Transactional Analysis Journal

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/rtaj20

What If My "I'm OK, You're OK" Is Different From Yours? Could the Inherent Optimism in Transactional Analysis Be a Form of Compulsory Ableism?

Steff Oates

To cite this article: Steff Oates (2021) What If My "I'm OK, You're OK" Is Different From Yours? Could the Inherent Optimism in Transactional Analysis Be a Form of Compulsory Ableism?, Transactional Analysis Journal, 51:1, 63-76, DOI: 10.1080/03621537.2020.1853353

To link to this article: https://doi.org/10.1080/03621537.2020.1853353

Published online: 25 Jan 2021.

TRANSACTIONAL ANALYSIS JOURNAL
2021, VOL. 51, NO. 1, 63–76
https://doi.org/10.1080/03621537.2020.1853353

Taylor & Francis
Taylor & Francis Group

ARTICLE

What If My "I'm OK, You're OK" Is Different From Yours? Could the Inherent Optimism in Transactional Analysis Be a Form of Compulsory Ableism?

Steff Oates

ABSTRACT

The author challenges what she considers to be the potential oversimplification of the human condition in the way transactional analysis (TA) is sometimes taught. Referring to Steiner's idea of egalitarian empowerment available to all and taking inspiration from Robert McCruer's crip theory, she asks readers to question if the inherent optimism in TA is a version of compulsory ableism. She offers vignettes of reported experiences as well as some of her own in TA training and psychotherapy whereby clients and trainees felt marginalized for being differently abled. Using the title of Joyce McDougall's book, the author makes her own "plea for a measure of abnormality" and questions the application of some theoretical models (such as symbiosis) in their apparent pathologizing of those who have a vital need for others in order to provide a complementary function.

KEYWORDS

Normativity; disability; camouflage; imposter syndrome; expectation; power; marginalization; ADHD; neurodiversity; transactional analysis; I'm OK, You're OK

I will offer a picture of myself as a new trainee over 30 years ago. My trainer was actually welcoming of difference, but as I ventured out into the wider transactional analysis (TA) community, I experienced something else. Through my own naiveté, a tendency to take things literally, and a susceptibility to evangelism, I became swept up in a wave of positivity believing that I had found a new family. I came to believe for a while that if only I could become game free (Karpman, 2014), I would soon be released from the binds of my "script" (Berne, 1961) and live an autonomous life.

With this heady mix of excitement, possibility, and hopefulness, it was hard to disagree with the philosophical assumptions that were presented:

- People are OK.
- Everyone has the capacity to think.
- People decide their own destiny, and these decisions can be changed.

These axioms are widely referred to and rarely referenced in TA, leading me and many colleagues to assume their origin to be in Berne's writings. A thorough search of the *Transactional Analysis Journal,* the *Transactional Analysis Bulletin,* and the Eric

CONTACT Steff Oates lcfan@me.com Swallowfield, Slade Lane, Mobberley, Knutsford, WA16 7QN, United Kingdom.

Berne archive has led me to conclude that the original source in this form is in *TA Today* by Stewart and Joines (1987), published only 3 years before I began my training. In the first edition of their book, Stewart and Joines did reference Woollams and Brown (1978) with regard to the philosophical assumptions, although they are not listed in quite the same way.

Woollams and Brown (1979) clearly stated that transactional analysis theory is based on a decisional model (p. 4). I think this is a somewhat reductionistic approach if it is applied to everyone and ask readers to consider areas of psychotherapeutic work in which a decisional model may not be helpful.

TA Today was a useful book for many, in part because it employs the user-friendly language that Berne (1971) proposed in his statement that "big words are hiding the reality of what is going on between people" (p. 9). However, what I want to highlight here is how an easy-to-understand text can quickly become the gospel truth for some. In our relief at reading something so understandable, we may forget that these are assumptions—that is, what the authors believe to be true—not the actual truth. It also became apparent to me how few of us, including me, question the origin of such assumptions but rather find ourselves "swallowing them whole" (Johnson as cited in Blackstone, 1993, p. 222), without question. Erskine (1994) defined introjection as "an unaware identification with the beliefs, feelings, motivations, behaviors, and defenses of the other" (p. 91). My search just described led me to question just how many of the tenets of transactional analysis we, as a community, have introjected without question.

Reading through the early issues of the *Transactional Analysis Bulletin,* it is not hard to see how exciting it must have been to be part of a group whose focus was on change, empowerment (Steiner, 2012), and hope. It is not my intention to diminish the impact of hope or underestimate the boldness and innovation of the early pioneers in humanistic psychotherapies. My plea is for us to build on that early work, honoring the context of when and where particular applications of theory were appropriate, and to continue to question that which we may have introjected.

For me there is beauty in the paradoxical way that Berne often wrote, sometimes writing of mystery in the psychotherapeutic process (Berne, 1949) and the value of not knowing, and sometimes being direct and even evangelical about the value of TA over other treatments (Berne, 1971). This apparent evangelism appears more often in his later writings and, in my view, continues to be promulgated by some to this day. It is this potential evangelistic fervor that I wish to challenge, and I use a personal example to share the background of my concern.

Evangelism: "Why Be Happy When You Could Be Normal?"

I was raised in a rural town on the border between England and Wales in an agricultural area still in some ways influenced by the feudal system of the Middle Ages. Although my immediate family was not particularly religious, my paternal grandparents were fervently committed to the Plymouth Brethren Church, whose roots stem from dissatisfaction with the established Anglican Church and which they believed had abandoned or distorted many of the ancient traditions of Christendom. The

Brethren believe the Old and New Testament are the inspired and infallible word of God.

The novel from which I took the subtitle of this section (Winterson, 2011) was preceded by one from the same author entitled *Oranges Are Not the Only Fruit* (Winterson, 1985). In it, she described how as a young girl she was required to undergo an exorcism because her sexual preference was considered demonic. My upbringing in a family influenced by the evangelical church was not as severe as that, but I identified with the demonizing of difference preached from the pulpit by the fervent Welsh preachers shaking with passion in their booming voices.

I was always considered a little odd, having been a sick child with many hospitalizations due to chronic severe skin disease. I had been deafened in one ear by a bout of meningitis at the age of 2, although my one-sided deafness was not diagnosed until I was 17. My father died when I was 9, leaving us as a family even poorer than we had been when he was alive. My mother, due to her relative youth, was denied the full pension normally afforded to a widow. She was proud and intelligent (although uneducated) and insisted (albeit not explicitly) that we behave as if we were more affluent than we were. She toiled at four jobs after my father died, some in the hours of darkness because she considered them menial. This huge effort was in order to avoid us returning to the social housing estate that she was determined to rise above. Our unspoken family motto was to look as though we did not need anything, as if need was shameful. As children, my siblings and I were encouraged to refuse any small financial gifts from relatives who might have wanted to give us money for treats. On reflection, it was a strange paradox to be wanting with the absolute imperative of refusing. Shame and anxiety abounded in equal measure, which led me to seek psychotherapy in my late thirties. I was so relieved to discover transactional analysis because I believed I would be empowered to help myself and become autonomous.

Autonomy as an Antonym for Heteronomy

In the transactional analysis literature, the attainment of autonomy is manifested by the release or recovery of three capacities: awareness, spontaneity, and intimacy (Berne, 1964, p. 158). In contrast, heteronomy, according to the *Oxford English Dictionary*, involves one being subject to the rule of another being or power.

I imagine I am one of many who were inspired to find that our thoughts, feelings, and behavior are so influenced by our personal history and that there are ways of categorizing the dialogue that goes on between us and others and, indeed, within ourselves. I valued being able to be a "partner in treatment" (Jacobs, 1994, p. 41). I had trainers and therapists whose style was to help me, as Margaret Mead suggested, to learn how to think not what to think (Mark, 1999, p. 38). Nevertheless, as I moved beyond my therapeutic space and my training space, I remember the pull to engage in the zeal of parts of the community. It appeared there were some for whom the goal of psychotherapy was not only to strengthen their Adult ego state in order to "free them from contamination by archaic and foreign elements" (Berne, 1961) but also to impose their version of how a client should be. For me, what was seemingly

an invitation to cathect the Adult ego state seemed too often to be a Parent intervention and an invitation to overadaptation.

My argument here is that a thorough and accurate assessment is key. Although Berne (1961) stated that all four methods of diagnosing ego states are essential in creating an adequate assessment, in my view, phenomenological diagnosis is often missed. If we are to avoid inviting overadaptation to the therapist's norm, we need to pay as much attention to our clients' lived experience as we do to their outward presentation or even to their narrative. It has often occurred to me that my own lack of attention to my interior world and the rush to create a different narrative has led to layers of story building. In putting "each shiny new show on the road" (Kemp, 1972), there was a loss of attention to a vulnerable interior world with seemingly no cohesive narrative. Protecting that more messy interior world was a rather overenthusiastic trainee looking outward for a way to be.

It is not difficult to see how I had welcomed being part of a community that had "found the answer!" At the same time, something snagged, and I started to wonder (privately) if I might have become part of another evangelical movement in which theory was used to define and confront people rather than be interested in them. Sadly, at that stage in my training, I did not have the courage or ego strength to challenge this. It is clear to me now that my fear of putting myself outside the norm actually helped sustain that norm. Fortunately, there were others who were willing to put themselves forward.

At one conference, during which I was still rather bright-eyed and bushy-tailed, Alan Jacobs (1994) gave a presentation based on his *Transactional Analysis Journal* (*TAJ*) article "Theory as Ideology: Reparenting and Thought Reform." It was a bold and necessary paper. He was passionate in his delivery about how the theory of reparenting developed by Jacqui Schiff and others became an ideology, that is, a system of ideals advocating this is the way it should be (i.e., the therapist's Parent is better than the client's Parent). His thesis was that such ideology can be used to support thought reform and misuse and abuse of power: "The potential for the misuse or abuse of power lies not only in the personalities of individuals who are in positions of power, but also in the theories on which they base their behavior" (p. 39).

I felt confused. I did not think that I personally was subjected to misuse or abuse of power by individuals in the community, and at the time I felt rather affronted that he was challenging us so. Some 25 years later, I see that this was part of me being swept up into a movement with potentially evangelical fervor. I needed to defend against any challenge to my newfound family and the exciting theory that would lead me to a new autonomous life. It seems that despite my hunger for autonomy, there I was again. My attempt to escape from the imposition of the rules and structure of my family in the British class system and influenced by the Plymouth Brethren movement was not as simple as it first seemed. There was now the risk of my being subject to other rules and yet another imposition of a way to be.

Remaining Open to Question

> This feeling inside me could never deny me
> The right to be wrong if I choose.
> (O'Sullivan, 1971)

Berne's genius was in developing a theory with which people can so easily resonate. The building blocks of ego states, transactions, script analysis, and game analysis are all concepts that most people can apply. I remain passionate about TA as a theory and methodology; in fact, I consider the theory to be so robust that it can be shaped and stretched to be used alongside other modalities and applications. The main thrust of my argument and critique in this article is that we need to continuously call ourselves into question (Cornell, 2019) and remain thoughtful about our interventions. I recognize that early in training, in order to grasp the concepts fully, it is necessary for some of us to try them on for size, as if they were the truth. Alongside this, I want to highlight the risk of continuing to use the theory literally, even years after we have completed our training. Graham Barnes (1999) described this well:

> Berne (1961) made his metaphors literal. He (and others) turned the literalized metaphors into objects. He advised that the trichotomy of Parent, Adult, and Child "must be taken quite literally" (p. 235). … "Until the therapist can perceive it this way, he is not ready to use this system effectively" (p. 235). (p. 105)

In my own early training, I certainly took the philosophical principles described earlier not as something to aspire to but as a way I and others should be. These principles became rather like a girl guide motto to "do my duty to God and TA." (It has been through learning from my clients and the accompaniment and experience of being witnessed in my uniqueness by some patient therapists over the past 30 years that I have been able to find a different kind of autonomy from the one I had first envisioned. It is in the capacity to be, think, and feel differently both within myself and with others that I have found an expanded self that is also not a fixed state. Paradoxically, as stated by Beisser (1970), it is in acceptance of who I am rather than a focus on change that has led to more awareness, spontaneity, and intimacy with myself. This has included acknowledging a level of need that I had previously found too shameful to own.

Having recently been diagnosed with attention deficit disorder (ADD), and knowing that I was already challenged by dyspraxia and some autistic traits, I am now rather proud to identify myself, with my difference, as part of the neurodiverse community. Finally I understand the oddness I felt in my family and among my peers in my home area. This diagnosis has helped me to build on the powerful and important self-knowledge I have gained in my own psychotherapy regarding how my early experiences impacted my life. What I have now is an accounting of the neurological narrative that supplements the somatic and psychological narrative I have been building to develop self-cohesion.

Joseph Palombo (2017), whose work I will turn to in more detail later, has written of neurodiverse individuals having self-deficits, which he describes as impairments in functional areas of the brain. At first I struggled with Palombo's candid style of naming these deficits rather than focusing on difference. I now believe his attention to the phenomenology of his clients is a profound contribution to working with neurodiversity in psychotherapy.

As evidenced by my struggle described earlier, rising above one's needs was imperative in my childhood, so I have managed to arrive at the ripe age of 63 as a camouflage expert. Until I received the ADD diagnosis, I had not thought to share

with my trusted therapists and friends in the community just how much effort I have needed to put in to combat the difficulties that ADD presents. Camouflage or "passing"—terms often used by neurodiverse people—are ways that we find of hiding our difficulties so that they are less visible. We can become like a chameleon, trying to fit in with the background to look normal without even knowing that we are doing it.

> Individuals with self-deficits often feel bewildered by their distress and often have no knowledge of the sources of their suffering. Their experiences are fraught with feelings of shame and humiliation that result in states of dysregulation and failure to accommodate successfully to the context that they inhabit. (Palombo, 2017, p. xi)

I wonder if some transactional analysts, in their enthusiasm to help people toward autonomy, may be part of an overnormalizing world. I am keen that we help ourselves and each other develop some autonomy of thinking alongside a recognition of need. I advocate a move away from thinking of dependency as an infantile regression to an honoring of different needs.

I offer as examples a number of my clients who have been challenged as trainees in transactional analysis because of their own physical or neurological challenges. The first is Sylvia, whose sight has been significantly compromised since birth. She has pushed through life achieving a satisfactory career but often hiding the challenges she faces in tasks that would be simple for others and rarely asking for help. During TA training, Sylvia felt that if she were to ask for the help she actually needed, someone would accuse her of playing "Wooden Leg" (Berne, 1964). For fear of this, Sylvia often waited too long or did not want to keep asking the tutor to explain everything that was written on the flip-chart. She would get to the end of the training day expressing exhaustion, anger, and upset only to be accused of racketeering (English, 1976).

Similarly, Arthur, who is profoundly deaf, asked his training organization if they could accommodate an assisted listening device in the training room. It was not long before he reported feeling the group's impatience at having to make adaptations to their experience in order to accommodate his disability. Arthur had acquired a government position as a disability officer and wanted to share with the group his enthusiasm and passion about how soon it would be enshrined in law that training groups would be compelled to accommodate to the needs of students with disabilities. People in the training group, feeling uncomfortable with the adjustment, said they felt bullied by him, and he left the training despairing that he would ever be treated with respect and dignity. Arthur came to understand the complexities involved in having different needs, the pain of being misunderstood, and the challenge of asking for help when his disability is hidden. By the end of our work together, he was able to take what he had learned in his training and what he had understood about his own phenomenology to counsel people who came to him in his local government capacity. He left our work recognizing that he had fallen into the trap of feeling bitter that the outside world did not adapt to his needs. He came to understand the necessity of grieving his lack of hearing and establishing some dignity in asking for help. Our work did not focus on Arthur's need to change his behavior. Rather, it involved us sitting with each other in the way described by Dr. LaFrance:

> To describe this being with patients as they suffer, LaFrance employed a verb frequently used in a biblical context: 'to abide'. As in 'abide with' or 'abide by'. It is a

> powerful term that embodies diligence and, importantly, inaction. (Montross, 2014, p. 178)

Another client, Tamara, was relieved to receive a diagnosis of autism and attention deficit hyperactivity disorder (ADHD) after waiting 3 years for an appointment in our health service. A previous therapist had disagreed with the diagnosis, her argument being that Tamara made good eye contact and was too engaging to be autistic. She also disagreed with the ADHD diagnosis because she believed that if it were accurate, Tamara would not be able to arrive at appointments on time.

These misconceptions are all too common and serve to reinforce the stereotypical views of neurodiverse conditions. In my view, the downside of diagnosis is that it focuses on categorizing people into symptoms and behavior and away from what can be understood by the etymology of the word: "dia" meaning "through" and "gnosis" meaning "knowledge" (J. Tillier, personal communication, 24 July 2019). The way that I understand this is that a diagnosis is attained only through a thorough knowing of the other, which is so different from a label.

As engaging as Tamara is, she used to find training weekends difficult. She prefers to lunch on her own and was concerned that this would be viewed as "withdrawal" (Vallejo, 1986), which she had been taught was "too far away from intimacy and must be pathological." She now understands that the overwhelm she used to feel on training weekends—which she and others used to interpret as her finding it difficult to "stay in Adult"—is common in people with autism and ADHD. Many people on the autism spectrum have difficulty processing sensory information and reach sensory overload more easily than others do. This is experienced bodily and can be intense. In addition, many people with autism feel overwhelmed by too much interpersonal contact.

With help from me and her psychiatrist, Tamara has been able to teach her group that there are specific ways in which she needs to regulate her emotions, which means, at times, that she may need to leave the room. The previous instructions from her trainer to "stay in the room, get grounded by feeling her feet on the floor and staying in contact" terrified Tamara, leading her to feel more exposed, afraid, and dysregulated. As Gabor Maté (2019) wrote:

> One way to understand ADD neurologically is as a lack of inhibition, a chronic underactivity of the prefrontal cortex. The cerebral cortex in the frontal lobe is not able to perform its job of prioritizing, selection and inhibition. The brain, flooded with multiple bits of sensory data, thoughts, feelings and impulses, cannot focus, and the mind or body cannot be still. (Loc. 1211)

Not only has Tamara taught the group that this overwhelm is not a passive behavior of escalation (Hart, 1976), the group members have used Tamara's teaching to begin to understand their own phenomenology more fully. They are now more able to move to their interior experience and inquire what is going on rather than move immediately to the exterior to make assumptions about what certain behavior means. They have also learned that not every affect-ladened response necessarily has its roots in our psychology. Although a discussion about the impact of trauma on our neurology and the etiology of neurodiverse conditions is outside the scope of this paper, my main focus here is on the necessity of keeping an open mind.

The vignettes just shared and my own experiences of both receiving and delivering TA training have led me to seriously question what it is we are teaching about difference and how our own theory may, in itself, be prejudicial. I was astounded to find the following in an early *TAJ* paper asking the very same question:

> Intimacy and autonomy are considered insufficient and too self-oriented to encourage people to deal with inequality and the conditions producing alienation and oppression. As long as TA is a belief system that does not recognize its own loopholes, it functions as a middle-class tranquillizer [*sic*] and an endorsement of the status-quo [*sic*]. The writer asks whether we in TA are part of the problem or part of the solution? (Baute, 1979, p. 170)

I wonder why Baute's question and Jacob's (1994) assertions about how theory can contribute to the misuse or abuse of power have been taken up by so few in the TA community. Are we, at times, deafened or blinded by the inherent optimism in our theory such that we turn away from potential trouble when we should be scanning for it (Landaiche, 2013, p. 303)?

Does the Trouble Lie in Difference or in "The Norm"?

In *Crip Theory: Cultural Signs of Queerness and Disability,* McCruer (2006) described a cultural and social phenomenon that he called "compulsory able-bodiedness" (p. 36). He argued that difference is created through the imposition of a compulsory norm both in sexuality and disability. He suggested that if there were no "normal," then difference would not be marginalized.

McCruer used ideas from photographer Rosemarie Garland-Thompson, who argued that depictions of people with disabilities elicit four constructed views: the wondrous, eliciting awe; the sentimental, evoking pity; the exotic, making disability strange and freakish; and the realistic, which brings disability closer and minimizes difference between disability and able-bodiedness (McCruer, 2006, p. 171). McCruer emphasized that Garland-Thompson also viewed the minimizing of difference as a constructed process. What, indeed, are we "supposed" to think and feel when we see someone differently abled? How do we allow ourselves to find our own responses when images are constructed in such a way as to elicit certain views?

In a recent workshop I presented on neurodiversity, a colleague challenged the bifurcation in my presentation whereby I contrasted the neurotypical brain with the neurodiverse brain. The descriptions "neurotypical" and "neurodiverse" are diagnostic categories to describe neurological conditions. His objection was "that every brain is diverse" because he sees the categories as unhelpful labels. For some people, it is important not to emphasize difference. For me, it has been important to differentiate myself from the norm in accounting for my different needs and ways of expression. In myself and with my clients, I have needed to learn to respect the real challenges faced by people whose brains are wired differently. I am reminded of Naughton and Tudor's (2006) comment:

> The experience and task of the individual may be summarized as negotiating a need to be separate or different and finding a way to belong in the face of difference and

> diversity or, as Angyal (1941) put it, expressing the trend toward autonomy and homonomy in the face of heteronomy. (p. 159)

As described earlier, I felt defensive when I first read Palombo (2017) and his use of the term *self-deficits*. I was concerned about what I understood to be a pejorative term potentially evoking pity. However, Palombo's intention was clearly to help his clients toward self-acceptance:

> I believe that by identifying the self-deficit as a disorder … at the subjective level, we identify for patients the neuropsychological sources of their difficulties, which provide them with an understanding of the reasons for some of their feelings, thoughts, and behaviors. (Loc 177)

Furthermore, Palombo suggested that the deficit is also in the way that such clients are received and understood. I believe we need to consider the failure of the system that has yet to learn to accommodate difference and different needs. Palombo writes beautifully of the need for complementary functions described in more detail in the following section.

Symbiosis or Complementary Function?

Sylvia, Arthur, Tamara, and I have all needed some level of complementary function: Sylvia needed the trainer to be explicit about what she was writing on the flip chart, a respectful acknowledgment of Sylvia's needs; Arthur needed assistive technology; I, due to my one-sided deafness, have needed to sit with the trainer on my right side as well as often needing the trainer to repeat instructions for exercises that often do not land in my ADD brain the first time around. These days, my colleagues and friends quite naturally offer assistance with a level of knowing that sometimes I need help to catch up. I am touched to receive it, and they are glad to offer it; there is no passive behavior or unresolved symbiosis (Schiff & Schiff, 1971). Often as a trainer I will slow myself down and sometimes unintentionally amuse participants in a group by saying, "I'm thinking aloud, and by the time I get to the end of this sentence I may not agree with myself." I have been told that this offers a model for others to experiment and be more present with themselves and the vulnerabilities they feel.

In the late 1990s, I had the good fortune to attend a workshop conducted by Jim Allen in Utrecht. He was teaching on neuroconstructive transactional analysis (Allen, 2009), and in his powerful and potent way, Jim used his own experience of being diagnosed as a child with ADHD to show how this might impact his teaching. At the beginning, he told a packed room that he teaches with a quiet voice and that people may have to ask him to speak up. Following that, he informed us that because of his ADHD, he might then not be able to hold on to the information and that his voice might drop again. He asked us as audience members to remind him, if necessary over and over again, if we needed him to raise his voice. This was fantastic modeling for me, reasonably early in my journey as a TA trainer. I experienced Jim using his own self with vulnerability as a teaching tool.

I am calling here for a teaching style and therapeutic approach that considers difference and challenges prevailing assumptions. As trainers we need to understand that for someone to shout out each time they cannot see or hear or understand

something when we assume they can is part of the othering process. It is where "the privileged norm becomes both neutral and strangely invisible" (Naughton & Tudor, 2006, p. 159).

One way we can support clients and trainees in their differences is by helping them to find their "niche construction" (Armstrong, 2011). The following quote is Principle 7 of Armstrong's 8 principles of neurodiversity. Although in it he is specifically referring to neurodiversity, I believe the principle is applicable to any specific need due to difference in ability: "Niche Construction Includes Career and Lifestyle Choices, Assistive Technologies, Human Resources, and Other Life-Enhancing Strategies Tailored to the Specific Needs of a Neurodiverse Individual" (p. 19). Through inquiry, we can help clients and trainees hone specific areas that work for them as individuals and in which they can find competence or seek assistance.

It is uncanny for me to find that my 33-year career as a psychotherapist was, indeed, an unconscious niche construction for myself. My day is varied, with new clients arriving every hour and keeping my mind appropriately stimulated. One trait of ADD is hyperfocus, the capacity to pay exquisite attention to the task at hand and one that is perfectly suited to my job. I remember how hard it was for me to succeed in mainstream jobs requiring consistent attention to seemingly monotonous tasks. Likewise, Sylvia, Arthur, and Tamara have found their own version of niche construction and, like me, have needed help along the way to do that. Each of us has found people to help us understand our specific needs and rebuild our lives around those instead of having to constantly adapt to what we thought we ought to do or be.

In my early training, methods and approaches advocated by the Cathexis school of TA were powerfully evident. Symbiosis was to be avoided, dependency was a dirty word, and strengthening the Adult ego state was the royal road to autonomy. This was presented much in the way that Armstrong described niche construction and Palombo emphasized complementary function. Along with my own therapy, this really helped me to rethink my fear of need and my attitude toward symbiosis. As Palombo (2017) wrote:

> From this perspective, treatment consists of the creation of a context within which patients can experience and share with a therapist their innermost longings for complementary functions that will then repair their self-deficits. For that to occur, they must be able to feel that we can hear the account they give of their experiences and they can receive some acknowledgment that the feeling associated with those experiences had validity within the context in which they occurred. (Loc. 567)

By the time I first read this comment, I was very excited, indeed, by Palombo's words. The previous literature that I had consulted was focused on skill development, such as *Thriving with Adult ADHD: Skills to Strengthen Executive Functioning* (Boissiere, 2018) and *Supporting Positive Behaviour in Intellectual Disabilities and Autism: Practical Strategies for Addressing Challenging Behaviour* (Osgood, 2019). There are also excellent books written by people who identify as neurodiverse and share their experience. What Palombo provided for me was a thoroughly researched book about understanding the phenomenological process of neurodiverse clients, one that offered perspectives on a more relationally oriented treatment.

What Are We Inviting in Our Clients When Our Focus Is on Change?

I am asking readers to consider whether we are inviting overadaptation when our focus is on change for the positive. I am suggesting we might also be on the look out for clients who themselves have already created their form of camouflage and to wonder why we would want to suggest in any way how else they may be. I am somewhat embarrassed, although only in hindsight, to recall performing many supposed redecisions (Goulding & Goulding, 1976) in order to get a therapist or group off my back. I remember one trainer asking with genuine concern, "I wonder why the redecision doesn't stick?" I was so steeped in camouflage and overadaptation that I was puzzled too.

Cornell (2010) wrote:

> Script theory in transactional analysis, especially as conveyed in such ideas as the script matrix and injunctions, can be profoundly reductionistic and predictive. How many times have I heard trainees or clients say, "I have a Don't Be script," "I'm in my 'Be perfect' driver," "I'm in a 'Hurry Up'," "I have a Don't Feel injunction," and so on. Such language and style of intervention reinforces (consciously or unconsciously) the power of adaptation with a singular focus. (p. 250)

Like Cornell, I also want to challenge a reductionist view that the goal of therapy needs to be measurable and observable change. I have a deep concern that with certain clients, such positivity may support the precocity described so beautifully by Frances Tustin (1986). It is my favorite cautionary quote:

> There is much evidence that autistic children have experienced an agony of consciousness in early infancy in which … more sophisticated feelings were experienced precociously and in a compacted way. If we interpret these feelings too soon, before the child has the primal basis to distinguish and bear them, we shall reinforce the precocity which led to the development of an empty fake. Our aim is to help a sincere but tactful child to emerge from the artificial layers of autism with which he has felt protected. To do this, we have to be in touch with basic elemental depths within ourselves. (p. 118)

The caution I want to add is that in our desire for measurable and observable change and a positivistic attitude, we may well invite further masking and camouflage as well as reinforce external behaviors that mask a troubled interior.

Conclusion

My challenge to readers is for us to be in touch with our own elemental depths and in doing so to consider why it may be difficult for us to sit with difference. I invite us to continually question ourselves at those times when we feel a fervor arise for some behavioral outcome. The question might be for whom is the change a necessary outcome? In reflecting on my own and my clients' therapeutic progress, the most profound lasting effects and life-enhancing discoveries have centered more on differentiation than on any behavioral outcome. Mostly this has involved paying astute attention to when I or my clients are able to stay with or not stay with ourselves and our own experience, to notice when either of us is pulled into the mire of self-improvement edicts telling us how and who to be.

I return to the concept of abiding as so eloquently described by Montross (2014):

> Its definitions dating back to 1120 read like a recitation of devotion, a mantra of fidelity, to remain with, to hold to, to remain true to. To endure, stand firm or sure. To wait till the end of, hear through, to await defiantly. To face, to encounter, withstand or sustain. To suffer, to bear, to undergo. (p. 179)

I so wish I had written that eloquent paragraph. I love the paradox and dynamic quality in "await defiantly." In 2004, I titled by prepared teach for my Teaching and Supervising Transactional Analyst examination "Don't Just Do Something, Sit There!" I took the quote from actor and producer Martin Gabel, who had said it in confronting someone about their overacting. I was suggesting that psychotherapists need not move to action too quickly, which is not to suggest inaction but that they maintain an active and patient presence, a wondering receptivity.

Thus, my own plea for a measure of abnormality is not so different from McDougall's (1978/2013):

> We may … run the risk of dying locked in our identity as "analyst." This is a fate that pursues us all. The analyst who believes himself to be "normal," and capable of deciding on "norms" of behavior for his patients, runs the risk of being extremely detrimental to the creative unfolding and self-discovery they seek. (p. 486)

I ask that we as a community stay alive to our own creative unfolding and discover how we may have become so steeped in our own belief system that we also run the risk of impeding the important journey that our clients have chosen to share with us.

Disclosure statement

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

Notes on Contributor

Steff Oates, Teaching and Supervising Transactional Analyst (psychotherapy), works in the north-west of England and is currently ITAA Vice President Research and Innovation. Steff is passionate about pushing the boundaries of what she can understand about herself and others through the privilege of this learning community. She can be reached at Swallowfield, Slade Lane, Mobberley, Knutsford, WA16 7QN, United Kingdom; email: lcfan@me.com.

References

Allen, J. R. (2009). Constructivist and neuroconstructivist transactional analysis. *Transactional Analysis Journal*, *39*(3), 181–192. https://doi.org/10.1177/036215370903900302

Armstrong, T. (2011). *The power of neurodiversity*. De Capo Press.

Barnes, G. (1999). About energy metaphors I: A study of their selection, defense, and use in Berne's theory. *Transactional Analysis Journal*, *29*(2), 96–108. https://doi.org/10.1177/036215379902900203

Baute, P. (1979). Intimacy and autonomy are not enough (Is TA a middle-class tranquilizer?). *Transactional Analysis Journal*, *9*(3), 170–173. https://doi.org/10.1177/036215377900900303

Beisser, A. (1970). The paradoxical theory of change. In J. Fagan & I. L. Shepherd (Eds.), *Gestalt therapy now: Theory, techniques, applications* (pp. 109–113). Harper & Row.

Berne, E. (1949). The nature of intuition. *Psychoanalytic Quarterly*, *23*, 203–226. https://doi.org/10.1007/BF01563116

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

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

Berne, E. (1971). Away from a theory of the impact of interpersonal interaction on non-verbal participation. *Transactional Analysis Journal*, *1*(1), 6–13. https://doi.org/10.1177/036215377100100103

Blackstone, P. (1993). The dynamic child: Integration of second-order structure, object relations, and self psychology. *Transactional Analysis Journal*, *23*(4), 216–234. https://doi.org/10.1177/036215379302300406

Boissiere, P. (2018). *Thriving with adult ADHD: Skills to strengthen executive functioning*. Athea Press.

Cornell, W. F. (2010). Aspiration or adaptation? An unresolved tension in Eric Berne's basic beliefs. *Transactional Analysis Journal*, *40*(3–4), 243–253. https://doi.org/10.1177/036215371004000309

Cornell, W. F. (2019). *Self-examination in psychoanalysis and psychotherapy: Countertransference and subjectivity in clinical practice*. Routledge.

English, F. (1976). Racketeering. *Transactional Analysis Journal*, *6*(1), 78–81. https://doi.org/10.1177/036215377600600117

Erskine, R. G. (1994). Shame and self-righteousness: Transactional analysis perspectives and clinical interventions. *Transactional Analysis Journal*, *24*(2), 86–102. https://doi.org/10.1177/036215379402400204

Goulding, R., & Goulding, M. (1976). Injunctions, decisions, and redecisions. *Transactional Analysis Journal*, *6*(1), 41–48. https://doi.org/10.1177/036215377600600110

Hart, E. W. (1976). Escalation curve. *Transactional Analysis Journal*, *6*(1), 82–83. https://doi.org/10.1177/036215377600600118

Jacobs, A. (1994). Theory as ideology: Reparenting and thought reform. *Transactional Analysis Journal*, *24*(1), 39–55. https://doi.org/10.1177/036215379402400108

Karpman, S. B. (2014). *A game free life: The definitive book on the drama triangle and compassion triangle by the originator and author. The new transactional analysis of intimacy, openness, and happiness*. Drama Triangle Publications.

Kemp, D. E. (1972). Curing "moral masochism." *Transactional Analysis Journal*, *2*(4), 19–25. https://doi.org/10.1177/036215377200200409

Landaiche, N. M., III. (2013). Looking for trouble in groups developing the professional's capacity. *Transactional Analysis Journal*, *43*(4), 296–310. https://doi.org/10.1177/0362153713516296

Mark, J. (1999). *Margaret Mead: Coming of age in America*. Oxford University Press.

Maté, G. (2019). *Scattered minds: The origins and healing of attention deficit disorder* [Kindle ed.]. Vermillion.

McCruer, R. (2006). *Crip theory: Cultural signs of queerness and disability*. NYU Press.

McDougall, J. (2013). *Plea for a measure of abnormality*. Routledge. (Original work published 1978)

Montross, C. (2014). *Falling into the fire: A psychiatrist's encounters with the mind in crisis*. Oneworld Publications.

Naughton, M., & Tudor, K. (2006). Being white. *Transactional Analysis Journal*, *36*(2), 159–171. https://doi.org/10.1177/036215370603600208

Osgood, T. (2019). *Supporting positive behaviour in intellectual disabilities and autism*. Jessica Kingsley Publishers.

O'Sullivan, G. (1971). Nothing rhymed [Song]. On *Himself*. Audio International Studios.

Palombo, J. (2017). *The neuropsychodynamic treatment of self-deficits: Searching for complementarity*. Routledge.

Schiff, A. W., & Schiff, J. L (1971). Passivity. *Transactional Analysis Journal*, *1*(1), 71–78. https://doi.org/10.1177/036215377100100114

Steiner, C. M. (2012). The OK position: Freedom, equality, and the pursuit of happiness. *Transactional Analysis Journal*, *42*(4), 294–297. https://doi.org/10.1177/036215371204200408

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

Tustin, F. (1986). *Autistic barriers in neurotic patients*. Karnac Books.

Vallejo, J. O. (1986). Withdrawal: A basic positive and negative adaptation in addition to compliance and rebellion. *Transactional Analysis Journal*, *16*(2), 114–119. https://doi.org/10.1177/036215378601600206

Winterson, J. (1985). *Oranges are not the only fruit*. Random House.

Winterson, J. (2011). *Why be happy when you could be normal?* Open Road + Grove/Atlantic.

Woollams, S., & Brown, M. (1978). *Transactional analysis: A modern and comprehensive text of TA theory and practice*. Huron Valley Institute.

Woollams, S., & Brown, M. (1979). *TA: The total handbook of transactional analysis*. Prentice-Hall.