

Psychotherapy with the Parent Ego State

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Abstract:

In their article, the authors present the findings of the study in which they conceptualized the method of psychotherapy with the Parent ego state. Their aim was to explore whether this method could be divided into individual, content-wise separate chronological phases which can be observed with the majority of clients. By using a modified method of content analysis of five psychotherapy transcripts and a video recording of a psychotherapy session, nine chronological phases were identified. In order to illustrate the individual phases, excerpts from the transcripts and the video recording of psychotherapy have been included. The article proposes under what conditions can this method be used, and presents some of its limitations.

Key Words: introject, psychotherapy with the Parent ego state, phases of psychotherapy with the parent ego state

Although psychoanalytic authors such as Federn, Freud, Fairbairn and Guntrip have written extensively on the psychological effects of "parental influence" or Superego, also known as the internalised object, the parental influence, anti-libidinal ego, introjected other or unconscious fantasy, it was Eric Berne who finally developed the concept of the Parent ego state within Transactional Analysis (Erskine, 2003). Berne (1961, in Erskine, 2003, p. 89) defined Parent ego states as "a set of feelings, attitudes, and behaviour patterns which resemble those of a parental figure". Parent ego states are an actual historical internalization of the personality of one's own parents or other significant parental figures, as *perceived* by the child at the time of introjection. "The historical accuracy of the portrayal is not particularly relevant. What is important is the parent-as-experienced by the client. A person introjects not so much what his or her parents "actually" thought and felt and did, as what he or

she experienced them thinking and feeling and believing about the child, about themselves, and about the world” (Erskine, 2003, p.105).

The internalization of the personality of one's own parent(s) occurs in early childhood and, to a lesser extent, throughout one's life. Introjection is an unconscious defense mechanism which is frequently used by the child when there is a lack of contact between the child and the caretakers who are responsible for satisfying his or her needs. The child's primary need is the need for contact with other people, which stems from the fact that he or she cannot survive on its own. When the child's relational needs are not met, he or she becomes anxious. The child resolves this external conflict by unconsciously identifying with the parent (i.e. by internalizing the parent) which, in effect, denies the child's needs. The internalization of the parent's personality serves to lessen the external conflict between the child and the parent, on whom the child depends. The relationship with the parent is seemingly maintained – the child preserves an illusion that he or she is accepted and loved. However, the price of the internalization of the conflict is a loss of valuable aspects of self – a loss of spontaneity, flexibility and intimacy (Erskine, 2003; Erskine, 2004).

The introjected Parent ego state manifests in two ways: as an active ego state which communicates with the outside world, or as an intrapsychic influence. Berne described the active Parent ego state as a reproduction of feelings, attitudes and behaviour of the introjected parent or other significant persons in actual transactions with people. By contrast, the intrapsychic influence manifests in clients as a phenomenological experience of self-doubt, a constant sense of being controlled, the loss of knowing what one desires, and/or chronic anxiety, and/or depression. Other clients may be aware of the presence of an influencing introjection or psychic presence of another person; they hear another voice that is criticizing, warning, or rule-making (Erskine, 2003).

Psychotherapy with the Parent Ego State

By identifying the Parent ego state, Berne created a theoretical framework for therapeutic work with the different manifestations of anxiety, depression or low self-esteem, all of them stemming from the intrapsychic conflict (Erskine, 2003). In spite of this, most of the clinical Transactional Analysis literature has either focused on therapy of the Child or Adult ego states; very little has been written on the treatment of Parent ego states and the resolution of intrapsychic conflict (Erskine, 2003).

Psychotherapy with the Parent ego state has been researched by McNeel (1976), Dashiell (1978), Mellor and Andrewarth (1980), and Erskine (2003). Working with introjects holds an important position within relational integrative psychotherapy. The method of psychotherapy with the Parent ego state was described in detail by Richard Erskine in his article titled *Introjection, Psychic Presence and Parent Ego States: Considerations for Psychotherapy* (2003).

It is important to take note that psychotherapy with a Parent ego state can only be performed after much therapeutic work has been done on the Child ego states. Effective psychotherapy of Child ego states and Parent ego states produces a reorganization of psychological processes and both phenomenological and behavioural change (Erskine, 2003). Before using the method of psychotherapy with a Parent ego state, several guidelines ought to be taken into consideration. Due to the child's biological need for contact, the client's Child ego states are often loyal to a Parent ego state. Therefore, it is essential for the client to experience the therapeutic relationship as being good and solid. If we deprive the client's Parent ego state of power without having first established a good therapeutic relationship with the client, the client's Child ego states will be left without a significant other to whom he or she feels a sense of protection and attachment. Consequently, the client will feel psychologically worse. What is more, the intrapsychic relationship between a Child ego state and a Parent ego state which has been disrupted by a premature intervention may result in increased clinging to an intrapsychically influencing Parent ego state (Erskine, 1999; Erskine, 2003).

Before proceeding with the Parent ego state therapy, it is important to set a differential diagnosis, so as to determine to whom the client's internal voice belongs. It may belong to the introject, or to a fantasy of a parental figure which Erskine and Moursund (1988/1998) refer to as a Self-generated Parent ego state which is similar to what Fairbairn (1952) and Little (2001) call the "Internal Saboteur". This Self-generated Parent, Fantasy figure or the Internal Saboteur is frequently even more critical than the actual parent, since it was designed to distract from both the internal influence and memory of the introjected other person. In addition, the introjected Parent ego state has a proper life story that can be elicited in the psychotherapy. The fearful or criticizing messages of the Self-generated Parent, which were developed by a small child, are often much harsher and more controlling while also appearing to be fragmented and disconnected (Erskine, 2003; Erskine, 2007).

In the process of treating the Parent ego state, the conflict with that significant person is acknowledged, verified, and resolved. After a successful psychotherapy process, the client generally experiences a combination of feelings such as sadness, compassion, relief or freedom. People usually need plenty of time to process the experience, express any residual feelings, and talk about the meaning they have derived from it. The result of psychotherapy with the Parent ego state is that the client regains the self that was lost due to the introjection. Clients are less likely to act out their Parent ego states towards others and, without the internal influence, are less likely to be in Child ego states. In addition, as the content of the Parent ego state becomes integrated with the Adult ego, the client now has the possibility of dealing with the real person of the parent differently. Therapists may also find that previously unresolved transference issues with the therapist are now non-existent or more easily resolved (Erskine, 2003).

Method of study

The goal of our study was to conceptualise a psychotherapeutic method – psychotherapy of the Parent ego state. We explored whether this method could be divided into individual, content-wise separate chronological phases which can be observed with the majority of clients. Structuring the method into phases would facilitate easier learning for therapists; at the same time, it would provide the basis for further research and enable monitoring of the method's efficiency in resolving the intrapsychic conflict of the client.

In our analysis, we focused on chronological sequences of transcripts, based on the therapist's interventions.

We employed the following steps to conduct our study:

1. Based on the existing literature, we selected five psychotherapy transcripts in which the method of psychotherapy with the Parent ego state was used. We chose two transcripts from *Beyond Empathy. A therapy of Contact-in-Relationship* (Erskine, Moursund and Trautmann, 1999); two transcripts from *Integrative Psychotherapy in Action* (Erskine and Moursund, 1998/1988) and a transcript from a chapter *Resolving Intrapsychic Conflict: Psychotherapy of Parent Ego States* (Erskine and Trautmann, 2003). In addition, we analysed a videotape of psychotherapy with the Parent ego state (Erskine, 2007).
2. We determined which transcript was to be analyzed first.
3. Each member of the study team performed the analyzing, structured into chronological sequences (phases), on her own.
4. We compared and harmonized the individual chronological phases, their titles and contents.
5. We repeated the same procedure with the remaining four transcripts.
6. We analyzed the video recording of the psychotherapy together.
7. Joint analysis of all six transcripts were then compared; we redetermined the chronological phases which had been observed with the majority of transcripts.

Phases of psychotherapy with the Parent ego state

When analyzing transcripts and the video recording of psychotherapy of the Parent ego state, we identified the following content-wise separate chronological phases:

1. Identification of the introject;
2. Agreement on psychotherapy of the Parent ego state with the client;
3. Stepping into the Parent ego state;
4. Establishing a therapeutic relationship with the Parent ego state;
5. Psychotherapy for the benefit of the Parent ego state;

6. Psychotherapy of the relationship between the Parent and Child ego states;
 - 6.1 Exploring the relationship between the Parent and Child ego states;
 - 6.2 Dialogue between the Parent and the Child ego states – the “Empty Chair” technique;
7. Conclusion of psychotherapy with the Parent ego state;
8. Dialogue between the Child and the Parent ego states – the “Empty Chair” technique;
9. Returning to the Adult ego.

The individual phases do not necessarily follow chronologically (i.e. as written in this article); they interweave with each other. Furthermore, not all of the phases we identified may occur in a psychotherapy. Psychotherapy with the Parent ego state may take place in one, or several, therapeutic sessions. Erskine (2007) recommends taking 90 minutes for a psychotherapy with the Parent ego state.

1. Identifying the Introject

In this phase, the therapist uses a phenomenological and historical inquiry. The therapist inquires about the client's past and his or her parents; the therapist identifies the script, self-criticisms, etc. If the therapist identifies the introject, he or she may decide to proceed with psychotherapy with the Parent ego state. In this phase, the therapist invites the client to talk in detail about how he or she experiences the introject. Such exploration includes all dimensions – emotional, mental, physical and behavioural. When the client experiences self-criticism, it is recommended for the therapist to establish whether it stems from the Internal Saboteur (the self-generated Parent) or from the introject (the introjected Parent). One of the ways for the therapist to separate the Internal Saboteur from the introject is encouraging the client to step into the shoes of the self-critical voice, so as to recognize to whom does the voice belong.

Transcript:

Therapist: *So, you said you weren't allowed to be happy. What does “not allowed” mean?*

Client: *To smile at inappropriate moments. This was not good.*

Therapist: *How did you know that?*

Client: *Because I was punished.*

Therapist: *Punished for smiling?*

Client: *They were criticizing my behaviour. Don't you know when to act appropriately?*

Therapist: *So just close your eyes and say it again. Just talk to the little kid out there and say it to her.*

Client: Don't you know when is the time to act like an adult, appropriately to the environment you are in?

Therapist: Keep going, voice. I want to hear it in the tone you used to have.

Client: You are not able to think.

Therapist: Keep going, voice.

Client: Are you really that stupid?

Therapist: Keep going, voice. You are telling her she is stupid, you are telling her she can't think.

Client: Can't you see that you are not so important.

Therapist: Keep going, voice. I want to hear your tone. I think right now you are covering up your tone. Please, let me hear it.

Client: If you don't know how to react, stay out of here.

Therapist: Keep going. Stay out of here. You tell her that she is stupid; she doesn't know how to react, to stay out of here. You have some important reason for picking on the kid.

Client: I don't want you here.

Therapist: Who are you?

Client: That is my mother.

Therapist: Keep going. Close your eyes and stay with it. So you don't want her, mother.

Client: Yes.

(Erskine, 2007).

2. Agreement on Psychotherapy with the Parent Ego State with the Client

The therapist presents this technique to the client by explaining that the client is to assume the role of one of his or her parents; the therapist is going to communicate with this parent, and not with the client (i.e. this is not the "Empty Chair" technique). Although the therapist primarily supports the client, the therapist is simultaneously aware of the client's intrapsychic dynamics, e.g. the loyalty of the client's Child ego states to the Parent ego states. A client whose Child ego state is very loyal to his or her Parent ego state may need reassurance that the psychotherapy which is about to begin will be for the benefit of both (i.e. the client and the parent), and that the therapist will show respect for the Parent ego state.

Transcript:

Therapist: Would you like me to talk to her¹ about the anger?

Loraine: You could; you don't know her. You could ...

Therapist: That's never stopped me before.

¹ "Her" refers to the client's mother.

Loraine: *Oh, yeah ... I need practice talking to her about her anger. I don't know if I really want to talk to her for real about it. But I could talk to her for pretend.*

Therapist: *Loraine. I'll talk to her for real. Then maybe, for the first time, you won't have to be forced to take charge.*

Loraine: *Okay. I won't have to keep having the, all those, I work hard at those boundaries.*

...

Therapist: *Well, how about if I take over the boundaries, and you get a little vacation. What do you think of that?*

(Erskine et al., 1999, p. 266-267)

The second part of the therapeutic agreement presents the client's consent to participate in psychotherapy with the Parent ego state. The therapist explains to the client that the work can be stopped at any point should he or she feel too much discomfort. They may agree on a particular sign which informs the therapist that the client wishes to stop with the method.

3. Stepping into the Parent Ego State

The therapist guides the client and invites him or her to deepen the internal contact with the Parent ego state by repeating the name of the Parent several times, thus activating multiple dimensions of experiencing – mental, emotional and physical. It is important to deepen the contact with the Parent ego state, because in the initial stage of such psychotherapy or when the client experiences painful emotional memories, there exists a danger for the client to step out of the Parent ego state (Erskine and Trautmann, 2003).

Transcript:

Therapist: *Sit the same way your Mom would sit ... just close your eyes. Let your body get right into her posture. See if you can put the same expression on your face that reflects what Mom feels. (pause) What is your name, Mom?* (Erskine & Trautmann, 2003, p. 113).

4. Establishing a Therapeutic Alliance with the Parent Ego State

In this stage of psychotherapy with the Parent ego state, the therapist sets the foundation for psychotherapeutic work by establishing a therapeutic relationship with the client. This is not to say that the therapist's care for maintaining a good therapeutic relationship is less important in other phases of psychotherapy - quite the contrary. With this type of psychotherapy, a triangular working agreement is established between the therapist, the client and his or her

Parent ego state. The primary goal of the psychotherapy, however, is directed towards the benefit of the client, of which the Parent ego state is informed prior to concluding the agreement with the therapist.

"The therapist must be able to suspend his or her own knowledge of "reality" and allow the client to truly become the other. The therapist's ability to respond to that other with full contact and authenticity makes it possible for the client, in turn, to fully take on the persona of the introject. Without this suspension of "reality" the deliberate choice to believe the unbelievable, therapy with an introjected other would be mere playacting; it might possibly lead to some intellectual insights, but it could not have the profound intrapsychic and behavioural influence" (Erskine et. al., 1999, p. 312).

The therapist presents himself or herself, inquiries how the Parent ego state feels in psychotherapy and explains its purpose to him or her.

Transcript:

Therapist: *Debra. You can call me Rebecca ... (pause) What do you think about being here, Debra?*

Anna (as her mother Debra): *I don't like it.*

Therapist: *You don't like it? Why, Debra?*

Anna (as Debra): *Why do I need to be here?*

Therapist: *Well, mostly so that I can get to know you Debra... Ultimately, it's to help Anna. And for Anna to understand how important you are in her life.*

(Erskine & Trautmann, 2003, p. 113).

The goal of this phase of psychotherapy is to invite the client to deeply experience his or her Parent ego state, as well as to establish and deepen the trust between the therapist and the Parent ego state. The therapist should not rush the therapy process; its pace ought to be leisurely and comfortable for the client, so as to enable him or her to step into the shoes of this new identity as thoroughly as possible. Moreover, such rhythm provides enough time to all the participants for getting to know each other. In this phase, the therapist and the Parent ego state acquaint with each other mostly through chatting. However, "it is not quite the same as a casual conversation, for the questions are more pointed and the direction more one-sided; yet it is different from an initial therapy session in that this "parent" has not requested any kind of help for himself. The therapists are interested, respectful and alert to the possibility that this ego state may become open to a new a new kind of experiencing. At this point, the Parent interview becomes Parent therapy" (Erskine & Moursound, 1988/1998, p. 94).

The therapist for example says: *“I’d like to know a little bit about you. Will you tell me, like where you come from?”* (Erskine & Moursund, 1988/1998, p. 92). Similar questions from the therapist can be: *“What was your family like?”*, *“What business was your dad in?”* (Erskine & Moursund, 1988/1998, p. 94), *“What kind of family do you come from?”* (Erskine & Moursund, 1988/1998, p. 265).

If the Parent ego state refuses to cooperate, is rude, dismissive, distant or fails to see any meaning in psychotherapy, the therapist goes on to explain to the Parent ego state why their conversation is necessary for the benefit of the Child ego state. If the Parent ego state remains uncooperative even after this explanation, the therapist stops psychotherapy with the Parent ego state.

Transcript:

Therapist: *Have you ever had a conversation like this with anybody who could understand your deep inner process, like I’m trying to do?*

Jon (as his father Herbert): *No.*

Therapist: *Well, to answer your question of a few minutes ago, then maybe that’s one of the reasons we should talk. That finally somebody’s going to take time to understand your process. And what it’s like.*

Jon (as Herbert): *I still don’t know what it has to do with my son.*

Therapist: *How about if I make a deal with you? Before we stop this interview, when the time is up, I’ll detail how it affects your son. And then you can decide if you want to come back again for a second session ...*
(Erskine & Moursund, 1988/1998, p. 268–269).

5. Psychotherapy for the Benefit of the Parent Ego State

The primary focus of such psychotherapy is the Parent ego state. In this phase, the therapist poses numerous phenomenological questions, so as to increase the client's identification with his or her Parent ego state. The therapist validates the Parent ego state, and avoids direct confrontation and interpretation in order to deepen the therapeutic relationship. The therapist uses the information obtained from the client, and inquires the Parent ego state on his or her primary family, and on memories of painful experiences. An in-depth investigation of the Parent's primary family should not be pursued if the Parent's ego state does not want it, or if enough content for therapeutic work has been obtained in relation to the actual client's family. The therapist may inquire on experiences from different life stages of the Parent ego state (e.g. kindergarten, school, first employment, wedding, birth of children, etc.) in order to search for script decisions in each life stage. Once a script decision is discovered, it is explored in detail and normalised.

Transcript:

Therapist: Tell me about yourself, when you were a little girl in that family.

Client (as her mother): I was born by mistake.

Therapist: You were?

Client (as her mother): Yes.

Therapist: What is a mistake?

Client (as her mother): My mother was a widow. That was her second marriage. And my father was a very wealthy man, also a widower. And by the rules of society, he needed to have another wife. Because he had his own children from the first marriage. And because my mother had been married and didn't have any children, they thought she was never going to have them. But accidents happen. So first my sister came and then me.

Therapist: You were an accident or were you planned?

Client (as her mother): No, we were not planned.

Therapist: But many kids are born in that way and they are still loved.

Client (as her mother): Yes, but not in that time.

Therapist: Oh yes, many kids were born in that way, so lets go back to your story. What made it so significant that you felt unloved and unwanted?

Client (as her mother): I don't know exactly. I was raised by my stepsister. My mother was not able to do that.

Therapist: Not able?

Client (as her mother): No.

Therapist: What is not able?

Client (as her mother): Because she was so scared. She was so unhappy to have us. And she was ashamed.

Therapist: Ashamed?

Client (as her mother): Yes?

Therapist: What do you mean?

Client (as her mother): She was not proud of us. She felt guilty.

Therapist: Were you and your sister supposed to be boys?

Client (as her mother): No, we were not supposed to exist.

(Erskine, 2007).

The therapist encourages expressing forbidden feelings by validating and normalising them. In addition, the therapist explores the Parent's unmet relational needs.

Transcript:

Therapist: I sure see your tears.

Client (as her mother): I don't feel at home anywhere I go.

Therapist: So no matter where you go ...

Client (as her mother): Yes.

Therapist: ... that feeling, that uncomfortableness that you said it is all over your body, it goes with you.

Client (as her mother): Yes.

Therapist: Do you have a name for that uncomfortableness, Mom?

Client (as her mother): Terror.

Therapist: Terror. And I see the tears that go with you.

...

Therapist: Mom, can we assume that at least the first 18 years you were always sad and depressed?

Client (as her mother): Yes, I was.

Therapist: So, no modern material things could ever make you happy?

Client (as her mother): Yes.

Therapist: Cause I think your unhappiness is telling a big important story about your life. Just like all those tears that want to come out. They are telling the story. In fact, you were probably much more unhappy than you were even able to tell. But you can't go on showing it all the time, can you?

Client (as her mother): No.

Therapist: How did you cover that?

Client (as her mother): I showed others my perfect, strong side of me.
(Erskine, 2007).

In this phase, we use the same methods as with the usual psychotherapy: inquiry, attunement, involvement, regression techniques, the "Empty Chair" technique (talking to a partner, with the parents who are represented by the Parent ego state, etc.), and inquiry regarding feelings towards the therapist, positive resources and pleasant experiences of the Parent ego state, defences and so on.

6. Psychotherapy of the relationship between the Parent and Child ego states

6.1 Exploring the relationship between the Parent and Child ego states

The essential feature of this phase is that, by acting more confrontational towards the Parent ego state, the therapist works for the benefit of the Child ego state. Notwithstanding, the therapist ought to incorporate a balance between validation and confrontation into the psychotherapy. Sometimes a confrontation is necessary in order to protect the Child ego state. What is more, such intervention can serve to correct distortions and possible script beliefs in the Parent ego state which, in effect, initiates the deconfusion of the Child ego state (Erskine & Trautmann, 2003).

At the forefront of the psychotherapy is the search for the yet unknown script beliefs which the parent has transferred to the child. The therapist inquires for example how the Parent ego state experienced the child, what the child was like and what expectations did the parent have towards the child. Furthermore,

the therapist explores how the parent's script influenced his or her feelings and behaviours towards the child, the child's development and their relationship.

Transcript:

Client (as her mother): My husband took our daughter with him to Ljubljana sometimes, because he studied there. She was three years old. And I'm sad because he never took me.

Therapist: Just like your Mom never took you.

Client (as her mother): Yes.

Therapist: And did you get jealous?

Client (as her mother): Yeah, very much.

Therapist: What do you mean?

Client (as her mother): I'm not good enough. She is, but not me.

Therapist: I'm not good enough. So once again no one is there for you.

Client (as her mother): Yes.

Therapist: I'm not good enough. So did you soon get more and more depressed again?

Client (as her mother): Aha.

Therapist: So, when the little girl does come home, what kind of things do you say to her?

Client (as her mother): (with a cold voice) How was it? What was she doing? Where was she? What did she see?

Therapist: And when she responds with her excitement and joy, what do you say?

Client (as her mother): Oh, really.

Therapist: Oh, really. What does "Oh, really" mean?

Client (as her mother): I don't know.

Therapist: We started this conversation by you saying some pretty nasty things to her. You were telling her that she was stupid, that she didn't have the right to be happy, and that you didn't want her.

Client (as her mother): Yeah. My feelings were stronger than...

Therapist: Tell me about your feelings.

...

Therapist: What do you communicate to that little girl when you are with her?

Client (as her mother): I think we start competing with each other.

Therapist: Can I argue with you?

Client (as her mother): I don't know.

Therapist: You start competing with each other or do you start competing with her?

Client (as her mother): In fact, I did.

Therapist: Yes, so let's get out of this together.

Client (as her mother): Yes.

Therapist: So, you compete with her. How?

Client (as her mother): Whatever she does, I always have remarks to that.

Therapist: Like? I want to hear it.

Client (as her mother): You can be better.

Therapist: Which really means you are not good enough.

Client (as her mother): Yes.

Therapist: Ok, keep going.

Client (as her mother): Why did you do it this way?

Therapist: Which really means? What's the real sentence?

Client (as her mother): She did it wrong.

Therapist: What else do you say?

Client (as her mother): Why are you asking so many questions?

Therapist: Which really means?

Client (as her mother): (is quiet)

Therapist: Shut up and don't bother me. Is that what it really means?

Client (as her mother): Yes.

Therapist: How would you say it in your words?

Client (as her mother): (is still quiet)

Therapist: Why are you asking so many questions? Looks like an innocent question, but it's really an embedded statement. What is your statement? Because I gave my interpretation, which really means shut up. What's your statement to that question?

Client (as her mother): I don't want to answer your questions, because I don't even want you to ask me.

Therapist: Mmm, thank you. That's even more informative than my interpretation. Mine was simply shut up, but you say even more. I don't want your questions, because I don't want to be bothered to answer them. So part of your message to her is that she is a bother.

(Erskine, 2007).

The therapist is more direct now, providing more interpretations and confronting the Parent ego state in order to work for the benefit of the Child ego state. Even though the Parent ego state received more empathy from the therapist in the previous phase, the therapist now takes sides with the Child ego state. The therapist encourages the Parent ego state to assume responsibility for inappropriate behaviours and attitudes towards the Child ego state. As the Parent ego state looks for excuses for his or her inappropriate behaviours, the therapist confronts the Parent ego state more and more.

Transcript:

Client (as her mother): At first I had a housemaid in her early stage for few months. I went back to work when she had 4 or 5 months. And then she gets ill and then I take her to my mothers place. Because they advice me.

Therapist: Your mother doesn't know how to raise children.

Client (as her mother): No, but doctors advised that she could use the change of environment, air and I had no other solution.

Therapist: Why would a doctor advise you that a child needs a change of environment?

Client (as her mother): I don't know.

Therapist: Yes, you do.

Client (as her mother): Because of her illness.

Therapist: Stop Mom, stop. I believed every single word you said until that last one – that I don't know. I thought you were entirely truthful till that word. Why would the doctor suggest that the child changing environment and be separated from her mother. What does that doctor know that you are not telling me?

Client (as her mother): I don't have a slightest idea. Fact is that my girl gets ill in short time after her last vaccination.

Therapist: What kind of illness?

Client (as her mother): Whooping cough.

Therapist: A respiratory illness. So they send the baby to be with someone else.

Client (as her mother): Yeah

Therapist: So this doctor knows that your child has a psychosomatic illness.

Client (as her mother): Yes.

Therapist: So what's wrong between you and the baby that this baby can not breath fluent.

Client (as her mother): We were never close enough.

Therapist: I believe you. Because I think that is the only procedure you ever know.

Client (as her mother): Yes.

Therapist: So you give her away in the same way that you mother abandoned you. For medical advice of course, more socially appropriate.

Client (as her mother): Yes.

(Erskine, 2007).

At the same time, the therapist endeavours to normalize the feelings, behaviours and thoughts of the Parent ego state towards the Child ego state which are the consequence of the parent's script decisions and/or traumatic experiences. The therapist may also choose to validate positive elements of this particular parenthood. Should the Parent ego state show resistance at this point, this is usually a sign that the therapist is approaching the script; regardless, it is recommended to slow down the therapeutic process and to use more validation and normalisation.

Transcript 1:

Therapist: We began by you jumping into this work, Mom. I was talking to your daughter and you just jumped right in. And you told me that she was not allowed to be happy. So, here she is, she is going out with her father, she is having a happy time. It sounds like your words were designed to destroy her happiness. And you must inside your head have some important reason for doing that.

(Erskine, 2007).

Transcript 2:

Therapist: Tell me about the importance of taking good care of everything.

Loraine (as her mother Alice): I never had a doll. (pause) If I had had a doll I would have taken care of it.

Therapist: And she (your daughter) probably just plays with the doll, takes its clothes off, throws it around, and doesn't brush the hair, right?

Loraine (as Alice): Yes...but I'm not so worried about the toys, I let them play, make messes; I let them, they dug in the backyard; we had, called it the dirt pile, they were always out there covered with mud, and...

Therapist: Sound like you were a great mother!

Loraine (as Alice): Well, thank you.

Therapist: Giving all the opportunities that any child should have.

Loraine (as Alice): That's what I wanted to be.

(Erskine et al., 1999, p. 283).

The therapist is now inviting the Parent ego state to show empathy towards the Child ego state and to explore which relational needs of the child he or she failed to meet. Additionally, the Parent ego state is encouraged to gain insight into how his or her script was transferred to the Child ego state, and what role the Child ego state played in this process.

Transcript:

Therapist: I can understand you.

Jon (as his father Herbert): If you do, you're the first one.

Therapist: I'm sorry that's true. And yes, I guess it's got to start sometime...I think your son struggled to understand you. And you know what he did?

Jon (as Herbert): It's hard telling what he's done.

Therapist: I can tell you. It's not hard.

Jon (as Herbert): I'm listening.

Therapist: In order to get the same thing that you've always wanted from your dad, real support and encouragement for existing; in order to hear "I love you"- but more than to hear it, Herbert, in order really to feel it that he belongs, rather than being an outcast in his own relationship with you -

he's carried your sadness. He's carried your belief that "I can't get what I want out of life." That "Life's the shits," and "What's the use." But mostly he's carried your pain. In the hopes that if he carried your pain, and stayed depressed for you, you'd be relieved enough that you could be there for him. Your son is very loyal.
(Erskine & Moursund, 1988/1998, p. 286-287).

It is desired for the Parent ego state to express regret for the mistakes he or she has done with the Child ego state, and to show a willingness to make amends.

Transcript:

Ben (as his father Max): *Yeah, I was angry with Ben. I was angry cause he couldn't play ball.*

Therapist: *That's the social excuse.*

Ben (as Max): *I was angry because, because I was jealous.*

Therapist: *Max, I have a good respect for you. That takes a lot of balls to say that.*

Ben (as Max): *Wish I'd done it sooner. (he weeps)*

Therapist: *What would you do differently, Max? If you would turn the clock back?*

Ben (as Max): *I could love my wife, and I could love Ben too.*

(Erskine & Moursund, 1988/1998, p. 105).

If, despite the psychotherapy, the Parent's ego state remains very critical or destructive towards the Child ego state, the therapist's persistence may occasionally contribute at least to some cognitive insight that the parent did not want to behave as he or she did towards the Child ego state (i.e. it may provide a cognitive explanation of the parent's conduct and what needs did the child meet for him).

In an ideal outcome of psychotherapy, the Parent ego state gains insight into his or her mistakes with the Child ego state, expresses his or her regret, and gives permission to the Child ego state to change his or her script decisions. When the Parent ego state behaves destructively towards the Child ego state, shows resistance to psychotherapy and refuses to cooperate with the therapist, the goal of the psychotherapy is for the therapist to remove or diminish the Parent ego state's authority and the power to interfere with the client's dealings. The therapist may encourage the Child ego state to resist to the Parent ego state; furthermore, the therapist may give permission to the Child ego state to change his or her script decision, thus making a stand against the Parent ego state. In the latter case, a good therapeutic relationship between the therapist and the Child ego state is crucial, since the Child ego state needs a lot of support from the therapist.

6.2 Dialogue between the Parent and the Child ego states – the Empty Chair Technique

The therapist is directing the Parent ego state to imagine the child in front of him or her.

Transcript:

Therapist: *Would you try something brave?*

Client (as her mother): *Yes.*

Therapist: *Just imagine that little girl, Mom, right in front here. That little girl you were so envious of, that little girl you gave those destructive messages to. And see if you can take a few minutes to speak to her honestly and maybe, if possible, tell her about those tears coming down your face.*

(Erskine, 2007).

The therapist encourages the Parent ego state to use the insights gained in the previous phase of therapy in order to talk to the Child ego state about his or her own childhood, life and primary family; what he or she missed in that family; about his or her script decisions and what he or she was doing wrong. Furthermore, the Parent ego state is encouraged to discover what message he or she conveyed to the Child ego state, and how did his or her own past experiences, and the resulting script beliefs, influence the Child ego state. The Parent ego state ought to tell the Child ego state what task the Child had to perform for him or her. The therapist encourages the Parent ego state to talk about his deep feelings; in order to increase the intensity of feelings, the Parent ego state may repeat several times what he or she feels towards the Child ego state. Another important thing to consider is the exploration and acknowledgement of ambivalent feelings which the Parent ego state may feel towards the Child ego state, e.g. envy or anger. Only after this split has been felt and discussed, can a new integration occur. Additionally, the Parent ego state may tell the Child ego state what he or she appreciates about the Child.

Transcript 1:

Client (as her mother): *I wasn't aware of doing this to you till now.*

Therapist: *Name "this" so she knows what you are talking about.*

Client (as her mother): *That I competed with you, that I rejected you, that I taught you things that weren't good for you. I have never meant to do that.*

Therapist: *Keep going.*

Client (as her mother): *I am feeling so sad now because I know you couldn't love me. In fact, you showed me so much attention every time I rejected you. And you are working so hard just to please me.*

Therapist: *And my message to you was ...*

Client (as her mother): I don't want you to succeed.

Therapist: Keep going Mom. It's time to be really honest with her, because she's been so confused. She has not known what is true and what is not true.

Client (as her mother): I really want you to be happy, to be successful, and to be accepted by others.

Therapist: But the truth is ...

Client (as her mother): That I do everything to destroy that. It was so selfish from me. I was so blind.

Therapist: Blinded by ...

Client (as her mother): My own fears, my expectations.

Therapist: Tell her the truth.

Client (as her mother): Can I?

Therapist: Yes. Tell her what you know right this moment.

Client (as her mother) (hesitates)

Therapist: You can, but I don't know if you are willing to.

Client (as her mother): Yes, I am willing to.

Therapist: So tell her.

Client (as her mother): I admire all your strength and effort for the things I put you through and you didn't go away. You have courage to stay with me, to love me.

Therapist: And instead what I communicated to you was ...

Client (as her mother): A rejection.

(Erskine, 2007).

Transcript 2:

Jon (as his father Herbert): I hated you, but I loved you!

Therapist: Tell him, elaborate on each one.

Jon (as Herbert): (still sobbing) I love you because...you were the only thing I ever really made, and you were good. And I had so many dreams for you. I wanted you to have the things I never had...

Therapist: Tell him...about hating him.

Jon (as Herbert): And I hated you, because you took from me what I did have.

Therapist: Tell him more about that.

Jon (as Herbert): I wanted someone to take care of me... (each phrase is punctuated by sobs) And who'd be there for me...and only for me...But that changed when you came...

Therapist: Let it come out of your heart, so it doesn't have to fail you.

Jon (as Herbert): I wanted you to be close to me. And I was so scared of being close to you.

Therapist: Yeah, say that confession again.

Jon (as Herbert): I wanted to be close to you, but I was so afraid of getting close to you.

Therapist: Cause you tell him what you believed would happen if you got real close.

(Erskine & Moursund, 1988/1998, p. 291-292).

The therapist encourages the Parent ego state to regret his or her conduct towards the Child ego state, to apologise and to show willingness to make amends. Finally, the Parent ego state is to say what he or she wishes for the Child ego state in the future.

Transcript 3:

Jon (as Herbert): *I want him to have the things I never had.*

Therapist: *Tell him that.*

Jon (as Herbert): *Jonny, I want you to have the things that I never had. I want you to have a name that you can be proud of. And I want you to be happy. I want you...to be...*

Therapist: *Just put the period there. "I want you."*

Jon (as Herbert): *I want you. (he cries softly)*

Therapist: *Now go on. I want you...*

Jon (as Herbert): *I want you to be happy...and I want you to have the things I never had...I want you to be successful in life...I want you to be trusting.*

(Erskine & Moursund, 1988/1998, p. 294).

It is desirable for the Parent ego state to give permission to the Child ego state to change his or her script decisions.

Transcript 4:

Therapist: *And you told me 15 minutes ago »I trained my daughter to do like me«.*

Client (as her mother): *Yes.*

Therapist: *You could give her a permission to do it differently.*

Client (as her mother): *Yes, I am going to.*

Therapist: *Then go ahead.*

Client (as her mother): *Daughter, grab all the happy moments that you can. And enjoy them no matter what anybody has told you. I really want you to be happy.*

Therapist: *For your sake or for hers?*

Client (as her mother): *For her sake.*

Therapist: *Tell her. Tell her some more.*

Client (as her mother): *I really want you to be happy for yourself because you deserve it and you need that.*

(Erskine, 2007).

The therapeutic work is more directional and, instead of questions, the therapist now uses many unfinished sentences, interpretations and confrontations. However, the content is still coming from the Parent ego state.

7. Conclusion of Psychotherapy with the Parent Ego State

The therapist asks the Parent ego state whether he or she agrees to stop the therapeutic work at this point; the therapist thanks the Parent ego state for cooperation. Before terminating the session, the therapist asks the Parent state whether he or she has anything to add, and explains that he or she may return to psychotherapy at any time. The therapist then tells the Parent ego state that he or she will now talk to the Child ego state, and asks the Parent ego state to respect this, i.e. not interfere with the psychotherapeutic process.

Transcript 1:

Therapist: *Yeah. Yeah. (pause) Well, Debra, I really appreciate your coming and talking. And being as honest as you were able to be. Now we need to listen to Anna. Okay? Let her talk, and not get in the way, okay? (pause) When you're ready you can come back another time (long pause)* (Erskine & Trautmann, 2003, p. 128).

Transcript 2:

Therapist: *Anything more you want to say to her before we stop, Mom?*

Client (as her mother): *I am glad I have you.*

Therapist: *Mhm. Well, maybe before we completely stop, you could listen to your daughter. Would you be willing to listen to her?*

Client (as her mother): *Yes.*

(Erskine, 2007).

8. Dialogue between the Child and the Parent Ego States – the “Empty Chair” Technique

During the psychotherapy, the Child ego states observe the interactions between the therapist and the Parent ego state. Since the therapist is often empathic and understanding towards the Parent ego state, the Child ego state may experience that the therapist is taking the parent's side and has abandoned the child. For this reason it is imperative that the therapist come back to both Child and the Adult ego states of the client before the work is completed in order to re-establish the relationship. After the therapeutic work with a Parent ego state, it is important that the Child ego state has an opportunity to respond to the Parent ego state. In doing so, the therapist meets two fundamental relational needs of the client - the need for self-definition within the relationship and the need to make an impact (influence the other); often both of these relational needs have been restricted or prohibited in the primary relationship with the parents (Erskine 2003; Erskine & Trautmann, 2003).

At the beginning of this phase, the client changes seats and steps out of the Parent ego state role. The therapist encourages him or her to respond to the story told by his or her Parent ego state.

Transcript 1:

Therapist: *Okay. You stay there, Alice (mother); we're gonna bring Loraine (the client) over here (moves Loraine back to her original seat, facing "Alice's" chair). Just get out of Alice's skin...*
(Erskine et al., 1999, p. 307).

Transcript 2:

Therapist: *(the client moves to another seat) Just close your eyes and look at your Mom, at the way she looked when you were a young woman, and a little girl... and just respond to her.*
(Erskine, 2007).

The client expresses his or her feelings to the Parent ego state about what he or she has heard during the psychotherapy, and reveals what it was like to live with such a parent. The client also shares what new information or insight he or she has gained during this therapeutic session. The therapist directs the client to pay more attention to his or her own emotions, and to focus less on understanding the emotions of the Parent ego state.

Transcript 1:

Therapist: *Tell her what it's like, living with that kind of burning anger.*
Loraine: *It's really scary; it's really confusing. It's really...it's really sickening, it's really nauseating. It really nauseates me.*
Therapist: *Yeah.*
Loraine: *It's like when hair burns. Ugh. Smells. I never knew who you were mad at. I knew you were mad all the time, and you never... (her voice trails off into silence)*
Therapist: *And tell her what you know now.*
Loraine: *I know you were mad all the time. I know your burning anger, and I know it's not about me, and I know it's probably not even about Dad-and all the sarcastic little remarks you make and all that, that was just ...little safety valves all the time, a little steam. And that's kinda exhausting.*
(Erskine et al., 1999, p. 308-309).

Transcript 2:

Therapist: *Tell her about those things she has just said to you.*
Client: *Mom, I know all those things, even if you didn't speak about them. Most of the time I was angry with you. I feel sorry for myself. But I was happy that I had you and the father.*
Therapist: *So tell her what she did to destroy your happiness?*

Client: *On several occasions you spoiled my happy moments. I was tired of proving myself to you and I didn't show anything. To make it pass as quickly as possible. What you really did to me was that I didn't allow myself to be happy, to be satisfied.*
(Erskine, 2007).

This phase of therapy includes setting boundaries to the Parent ego state. The Child ego state responds to the Parent ego state by rejecting the burden which he or she is no longer willing to carry from the Parent ego state. The therapist encourages the Child ego state to express what he or she did not like in the Parent ego state, what he or she did not want to do, and what he or she needed instead. As a result, the client gains insight that he or she is not responsible for the behaviour of the actual parent. The client then decides what he or she appreciates in the Parent ego state and tells this to him or her. This enables the client to form a more realistic image of his or her Parent ego state, and to integrate his or her positive features (i.e. the ones he or she might like to preserve). It is important to first emphasize the positive aspects of the Parent ego state, as this helps the client to minimize feelings of guilt and validates his or her loyalty to the Parent ego state. The client can thus realise that he or she cannot help the Parent ego state, and that what he or she has tried to accomplish (i.e. caring for the Parent ego state) was an impossible task.

Transcript:

Jon: *Yes, Dad. I'll still love you.*

Therapist: *Tell him what you love about him.*

Jon: *In so many ways. You're such a kind and compassionate person. And you've got a neat sense of humour.*

Therapist: *Just let yourself see his face now, Jon. Just as though he's right here. Tell him about that humour. That kindness.*

Jon: *(beginning to cry) In the midst of all your crossness, and harshness, you could still have time for a funny story, or a joke. And we could laugh a lot together. (sobs loudly)*

Therapist: *Tell him what you appreciate about laughing with him.*

...

Therapist: *And tell him what you also resent about him.*

Jon: *(crying again) That you never, that you gave me very little chance to get close to you in a fun way.*

Therapist: *Yeah, and tell him what else you resent.*

Jon: *And I always had to be your caretaker, and I always had to listen to you, and you wouldn't listen, you took very little time to listen to me. You never had time for me. Only it was always, I had to meet you on your terms. You were very critical of me, Dad.*

Therapist: *Say it again, and tell him how much you resent that.*

Jon: *You were very critical of me.*

Therapist: *Tell him what goes on inside...*

Jon: *I tried so hard to be a good little boy, and I was never good enough for you. (crying) I'm still a good little boy!*
(Erskine & Moursund, 1988/1998, p. 296-298).

Therapist: *Tell her (your mother) about the part of her anger that you resent.*

Loraine: *Ahhh...well I resent thinking it was my problem. I resent you not clearing that up for me. I resent you not owning that. Uhhh, I resent you letting me think that it was my job. I resent the anger in that house. I don't want to eat that anymore. I don't want it: the anger in the creases, in the towels. I don't want that anymore. All the work, work all day, work, work, work, work, work, to make it okay. It is okay. It's been okay. I'm okay...*

Therapist: *What are you feeling, Loraine? (long pause) You feel like you are holding-to me it feels as if you are holding something down.*

Loraine: *I guess I'm just sad. Feel caved-in, sad.*

Therapist: *Sad about...will you say more about that?*

Loraine: *I'm sad I can't fix it. 'Cause I love you.*

Therapist: *Yeah, tell her about being sad that you can't fix it.*

Loraine: *I'm sad that you're sad. I'm sad that...*

Therapist: *Tell her about the job she assigned you. The impossible task.*

Loraine: *Oh, yeah. Make Mom's life okay.*

Therapist: *Did you want to do that job?*

Loraine: *I think I wanted to, originally. Yeah. It was...gave me a way to be with her.*

Therapist: *Tell her.*

Loraine: *I thought the only way I could be with you was to take care of you, to carry your shit.*

Therapist: *Yeah, say that sentence again.*

Loraine: *To carry your shit. I don't want to carry your shit. I can't do it anymore.*

(Erskine et al., 1999, p. 309-310).

The client returns the responsibility to the Parent ego state and makes a new decision. He or she describes in detail how this decision is going to change his or her internal and external life in the future. If the client is not willing to change the script decision, the therapist may ask him or her to envision how he or she might live out the old script decision in 5, 10, 25 or 50 years if the script decision remains unchanged. Such predictive envisioning often provides a powerful internal impetus to make a new decision (Erskine, 1974).

Transcript 1:

Loraine: *To carry your shit. I don't want to carry your shit. I can't do it anymore.*

Therapist: *So return it to her.*

Loraine: Well I am grateful to you. You gave me a lot. But I'm not grateful for that. You can have it. I feel like I filled up your buckets all the time, and you just dumped them out. You said, "Here, this is empty again." And I can't, uh, I can't do that anymore.

Therapist: "So what I'm gonna do is..."

Loraine: What I'm gonna do is...take care of myself. And I'm gonna tell you when, you're coming in on me, when your expectations are not real. When I can't meet your expectations. I don't know if you're gonna get it. I don't care if you only did have an eight grade education; I think you are smart as hell.

(Erskine et al., 1999, p. 310-311).

If the Child ego state shuts down during this conversation and is attacked from the Parent ego state, the therapist may reconnect with the Parent ego state, asking him or her to allow the Child ego state to express himself or herself, so that both of them have equal opportunity for self-expression. In doing so, the therapist encourages the Child ego state to express the forbidden feelings and needs by providing him or her the necessary security (i.e. reassurance that the Parent ego state will not attack him or her again).

Transcript 2:

Therapist 2: That movement of your arm is saying something. (silence) Anna, Mom's right there. She told you some important things, and now it's your turn. Tell her what your arm is saying (long pause).

...

Therapist 1: Debra, just because you couldn't talk about it doesn't mean Anna can't either.

Therapist 2: Tell her, Anna, what you mean when you say "I needed you to protect me."

Therapist 1: Debra, let Anna do what you needed to do – to say what she thinks and to be angry. You also needed to make an impact.

Anna: I couldn't talk to you, Mom (sigh). You weren't even around; you didn't want to listen.

Therapist 2: Talk to her now, Anna.

Anna: (pause) She'll get angry at me.

Therapist 1: Debra, you said you were going to let Anna do what she needed to do.

Anna: She'll blame me, she'll get mad at me, and she'll only hate me more.

Therapist 1: Not anymore, Anna. I'm keeping her out of the way. You're not going to get any more from her by holding back. You know that not speaking up is a dead end. Go ahead and do what you need to do.

(Erskine & Trautmann, 2003, p. 130-131).

At the end of this phase, the therapist asks the Child ego state whether he or she has anything else to say to the Parent ego state.

Transcript:

Therapist: *So tell her what you have gained from this conversation with her today.*

Client: *I am really glad that you told me those things. And I really would like to forgive you, but it's hard.*

Therapist: *Even if it is hard, at least you don't have to be confused anymore about joy.*

Client: *No, I am not.*

Therapist: *Well maybe it is too soon to fully forgive her. Just tell her that you would like to be able to forgive her. That is sufficient for today.*

Client: *Yeah, I guess. It is sufficient.*

Therapist: *Anything more you want to say to her before we stop?*

Client: *I am glad that she taught me so many things, useful things. The most important thing which she gave me was a permission to be alive. That I have always had for myself.*

Therapist: *And today she gave you another permission.*

Client: *To be happy. (the client smiles)*

(Erskine, 2007).

9. Returning to the Adult Ego

In this final phase, the therapist helps the client to return into the Adult ego (the client returns to his or her own chair). The therapist inquires the client how did he or she experience this psychotherapeutic method, whether it provided any benefits to him or her, and how does he or she imagine applying the new insights into practice. It is essential to include this phase, even if the therapist skipped some of the preceding phases. It is vitally important for the client to return to the Adult ego at the end of a psychotherapeutic session. If the therapist fails to take this into consideration, serious ruptures may occur in the therapeutic relationship. The client's feeling of self as separate from the introject may weaken, which can sometimes result in headaches or a sense of confusion and disorientation (Erskine, 2003). Often, the client will spontaneously switch from the Parent ego state to another ego state at the end of a psychotherapy session. For the therapist, this is a signal that the client feels a need to process, assess and integrate the experience (Erskine & Moursund, 1988/1998).

Conclusion

By means of study and analysis, we determined nine chronological phases of psychotherapy with the Parent ego state. The use of this method is not possible when the client's Parent ego state refuses it despite the therapist's sensible explanation. Because clients are so different from each other, certain deviations were observed in the determined phases of psychotherapy with the Parent ego state. Therefore, the therapist may choose to use numerous psychotherapeutic techniques such as the "Empty Chair" technique, regression techniques, and finding resources. However, the success of such psychotherapy also depends on the character of the Parent ego state, e.g. will he or she regret his or her inappropriate behaviour, will he or she subsequently apologize to the client and/or give the client permission to change his or her script decisions.

The weakness of our study lies in the fact that transcripts of only two therapists were included. It would be sensible to study sessions of psychotherapy with the Parent ego state from several psychotherapists, so as to determine whether they differ in some key characteristics. In addition, it would be valuable to analyze more psychotherapy transcripts. This would enable us to empirically explore the efficiency of psychotherapy with the Parent ego state by following the nine chronological phases on a larger sample of clients.

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Special thanks to Richard G. Erskine whose work made our study possible, for his support and valuable suggestions. The authors also wish to acknowledge Gregor Žvelc for his help and vital contributions.

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Date of publication: 25.6.2012