

# Whose Game is it Anyway?

Games, enactment and countertransference



# Outline

- Berne: games, script and transference
- Games - a contemporary view
- First degree games
- Second degree games
- Third degree games

# Two Perspectives on Games

# Classical perspective

- Therapist as observer
- Dynamics are accessible to cognitive understanding
- the 'chaotic situation' (Berne 1972)
- Therapist and client play different roles, eg container and contained.
- Not all experience is relational, eg psychosis (Cornell 2012)

# Relational perspective

- It takes two
- The therapist is human too
- Games and enactments result from, “an intersection between two scripts”. (Stuthridge 2011)
- The therapist’s experiences are real and belong to the therapist.

# Games, script and transference

“Games appear to be segments of larger more complex sets of transactions called scripts. Scripts belong in the realm of transference phenomena, that is they are derivatives... of infantile reactions and experiences.” Berne (1961:117)

“...the whole script is re-enacted many times...” (Berne 1966:302)

Payoff - repetitions of ...

Past

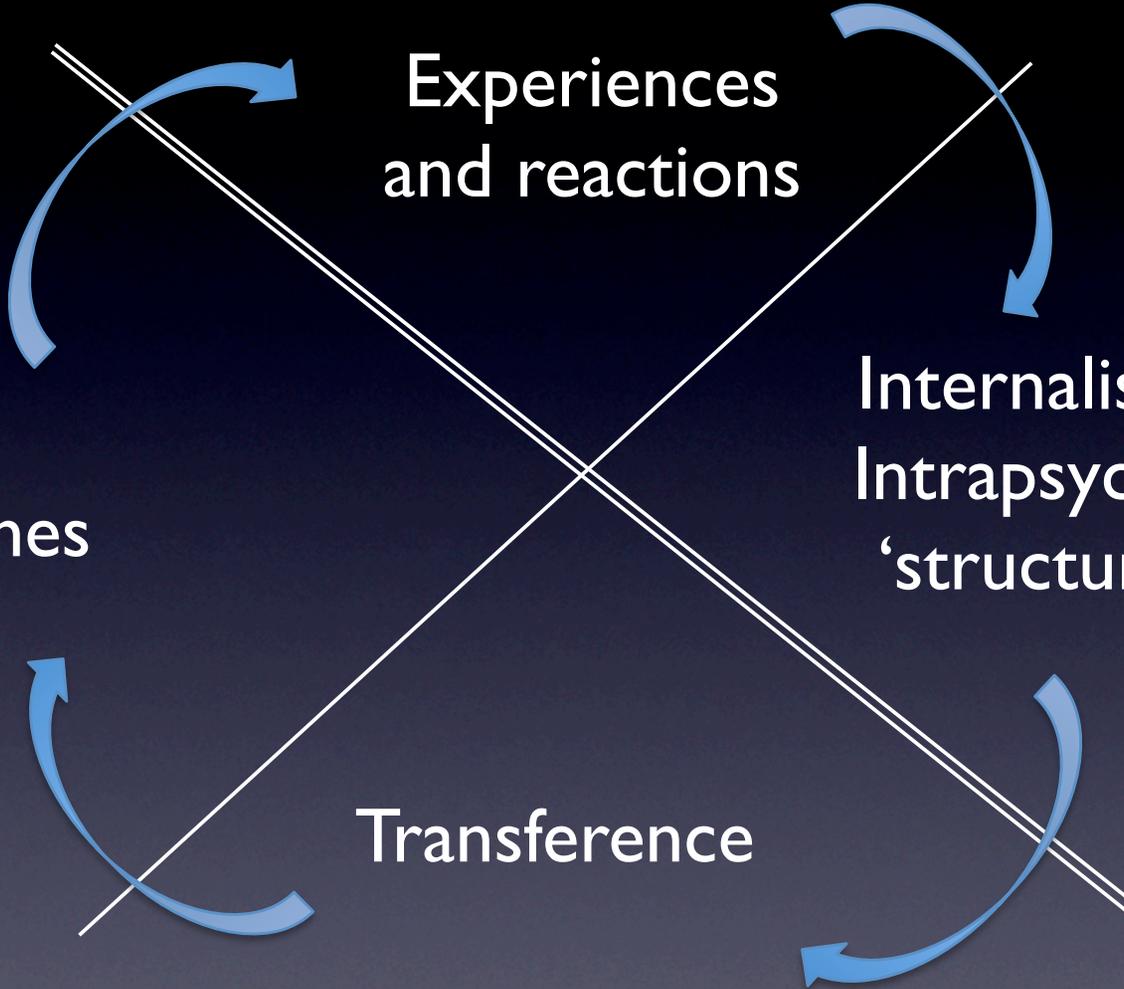
Experiences  
and reactions

Internalised  
Intrapsychic  
'structure'

Games

Transference

Present



The client “acts as a casting director”  
Berne (1961:118)



# Advantages of games

1. Defense against unmanageable experience.
2. The relief of tension
3. The avoidance of noxious situations
4. Gratification
5. The maintenance of equilibrium

(Berne, 1961, 1963, 1964)

# Reasons for enactment:

1. Defense
2. Gratification
3. Repetition
4. Evacuation of unformulated affect
5. **Communication**

Britton (2007)

# An act of courage

- The resolution of a game often requires an emotional shift in the therapist.
- The therapist must “go first” (Symmington 1983)

# Degrees of games

# First degree games

Berne (1964 p.64): “One which is socially acceptable in the agent’s social circle”

Britton (2007): symbolic enactments of organised thought. “A refuge...from the reality of analysis”

Knowing something is wrong.

# Countertransference with first degree games

1. The therapist consciously reflects on her experience.
2. Using this understanding as an indication of the client's script.
3. Intervention: translating this understanding into words. (Novellino 1984)

## *Countertransference with first degree games: focus on conscious reflection*

Exercise: Think about a client you feel stuck with and reflect on your experience.

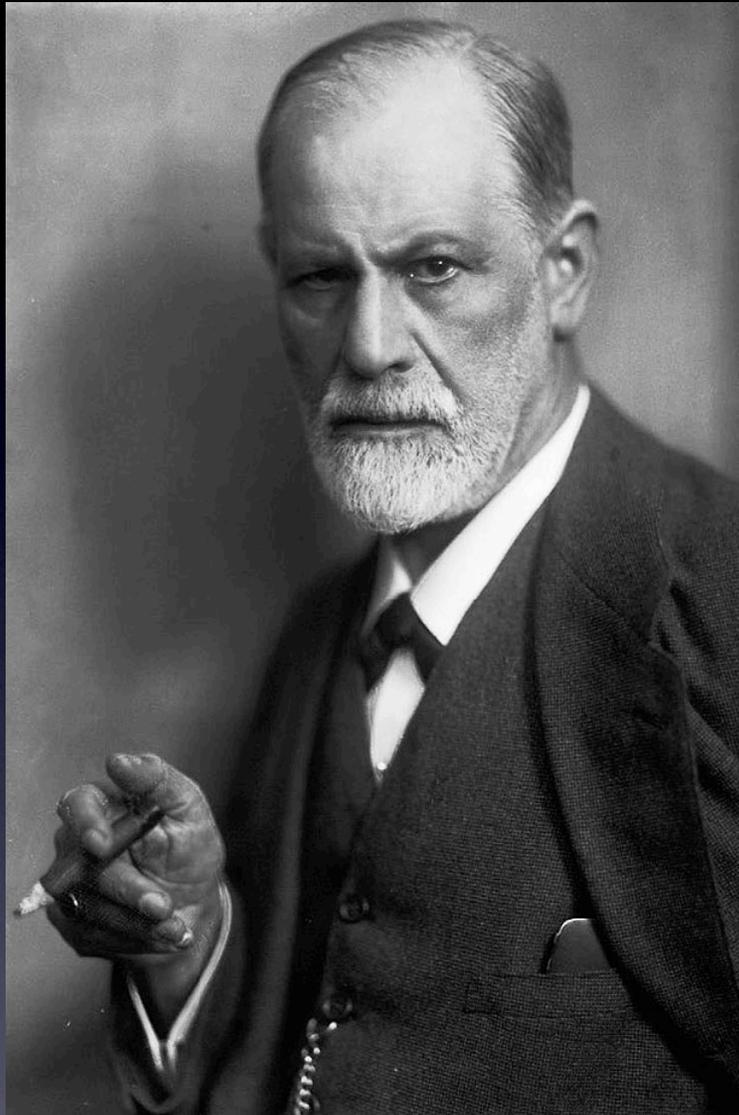
1. How do I feel?
2. What am I saying and doing? How is the client's behavior impacting on me?
3. How does my feeling relate to the client's script?
4. How does this feeling relate to my script?

# Second degree games

Berne (1964 p.64): “One from which no permanent irredeemable damage arises but which the players would rather *conceal* from the public.”

Britton: action is used as an alternative to thinking and feeling. Avoiding unwanted feelings.

Knowing something is wrong and not knowing what it is. Feelings of guilt, shame, anxiety.



“It is a very remarkable thing that the unconscious of one human being can react upon that of another without passing through consciousness”  
Freud (1915e)

“Enactment is like the performance  
of a dream” Britton

# Countertransference with second degree games

1. Arousal of sub-symbolic experience: sensory, somatic, motor elements.
2. Representation in non-verbal symbolic form; images, memories, songs, random associations.
3. Conscious reflection on the meaning of the experience. (Bucci 2001)

# Countertransference with Brian

1. Feeling of disquiet, something wrong, defensive thoughts. (subsymbolic)
2. Dream symbolism; 'the inspector' (non-verbal symbolic)
3. Links to Jo's script, Brian's script and intervention (verbal symbolic)

*Countertransference with 2nd degree games: focus on thoughts and feelings that are being avoided*

Exercise: Think about a client you feel stuck with. Eyes shut, guided fantasy.

1. How does it feel to be with this person?
2. What is it I'm not feeling? What feelings or thoughts are not allowed?
3. What would I like to say or do that I'm not doing? Why? What am I afraid would happen?
4. How does this feeling relate to the client's script/ my script?

# Third degree games

Berne (1964 p.64): “One which is played for keeps and ends in the surgery, the courtroom or the morgue.”

Britton (2007 p.6): The aim is to rid the mind of unformulated unbearable affect. “Actions which penetrate the analyst in a visceral way”

Knowing everything is wrong. Loss of reflective capacity.

# Countertransference with third degree games

1. Therapist is overwhelmed by unformulated affect.
2. Later representation of experience in symbolic form.
3. Conscious reflection on the meaning of the experience.

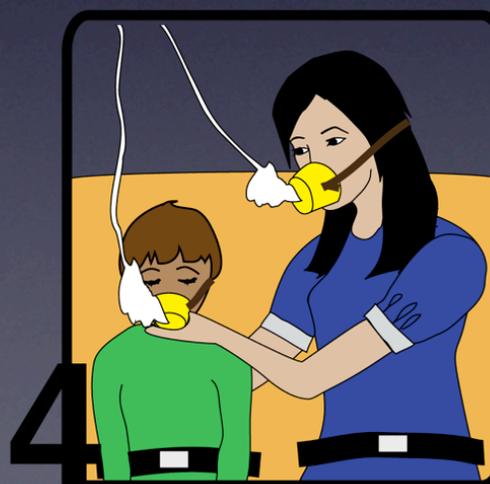
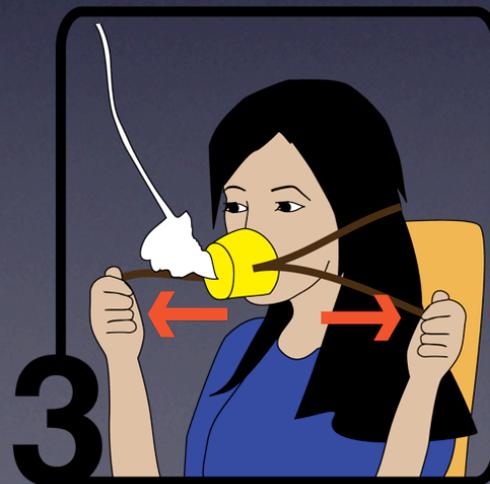
## *Countertransference with 3rd degree games: focus on subsymbolic experience*

Exercise: One person role plays a client, the other listens from the ears down.

1. Observer reports their countertransference. Notice feelings, images, associations.
2. How do these experiences might relate to the client's script.
3. How does the experience relate to your script?

So whose game is it?

# Working with countertransference: Put your own oxygen mask on first.

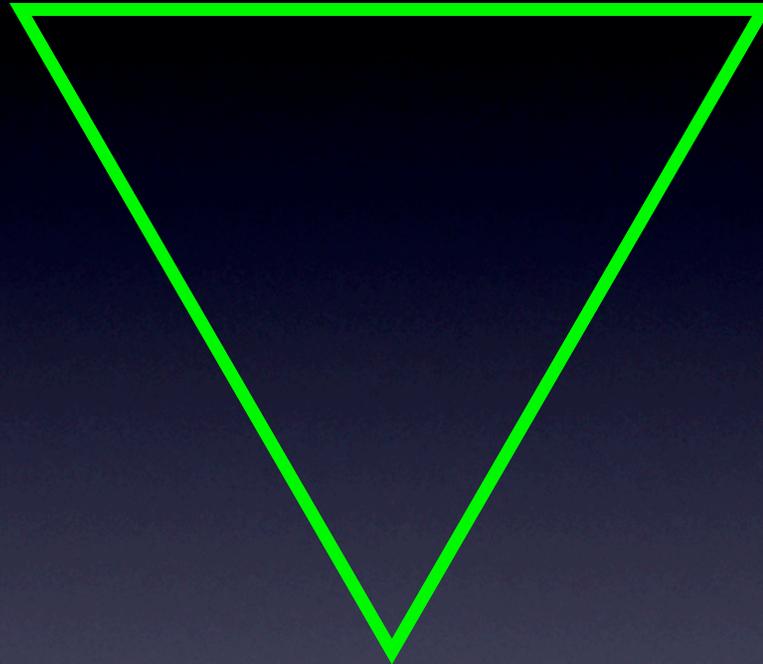


# Resolving Games

- Step 1. Therapist reflects on her own contribution.
- Step 2. Attention to subsymbolic process; feelings, fantasies, discomfort.
- Step 3. Therapist translates the subsymbolic process into language and thought.

Persecutor

Rescuer



Victim

Drama Triangle  
Karpman 1968

# Games create polarity binds:

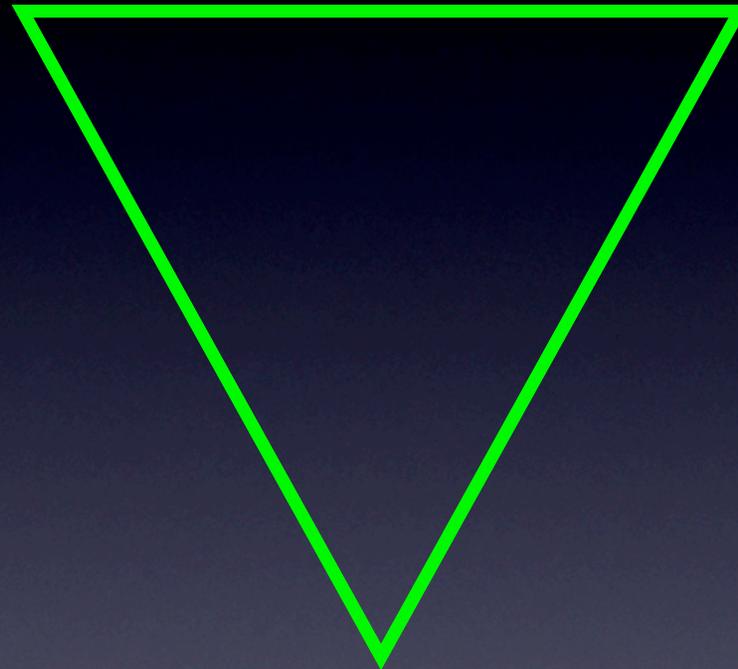
Persecutor - Victim

Rescuer - Victim

Rescuer - Persecutor

Persecutor  
**Assertive**

Rescuer  
**Responsive**



Victim  
**Vulnerable**

Adapted  
from Choy

Exercise:

Might the third position  
offer a way forward?

# Games and Impasses

- Games are played in the absence of internal conflict.
- The roles in a game involve two parts of a whole entity which exists in two minds.
- The aim is to contain both roles in one mind; to increase the client's tolerance for intrapsychic conflict.

# A Relational Approach to Games

The therapist's strongest assets in working with games are;

1. the freedom to experience a broad range of affect,  
and
2. the courage to speak about it.