

Permission, Protection, and Potency: The Three Ps Reconsidered

Transactional Analysis Journal
2016, Vol. 46(1) 50-62
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DOI: 10.1177/0362153715617475
ta.sagepub.com



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Abstract

This article offers a historical and critical review of the transactional analysis concepts of permission, protection, and potency (the *three Ps*). Taking account of permissions that are given and taken, verbal and nonverbal, direct and indirect, the author extends the classification of two to four types or groups of permissions. The three Ps are reconsidered not only as qualities and skills of the transactional analyst but also, and rather, as principles that reflect a two-person, relational psychology and psychotherapy.

Keywords

permission, protection, potency, critique, two-person psychology, relational transactional analysis

Background

In transactional analysis, the *three Ps* (or “3Ps”) refer to the concepts of *permission* and *protection* as outlined by Crossman (1966) (although Steiner referred to permission as an element of cure in an article published earlier in 1966) and *potency* as described by Steiner in 1968. Steiner (personal communication, 20 September 2015) recalled a conversation with Berne early in 1966 about the role of permission in curing alcoholics in which Berne talked about the importance of the permission not to drink. Together, the three Ps describe certain attitudes and attributes of the therapist as well as specific transactions and form part of what Steiner (1968) referred to as the treatment philosophy of transactional analysis.

In 1976, Crossman was awarded the Eric Berne Memorial Scientific Award for her 1966 article, although in 1979 she returned the award on the grounds that the original paper was not scientific. She later clarified that point (Crossman, 2002) and wrote that because the article was “pure speculation [it was] potentially dangerous” (p. 5). Whether scientific or speculative, the three Ps have, nevertheless, been hugely influential in the practice of transactional analysis for the last 40 years.

Although the concepts of permission, protection, and potency are generally considered together, there is some debate about the similarities, differences, and overlap among them. Woollams and Brown (1978), for instance, argued that permission differs from protection in that “it never carries an expectation or obligation” (p. 241). On the other hand, in referring to setting limits, J. Allen (in

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Allen et al., 1996) suggested that “in these cases, [permission] may slide over into protection, for example, in permission to think clearly about danger” (p. 197). He concluded that “permission and protection may not be nearly so distinct as we thought 20 years ago” (p. 197).

That the concepts are different is reflected in some of the debates in the literature as to which concept comes—or should be considered—first. As Brook (1996) observed, “There is consistency in the transactional analysis literature around the idea that protection needs to be present for permission to take hold. What is not consistent is whether the protection should occur before or after the permission” (p. 163). She went on to summarize the position of various authors as follows: Crossman (1966) noted that permission implies protection, Steiner (1971) that protection follows logically from permission, and Erskine (1993) that permission comes only after protection. Brook (1996) herself appeared to prioritize potency: “If the therapeutic relationship is potent, the relationship will provide for protection against intrapsychic punishment” (pp. 162-163). Erskine’s (1993) position followed Woollams and Brown (1978), and both drew on M. James’s (1977) work in which she conceptualized both permission and protection as qualities and skills of potent transactional analysis therapists. In his summary of the concepts, Berne (1972) discussed them in this order: permission, potency, and protection. However, when describing his version of the permission transaction, he put potency before permission and protection. M. James (1977) emphasized their interrelationship as “particular qualities and skills a TA therapist needs to have” (p. 39). She also wrote that “people with authenticity, integrity, creativity, and training are effective. They are able to be *potent* when faced with treatment challenges. They give people *permission* to get well, and they *protect* them psychologically during the process” (p. 39).

The three Ps appear together in the descriptor for the criterion of “Relationship” in the oral examination for certification in transactional analysis counseling and in one of the score descriptors for the score of 3 for the oral examination in transactional analysis psychotherapy under the criterion “Establishment and maintenance of an I’m OK–You’re OK relationship.” Protection and permission (but not potency) form one of the criteria of the Teaching and Supervising Transactional Analyst (TSTA) teaching examination.

In terms of what has been written about these concepts in the *Transactional Analysis Journal* between 1971 and 2015, there have been 16 articles about permission, of which 10 were written in the 1970s and 1980s, 3 were written in the 1990s, and 3 in the 2000s; 6 articles on protection written in the 1970s and 2 in the 1980s; and only 3 articles on potency, all of which were written in the 1970s. There are references to the concepts in the wider transactional analysis literature, although, again, fewer in more recent publications. The paucity of articles about protection is particularly surprising given its presence in the *Teaching and Examinations Handbook* (European Association for Transactional Analysis, 2014; International Transactional Analysis Association, 2013) relating to protection of clients (in the psychotherapy written examination), protection of candidates (in the Certified Transactional Analyst written and oral examinations and the Training Endorsement Workshop), and as a criterion of the Teaching and Supervising Transactional Analyst (TSTA) oral examination (supervision).

Most of what has been written about the three Ps has been from a one-person or one-and-a-half-person psychology (Stark, 1999). That is, they are viewed as something in or about the client (i.e., something absent or needed) or they are used as a therapeutic intervention by the therapist (i.e., something corrective or reparative). Given the relational turn in transactional analysis in recent years (see Cornell & Hargaden, 2005) and the increased interest in working relationally, it is timely to reconsider these concepts as both transactional and relational.

Permission

Crossman (1966) identified permission as

a particular transaction that occurs between therapist and patient at a particular point in therapy, whereby the therapist effects a change in the direction of the patient's behavior or attitude which before that time would have seemed either impossible or untenable. (p. 152)

The patient or client needs permission to change or give up his or her script. Crossman argued that the therapist can give the necessary permission but only after he or she has understood something about the client's script. Otherwise, the client may seduce the therapist into playing into that script. This issue and potential for a game was later discussed by Ingram (1980), although his contention that the client can program the therapist into giving a permission lays all the responsibility for this transaction on the client.

With regard to permission, Crossman (1966) made three points about the therapist:

- She or he must hook the patient's "young Professor" (p. 152) by supplying more data, a point that connected to Berne's (1966) therapeutic operations of specification and confirmation.
- She or he must be stronger than the patient's original (internalized) Parent.
- She or he "is giving permission to the patient's Child to disobey the instructions of his Parent" (p. 153), a point that provides a link between Steiner's (1981) ideas about the importance of disobedience and the concept of permission.

Crossman's reference to parenting has been echoed in the subsequent literature. Woollams (1977) referred to giving a permission as "like giving a small dose of parenting" (p. 364). Bolten and de Jong (1984) reflected on the fact that the permission to regress was essential to the regressive therapy of Schiffian reparenting. J. Allen (in J. Allen et al., 1996) wrote in terms of parents providing an environment that gives permission to children. Drego (1994a) described permission as "an act of empowerment and nurturing which is at the core of parenting" (p. 4).

In his summary of permission, Steiner (1968) defined it as "a transaction in which the Parent of the therapist directs the patient to perform a certain behavior" (p. 59). Later, in *Games Alcoholics Play*, he described permission as "a transaction in which the therapist attempts to align the patient with his original script-free, natural Child ego state" (Steiner, 1971, p. 175). He described and diagrammed the permission transaction as

a combination of a Parent-to-Child command, as described above—"Stop drinking"—and a rational, logical explanation, Adult-to-Adult, in which the rational or logical reason for the command is explained ("You will not regain your job unless you stop drinking," etc.). (p. 175)

In these two contributions, Steiner (1968, 1971) made a number of points about permission and the permission transaction:

- "This transaction occurs in treatment at a moment when the patient has arrived at an impasse beyond which he cannot or will not move" (1968, pp. 62-63).
- "The situation is seen as one in which a patient and a therapist who have previously agreed to work on a certain condition of the therapist are confronted" (p. 63). Thus, permission is—or should be—clearly linked to the treatment contract.
- Permission requires the involvement of the patient's Adult because otherwise "permission simply becomes a Command that can be resisted by the patient" (1971, p. 175).
- "[T]he Parent giving Permission should be the grownup Parent (P₂)," which argues that it is only this ego state that has "[t]he potency required to countermand parental injunctions" (p. 177).
- The timing of permissions is important, that is, they should be given "only when both the therapist and patient feel that Protection is possible" (p. 178).

Also in 1971, M. James wrote about potency permissions (in contrast to original impotency scripting). Then in *Born to Win*, she and Jongeward (1971) wrote about destructive permissions (e.g., “Go play on the freeway”), which act as and support injunctions, and giving permission (instead of an authoritarian restriction) to foil a game.

In his own summary of permission, Berne (1972) defined it as “a license to give up behaviour which the Adult wants to give up, or a release from negative behaviour” (p. 375). He developed the metaphor of the license when he wrote that “true permissions are merely permits, like a fishing license” (p. 123). Just as a license does not compel one to fish, a permission does not compel one to challenge the injunction or resolve the impasse. Berne also added three ideas to the concept of permission. First, there are negative permissions: Whereas the positive permission cuts off the injunction, the negative permission (e.g., “Stop pushing him into it”) cuts off the provocation. Second, permission is, or can be, the cure (e.g., “The cure for the scriptless aged is permission”). Third, in a section on the dynamics of permission, he suggested a more complex permission diagram.

Also in 1972, Allen and Allen published an article on the role of permission in which they linked it to other factors such as the child’s existential position, limited life experience, and level of cognitive development. From infant and child observation and their clinical experience, Allen and Allen hypothesized a series of permissions: to exist, to experience one’s own sensations, to be one’s self as an individual of appropriate age and sex, to be emotionally close to others, to be aware of one’s own basic existential position and to change that position, to succeed in sex and work, and to find life meaningful. These are consistent with Erikson’s (1950) assumptions about human psychosocial development. Revisiting the subject nearly 25 years later, Allen and Allen (in Allen et al., 1996) emphasized a number of points, including that there are two groups of permissions, nonverbal and verbal; that they would put more emphasis (than originally) on conditional permissions (i.e., a permission “provided that . . .”); that the verbal permission “not to . . .” involves setting limits; that nonverbal permissions may be conceptualized as the converse of the injunctions as delineated by Goulding and Goulding (1978); and that the original permissions have several different meanings, that is, they are “cognitively and linguistically ambiguous and slippery” (p. 198).

M. James (1977) acknowledged that permissions may be given indirectly (e.g., “Winners learn to think for themselves”) and emphasized that “permission can be given *from any ego state*” (p. 41).

In their book *Transactional Analysis*, Woollams and Brown (1978) suggested that “a permission transaction occurs when the therapist states directly or indirectly to a client who is ready to receive it that ‘It’s OK to . . .’ ” (pp. 240-241). They also made a number of points:

- “Permissions may be given from any ego state,” “permissions delivered from the Child usually have the greatest impact,” and “the most effective permissions are simultaneously communicated from all three ego states” (p. 202). However, in an earlier chapter, Woollams (1977) made the point that “no matter which of the three ego states the therapist sends the permission from, it will be received, if effective, as though from a parent and so will be recorded in the client’s Parent while being reacted to in her Child” (p. 364).
- It is important for the therapist to follow the contract and give only those permissions that fit with the contract; Woollams added that “extraneous permissions are distracting and may be provocative” (p. 202).
- “Permission is actually something which is taken by the client rather than given by the therapist” (p. 241); this perspective is reflected in the work of a number of authors.
- Consequently, “it is essential that the client’s Free Child and/or Adult ego state be available to take Permission and make the redecision” (p. 241).

The concept of permission has been applied widely in transactional analysis practice, particularly with regard to the treatment of sexual problems (e.g., M. James, 1971; Janssens, 1984; Parkin, 2002)

as well as to groups (e.g., Steiner, 1974; Woollams & Brown, 1978), parenting through family rituals (Drego, 1994a), and work with young people (Drego, 1994b). More recently, Hawkes (2007) described a permission wheel diagram developed by Gysa Jaoui (1988) that offers a useful way of representing the main limits of a person's life script.

Four Groups of Permissions

Despite the fact that Woollams and Brown (1978) wrote about permission as something that is taken by the client rather than given by the therapist, both they and the majority of authors writing about this concept in transactional analysis practice describe *giving* permissions, although some authors argue for both perspectives. J. Allen (in Allen et al., 1996) acknowledged that "if a patient believes the therapist is the solution to his or her predicament, it can lead to a rapid freeing of Child inhibitions. Ultimately, however, such permission is usually something the patient must give himself or herself" (p. 196). This difference can be conceptualized as being between transference cure and script cure. Discussing therapeutic work with individuals who make little connection between their somatic complaints and internal psychological states, and helping them to develop skills such as self-regulation, Allen, Bennett, and Kearns (2004) suggested that "this can be conceptualized as helping them give themselves the permission they need to be aware of their own experiences" (p. 6). Two subsets of these permissions, as identified by M. James (1977), are those that are direct and those that are indirect.

Another distinction in the literature is between nonverbal and verbal permissions, which J. Allen (in Allen et al., 1996), in effect, correlated with permissions that are taken and given, respectively. I think these distinctions are useful because taking permission suggests the more active involvement of the client. Furthermore, in the case of nonverbal permissions, it is important to recognize the significance of the environment of the therapeutic or facilitative relationship and/or group: "The healing aspects of relationship—for example, potency, permission, protection, support, and challenge—are co-created and co-maintained by active contributions from both therapist and client" (Tudor & Summers, 2014, p. 4). This is very different from the therapist's permission transaction, as Steiner (in Allen et al., 1996) noted: It is important "to distinguish permission, a specific therapeutic transaction, from permissiveness. A permissive attitude or environment is quite different from a permission transaction" (p. 203). Commenting on the relationship between the two, Hawkes (2007) was explicit: "Although we have the permission transaction . . . most of this work is done through the therapeutic relationship" (p. 215). The shift here is from viewing permission as a transaction generated by the therapist to appreciating that permission and permissiveness (as in freedom or liberation) are aspects of the therapeutic relationship and environment, an appreciation that represents the different methodological or philosophical stance of the two-person approach. We also know, from communication studies, that as much as 90% of communication between people is nonverbal (see Fromkin & Rodman, 1983).

From my research and reading of the literature, there is, I suggest, another category: clients giving themselves verbal permission. This distinction produces four forms or groups of permissions: verbal (direct), verbal (indirect), verbal (given to self), and nonverbal (taken). The underlying differences between these forms, and especially between giving permission and taking or deriving permission, are more than technical. They are philosophical because, in effect, they reflect different views of responsibility. That is, they place different emphasis on the therapist's role and the client's responsibility, respectively.

Critiques of Permission

First, one of the problems with the concept of permission is that it derives from a parental relationship and metaphor, neither of which necessarily translates well into therapy or other applications (for a critique of this, see Lomas, 1987/2001). If practitioners wish to use either the relationship or the

metaphor (or both), it seems to me that, in the spirit of the contractual method and open communication, the method—and methodology—should be made explicit. Similarly, one of the problems of the permission transaction, at least from an integrative and integrating perspective, is that it assumes a Parental position, and, as M. James (1977) acknowledged, clients may interpret direct permissions (“You can . . .”) as paternalistic. Moreover, it is no accident that the early definitions of permission and diagrams of the permission transaction were based on the theory of a three ego state model of health, that is, that both a healthy personality and the goal of therapy were based on all three ego states (for clarification, see Tudor, 2010). Interestingly, an aspect of Steiner’s (1971) definition is that “the Parent of the therapist directs the patient to perform certain behavior, *which the patient’s Adult already recognizes as necessary*” (p. 191, emphasis added). The issue with this is that if the patient’s Adult already recognizes or knows something, the therapist directing him or her to this same end is at best repetitive (and, therefore, inefficient) and at worst patronizing. The integrating approach focuses on expanding the Adult or neopsyche rather than “growing” the Child or Parent.

Second, a number of authors who have written about permission (and other subjects) have used the word *modeling* to describe how the therapist (or teacher or consultant) is in relationship. In her article on permissions, on the basis of acknowledging the importance of role models in human development, Ford (1987) specifically promoted the idea that therapists should take the opportunity to act as role models. The problem with this (and many other references to modeling in the psychological literature) is that it (and they) do not acknowledge that, as a concept, modeling has its origins in behaviorism, specifically, operant conditioning (Bandura, 1969). As such, it is a deliberate modeling on the part of the person doing it (parent, teacher, educator) of a specific behavior that the person wishes the observer to introject (see Wood, 1995). Drawing on Wood’s criticism of modeling as antithetical to the person-centered approach—and, I would argue, many forms and applications of humanistic psychology—I distinguish between modeling a behavior so that the observer introjects it (i.e., Parental behavioral modeling designed to elicit a Child response) and demonstrating something with which a person can engage, to which he or she can relate critically, and that, if he or she finds it useful, he or she may integrate (i.e., Adult behavior that encourages an Adult response).

Third, in his article “Beyond Permission,” Holloway (1974) argued that “‘cure’ by Permission is a limited achievement” (p. 15). He distinguished—usefully, in my view—between social control contracts, which “completed through the Permission transaction may result in the patient no longer following an injunction” (p. 16), and autonomy contracts whereby the patient or client achieves individuation, which, among other capacities, “implies that the person is capable of the full use of options in attaining strokes from multitudinous others” (p. 15). Woollams (1977) argued that the client’s autonomy is not reduced if permission giving is used within the framework of a contract. Holloway also raised the issue that giving permissions may contribute to a sense of omnipotence in the therapist, which Holloway viewed as antitherapeutic and limiting of change in the client. Woollams acknowledged this danger but viewed the solution as the therapist ensuring that he or she has his or her needs met outside the therapy situation. Although some transactional analysts view permission as reflecting a stage of cure (i.e., transference cure), the danger is that it may create dependency on the therapist. Pirnie (1976) represented this when she reported and reflected on a 5-day transactional analysis workshop in which all the permissions she received had been given in a safe and supportive environment and the euphoria of the workshop: “With this realization and subsequent Adult acceptance of the responsibility for what was to follow from the week’s experience, I knew that I had to develop a specific plan to serve as my guide for continued growth” (p. 88).

Reconsidering Permission

In her book *Modes of Therapeutic Action*, Stark (1999) distinguished between three different, although mutually enhancing modes: one-person psychology, in which the therapist is an “objective

observer of the patient” (p. xvi); one-and-a-half-person psychology, which is characterized by the therapist offering the client what Alexander and French (1946) referred to as a “corrective emotional experience”; and two-person psychology, in which, because therapy is conceptualized as “interactive engagement with an authentic other” (p. xix), the therapist focuses more on working in and with the relationship. Using Stark’s taxonomy, it is clear that most of the transactional analysis literature on permission and, specifically, the direct and indirect verbal permissions, reflects a one-and-a-half-person psychology whereby the transactional analyst gives permission(s) to the client in order that the client “corrects” or repairs a previous and/or early experience. Clients themselves taking permission from the therapist or the therapy could reflect any of the three modes of therapeutic action. For example, near the end of 4 years of psychoanalytic psychotherapy, my therapist, who had operated primarily in a one-person mode, asked me what, in particular, I was taking away from our work together. After some consideration, I replied, “What you said to me about acceptance.” My therapist responded, “That’s interesting, because I never said that—you did!” The shift from the giving and receiving of permission(s)—or, in my case, the perceived receiving of a permission—to what I had taken from a permissive and, indeed, liberating therapeutic relationship and environment is, I suggest, more reflective of a two-person psychology approach to permission. It is also a shift from conceptualizing permission as a skill (intervention or operation) to being a principle or value that informs therapy.

Protection

In her original article, Crossman (1966) identified protection as part of the mother’s (or a mother substitute’s) nurturing role and function, in response to which the child develops “its growing Adult to explore and find out [about] the world around it with the certainty that it is right and safe to do so” (p. 152). When Crossman introduced the idea of permission, she considered that protection was necessary for behavior change: It needs “to be alright to disobey mother, or father, [and] that the Child will not be deserted, die, or be punished for disobedience” (p. 153).

Arguing that protection follows logically from permission, Steiner (1968) wrote, “A patient, having taken a therapist’s permission to disobey his parents’ injunction, finds himself in a state of panic and [an] existential vacuum and needs temporary protection from the therapist” (p. 63). Commenting on the concept 3 years later, he acknowledged that “because the patient has to rely on the therapist’s Protection, the timing of Permissions is important” (Steiner, 1971, p. 178), providing examples of giving protection over the phone. In later work, Steiner (1974) clarified that protection is temporary: “Ordinarily, a person does not require Protection for more than three months following abandonment of a script injunction” (p. 263). He added that if the client’s need for the therapist has not subsided by this time, “the therapist is probably playing a Rescue game” (p. 263). Steiner also asserted that “protection is the function of the Nurturing Parent” (p. 263).

Writing about protection, Berne (1972) clearly linked it to potency: The therapist should feel potent enough to deal with the patient’s Parent and “the patient’s Child must believe he [the therapist] is potent enough, to offer protection from the Parental wrath” (p. 374). Berne also wrote that the therapist’s protective power “resides as much in the timbre of his voice as in what he says” (p. 375) and diagrammed it as a Parent-Child transaction in the context of the overall permission transaction.

Compared with the concept of permission, protection has been used less often in transactional analysis, although there are examples of it being applied in a social context (Haimowitz, 1975); to family therapy (J. James, 1977), parenting (Vago & Knapp, 1977), and eating disorders (Karpman & Callaghan, 1985); and in script prevention work with children (Campos, 1988).

Critiques of Protection

As with permission, the concept of protection as presented in the majority of the transactional analysis literature assumes a Parental position and a three ego state model of personality and health. In the case of Vago and Knapp's (1978) article, it also assumes a particular model of ego state development, which is that the Parent (P_2) ego state does not fully develop until 18 years of age or even later. (For a summary of the different models of ego state development, see Tudor, 2010.)

The argument for protection appears to be based on the view that the transactional analyst can—and should—make it safe for clients to make the changes they need, both intrapsychically (e.g., with regard to their internal Critical Parent and script backlash) and interpersonally (e.g., with regard to other members of a group). An alternative view is that it is more useful and therapeutic to explore the client's fantasies—and phantasies—about safety and to help them work through their anxieties about going against their scripting, being disobedient, and being unsafe. In the context of groups, the desire for safety is often expressed in terms of a concern about confidentiality. For example, 6 weeks into one psychotherapy group I facilitated, and by way of an introduction to what he was going to say, one group member leaned forward and said, somewhat conspiratorially, "Now this is really confidential." After he had finished and other members of the group had commented on both the content and his process, another group member looking at me somewhat accusingly and said, "We haven't discussed confidentiality." I acknowledged that we had not, and the whole group then engaged in a lively debate about the basic assumptions of the group, including what had been said and shared up to that point. They also discussed the responsibilities of the leader and the participants, the nature and purpose of confidentiality, and what was meant by "really confidential." In deciding not to introduce confidentiality as a ground rule during the first group meeting, I was influenced by the bilateral nature of contracts, coconstructivism, emergent learning, and, specifically, Shohet's (2007) advocacy of goodwill as underlying any agreement to observe confidentiality—and hence the more fundamental concept of goodwill contracts.

Another critique of protection as conceptualized in transactional analysis is that it is, in fact, overprotection. In a rare critique of this concept from within transactional analysis, Schiff and Schiff (1971) argued that overprotection is an example of a disturbance in the normal or healthy symbiotic relationship between mother and child and, specifically, a disturbance in the differentiation of the child from the mother. Also, English (1972) viewed overprotectiveness as an example of racket or inauthentic behavior and feelings, often expressed as excessive helpfulness, sweetness, and devotion. To these, Douglas and Tudor (2007) added the overprotectiveness of rigid and often legalistic health-and-safety responses to the complexities of life, representative of the "Nanny state." In some jurisdictions, the protection of the public has been used as an argument for the state registration of psychotherapists, despite the fact that there is no research evidence that supports this. The fact that proponents of such registration, and the statutory regulation that often goes with it, still pursue this reflects a psychology and politics of overregulation and protectionism (see Smith, 2011; Tudor, 2011). In this sense, and like permission, protection may also be patronizing and infantilizing, and, at worst, an example of the phoney insurance policy that gave rise to the original concept of the protection racket (Berne, 1964/1968).

Reconsidering Protection

If protection transactions are a Parent ego state response and/or initiative from the therapist and temporary or pseudo protectiveness is a Child ego state defense, then any reconsideration of protection needs to promote an Adult sense of the concept. Etymologically, the English word *protect* comes from the Latin word *protegere*, which means to protect or to cover in front. Associating to this, I have the image of a client seated in a chair with her back supported but needing protection or cover

as she faces, fronts, and encounters the world with, in this case, me as her therapist. Here I find Schmid's (1999) reflections on encounter useful in highlighting that the concept contains a sense of being against (*counter* from the Latin *contra*) as well as being face-to-face. Thus protection, or the lack of it, becomes a relational dynamic and issue. For example, following a brief break from work, a trusted colleague told me that, in response to an incident while I was away, another colleague had been criticizing me behind my back. On my return, I took this up with the colleague in question, who assured me that she had not done so. I told her what I had heard and said that if she wanted (as it were) to stab me, I would prefer to see it coming, that is, to be stabbed from the front! She agreed to this, and since then we have enjoyed a better working relationship. A two-person psychological perspective on protection is one in which protection, trust, and mistrust are confronted face-to-face in genuine encounter.

In Aotearoa New Zealand, protection is generally accepted as one of the principles of the Treaty of Waitangi, a treaty signed by Māori chiefs and representatives of the British Crown in 1840 (see Royal Commission on Social Policy, 1988; Waitangi Tribunal, 2015). Under this principle, the Crown (i.e., the New Zealand government) has a duty to protect Māori interests, resources, and treasures, including intangible cultural assets such as mountains, rivers, and the foreshore. This is a rare example of protection as a principle being applied in the social/political world. It is also a principle that is being used to inform ethical practice (see New Zealand Association of Counsellors, 2014) and therapeutic practice, for instance, in ecotherapy.

Potency

Steiner (1968) described potency in the context of permission and protection: "Potency is expressed in permission by the emphasis with which permission is given, and is exemplified in protection by the willingness of the therapist temporarily to carry the burden of the patient's panic when in an existential vacuum" (p. 63). He asserted that "it is an attribute which transactional analysts seek in their work" (p. 63) and involves a commitment to curing patients, with valid consideration (one of Steiner and Cassidy's, 1969, four criteria of contracts), and a willingness to confront the patient at the impasse. In *Games Alcoholics Play*, Steiner (1971) summarized therapeutic potency as "the therapist's capacity to bring about a speedy cure" (p. 181), asserting that "the Potency of the therapist has to be commensurate with the potency of the injunction laid down by the parents of the patient" (p. 181). This point was echoed by Berne (1972) and by Woollams, Brown, and Huige (1977). Berne also wrote succinctly that "potency means power to confront" (p. 375) and diagrammed it as an Adult-Adult transaction.

M. James (1977) defined potency as a quality and skill entailing "a personal sense of authenticity, credibility, trustworthiness, and responsiveness" (p. 39). It is demonstrated by a certain knowledge and understanding and a commitment to a continuing learning process, self-awareness, and self-care, in part through self-analysis and an ability to change. Potent therapists, James argued, "know that an informed, experienced Adult will be more potent than an uninformed, inexperienced one" (p. 39).

English (1978) discussed potency specifically with regard to female therapists and, in a poignant and poetic passage, argued that

a potent female therapist is in a particularly good position to validate a client's heroic trip through life, as does an enthusiastic mother who cheers her child onwards at each stage of development. Women can do much more than nurture. When they give birth, they catapult their infants from out of the dark enclosures of their wombs into the excitement of life. (p. 299)

Finally, and most recently, Erskine and Trautmann (1993/1997) defined potency as "the result of engagement that communicates to the client that the therapist is fully invested in his or her welfare"

(p. 92). This reframes it as a product and a quality of the relationship (see also Tudor & Summers, 2014, Ch. 1).

Compared with the concepts of permission and protection, potency is applied less in transactional analysis practice, and in an electronic search of the *TAJ* and a hand search of some 30 books on transactional analysis, I could find only one article on the application of the concept. It is an article on groups in which, in discussing group boundaries, Gurowitz (1975) put forward the view that the strength of the external boundary is largely a function of the group leader's potency.

Critiques of Potency

More so than permission and protection, potency is an attribute of the therapist. Whereas the transactional analyst may give, offer, or even cocreate permission and protection, he or she is, or is not, potent. With regard to the other two Ps, the equivalent is that the transactional analyst is permissive and/or protective. This clarification acknowledges that potency is about the self of the therapist rather than the relationship, a point reflected in the quotation from Tudor and Summers (2014) cited earlier. In this sense, potency reflects a one-and-a-half-person psychology that offers the client a corrective or reparative emotional experience of power, but, in this mode, it is still power to or power over rather than power with. Whereas some therapists may take too much power and even abuse it, others may too readily give it away. Reflecting on Berne's use of permission classes, Cornell (2013) commented on the therapist's loss of potency in referring clients on, concluding that "the therapist's or counselor's potency is better served by the capacity to reflect on his or her own anxiety and uncertainty in making an intervention rather than referring out to a specialist" (p. 8).

Another critique of potency is that it represents a masculine and, at least implicitly, phallogocentric language of experience. As if anticipating this gender critique of potency, both Berne (1972) and Steiner (1974) made the point that it can be manifested equally by women and men, and Steiner specifically noted that "potency is often, but mistakenly, mixed up with machismo" (p. 318).

Reconsidering Potency

Of the three Ps, potency is the least discussed in the literature, a lacuna that reflects a wider absence of discussion about power (for exceptions see Friedlander, 1987; Guggenbühl-Craig, 1971/1996; Proctor, 2002).

A two-person psychology approach to potency understands it in terms of the therapeutic relationship or relating. In the context of a discussion of some of the differences between integrative and cocreative transactional analysis, Tudor and Summers (2014) have argued that

whilst both approaches view empathy as the principle method, the integrative approach tends to rely on the potency of the therapist and the therapist's empathy, whereas in the co-creative model, the therapist's empathic resonance and responsiveness is a stimulus for both client and therapist to engage in a search for further understanding of the client's experiencing process and internal frame of reference. Whilst the power is still in the patient (see Goulding & Goulding, 1978), from a co-creative perspective, it is more accurate to say that the power or potency of the therapeutic encounter lies in the co-created relational field. (p. 135)

Again, this represents a shift from potency as a skill or intervention to a principle of a relationship, the ultimate purpose of which is to help the client be the potent person she or is and aspires to be.

Conclusion

As well as describing specific transactions, permission, protection, and potency have been viewed in transactional analysis as naming certain desirable, even necessary, attitudes and attributes of the

therapist. As such, the original conceptualizations of the three Ps reflect a one-and-a-half-person psychology and, within that, the primary use and provision of a corrective or reparative emotional experience and/or a developmentally needed relationship. This article suggests that by shifting our perspective from one that is therapist centered to one that is relationship centered, these concepts may be reconsidered as principles of therapeutic—and other—relationships that reflect a two-person psychology emphasizing engagement in relationship and one that is appropriately permissive, protective, and potent.

Declaration of Conflicting Interests

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

Funding

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

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