

capacity for 'non-script' behaviour 'with no particular time schedule, developed later in life, and not under parental influence' (Berne, 1972, p. 418).

Autonomous behaviour is the opposite of script behaviour. It involves the total or partial overthrow of: (a) the weight of a whole tribal or family historical tradition; (b) the influence of the individual's parental, social and cultural backgrounds; and (c) seeking ulterior payoffs from games. Furthermore, autonomy consists of the active development of personal and social control so that significant behaviour becomes a matter of free choice. Berne summarized the process of the attainment of autonomy as 'obtaining a friendly divorce from one's parents (and from other Parental influences) so that they may be agreeably visited on occasion, but are no longer dominant' (Berne, 1964, p. 183).

The attainment of autonomy involves the person's regaining three basic capacities of the fundamental OK position: awareness, spontaneity and intimacy.

- *Awareness.* Awareness means the capacity to see and hear directly and not in the way in which one was brought up. It means living in the here-and-now, open to the sensations coming from the environment in the way a painter, poet or musician might be.
- *Spontaneity.* Spontaneity means the capacity to feel directly and to express feelings directly and not in the way in which one was brought up. The spontaneous person can choose feelings, be they Parent, Adult or Child feelings.
- *Intimacy.* Intimacy means the capacity to relate to another person or persons in an aware, spontaneous, loving and game-free way. Berne regarded intimacy as essentially a function of the natural, uncorrupted Child.

Contractual therapy goals

Transactional analysis takes a contractual approach to therapy. A key question in such an approach is 'How will both you and I know when you get what you came for?' (Dusay and Dusay, 1989, p. 427). Therapist and client negotiate a contract that defines both treatment goals and mutual responsibilities in achieving the goals. Contract goals can focus on outcomes and actions. Outcome goals include: physiological changes, for instance lowering of diastolic blood pressure; and relief of psychological symptoms, such as impotence or a specific phobia. Action goals specify behaviour changes, for instance not hitting children, refraining from alcohol or drugs, or holding a job for a specified time period. Stewart (1996a, p. 68) suggests the following principles for establishing contracts:

1. *Contracts in TA may be either for outcomes or for actions.*
2. *However, any contract for an outcome must be supported by at least one contract for a related action.*

of operational criteria for improvement stated as initial goals. During therapy, transactional analysts always observe determinants underlying symptoms and responses. Berne (1966) gave the example of the therapist, who wished to investigate a client's archaic attitudes towards parental figures, stating goals in terms of alleviation of symptoms first and later proposing an amendment to the contract that focused on the goal of altering attitudes toward parent figures.

PROCESS OF THERAPY

Settings for transactional analysis range from homelike surroundings to more business-like offices. Since body language clues are important in conducting transactional analysis, in most therapists' offices there are no tables or chairs that block therapist and client views of one another. The majority of TA settings include whiteboards, blackboards or giant paper pads that both therapists and clients can use to illustrate transactions and games and other relevant matters. Some therapists employ audiovisual aids to provide feedback and heighten clients' awareness.

In the initial session or sessions, therapists work in a number of ways. Therapists introduce and use a simple common vocabulary. During therapy there is no gossiping or small talk. Ground rules for the therapeutic contact are agreed, such as no violence or threats of violence, and no use of alcohol or mind-altering drugs. Furthermore, an initial fee-for-service business contract may be established. Therapists conduct an initial assessment of clients and work with them to establish contract goals, including a time frame for ending therapy.

THE THERAPEUTIC RELATIONSHIP

Transactional analysts provide supportive and nurturing relationships conducive to clients assuming greater personal responsibility for their lives. Within the framework of a common and easily understandable language, therapists provide permission for clients to play an active role in therapy. Therapists support clients as they reveal and analyse themselves more fully and try out more Adult patterns of feeling, thinking and behaving.

Transactional analysis, as originally formulated by Berne, is largely an educational process and thus the therapist-client relationship resembles a democratic teacher-learner relationship. Early on in therapy, therapist and clients establish ground rules and define the elements of their working or learning contract. Therapists train clients in the skills of analysing ego states, transactions, games and scripts. Furthermore therapists encourage and assist clients to identify Adult options for dealing with people, problems and situations in their lives. As indicated earlier, more often than not therapists' offices contain educational aids like whiteboards and large writing pads.

Therapists are sensitive to clues regarding clients' inauthentic ways of relating to others, including their therapists. Where there are problems in the therapeutic relationship, such as non-payment of fees or missing appointments, therapists view these transactions as psychological games and provide therapy accordingly (Dusay and Dusay,