teacher orientation to healing, a combination of interventions, or an intervention of personal choice, could be utilised in high-risk schools in South Africa to reduce the stress and burnout suffered by teachers.

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