16

Relational TA: foundations

Background

The relational approach to TA has developed over the last twenty years as an emerging tradition (Cornell and Hargaden, 2005). Hargaden and Sills (2002) describe their own journey to relational therapy as being driven out of recognizing a change in the typical presenting profile of clients and an increase in clients presenting with disorders of the self such as borderline, narcissistic and schizoid structures (Masterson and Lieberman, 2004).

> When Berne first wrote, the common client was putatively an inhibited, rule-bound individual who needed the metaphorical 'solvent' of therapy to loosen the confines of his or her script. As we move into the twenty-first century, the 'typical' client is one who needs not solvent but 'glue'.
>
> (Hargaden and Sills, 2002: 2)

In response to this need, they revisited psychoanalytic concepts and began a process of developing TA models that matched the experience of themselves and their clients and which integrated modern developments in psychoanalysis from the relational and intersubjective movements and from developments in child development theory such as the work of Daniel Stern (Stern, 1985).

Philosophy and approach

The relational approach to TA emphasizes the emergence and analysis of unconscious processes in the therapy. As opposed to more goal-oriented, behavioural forms of TA, relational TA therapists consider the deeper processes of change occur when the therapist and client pay attention to the emergence of these unconscious processes on a moment-to-moment basis in the

dynamics between therapist and client. In line with mounting current research on curative factors in psychotherapy, relational TA therapists champion the therapeutic relationship as being the primary agent for change.

The relational approach to TA also accounts for what the therapist brings to the therapeutic encounter, and the therapist's own script issues and unconscious process. A relational TA therapist will be mindful of their own process and how this impacts the relationship and their client, and will remain receptive to learning more about their own unconscious process in an ongoing and unfolding way. A key principle in relational TA is the idea that the therapist is also changed by the therapeutic encounter. This makes sense when we consider that our own scripts will invariably limit our own ways of relating, and the process of honest, intimate communication characterized by mutuality with our clients will repeatedly push us as therapists to move beyond and outside our own script into new patterns of relating. Stark (2000) beautifully summarizes the relational approach to psychotherapy and the relational perspective on the mechanisms of change:

> In the relational model, it is the negotiation of the relationship and its vicissitudes (a relationship that is continuously evolving as patient and therapist act/react/interact) that constitutes the locus of the therapeutic action. It is what transpires in the here-and-now engagement between patient and therapist that is thought to be transformative . . . [in the relational model] the focus is on the therapist as subject – an authentic subject who uses the self (that is, uses her countertransference) to engage, and to be engaged by, the patient.
>
> (Stark, 2000: xxi–ii)

To use Stark's model, relational TA is a two-person approach.

Another feature of the relational approach is an appreciation of 'the co-construction and multiplicity of meaning' (Hargaden, 2007: 10) that in real terms means 'it is important to learn to play with possibilities and not to get fixed on just one meaning' (Hargaden, 2007: 10). Dialogue and exploration into the

manifestation of relational dialectics in the therapeutic relationship, and how the client manages the core tensions of relational dialectics in other outside relationships is often on the therapeutic agenda in a relational approach. In the original model of relational dialectics the core tensions that exist within any relationship are the apparently contradictory needs of *privacy versus transparency*, *novelty versus predictability* and *autonomy versus connectedness* (Griffin, 2003). It is possible to be simultaneously pulled by both poles of one or more of these dimensions and this conflict and tension can feel disorientating. In any relationship, both persons are influenced by their own ongoing tensions relating to these poles, and the interaction of two people will require they find some kind of balance of managing their interacting core tensions. It could be considered that many script decisions originate in the historical interaction of two people's core tensions, with the more vulnerable person (child) subjugating their needs to the more dominant one (the parent) and developing an implicit set of beliefs and expectations to make sense of this process.

Relational TA is interested not only in how the client replays their script both within and outside the therapy room, but in examining features of the therapeutic relationship that are unique and a product of the interaction of this unique client and this unique therapist. Enhancing the client's relationships in all areas of their life is a central concern in relational therapy.

Key theoretical concepts

Hargaden and Sills (2002) present an alternative model of the third order structure of the Child ego state. One key difference is they diagram the C0 and P0 ego states as overlapping, with the intersection between the two as being the A0 ego state. Their inspiration for this amendment is the work of child development theorist Daniel Stern (Stern, 1985). In Stern's work, the 'self' emerges (Stern calls this the emergent self) from the interaction between the infant and the primary caregiver(s). The self does not develop independently or spontaneously but is entirely shaped by interactional processes. The overlapping of the circles is a play with the visual metaphor of the ego state model to

illustrate this process. The primary caregiver(s) provides an essential affect-regulating function (Stern, 1985) for the infant. For the infant, the source of this affective regulation is not identified as being external to the self, and over time, the regulating function of the other becomes part of the self (as key brain structures such as the orbito-frontal cortex mature). The mutually influencing processes of development, together with a relative lack of differentiation between self and other, mean that at these early stages the self–other boundary is not clear and the qualitative, affective nature of the interaction will become part of the individual's developing sense of self by internalization which is recorded in the early Parent ego states.

Both infant and primary caregiver(s) mutually influence each other, and it is the quality of the relationship which is internalized and recorded in the individual's protocol. The protocol forms the basis of our script and in therapy attention is paid to the interaction of transference and countertransference to shed light on and rework the protocol and its unconscious processes.

17

Relational TA: methods

Methods

The primary therapeutic interventions used in relational TA are empathic transactions (Clark, 1991; Hargaden and Sills, 2002). A revised version of Berne's eight therapeutic operations is offered that provide the basic empathic backdrop for the work. Interpretation is also used; however, empathic and interpretive interventions are primarily used to analyse, explain, highlight and work with the here-and-now processes occurring in the therapy. The relationally oriented therapist will regularly focus on the client's impact upon the therapist, the therapist's impact upon the client, and the here-and-now engagement between them (Stark, 2000).

A relational TA therapist may explore the significance in the therapeutic relationship of parallels in experiences the client reports in other relationships (see bilogical transactions in Point 15). Clients may reveal the hidden or repressed feelings they hold about the therapist but cannot express directly in an indirect, coded manner by discussing events with other people outside the therapy. The therapist invites the client into exploration of whether they hold the same feelings towards the therapist (Hargaden and Sills, 2003; Novellino, 2003; Gill, 1979).

All transactional analysts seek to detoxify the toxic introjects of their clients. With approaches such as redecision TA, the therapist joins the client in fighting back against these introjects, mobilizing Child and Adult energy to challenge these introjects, and possibly decathect significant aspects of the introjects. Relational TA takes a different approach. In relational TA, the therapist considers that it is not enough to simply provide a good, corrective experience, or to engage in analysis or seeking to mobilize forces against these introjects as, even if significant change takes place, the introjects are still there. A relational approach to working with such introjects is to meta-

phorically make space for them to emerge in the therapy via the transference/countertransference matrix. In this instance, the therapist takes on the client's transferential projection of the negative, bad object introjects and re-works them. In this process, relational therapists consider that the existing introject is detoxified and re-worked and the relational conflict that was bound up with the introject is resolved in the relational process.

Critique

Some of the theory of relational TA can be difficult for beginning students to understand, and some of the articles published on the relational approach can be dense and heavy in their use of advanced and psychoanalytic concepts, and also light on practical recommendations which those who are interested in developing their work in this way can use readily. Hargaden and Sills' (2002) book is, however, full of practical advice and narrative to explain and illustrate the theory discussed. Not all relational therapy is psychodynamic in origin; Summers and Tudor (2000) developed co-creative TA, a relational therapy which is not psychodynamically based but is based on present-centred approaches, such as gestalt therapy. Critics of the relational approach believe the often complex language of relational TA is contrary to the spirit of TA. However, relational TA therapists argue in response that some processes are not simple to understand or describe, and that the language used reflects the complexity of these phenomena and greater refinement in our understanding.