

# Nurturing an Integrating 'Adult' in Integrative Psychotherapy

*Linda Finlay*

## **Abstract:**

A goal of transactional analytic psychotherapy is to 'strengthen the Adult': to develop a thinking, analytical part of Self that can manage overwhelming, problematic emotions. However, this understanding misses the layered complexity of what the Adult ego state offers and can also promote an unhelpful dissociation in the client which counters the essence and intention of Integrative Psychotherapy. In this article, I offer a way of conceptualising work with the Adult ego state as nurturing a client's *Integrating Adult* – the cohesive, 'grown-up' part of our *thinking-feeling-experiencing* Self in the here-and-now, free of contaminations from old Parent and Child scripts. The article opens with an explicitly theoretical exploration of the TA concept of 'Adult.' In the second, applied section, I explore how we might work with the Adult ego state in our Integrative Psychotherapy work via three processes: decontaminating the Adult from Parent prejudices; deconfusing the Child; and nourishing the integrating Adult. The final section offers a case study illustration focused on nurturing a client's Integrating Adult.

**Key words:** integrative psychotherapy; transactional analysis; 'Integrating Adult'; relational psychotherapy

---

## **Introduction**

In Integrative Psychotherapy, we sometimes aim to develop a client's analytical abilities to help them manage overwhelming, problematic emotions. Integrative therapists who draw on transactional analysis (TA), may conceptualise this process as 'strengthening the Adult'. (Therapists oriented more towards Cognitive

Behavioural Therapy may similarly works with engaging the ‘thinking’ of clients though explain it differently). However, this understanding, which arises from the functional TA model (Joines, 1976; Oller-Vallejo, 1997), represents how the TA field moved into taking more of a reductionist cognitive-behavioural approach rather than an in-depth response to developmental trauma and neglect. Focusing unduly on the client’s ‘thinking’ misses the layered complexity of what the Adult ego state potentially offers. Namely, it misses the idea of a feeling-thinking-experiencing Adult. It also seems to enshrine and promote the growing of a Self that is disconnected and dissociated – the precise opposite of what we are trying to achieve as Integrative Psychotherapists.

In this paper, I would like to argue that a better way of conceptualising our integrative therapy work with the Adult ego state is to see ourselves as nurturing a client’s *Integrating Adult*. Here I follow Erskine (1988, 1991) and support conceptual and structural TA models which consider the Adult to be the part of us in contact with *present* reality while Parent and Child are in contact with the past.

In Integrative Psychotherapy, we aim to bring about a client’s integration by working with them holistically, thereby enabling them to hold polarities and make meaningful connections with previously disowned parts of Self (Erskine & Moursund, 1988; Erskine, 2015). We facilitate self-awareness, self-compassion and insight towards helping the client to feel more comfortable with their own Self (or parts thereof) and with others. We can understand this process as one where an Integrating Adult ego state is nurtured towards greater integration. With the (continually evolving) Integrating Adult more to the fore in the executive, clients are better able to problem-solve in the here-and-now, respond to life situations more effectively and access greater choice when making decisions.

The first part of this article is explicitly theoretical. It clarifies the TA concept of ‘Adult’ following Berne’s (1961/1986) original conceptual model where he posited the notion of the Adult ego state as coming from a more autonomous, integrated place involving feeling, attitudes and behaviour. Here the person is shown to have a growing capacity for awareness, spontaneity and intimacy. More than simply being a theoretical concept, the Adult (like the other ego states) is accepted as a ‘phenomenological reality’. In the second, applied section, I explore the nature of our Integrative Psychotherapy process when we work with a client’s Adult via decommissioning the Parent, deconfusing the Child ego states and nourishing the integrating Adult (Erskine, 2015). The third section offers a case study illustration of therapy based on strengthening the client’s Integrating Adult. Throughout this paper, I follow the TA convention of capitalizing the first letter of the ego states to distinguish these from the usual use of the terms parent, adult, child (Berne, 1961/1986).

## Clarifying what is meant by 'Adult'

Transactional analysis (TA) theory is frequently reduced to simplistic soundbites, with the Adult ego state caricatured as a logically minded, rational controller who, devoid of feelings, acts like Spock in Star Trek. A better way to conceptualise the ideal Adult ego state might be as a cohesive, 'grown-up' part of our *thinking-feeling-experiencing* Self, free of contaminations from old Parent and Child scripts (Stewart & Joines, 1987).

In Berne's (1961/1986) original terms, the Parent ego state is seen to include the feelings, attitudes and behaviours resembling past parental/authority figures; the Child ego state is made up of relics of the individual's own childhood. In contrast, the Adult ego state arises in a biologically mature person who functions as an adult intellectually and in emotional responsiveness. In Adult, we are able to act on our values and moderate our ability to draw on resources available in the environment. The ideal Adult ego state comes from an integrated, freed-up place that holds awareness of different parts of our selves/ego states. Here, the feelings/thoughts/behaviours of the Parent, Adult and Child are taken into account (Berne, 1961/1986; 1964). This Adult works out how to 'be' in the *here-and-now* while remaining aware of how the Child ego state might attempt to satisfy its needs and/or acknowledging that the Parent says what 'should' be done. Importantly, this Adult ego – along with Child and Parent - gets continually updated moment by moment (Clarkson, 1992).

In other words, the TA Adult includes our grown-up thoughts *and* feelings. It consists of age-related cognitive and emotional elements along with behaviours, moral reasoning, attitudes, curiosity, ability to be creative or productive, being in loving contact with others, and so forth. Our Adult symbolises that part which offers us grown up resources to think-feel, analyse, evaluate, make decisions and systematically work through problems. Head and heart are connected; the Adult is not a dissociated, data-processing 'computer,' as portrayed in other variations of TA theory (e.g. in simpler behavioural versions of the functional model in contrast to the conceptual and subsequent structural models which are more phenomenological in focus).

Another common misunderstanding is to see emotional reactions as located solely in Parent or Child. Arguing against this idea, Lapworth, Sills and Fish (1993) give the example of how an Adult response to the death of a friend involves despair, sadness, anger, existential questioning – all possibly Adult responses to the

present reality of bereavement (though they may also involve regression to Child responses or activation of Parent responses). As another example, consider the sexual/intimate feelings and behaviour we experience as adults. These are necessary, normal, wholesome feelings, attitudes and ways of being that have evolved throughout our lifespan and can now be found in the Adult ego (though again sometimes they may be contaminated by negative, defensive aspects of fixated Child or introjected Parent injunctions from the past). Ideally, with the Integrating Adult to the fore, a playful, curious, joyous, childlike way of being can emerge that is not engaging in game-playing and is unafraid of earlier restrictive socialising processes (Harris, 1970).

To show the working of this Adult ego state, consider how as children we may have thrown a tantrum when things didn't go our way. As we grew up, we learned to negotiate, assert ourselves and/or accept provoking situations more gracefully. The Adult in us might now see the humour in the possibility of having the longed-for tantrum while recognising that other options are likely to be more productive. Here, the Child and Parent ego states are, in a sense, updated ('redecided') towards determining what is a safe way of expressing feelings. The old information and reactions are stored away and decontaminated, allowing new choices to be made as the need to throw a tantrum diminishes in intensity.

In the Integrative Psychotherapy field, Erskine (1988, 1991, 2015) has explored the concept of an integrating Adult, building on Berne's (1961/1986) original conceptual model and definition of the Adult ego state as "autonomous" (i.e. uncontaminated by Child and Parent ego states but clearly aware of one's history). Erskine explains the integrating Adult as one who has assimilated both archeopsychic (experiencing Child) and extereopsychic (introjected Parent) experiences and is not controlled by relics and defence mechanisms of the past. In other words, the Adult ego is in contact with current reality while Parent and Child are in contact with the past.

In Summers' & Tudor's (2005) co-creative model of TA, the '*integrative*' Adult is described as a way of being that is in contact with Self and others. It is seen as resourceful, creative, curious, and responsive, with awareness of how less helpful choices and responses arise from compulsive Parent or Child ways of being. The integrative Adult is able to prevent the replaying of negative self-dialogues and automatic scripts replacing them with more positive, choiceful alternatives.

Extending these ideas, Žvelc (2010) suggests the term 'healthy relational schemas' (cognitive structures we use to organize meaning) to describe this internal regulation and feeling of safety and calm. He acknowledges that the concept of integrating Adult is much broader than this but notes that our experience

of the present moment depends on relational schemas. For him, the integrating Adult involves a continuing process of restructuring of relational schemas which themselves are based on – if not controlled by - experiences with others from both the past and present.

One critical debate at stake is whether or not Parent and Child are viewed as having positive potential and are open to being changed such that these ego states could be considered in contact with the present reality (like the Adult). Different theorists take different views. Even Berne himself offered contradictory messages (Oller-Vallejo, 1997). I follow Erskine's (1988, 1991, 2015) view that it is the *positive* aspects of Parent and Child that get incorporated into the Adult *as part of the integrative process*. In other words, when internal conflicts and problematic, defensive aspects of introjected Parent and fixated Child are resolved, they can be integrated into Adult. Other authors (e.g. Novey et al, 1993; Gouldings, 1979) would argue more for the positive as well as negative use of Parent and Child ego states. The aim with their various models is not to subsume the Parent and Child ego states into one (Adult) ego. Child and Parent ego states are preserved as distinct parts with specific adaptive functions.

Summers (2011, p.64) has since added a further level of complexity by arguing for a dynamic Adult with integrating, disintegrating **and** non-integrating capacities:

I think it is important to account for experiences, relational or otherwise, that we hold as some unintegrated fragments but are not defensively organized. In the ongoing process of lifelong learning we hold many fragments of experience (ideas, feelings, images) at different levels (conscious/pre-conscious/nonconscious) that we may or not be able to integrate but we are nonetheless able to tolerate the fragmentation, not-knowing, and uncertainty.

In summary, the application of this theory, as delineated by the authors and theorists noted thus far, suggests that a core aim of therapy is to enable the development of a stronger, less contaminated, more autonomous, integrating Adult. The integrative function displayed by this ego state is to mindfully 'own' the disparate parts of Self and to mediate between their contradictory needs and values. The three different sources of experiential information are integrated: 1) what is occurring in the present moment, both within the Self and outside (interpersonally in a particular context); 2) past experiences and subsequent learning about behaviour, effects and consequences; 3) the values and influences from significant others (parents, spouse, friends, therapists and so on). In short, the processing of the Adult ego (as with the Child and Parent ego states) involves temporally layered, multidirectional awareness and responsiveness.

In the next section, I emphasise the practice of bringing parts of self explicitly to the fore and suggest ways in which therapists might nurture a client's Integrating Adult: the 'grown-up' part of the thinking-feeling-experiencing self that is in the here and now, relatively free from contamination by Parent and/or Child.

### **'Strengthening the Adult' in therapy**

Sometimes a client's Child or Parent ego state can dominate or overwhelm that person's way of being. For instance, fuelled by their Child ego state, the client might be emotionally overly reactive, with little capacity to analyse a situation before responding. In extreme cases, it can be hard to detect the presence of any Adult thinking and/or feeling. Alternatively, a client might be overly repressed/oppressed and oppressive to others, indicating in turn, dominant critical injunctions from the Parent ego state. This Parent ego may also represent the actual parent's own vulnerability where their Adult is similarly driven by Parent or Child needs – a dynamic that may be replicated in a trans-generational field. (This historical focus which considers personality development over time is explicated by what is known as a second-order structural model of TA - Stewart & Joines, 1987).

At a less extreme level, we may find Child or Parent ways of being leaking into the client's Adult ego. If, out of the client's awareness, unhelpful Child neediness and/or Parent judgements creep into Adult reasoning, we say the Adult is 'contaminated' by Child or Parent (Berne, 1986; Clarkson, 1992). For instance, the view that "I can't write academic essays" may be spoken from Child or Parent shame, while "We'll be happy once we have a baby" could be said to indicate Child '*magical thinking*.' Similarly, it is possible that apparently 'rational' statements such as "immigrants can't be trusted" or "I have to support the Islamic State as I believe in Islam" may contain some Parent prejudice and Child fear. As the client grew up, perhaps with little experience to go by, they may have believed these various social (and perhaps inter-generational) messages, which they now see as 'fact.' In these ways, childhood situations are mistaken for grown-up reality (Stewart & Joines, 1987).

Given the way the Adult mediates between Child needs and Parent demands, reinforcing and strengthening the client's Adult ego is useful as a central therapeutic strategy for Integrative Psychotherapists. Here the boundaries between the ego states are clarified, including separating the Adult from introjected Parent and/or archaic Child ego states. The goal is to facilitate and empower the

person to engage their Adult ego state mindfully, in the here and now, so that the person can choose to employ the positive aspects of whatever way of being is most appropriate to any given situation. But how exactly do we help clients achieve this?

Following Berne (1961/1986) and others, I find it useful to think of a three-pronged (often sequential) approach: 1) decontaminating the Adult from Parent prejudices; 2) deconfusing the Child ego state; and 3) nourishing the Integrating Adult. (See figure 1).

In his integrative approach to TA, Erskine (1991; 2015) presents a similar three-pronged strategy: i. Amending or decommissioning the extereopsychic (i.e. Parent) ego states to resolve internal conflicts; ii. deconfusing the archaeopsychic (i.e. Child) ego states and relaxing fixed archaic defenses; iii. Facilitating the integration of life experience into a neopsychic (i.e. Adult) ego. Taking a more psychodynamic line, Hargaden and Sills (2002) build on Menaker's (1995) work by presenting three categories of transference: projective, introjective and transformational. In contrast to Erskine's work, the latter transference relates more to working with projective identifications than with those of the neopsyche.

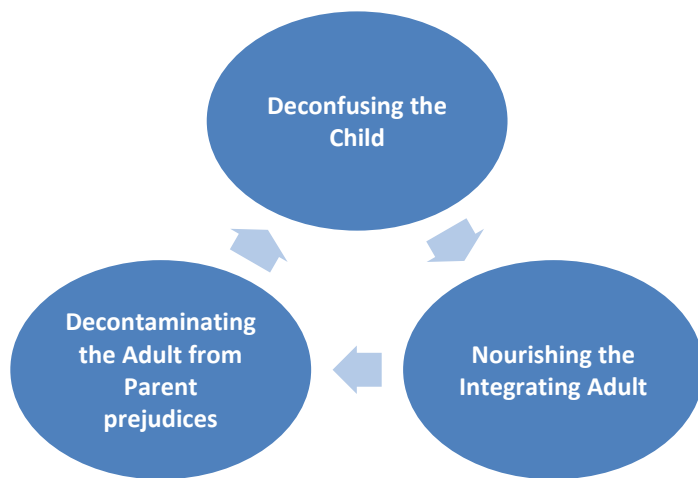


Figure 1. Three ways to work with the Adult ego state

## Decontaminating the Adult from Parent prejudices

The process of 'decontaminating' the Adult involves awareness-raising designed to minimise intrusion by critical injunctions and restraining parental scripts. Therapists often play a significant role in cleaning up and strengthening any indistinct or fragile boundaries, for instance when giving clients permission to think, feel and behave in ways that counter archaic messages.

When decontaminating the Adult, the therapist's own Adult probes and challenges the client's so-called Adult beliefs, helping the client to be reflexive (i.e. critically self-aware) and recognise any distorted thinking. A valuable opportunity for some decontaminating arises when a client expresses that they are "Sorry about crying" or that "Therapy is self-indulgent." In response, the therapist could explore where such views come from (perhaps the client's parent modelled never crying or they belittled vulnerability) and probe what meanings are carried (e.g. the client considers themselves "weak" or "selfish"). Further exploration may even expose a 'double contamination' (Stewart & Joines, 1987) where the client re-plays a Parental slogan (e.g. "boys don't cry") confirming it with a Child belief ("I'm weak to cry").

Therapists often highlight those more negative or persecutory Parent messages apparent in clients who habitually put themselves down in shame and self-loathing. For instance, I talk with clients about "turning down the volume" of those critical voices or "getting a distance" from them. This invites their Adult to take action towards decommissioning toxic components. It's also an implicit invitation to adopt a more compassionate attitude towards Self (and others) - an attitude likely to move the client out of defensive versions of Parent or Child and into a here-and-now mindful Adult more quickly.

Beyond critical injunctions, the Parent can over-dominate in other ways which reveals further complexities of the Parent ego state such as acknowledging the role of the 'Parent in the Child' or the 'Child in the Parent' (Stewart & Joines, 1987). For instance, when discussing a client's interactions with her baby, it may become apparent that the client is parenting from the 'Parent in her Child' (e.g. treating the baby like a doll, alternating between showering it with love and damaging it in frustration). As a different example, the 'Child in the Parent' might come out in learned (childlike) beliefs such as "Alcohol helps; I need it to dull my pain." This way of living might have been introjected by the child who may, without awareness, follow the script of the parent by drinking to excess when faced with emotionally difficult times in their life.



In their integrative version of therapy taking a relational psychodynamic approach to TA, Hargaden & Sills (2002) see the decontamination of archaic messages occurring transferentially. While *social level* transactions between client and therapist (as described above) take place from Adult to Adult, *ulterior levels* of transactions also take place between the therapist's Adult and the client's Child. Through 'empathic explanations', the therapist helps the client's Adult understand connections between the client's ego states. At the same time, a nourishing relationship is being developed, one in which (for example) a client may learn that deepest Child wants/needs can be met in relationship, rendering obsolete repetitions of the client's Parent or Child 'self-management' process. This view of the therapy process is also supported by the integrative psychotherapy work of Erskine & Moursund (1988).

Tudor (2003, 2011) places less emphasis on the unconscious and transference, arguing that it is not necessary to work in the client's past. Instead he sees the therapist's role is to help the client expand their neo-psyche (integrating Adult) functioning. He recommends doing this relationally, through Adult-Adult transactions in the present (where, phenomenologically speaking, past and future also reside). Where ruptures occur, perhaps inevitably, both therapist and client have an opportunity to reflexively process how Parent/Child dynamics have been co-created. The focus is not so much on specific ego states but on how "relational possibilities are being co-created on a moment to moment basis" (2011, p.329).

### **Deconfusion of the Child ego state**

In '*Transactional Analysis in Psychotherapy*', Berne stated that "the ultimate aim of transactional analysis is structural readjustment and reorganization ... Reorganization generally features reclamation of the Child, with emendation or replacement of the Parent. Following this dynamic phase of reorganization, there is a secondary analytic phase which is an attempt to deconfuse the Child" (1961, p. 224). Most of Berne's descriptions of psychotherapy emphasise his first phase, the decontamination of the Adult ego from Child or Parent ego states to develop a thinking/analytical part of self that can manage problematic emotions. The second stage of deconfusion is usually engaged in longer-term relational work.

Deconfusion involves working through the contaminations emotionally as well as cognitively. It takes a more explicitly developmental focus, where therapy involves clarifying and exploring the unmet needs and longings of the Child, along with some 're-parenting' (Clarkson, 1992). During this process, the therapist attunes to

the developmental level of the Child by acknowledging, mirroring, validating and normalising. It's about witnessing the Child's experience and helping to find the Child's voice. Deconfusion facilitates the Adult ego's integration of physiology, affect, and cognition such that behaviour is by choice (given the current context) rather than being stimulated by archaic fear or compulsion (Erskine, 2015).

While decontamination work with the Adult is largely cognitive, work on Child deconfusion is fundamentally relational and transference (Hargaden & Sills, 2002). With deconfusion work the transference dynamic is just often more figural and explicit. (This is not to deny that transference dynamics are also likely to be present when working with the client's Adult or Parent ego states. With decontamination work, transference may still present – for instance, when a client projects onto the therapist that they think the client is “mad”).

During deconfusion, unsatisfied Child needs may be projected onto the therapist. This occurs when the therapist is experienced by the client as the source of possible satisfaction of the need (positive transference) and also its frustration (negative transference) (Erskine, 1991). Through this transference 're-parenting' relationship, the client can be supported to regress, allowing both therapist and client to re-examine old patterns and access old wounds towards the goal of healing them. Hargaden & Sills (2002) discuss the value of 'holding' the client's Child when 1) the client is regressed to being totally dependent; 2) anything other than affirming empathic mirroring would be experienced as persecutory; and 3) the client connects with their Critical Parent in rage and hatred, against either themselves or the therapist.

Trautmann (1985, p.190) describes the process with reference to the level of childhood fixation and quality of attachment to parental figures:

Therapy is effective when the internal Parental influence or dialogue is externalized (transferred), allowing for the resolution of childhood impasses and traumas, and the emergence of a stronger, uncontaminated, more integrated Adult. The specific approach used to effect this resolution depends on the level of childhood fixation: the more symbiotic the Child, the more actively the therapist needs to take on the transference relationship.

An implicit goal of the deconfusion process is to receive care and compassion from another person in a way that is therapeutic and also to enhance the client's Adult so they can give themselves the care and compassion their confused Child part yearns for. This enables a nurturing, self-compassionate way of being to emerge which engages a positive self-parenting process (differentiated from dysfunctional

self-parenting which children evolve in the absence of adequate parenting). Healing is achieved over time partly as the client internalises the therapist's empathy and compassion and as they perhaps grow a new more nurturing Adult (as opposed to an archaic Nurturing Parent) modelled on the therapist's nurturing.

Hargaden and Sills (2002) call this internalising of the healing relationship 'introjective transference'. They argue that it is only when the therapist is willing to enter into, and be impacted by, the transference relationship with the client that deconfusion can take place. In the introjective countertransference, the therapist is called to enter a symbiosis with the client in order to meet their archaic Child needs. Here, the therapist is somewhat objectified and used towards meeting the client's narcissistic needs; they are there to listen, attune, soothe and contain, rather than intrusively insert their own presence (which would be Child to Child competition or Parent to Child demand). Such an approach draws on Kohut's (1971) self-object theory and highlights how the Child's psychological strivings for mirroring, idealization and twinship are met by the therapist's counter-transference response which evolves from soothing/attuning to handling grandiose expectations and then finally to allowing exploration of sameness and individuation.

The complication in this therapy process comes when the therapist employs their own 'Nurturing Parent' (which involves parental introjects and possibly unmet Child needs) rather than parenting healthily from an Integrating Adult. Here for example, the therapist might overwhelm or smother the client with care reinforcing therapist Parent interactions which may promote unhelpful power dimensions and dependency. If a therapist sees a client needs reassurance, a more helpful Adult response might be to encourage the client to find their own self-compassion and nurturing, i.e. encouraging the development of the client's own internal resources. Here the therapist strives to be present with and for the client, respecting, supporting and loving them for who they are and celebrating their personal development from an Integrating Adult ego (Erskine, 2013). There is room to be creative in the therapeutic process engaging a therapist's nurturing side or childlike spontaneity but the Adult needs to take the lead. Utilising a Parent ego state when working with a client - without Adult monitoring - may mean the therapist is under influence of their own needs and/or non-integrated 'borrowed' ego states originating from their past (Clarkson, 1992).

### **Nourishing the Integrating Adult**

The process of nourishing the Integrating Adult aims to strengthen and expand the client's Adult capacity to experience and manage feelings/needs in the present moment in a cohesive, balanced way. In this more connected place, previously repressed or disowned feelings, needs or desires are reduced, along with the compulsion to use Parent and Child defenses at times of stress. Contact with the Adult is important to clarify the client's life choices/goals. Such contact also serves as an observing ally when working with the Child or Parent (Erskine, 1991).

In Integrative Psychotherapy, we can facilitate this growth in four main ways. The first is through **raising awareness**. Secondly, we have a role to play in helping the client **explore and enjoy their Adult**. On this basis, we can then encourage the client to **engage relationally** (and compassionately) **with the different parts** of themselves. The final layer of healing comes when, with our support, our client can **reconnect more positively** with their parents, wider family and cultural heritage.

### **Awareness-raising**

In therapy, perhaps the most important thing we offer beyond the therapeutic relationship is space for the client to cultivate self-awareness. Here, sharing basic TA theory (which is relatively accessible) with clients can be particularly helpful, enabling them to notice and understand their responses and perhaps choose to act differently.

The key to raising a client's self-awareness is helping them recognise those times when they may be responding compulsively, from Parent or Child, in damaging or limiting ways. Reflexively knowing from which ego state a feeling/behaviour may be coming may be sufficient for the client to interrupt their more defensive Parent or Child response. This decontamination work then allows more mindful choices about how to handle the situation from Adult. For instance, a person might be helped to become more aware of their retroflected anger and how they are protectively loyal to an abusive parent (Adapted Child response). Moving into Adult allows them to see more of the 'reality' of their situation.

To this end, Summers & Tudor (2005) – drawing directly on Berne's (1961/1986) original work on diagnosing ego states - recommend offering the client four clues to help them identify which ego state they (or others) may be using at any particular time:

- Behavioural – are you behaving in a parental or child-like way? For example, are you “telling someone off” (Parent) or “sulking” (Child)?

- Social – are others around you behaving in a complementary fashion? If others are being child-like, this might indicate that you are operating from a Parent ego state.
- Historical – does your attitude or behaviour remind you of one of your parent figures, or yourself when you were younger?
- Felt Sense – do you “feel” as if you are one of your parent figures, or as if you are younger than you actually are? (2005, p.4)

Good therapy questions tap into here and now experiencing and awareness: “What part of you is talking now?” or “How are you experiencing this in your body?” or “What does that mean to you?” With this kind of *phenomenological inquiry* (Erskine, 1993) the therapist shows a genuine interest in the client’s subjective experience and meanings. Such interventions help the client recognise the current and archaic feelings, thoughts, and behavioural impulses arising from different subjectivities and ego positions. They can then begin to make sense of their needs and relational patterns, and will find themselves better placed to be less impulsively reactive and more choice-full.

Taking a linked but different line, Žvelc (2010) ties TA to mindfulness and schema theory. He proposes a ‘mindful Adult ego state’ to describe a state of presence and self-acceptance in the here and now present moment. Such a mindful state, he argues, provides a helpful third person perspective on experiencing. In the mindful Adult, the person accepts whatever experience arises without judgment enabling them to dis-embed from enacting relational schemas. Thoughts and feelings simply become passing objects and in a ‘being’ rather than ‘doing’ (i.e. problem-solving) Adult mode. This is the attitude he recommends towards our integrative project.

### **Exploring and enjoying the Adult**

In practice, we invite the client’s Adult to be present by being ‘in Adult’ ourselves. If we want to nurture a client’s Adult, we need to be aware of (and try to resist) invitations to respond from our own Parent or Child place. If we respond to the Child of a hurt, vulnerable client from an overly controlling or nurturing Parent position, then we shouldn’t be surprised if their Child gets activated. If nurturing or containment is needed by a traumatised or acting out client then the therapist’s loving, attuned, present Integrating Adult needs to take the lead.

Revelling in Adult to Adult transactions can prove nourishing for both client and therapist. Here both might have stimulating intellectual debate or humorous

exchanges – perhaps about the games we play when dealing with recalcitrant children, difficult partners or uncooperative computer technology. Affirming when Adult to Adult interactions are happening between therapist and client can help both parties savour the satisfaction of this growth. This then might encourage Adult transactions to be repeated by the client in other areas of their life.

Of course, it is important for the therapist not to flee into a disconnected way of being by holding onto theory and knowingness in defence against vulnerability. Our Adult-Adult use of thinking and meaning-making with our client needs to be done as a tentative, emergent, relational exploration (Rowland, 2016).

As Summers & Tudor helpfully note, it is possible to be in Adult while behaving in a parent or child-like (rather than in Parent/Child) way because it is appropriate and/or simply fun. Alternatively, drawing on more relational psychoanalytic versions of TA, we might note a simultaneous ulterior transaction between the therapist's nurturing Adult and client's Child in an idealising transference or between therapist's playful Adult and client's Child in twinship transference.

The point is for the client to recognise they have choices. Can they be curious about themselves, others and life in general? Can they celebrate, and be excited by, the different possibilities that being in Adult opens up?

When in Adult “flow” we will naturally explore and expand our range of being and relating because we are curious about ourselves, others and life. We will invent and test new possibilities, expanding our relational, emotional, intellectual or technical capacities. (Summers & Tudor, 2005, p.5)

### **Engaging relationally with different parts of Self**

Perhaps the most important step in Integrative Psychotherapy is to work strategically with parts of Self to help the client come into contact with their different parts, rather than denying or disowning them (Erskine, 2015). Facilitating the person to be in relationship with their different parts helps to strengthen their sense of identity.

The process of learning to attend mindfully and reflexively to Child needs can also be healing. It involves the emergence of self-love and compassion, realised in part by internalising the therapist's love and compassion. At a theoretical level, we might see this as the strengthening the nurturing aspects of the Adult in the here and now (rather than reinforcing a Nurturing Parent ego state based on

introjections from the past). The significant shift is the move into a growing (and growth-full) Integrating Adult who reflexively understands the needs of different parts (and of the whole) and then finds ways to handle these.

In the following passage a client (Steven) talks about his growth in therapy, in a letter written to his therapist, by showing how his emerging 'Adult Me' cares for 'Little Me':

Little by little I feel a bit more grown-up, the person opposite me is talking to me as if I am capable, intelligent and as if I have a future. This is music to Little Me's ears, and Little Me decides to sit still for short periods of time and trust that things are being taken care of. There is an adult in the room that I can trust and the adult is me.

My thinking is more rational, forgiving and strong; part of me is able to recognise that Little Me is afraid of that thing over there in the shadows and offers the Little Me some comfort in kind words, hugs and compassion. The uninvited guest starts to feel less like a terrifying stranger and its presence is acknowledged...I tell myself that I'm safe and try sleeping with the light off. I deserve a good night's sleep – and I get one 😊. I trust Adult Me to take care of Little Me.

I recognise, through the eyes of the person sitting opposite me, that my circumstances were not normal and in witnessing this I am able to forgive and understand the little me. I am responsible but I am not to blame. I am not inferior or unlovable – it is not me that is lacking but my environment. I know this intellectually *and* emotionally (Finlay, 2016, p.133).

### **Helping the client reclaim their heritage**

Elsewhere (Finlay, 2016), I discuss the multi-dimensional nature of our therapeutic focus related to integration at intra-psychic, body-mind, relational-social and transpersonal levels. The two latter arenas of integration are specifically addressed when working with clients who are seeking to reclaim their heritage. With the integrative project being to encourage the owning of unknown and disowned parts, our broader family, community and cultural heritage must be a part of that process, beyond any intrapsychic awareness-raising. Is there space for the client to claim any positive aspects – both of their legacy and current social location?

Hargaden and Sills (2002) suggest that another dynamic is involved in the latter stage of therapy work, particularly where deep transference deconfusion work has

been engaged. This involves the therapist grasping the opportunity to give the client's 'parent' back to the client, enabling the latter to re-engage with their parents in more realistic, appreciative or – if possible - compassionate ways. More than this, the process also allows them to re-claim their heritage, whether in the form of community, culture, or intergenerational linkages. Hargaden and Sills (2002, p.162) explain it thus:

The therapist has allowed herself to be used, to help build the client's self and self-esteem, to help him free himself from the bonds of stale patterns of relating. In some cases, she has allowed herself to become central to the client, to be idealized, negated, twinned with. At a certain point, however, she needs to become ordinary again and step back in order to encourage the client to rebond with the familiar and cultural identity that is his rightful inheritance.

They contrast survivors of abuse who have been too hurt by a crazy parent to allow themselves to forgive with those who have come to proudly own their rich cultural and inter-generational heritage. Even where the client ends up in acceptance that reconciliation with an abusive parent is impossible, there may be other familial gifts that can be appreciated and claimed. To give some examples, a client might acknowledge that their love of books or their musicality or their healthy constitution comes from a problematic parent.

Therapists play a part in enabling wider integrative linkage when they show some respect and/or compassion for the specific parents involved. I have witnessed the extraordinarily healing and transformative results achieved by the use of a *Parent Interview* (McNeel, 1976; Erskine & Moursund, 1988; Zaletel, Potočnik & Jalen, 2012; Finlay & Evans, 2016). Here the therapist offers therapy to the internalised parent (Parent) to help decommission toxic components of the 'Child in the Parent' or the 'Parent in the Child'. The aim is to help the client externalise their internal family experience and see this as separate from themselves. To give an example, a client might become aware of carrying a parent's shame – shame that perhaps they don't need to carry themselves. Whichever way the process is understood, clients who have been on the receiving end of therapy with their Parent ego state often recognise and talk about the increased compassion they feel for their parent.

The broader integrative linkage can also occur through the therapist showing a genuine interest in the client's background and cultural history. Games/scripts and ways of being can be passed down through the generations and it can help to recognise these in the client's historical-cultural matrix (Berne, 1964). Beyond intrapsychic function, it's also about making links between the influence of a person's history/culture and their ever-changing present. The challenge for us as



therapists is to remember that the Integrating Adult may look very different for someone from a different background and culture to ourselves.

Awareness of inter-generational trauma, as well as the richness of cultural heritage, can also enable new perspectives and renewed healing. Here active role-play, enactments or ritual ceremonies (as seen in the fields of gestalt and drama therapy) offer the opportunity to symbolically complete unfinished business. As the trauma is being worked through, Adult observation skills are called upon to mark the here-and-now: to distinguish today from traumatic times in the past when clients weren't safe. Clients come to view traumatic past experiences as something that happened to them (or to previous generations) *then* and as not representing who they are *now*.

There are many different forms of therapy which tap these areas of intergenerational trauma. Focusing-oriented therapy (FOT) for complex trauma, pioneered by Shirley Turcotte, is one example. Drawing on her own Canadian Aboriginal heritage, Turcotte has evolved ways of using the phenomenological approach of Focusing on bodily felt sense to engage: intergenerational/vicarious trauma; reclaim identity; and do de-colonization work (See: [http://www.focusing.org/newsletter/sep2009/sep\\_2009\\_newsletter.pdf](http://www.focusing.org/newsletter/sep2009/sep_2009_newsletter.pdf))

Another route is the field of therapy known as family *Constellations*, which seeks to reveal underlying familial bonds and forces carried unconsciously over generations. Also called Systemic Constellations, this approach aims to uncover systemic dynamics that span generations while still working at an individual level.

When a family constellation is set up, the facilitator invites a client to select different representatives from the group for their family. These representatives are then placed by the client (silently and intuitively) in particular positions reflecting a living family tree. Then the work of new positioning and dialoguing begins, for instance, the facilitator might ask constellation members what they are feeling. New insights and a more complete picture of the family system begins to emerge and can be worked through (Manne 2009).

### **Case illustration**

When she first came into therapy, Marnie was in her mid-40s. She held a responsible position in the legal department of a successful commercial firm and presented as highly professional if somewhat cold, controlled and dissociated – an exterior which masked much inner turmoil.

The fact that she never qualified as a solicitor had left Marnie feeling she was a “failure.” She gave up her promising law degree when she became pregnant and her husband “insisted” she give up work. When her son was 14, she left her husband (and their problematic marriage) to move to a different part of the country and pursue her career. Her son chose to stay with his father (and the extended family) and to be near his school friends.

Marnie’s childhood was scarred by her toxic, mentally unstable, violent father who routinely found fault with her. Marnie’s mother – a kinder, gentler woman – died when she was six years old, leaving her to deal alone with her persecutory and aggressive father. To survive, Marnie learned to be confluent with her father’s views; she accepted she was a “bad” child who failed at everything and always did things the wrong way. When she first came into therapy she was racked with guilt about being a “rubbish” mother for leaving her son to pursue her own “selfish” ends. Shame was her constant companion and she would frequently beat herself up for being “hopeless” and “unworthy.”

### **Decontaminating the Adult ego state**

In the early stages of our therapy, I experienced receiving numerous projections. Marnie seemed to expect a judging, critical eye while she simultaneously hungered for positive validation and a loving gaze. At one point, we had a little rupture when I clumsily stated my view that Marnie had been physically and emotionally “abused” by her father. Marnie immediately denied this saying she had had a “normal” father and childhood and that *she* was the problem. She then accused me of “making” her feel shame.

This was the first of several mini-ruptures where I had to own my part in objectifying Marnie. Frustrated with her compulsive shame/guilt responses, as well as angry with this vicious father, I was feeling stuck as a therapist. Shame was in the room for both of us. I realised belatedly that I had betrayed Marnie, just like her father had done, by not staying with her experience. Our work needed to go much more slowly. Rather than being defensive or blaming Marnie for our mutual helplessness (which would be working from Child or Parent), I took the opportunity to apologise to Marnie (in Adult) and confirm that she was right. That moment of acknowledging the sequence of injury, my remorse and her forgiveness allowed her to contact her felt sense of betrayal in life and brought us closer in our relationship. It also helped us be more present and authentic in future challenges to one another. I tried to stay with my compassion for ‘Little Marnie’ rather than my frustration with Marnie’s Parent ego state which is filled with criticism of Marnie. In other words, I had to turn

down the volume of my own critical thoughts (being mindful of my own tendency to criticise) and marshal my nurturing Adult therapist side.

Engaging both our Adult ego states, I regularly challenged (both subtly and directly) Marnie's self-defeating expressions. For example, I'd say "I think you are being really hard on yourself" or "Are you really a complete failure? Have you not succeeded at some things? Can you think of something that you have done well?" I faced regular invitations to criticise Marnie and tried steadfastly to refuse them, defeating her expectations. I feared that anything remotely disapproving or objectifying would only reinforce Marnie's own crippling self-view.

### **Deconfusion of Child**

In addition to working more cognitively, through my powerfully-felt maternal countertransference, I offered Marnie loving compassion. "I don't like to think of Little Marnie being hurt like that" or "I'm feeling like I want to give Little Marnie a hug" or "What does Little Marnie want?" Transferentially, I became the 'good mother', explicitly championing and caring for Little Marnie. I fought to give 'Little Marnie' space to exist; I strove to hear her voice. Through my compassion, I tried to model something of how to care for Little Marnie. At times my efforts were clumsy, or I risked moving to 'rescue' Marnie (an impulse probably originating in my Child ego state): for example, when I felt driven to minimise the damage caused by Marnie's toxic contact with her father and her own self-flagellation, I was perhaps seeking to give the protection and care my own child Self had longed for and didn't always get. Given Marnie's own history of being locked into *drama triangle dynamics* with her father, the pull at me to jump into the triangle as Rescuer was perhaps unsurprising – particularly so if we factor in my own history of compulsive rescuing. (The drama triangle – Karpman, 1968 - plots behavioral moves (transactions) between people where roles of Persecutor, Victim and Rescuer are played out as familiar favoured positions out of awareness. Often replicating less healthy childhood dynamics, these positions are a psychological attempt to meet unmet needs.)

For Marnie, part of the challenge was to accept the love she had so longed for. My loving compassion invoked a 'juxtaposition' response (Moursund & Erskine, 2004). Here the nourishment provided by our therapeutic relationship contrasted with the toxicity of her relationship with her father. She now confronted two contradictory ideas: her archaic sense that father didn't love her because she was unlovable; and the notion that in reality she was lovable, which could only mean she had an unloving father. Beyond the cognitive dissonance invoked by this juxtaposition,

considerable relational threats were lurking. By going into contact-full relationship with me, she risked getting hurt -- and replaying the experience of being abused. Now face-to-face with the reality of having been 'unloved' by her father, Marnie also confronted the profound grief of having lost the mother who might have loved her – something she had previously kept at bay.

Over a three-year period of weekly therapy, we explored her guilt, shame, grief, rage and the reality of the existential decisions she had taken in her life. Much use was made of chair-work where different parts of Marnie's Self were placed on different chairs. Together, Marnie and I were able to become aware of, witness and validate the varied and contradictory experiences of her different 'Selves.' I also did a Parent ego state interview in which we enacted a dialogue with her introjected mother. This allowed Marnie to connect with a special source of love and support she began to realise she still carried within her; she hadn't lost her mother completely.

### **The emergence of a more Integrating Adult**

Marnie began to trust me more fully and blossomed with my nurturing. She grew in her self-understanding and became more accepting (even valuing) of her Self, needs and life. She learned that some of her relationships and interactions (specifically at work and with her father) required her to be in Adult and that she had a role to play in protecting her own Little Marnie. It was challenging for her but, over time, she learned to say "no" from her Adult ego and became more adept at putting up self-protective boundaries when necessary. This way of being was in contrast to her previous use of protective mechanisms involving withdrawal and dissociation.

On one occasion, Marnie was required to visit with her father (from whom she had learned to keep a good distance) for a family funeral. Marnie expressed her understandable anxiety about this upcoming visit and we explored the terror arising in Marnie's Child ego. Together we came up with a strategy (Adult-Adult problem-solving) whereby she would leave 'Little Marnie' with me for a "holiday" while 'Adult Marnie' went to stay with her father and attend the funeral alone. The thought that I was continuing to protect and hold her in mind felt enormously powerful and nurturing to her and proved something of an epiphany. That 'Little Marnie' was safely cared for elsewhere felt freeing to Marnie, allowing a more capable, balanced, resourceful 'Adult Marnie' to 'take over' when relating to her father. Importantly she learned to view her father less with terror and rage and more with compassion. When in Adult, she could see a sad, ill, old, alcoholic father shaped

by his own toxic, traumatic childhood. This bile-full, aggressive man was her father – one who was never going to give the love and appreciation she craved.

Thereafter Marnie was more able to actively care for her own Child part. By doing so, she understood that she was growing a new choice-full, balanced, compassionate and nurturing Adult side. She saw that she had begun to internalise a version of both her mother and myself, which offered a counterbalance to her internalised father.

The latter stage of therapy focused on reinforcing this new integration. “New Marnie” was now much more aware of her damaging critical introjects and resultant shame. She knew those shamed and shaming parts of herself, while never likely to completely disappear, were mostly contained and could be managed better. She was more mindful of her choices and about what she could do to keep herself safe and stay open to positive messages. She embraced life with a healthy new zest, forming fresh friendships, adopting new hobbies and surrounding herself with emotionally nourishing people. More significantly she learned to put a boundary between herself and those whom she felt were toxic for her while she made new connections with an estranged aunt and brother. I saw ‘Little Marnie’ less often and rarely felt any pull to nurture. Much of our latter work involved enjoying Adult-to-Adult transactions (while recognising there was still perhaps a trace of Child-Adult in her idealising and twinship transference – i.e. ulterior transactions). There was less need to mother Little Marnie now as New Marnie seemed to have this calmly in hand. Instead, our work focused on being curious about, and celebrating, the emergence of, “New Marnie”.

We took another year to end. Marnie had moved from detachment, and then dependence, to self-supporting autonomy. The process involved a slow letting go for both us. As we celebrated her growth, I know that our sharing has also had a part in the healing and growth of my own Integrating Adult. Specifically, I learned a valuable lesson of nurturing from my Adult ego and not Parent; and not rescuing from my Child. Witnessing her journey was also affirming of my own as I was able to share some of the resources I developed to counteract shame.

## **Conclusion**

In the case illustration and the theory preceding it, I have emphasised the practice of bringing parts of self explicitly to the fore and have suggested ways in which therapists might nurture a client’s Integrating Adult: the ‘grown-up’ part of the thinking-feeling-experiencing self that is in the here and now, relatively free from

contamination by Parent and/or Child. Importantly, the emergence of this Integrating Adult is viewed as a dynamic, on-going process engaged in throughout adult life, leading us constantly towards integration.

Three therapeutic processes or strategies have been highlighted: decontaminating the Adult, deconfusing the Child, and explicitly working with the Integrating Adult. Awareness raising; exploring and enjoying the Adult; engaging relationally with different parts of self; and helping the client reclaim their heritage offer four ways of fostering the process of engaging the Adult. Through these processes, the therapeutic relationship can offer a transition space – a threshold – between old protective script-led patterns of being and new ways of relating (Erskine, Moursund & Trautmann, 1999).

Several caveats are warranted here. While the metaphorical use of ‘Selves’ can be powerful, I do not want to give the impression that this is the only way of working or that interventions drawing on parts of self are the only way forward in Integrative Psychotherapy. Some clients and therapists do wonderful integrative work without this metaphorical focus. Some might even argue there are times when forcing symbolic fragmentation of the Self into parts or ‘Selves’ is contraindicated or when forced integration is unnecessary. I do not recommend applying this approach automatically or mechanically. It’s better to wait until we strongly sense the presence of different parts of selves who seem to want their own voice. (When working with the multiple personalities appearing when a person has a Dissociative Identity Disorder, a similar approach might well apply, as I would try to be equally attentive to whoever emerged and was present in the therapy space).

That said, this way of working seems to figure regularly in my own practice. Perhaps I find it helpful for my own therapeutic journey and relationship with my Self. It makes sense to me and helps me attune to the parts in others. Working with parts of Self also seems to help clients develop reflexive awareness of internal and external disconnection; at times, it can call forth an integrative energy. At a practical level, I find that metaphorically working with the relationship between Big and Little Selves offers a useful way of giving voice to a person’s ambivalent, divided, dissociated, and fragmented self-experience while also highlighting the relevance of having a positive, validating relationship with oneself. That one part may be vulnerable and in pain also allows the possibility of having some containing distance from it, something particularly useful when working with rage or shame.

I agree with DeYoung (2015) when she says working with parts of selves allows the “light and air” to get at a person’s chronic shame:

Bringing shame to light often illuminates a needy part of self who is despised by a tough, independent part of self. Listening respectfully to both parts and helping each to find compassion for what drives the other brings better balance and harmony to the whole self system...Parts of self can find space to speak the unspeakable about need, longing, and humiliation, and in their speaking and being heard, integration happens. Often a time of working with “parts” comes and goes in therapy, and later clients look back with fond nostalgia on parts they once encountered as “other” but that are not just everyday aspects of the self they know (pp.132-133).

Such integrative work has been shown to involve a layered awareness and responsiveness in the therapist. Our attention here requires a dual focus: on the client’s awareness of, and relationship, with parts of themselves, *and* on the client’s wider relationship with their social world. I would argue that such a shift away from clients’ inner worlds towards the interpersonal-social life world of work, relationships, community and cultural heritage is essential if fuller integration is to be truly owned.

With our therapeutic project of *integration through relationship*, a key goal must surely be reflexive awareness and compassionate acceptance of the many different parts of us which lurk or emerge in our transactions. These parts need to be worked through (through decontamination and deconfusion processes) and then brought together offering new ways of being. Growing a client’s Integrating Adult will help them be more fully present when interacting with others and so in fuller contact with the social world. Engaging fuller relationships with Self and other, they will be *en route* to some healing (Finlay, 2016).

**Author:**

Linda Finlay, PhD, is a practicing Integrative Psychotherapist (UKCP registered) in York, North Yorkshire, UK. She also teaches psychology and counselling at the Open University, UK. She has published widely. Her two most recent books, published by Wiley, are: “Phenomenology for therapists: Researching the lived world” and “Relational Integrative Psychotherapy: Engaging process and theory in practice.”

**Acknowledgments:**

I am grateful to Sarah Greening (CTA, UKCP Reg Psych) who first drew my attention to this concept of the ‘Integrated Adult’ and in subsequent discussions inspired me to continue to explore it more deeply. I am also indebted to Richard

Erskine who generously offered invaluable comments and teaching on an earlier draft. Of course, any errors within this article are my responsibility.

## References

- Berne, E. (1964). *Games people play: The psychology of human relationships*. Harmondsworth, Middlesex, England: Penguin.
- Berne, E. (1986). *Transactional analysis in psychotherapy: A systematic individual and social psychiatry*, London: Souvenir Press. (First published in 1961, New York: Grove Press.)
- Clarkson, P. (1992). *Transactional analysis psychotherapy: An integrated approach*. London:Tavistock/Routledge.
- DeYoung, P.A. (2015). *Understanding and treating chronic shame: A relational/neurobiological approach*. New York: Routledge.
- Erskine, R.G. (1988). Ego structure, intrapsychic functioning, and defense mechanisms: A commentary on Eric Berne's original theoretical concepts. *Transactional Analysis Journal*, 18(1): 15-19.
- Erskine, R.G. (1991). Transference and transactions: Critique from an intrapsychic and integrative perspective. *Transactional Analysis Journal*, 21(2), 63-76.
- Erskine, R. G. (1993). Inquiry, attunement, and involvement in the psychotherapy of dissociation. *Transactional Analysis Journal*, 23, 184-190.
- Erskine, R.G. (2013). Phenomenological inquiry and self-functions in the transference-countertransference milieu. *International Journal of Integrative Psychotherapy*, 4(1): 19-27.
- Erskine, R. G. (2015) *Relational patterns, therapeutic presence*. London: Karnac.
- Erskine, R.G. and Moursund, J. (1988). *Integrative psychotherapy in action*. Newbury Park, CA: Sage.
- Finlay, L. (2016). *Relational integrative psychotherapy: Engaging process and theory in practice*. Chichester, West Sussex: Wiley Blackwell.
- Finlay, L. and Evans, K. (2016). An invitation to engage in relational-centred phenomenological research. In: J.Roubal (Ed.) *Towards a research tradition in gestalt therapy*, Newcastle upon Tyne: Cambridge Scholars Publishing.
- Hargaden, H. and Sills, C. (2002). *Transactional analysis: A relational perspective*, London: Routledge.
- Harris, T.A. (1970). *I'm OK – You're OK*, London: Pan Books.
- Karpman, S. (1968). Fairy tales and script drama analysis. *Transactional Analysis Bulletin*, 7(26), 39-43.
- Kohut, H. (1977). *The restoration of the Self*, New York: International Universities Press.
- Lapworth, P., Sills, C. and Fish, S. (1993). *Transactional analysis counselling*, Bicester, Oxon, England: Winslow Press.



- Manne, J. (2009). *Family Constellations: A practical guide to uncovering the origins of family conflict*, Berkeley, CA: North Atlantic Books.
- Menaker, E. (1995). *The freedom to inquire*, New Jersey: Jason Aronson.
- Moursund, J.P. & Erskine, R.G. (2004). *Integrative psychotherapy: The art and science of relationship*. Southbank, Victoria, Australia: Thomson/Brooks Cole.
- Perls, F.S. (1971). *Gestalt therapy verbatim* (J.O.Stevens, Comp. & Ed.). New York, NY: Bantam. (Original work published 1969)
- Rowland, H. (2016). On Vulnerability: Personal Reflections on Knowing, Knowingness, and Meaning Making in Psychotherapy, *Transactional Analysis Journal*, 46(4), 277-287.
- Stewart, I. and Joines, V. (1987). *TA today: A new introduction to transactional analysis*. Nottingham, England: Lifespace Publishing.
- Summers, G. (2011). "Dynamic ego states". In: H. Fowlie, & C. Sills (Eds.), *Relational Transactional Analysis: Principles in Practice* (pp. 59– 67). London: Karnac.
- Summers, G. and K. Tudor (2000). Cocreative Transactional Analysis, *Transactional Analysis Journal* 30(1): 23-40.
- Summers, G. and K. Tudor (2005). Introducing Co-creative TA, accessed August 2016 from [www.co-creativity.com](http://www.co-creativity.com).
- Trautmann, L. (1985). Letter from Editor, *Transactional Analysis Journal*, 15: 188-191.
- Tudor, K. (2003). The neopsyche: The integrating adult ego state. In C. Sills & H. Hargaden (Eds.), *Ego states (Key concepts in transactional analysis: contemporary views)* (pp.201-231). London: Worth Publishing.
- Tudor, K. (2011). Empathy: A Co-creative Perspective, *Transactional Analysis Journal*, vol. 41(4), 322-335.
- Zaletel, M., Potočnik, P. and Jalen, A. (2012). Psychotherapy with the Parent Ego State, *International Journal of Integrative Psychotherapy*, Vol. 3, No. 1, 15-41.
- Žvelc, G. (2010). Relational Schemas Theory and Transactional Analysis, *Transactional Analysis Journal*, vol. 40, 8-22.

*Date of publication: 29.7.2017*