Inside Out: A Transactional Analysis Model of Trauma

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Abstract

This article presents a transactional analysis model of trauma located within a relational paradigm. It proposes that the Adult ego state enables us to form a narrative self or coherent sense of identity. Trauma interferes with this integrative capacity, creating excluded ego states and a disorganized self. The child’s experience of abusive caregivers is internalized in a series of toxic Parent/Child ego states. This inner world shapes the child’s view of the world outside, leading to patterns of transferential enactment that reinforce a traumatic script. Therapy is concerned with developing the Adult capacity to create a coherent narrative that allows the client to move from enacting to reflecting.

This article is based on years of clinical experience with adult survivors of childhood physical and sexual abuse. Its title was partly inspired by my son’s preference for wearing their trousers “low-rider,” revealing a gaudy slice of satin boxer. It occurred to me that this fashion for wearing underwear on the outside is very like working with adult survivors of child abuse, where intrapsychic “garments” are worn on the outside in the guise of transferential enactments.

I offer the following example as an illustration. Annie was sexually abused by her father from the age of 5 until 15 years, when she ran away from home. Later she married Bill and together they had four children. She never allowed Bill any physical contact with their children, describing a feeling of disgust when he went near them. She did allow the children to stay with her parents, and when her teenage daughters disclosed that they had been sexually abused by their grandfather, Annie reacted with angry disbelief.

Annie was 49 when I met her; she brought her baby granddaughter to sessions rather than leave her with Bill. During therapy, Annie began to realize that despite all her efforts to avoid the past (by using alcohol, silence, and denial), she had been reenacting the story of her own abuse over 30 years. She used the marriage to project an abusive Parent ego state and failed to protect her children as her mother had failed to protect her. The pain of her own abuse remained safely outside awareness in an excluded Child ego state.

Annie’s tragic story illustrates an incoherent self-narrative. This is evident in the telling of her story and also in the way her life is lived. This article argues that when trauma impairs the Adult capacity to create narrative, the unintegrated experience is reenacted in the person’s present life.

Stories like Annie’s have been explained in very different ways over the past 100 years. Freud (1905/1953) argued that unconscious fantasies, not child abuse, were the real cause of hysteria. During the 1970s, with research into posttraumatic stress disorder (PTSD) (see van der Kolk, 2000, p. 244) and the development of feminism, the pendulum of opinion swung toward actual trauma as the cause of pathology (Masson, 1984). This historical development can be seen as a dialectic between the importance of inside (fantasy and intrapsychic conflict) and outside (actual abuse and parental failure). The question being asked here is this: Does pathology arise from real life monsters or from monsters of the mind?

This article considers that question by using transactional analysis to bridge the divide between psychoanalysis and empirical psychology. I begin with a reinterpretation of the ego state model. I then offer a brief exploration of the impact of trauma on development and suggest a transactional analysis formulation of trauma. Finally, case material is provided to illustrate a relational approach to therapy using the model described.
A Story of Self: Development of I, Me, and Self

This section offers a theory or story about the emergence of self within a relational paradigm; it revisits ego state theory in light of infant research and neurobiology.

Is it appropriate to begin writing about incest with comments about my sons’ underwear? How did this happen? Me watching I. William James (1892, p. 176) made this distinction between a complex reflecting self—a “me”—and the simple experiencing “I.” I propose that the self in James’s sense of a transient experiencing “I” is best conceived of in transactional analysis terms as a multiplicity of discontinuous Child/Parent ego state configurations that produce shifts in consciousness in response to context. A sense of “me” as coherent and continuous over time develops with the Adult ego state capacity to link ego states through story, thus creating a “narrative self.” This concept of self encompasses the paradoxical experience of changing with time or context while knowing I am the same person. It also allows for the possibility of an “I” that is not part of me.

Citing infant research, several authors (Beebe & Lachman, 1988; Lichtenberg, 1983; Stern, 1985) suggest that an emergent sense of self develops out of repetitive reciprocal interactions between infant and caregiver. Beebe and Lachman (1988, p. 306) used empirical evidence of the infant’s capacity to recognize, remember, and expect these recurring interactions to suggest that the infant forms symbolic representations of self and other. This process of internalization involves representations of both infant and caregiver, a dyadic system that cannot be described on the basis of either partner alone (Beebe & Lachman, 1988, p. 305; Fonagy, Target, & Gergely, 2000, p. 104).

In transactional analysis terms, we might say that repeated transactions between the child and his or her caregivers are aggregated and internalized to form the basis of developing Child, Parent, and Adult ego states. As Berne (1961) put it, the mind contains “relics of the infant who once actually existed, in a struggle with the relics of the parents who once actually existed” (p. 55). He emphasized that ego states are phenomenological entities, not abstract representations (p. 4).

The internal structure of the self, then, arises from a matrix of relationships. I use the phrase “Parent/Child ego state dyad” to stress that a whole relationship is internalized, not just an introject: for example, an anxious Child ego state in response to a critical Parent ego state. Little (2005) refers to a similar concept as “ego state relational units” (p. 136).

We might assume that the mind contains multiple ego state dyads that reflect the child’s experience of the caregiving environment. Fonagy (2001, p. 165) and Schore (1994, p. 498) refer to multiple sets of self-other representations in securely attached children. Relational psychoanalysts (Bromberg, 2001, p. 181; Mitchell, 1988) describe multiple relational configurations within the mind. Bromberg (2001, p. 244) suggests it is only with maturity that we attain an adaptive illusion of self that overrides the awareness of discontinuity.

This ordinary phenomenological experience of being many selves is summed up succinctly by Virginia Woolf (1928/1993): “A biography is considered complete if it merely accounts for six or seven selves, whereas a person may well have as many thousand” (p. 224).

Self as Story: The Adult Ego State. One starts to wonder, how do we experience any sense of identity, a single “me” in the midst of this shifting milieu?

Berne (1961) referred to the integrative function of the Adult ego state but acknowledged that “the mechanism of this integration remains to be elucidated” (p. 213). I suggest that self-narrative is the key mechanism for integrating disparate Parent and Child ego states into a unified sense of self or “me.” The capacity to tell stories about the self involves a reflective process.

Fonagy, Gergely, Jurist, and Target (2002) argue that the development of such a reflective capacity is dependent on attunement in early relationships. When the caregiver accurately represents experience for the child, this pattern of relatedness is internalized, and the child develops an ability to integrate experience into narrative. The child learns to name his or her internal states and those of others. Fonagy et al. (2000, pp. 108-9) cite empirical evidence to demonstrate a high correlation between secure
attachment, reflective abilities, and narrative coherence.

In transactional analysis terms, accurate attunement facilitates the Adult capacity for reflective function and self-narrative. This concept of neopsyche function as a process of integration, reflective function, and narrative is consistent with recent theoretical developments in transactional analysis (Allen, 2003; Erskine, 2003; Tudor, 2003). Allen (2003) uses the term “psychological mindedness” to refer to “people's ability to think about their psychodynamics and to put their experiences into narrative script context” (p. 132).

The mind is experienced, then, as an unruly crowd of Child-Parent ego states with their own unique modes of relating and affective tones that are given meaning and shape by a narrator—the Adult ego state.

The Narrative Self. Accumulated evidence from neuroscience supports the idea that the self does not start as an integrated whole but rather is nonunitary in origin (LeDoux, 2002). LeDoux (p. 192) and Damasio (2000, p. 189) both argue that narrative provides the essential glue that binds various neural networks to create a unified sense of self. The brain uses stories to create a single “me” out of fragmented experience. Neurological research suggests that memory plays a major role in this process (Damasio, 2000).

In transactional analysis language, script theory aptly describes the crucial role of story in the development of self-identity. A life script is a story that arises out of interactions between a child and the world. It can either be life enhancing or self-limiting (Allen & Allen, 1997; Cornell, 1988; Loria, 1995). Using a structural ego state model, neurological findings about memory can be used to deepen our understanding of an integrating Adult ego state, the emergence of script, and the development of a narrative self (see Table 1).

Our earliest stories are wordless and arise from nonverbal transactions between infant and caregiver; they rely on sound, touch, and movement internalized as P/C ego state dyads. This experience is integrated into subsymbolic narrative by an early Adult ego state (A0) that relies on implicit memory systems. The term “subsymbolic” refers to affective and somatic patterns of organization (Cornell, 2003, p. 45).

Implicit memory remains outside of awareness. These memories are stored in emotions, sensations, and behaviors, with no sense of conscious recollection (LeDoux, 2002). Stories stored in implicit memory systems might be associated with Berne's (1961, p. 118) concept of protocol, which comprises the early relational patterns that form the basis of script. Allen (2003) suggests that experience stored in implicit memory creates “nonconscious organizing principles” (p. 131) that underlie later script decisions. Implicit storytelling is not replaced but continues to exist alongside later explicit story forms (Damasio, 2000).

For example, when an infant's earliest interactions are experiences of being adored and held snugly with a full belly, this set of sensations forms a subsymbolic narrative. These wordless stories form an emotional background—setting the mood, tone, and broad themes—that defines the world as safe or dangerous.

Simple symbolic stories about the self emerge with the development of explicit memory at 18 months (Schore, 1994, p. 483). Explicit memory involves conscious recall, language, and symbolic processes. These stories define the basic plot, the ending, and the goodies and badies. This is the magical and concrete thinking of Berne's (1961) Little Professor or A1, neopsyche process. A1 process tends to overgeneralize experience, thus forming injunctions.

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and core script beliefs. Explicit episodic memory captures highly charged emotional scenes typical of the memories accessed using redecision therapy. These scenes provide evidence used to justify and reinforce early themes.

Complex self-narratives ($A_2$) are possible by 4-5 years with the development of autobiographical memory (Nelson, 1992) and reflective abilities (Fonagy, 2002, pp. 245-248). Autobiographical memory makes it possible to organize remote events into a verbal narrative, including aspects of both fact and fiction, implicit and explicit memory (Damasio, 2000). Siegel (1999) referred to the “narrativization of episodic memory” (p. 61) as a child learns to string together episodes to create more complex coherent stories. These are the changing stories I tell about myself, and they involve a conscious narrator.

Autobiographical memory allows us to form a narrative self, a “me” who persists over time (Damasio, 2000, p. 217). Coherent autobiographical narratives connect the past, present, and future, thus allowing a person to make sense of life (Siegel, 2003, p. 52). These narratives are fluid and flexible; they allow the integration of conflicting experiences into a coherent whole. This capacity is a developmental achievement associated with secure attachment (Fonagy et al., 2002; Siegel, 1999). Autobiographical memory can be modified by new experiences (Damasio, 2000, p. 173), and this has important implications for therapy. It means I can change the story I write about myself.

The Adult ego state acts as a narrator, weaving stories that bind various senses of “I” (Parent/Child ego state dyads) into a coherent “me”: a narrated identity. Self is located within a story rather than an ego state—more like a process than a structure. The narrative self, like a good biography, contains diverse ego states, or many selves, linked by story. The ego state model described here might be diagrammed as shown in Figure 1.

**Stories and Trauma**

What happens when trauma interferes with the development of the self? This section briefly explores the evidence from neurobiology, attachment studies, and clinical research.

I propose that trauma impairs the Adult ego state’s capacity to form self-narrative, which results in dissociated ego states. This is not a new idea. Pierre Janet in 1889 (as cited in van der Kolk, 2000, p. 238) suggested that trauma causes a failure of narrative memory. He described how the experience of trauma is fragmented into emotional and sensory elements that are split off from ordinary consciousness or dissociated. Contemporary neuroscience has begun to elucidate the underlying mechanisms for this breakdown.

**Neurobiology and Childhood Trauma.** The absence of a secure attachment figure is one of the most critical factors contributing to chronic effects of child abuse (Schore, 2003; Streeck-Fischer & van der Kolk, 2000). Infants are dependent on an attuned caregiver in order to develop a capacity to regulate emotional states (Schore, 1994). Traumatic attachments result in an inability to regulate arousal and chaotic biochemical alterations that can damage the infant’s brain (Schore, 2003; van der Kolk et al, 1996).
Several studies indicate limbic system abnormalities and reductions in the size of the left hippocampus in adult survivors of child sexual abuse (Teicher, 2002, p. 71). What does this mean? Van der Kolk (2000) argues that disruption to the limbic system—in particular, to the hippocampus—results in a failure to integrate traumatic experience into narrative. The hippocampus is responsible for the contextualization of experience in time and place. Impairment to hippocampus functioning leads to the persistence of dissociated memory fragments, smells, images, and sensations that are not located in time and space.

To return to the example of Annie, she did not come to therapy with a neat story. She presented, instead, with a series of symptoms that made her feel crazy: disgusting smells that would not wash away; nights lying awake in frozen terror hearing footsteps in the hallway, and vivid images of her father standing by her bed. She slept with the light and TV on. The events of her childhood were not integrated into self-narrative; instead, the trauma intruded in the present in the form of sensory intrusions or flashbacks.

Damasio’s (2000, p. 235) work with brain injuries confirms that damage to the hippocampus will halt the growth of autobiographical memory. Memory research also suggests that under extreme stress, explicit memory can fail while implicit memory is enhanced (LeDoux, 2002, p. 29; van der Kolk & Fisler, 1995). Siegel (2003) and Cozolino (2002) both argue that trauma impairs neural integration in the developing brain, resulting in a failure to integrate implicit memories of trauma into autobiographical narrative.

In transactional analysis terms, these biological changes interfere with the Adult ego state’s capacity for integration through narrative. Feeling states, events, and relational patterns of trauma can all be recorded in implicit memory. In other words, whole ego state systems may be dissociated, not just the sensory elements of trauma.

For example, Annie’s proud memories of walking to church hand in hand with her father sit alongside vivid sensory memories of the sexual abuse. There is no integration of these experiences; the abusive father/abused child and the good respectable father with the good child remain side by side. These incompatible ego state dyads seem to alternate in Annie’s consciousness.

Attachment and Trauma. Child attachment researchers describe a similar process using different language and concepts. Numerous studies (Carlson, Cicchetti, Barnett, & Braunwald, 1989; Lyons-Ruth & Jacobvitz, 1999) verify a high correlation between child abuse and disorganized attachment patterns. The child struggles to integrate contradictory experiences of the caregiver as protective and hostile, leading to contradictory clinging and fight and flight behaviors.

Longitudinal studies show that disorganized attachment in children predicts dissociative symptoms in adults (Carlson, 1998). Fosha (2003, p. 250) explains this link by suggesting that painful feelings and events are dissociated in order to maintain the attachment to the abusive caregiver. This Faustian compromise creates autobiographical narratives that lack emotional coherence.

Clinical Evidence and Dissociation. Adult survivors of intrafamilial child abuse present with symptoms that meet a vast range of DSM IV disorders (American Psychiatric Association, 1994). However, clinical evidence from three key areas of research—sexual abuse (Briere & Runtze, 1988; Herman, 1992), PTSD (McFarlane & Yehuda, 2000; van der Kolk & Fisler, 1995), and dissociative disorders (Putnam, 1989)—all confirm a connection between childhood abuse and the process of dissociation. The evidence suggests that dissociation is a critical mediator between child abuse and a variety of psychiatric symptoms, including substance abuse, self-harm, suicide (Kisiel & Lyons, 2001), somatization, borderline personality disorder (BPD), and PTSD (Streeck-Fischer & van der Kolk, 2000). Dissociation can be understood as a disruption in the integration of memory, consciousness, and identity (American Psychiatric Association, 1994, p. 477).

Braun (1989) described a continuum of dissociation from normal that includes “highway hypnosis” to PTSD and finally to dissociative
identity disorder (DID). The degree of dissociation in an adult survivor depends on the availability of an adequate caregiver, age of onset, severity of trauma, and closeness of the relationship to the abuser. With patients with DID, 95-98% of them have been victims of severe child abuse (p. 308).

The evidence accumulating from empirical studies, like a braided river, seems to take different pathways to a similar destination. Neurology, attachment studies, and clinical research all point to the same conclusion: Trauma interrupts the capacity to form self-narrative, thus creating a division of experiences or dissociation. In transactional analysis terms, we might call this exclusion.

Self without Story: A Transactional Analysis Model of Trauma

This section proposes a model of trauma that integrates a relational theory of self with empirical evidence about the impact of trauma on development.

The Disorganized Self. Trauma impairs the Adult ego state’s capacity to organize experience through narrative, which results in a fundamentally disorganized self, one without an effective story to bind disparate Parent-Child ego states into a cohesive identity. The disorganized self includes many different “I”s and no coherent “me.”

Inside Out.

1. Outside gets inside. The experience of child abuse is internalized structurally as a kaleidoscope of toxic Parent/Child ego states stored in implicit memory systems (P/C). These relational prototypes represent the child’s diverse emotional experience of abusive and neglectful Parent introjects alongside abused and abandoned Child ego states.

2. The capacity for self-narrative is impaired. In the absence of secure attachment, trauma impairs the Adult capacity for complex self-narrative (A2). The abuse survivor relies on earlier forms of neopsychic functioning (A0 or A1) thus forming restrictive stories or traumatic script. Incoherent self-narrative gives rise to excluded ego states.

3. The inner world shapes the view outside. The adult survivor continues to see the world through the kaleidoscopic lens created by his or her unique ego state patterning. This ego state matrix determines affect regulation and relational patterns. Neutral cues are experienced as signs of danger, while other people are perceived as untrustworthy or abusive. The internal world is turned inside out through projections of excluded Parent and Child ego states. The unintegrated experience of trauma is reenacted through these repetitive patterns of transference, thus reinforcing the traumatic script.

At this point we have an answer to the question posed at the beginning. The monsters were outside but they get inside via the internalization of early relationships in Parent/Child ego states. The intrapsychic structure then shapes the view of self, others, and the world outside so that the adult survivor of abuse continues to see monsters long after they are gone.

The real tragedy for most survivors of childhood trauma is the struggle they have in forming satisfactory loving relationships as adults.

Traumatic Script.

Subsymbolic narrative, A0. Physiological symptoms of PTSD give voice to three cornerstones of the traumatic script using A0 sensorimotor language. These symptoms tell a story without using words.

1. “Never forget” is the message expressed through intrusive symptoms: flashbacks, somatic symptoms, nightmares, and panic attacks, all relating to implicit memories of trauma.

2. “Never go this way again” is suggested by avoidant symptoms: forgetting, emotional numbing, denial, dissociation, and drug and alcohol abuse.


Simple symbolic narrative, A1. A1 process gives rise to simple, overgeneralized, concrete, or magical stories. A traumatic script is formed based on beliefs about the self as bad, mad, unworthy, or unlovable, while other people are depicted as malevolent, untrustworthy, or uncaring. Bad things are attributed to a bad self. The child without narrative has no buffer against external events.
For example, Nancy first knew she was bad at age four when her mother suddenly abandoned the family, pinning a note to Nancy’s back as she left. Nancy did not feel bad—she was bad. When her uncle, a priest, sexually abused her when she was five then threatened to shoot her father if she told, she knew this had happened because she was a very bad child. When her stepmother locked her in a dark cellar, Nancy knew she was as black and bad inside as the cellar was outside. Years later, the black returned, perceived as a sticky black substance inside her body. Sometimes the black would ooze out and stick to her hands. She often scrubbed them until they bled. Nancy was careful not to tell her husband about the black for fear he would see her badness. She told him nothing of her past. He left one day after 20 years of marriage saying she did not trust him. Nancy knew he left because she was bad.

Exclusion. Exclusion is defined here as a process of “dis-integration” due to a failure of the Adult ego state to integrate experience into narrative. Parent/Child ego state dyads become excluded from Adult awareness and each other, alternating in mutually exclusive patterns.

Excluded Parent/Child ego states may include painful feelings related to trauma, unmet relational needs, and conflicted experience of a caregiver as loving and abusive. Exclusion results in a discontinuity of self-experience but also preserves more adaptive ego states that allow a child to cope.

Erskine (1993) suggests that trauma leads to “ego fragmentation and dissociation” (p. 38); however, the process he describes is very different from what I am suggesting here. He assumes that the self begins as a whole entity and fragmentation occurs with lack of contact. I am proposing that self begins as a multiplicity of ego states and integration through self-narrative is a developmental achievement.

Sharon’s story illustrates this model. During her first few sessions, Sharon would sit, wringing her hands, with her head lowered and her body shaking. Long silences, tears, and stammering attempts at speech dominated the hour. Her whole presence powerfully evoked the sense of a small, frightened child squirming with shame. It was difficult to reconcile this image with the charming, friendly, quite humorous Sharon who turned up to subsequent sessions. At other times, she would walk out of sessions in fits of rage, quit her job, overdose, cut herself, and binge eat. These diverse presentations reflected a series of alternating ego states with no coherent self-narrative.

Sharon had been sexually abused by her father from her earliest memories until she was 16. Her father disguised this exploitation with apparent adoration and involvement in her activities. Her mother never asked questions. The secret of incest remained safely hidden behind the family’s quiet middle-class lifestyle. Sharon either pretended that things were fine or she got sick. She had no words to explain her distress.

This childhood reality was reenacted during her adult life. For long periods Sharon pretended, hiding the incest secret from her own awareness. She looked after her children and worked in a supermarket. Alternately, she became sick with depression, self-disgust, suicidal thoughts, and flashbacks of sexual abuse. Sharon had frequent hospital admissions over 20 years, diagnosed with bulimia, BPD, and PTSD. As she became aware of this process, she began to describe herself as a Jekyll and Hyde: “I have to be either one thing or the other.”

During our work together over 6 years, these distinct ego state systems achieved some level of integration. Sharon managed to attend both work and therapy and learned to live in the present, creating a narrative of self that included her past.

Stories without Words: When Actions Speaker Louder . . .

The unfolding of the script is the substance of the psychoanalytic process. The transference consists not merely of a set of interrelated reactions, a transference neurosis, but of a dynamically progressive transference drama, usually containing all the elements and subdivisions of a Greek tragedy. (Berne, 1961, p. 174)

The abuse survivor arrives in therapy with a chaotic display of symptoms—the outer manifestations of a disorganized state of mind. Intrapyschic relationships between ego states are externalized through shifting constellations of
enactments provide a crucial voice for implicit relational dynamics in the present, not by dredging for explicit memories of trauma which is often stored in implicit memories with survivors of trauma. In my experience, three major themes of trauma outlined here provide a theory of mind and a method that is consistent with principles of contemporary relational psychoanalysis.

The model of trauma outlined here provides a theory of mind and a method that is consistent with principles of contemporary relational psychoanalysis (Aron, 1996; Mitchell, 1988). These theories emphasize the importance of relationships, both internal and external, real and imagined (Aron, 1996, p. 18). Here a dyadic structure of mind (Parent/Child dyads) emphasizes internal relationships between ego states derived from relational configurations. This inner world influences external relationships in the present, and therapy requires participation in cocreated patterns of transference to bring about change. Transactional analysis provides a bridge between intrapsychic and interpersonal realms, including both fantasized and real relationships.

**Three Transference Patterns.** Clinicians who work with trauma from a psychodynamic perspective often describe predictable patterns of transference based on variations on themes of helplessness, hostility, and rescue (Davies & Frawley, 1994; Gabbard, 1994, pp. 309-311). In my experience, three major transference patterns can be delineated (see Figure 2). Each involves a Child/Parent ego state dyad.

1. The good child in relation to an idealized parent, a Victim-Rescuer theme
2. The abused child in relation to the abuser, a Victim-Persecutor theme
3. The empty child in relation to the uninvolved parent, a Victim-Bystander (Clarkson, 1987) theme

With intrafamilial abuse, there is almost always an uninvolved parent who failed to protect the child. Neglect plus abuse forms a particularly toxic matrix of Parent/Child dyads.

While the themes and characters are familiar, each ego state system is a manifestation of actual relationships that have been internalized. The emphasis is on phenomenology: finding names and addresses for ego states involved in transferential transactions.

A Parent/Child ego state dyad may be experienced as an intrapsychic impasse, as an active Parent or Child ego state, or interpersonally when one aspect of the dyad is projected. Client and therapist can find themselves experiencing both aspects of an internalized ego state dyad. The concept of transference used here draws on Erskine’s (1991) definition—“externalized expressions of internal ego conflicts” (p. 66)—and assumes that both Child and Parent ego states can be projected. The transferential relationship is viewed as a mutual construction (Hargaden & Sills, 2002, p. 63).

In the following sections, case vignettes illustrate a relational approach to therapy with adult survivors of child abuse.

1. The good child and the fairy godmother.

This transference pattern (see Figure 3) is a Cinderella story and often marks the beginning of therapy. Stories of a child being raped or beaten easily tug on the heartstrings, thus invoking the Rescuer ever present in many therapists with the desire to alleviate suffering by magic. From the client’s perspective, feeling believed and understood for the first time can
provide a powerful elixir that conjures up unheard-of promises and the fantasized fairy godmother. This dynamic can be formulated as an expression of C₃ longings for unmet needs (Hargaden & Sills, 2002) or an attempt to find a symbiotic fusion through projection of the fantasized Parent figure \( (P_{1+}) \) (Haykin, 1980; Moiso, 1985). I believe there is no reason to differentiate this fantasized introject from other introjects \( (P_{2}) \); both are real subjective experiences formed from a mix of fantasy and reality.

For example, Sharon had a constant fantasy as a child that her kindly neighbor, an older woman, would one day take her home. In therapy, an idealizing transference emerged very quickly in which I was viewed as the best therapist she had ever seen, an all-loving, perfect mother who could magically remove her pain. She used glimpses of me with my family in public as proof of her perception.

Over time, an entitled Child ego state emerged. If Sharon truly was as innocent as I maintained, then surely she deserved a few phone calls? During suicidal crises, pleas for extra sessions and phone calls escalated; somehow I was not doing enough.

Working through a fairy godmother transference usually involves giving up hopes of rescue, acknowledging that the abuse did happen, and mourning for a lost childhood. Instead of waiting for the therapist to wave a magic wand, the client learns to tolerate the pain of never having felt cared for.

2. The abused child and the abuser. Fairbairn (1952/1992) first noted in his work with abused children that the abusive parent is
frequently internalized and split off or disassociated from consciousness. This sadistic Parent ego state is evident in harsh internal dialogue and persistent self-blame. It often seems intent on a campaign of rampant self-sabotage, manifested in self-destructive behavior like Sharon’s starving, purging, cutting, and overdoses.

This abused child/abuser ego state dyad appeared in therapy with Sharon during long stuck periods when she would tell variations on the same story over and over (e.g., “People are cruel to me”). She felt distressed and helpless (abused Child), while everyone around her, including me, was seen as being hurtful (projected abuser).

Occasionally there would be a rapid switch in ego states. During a period of crisis, Sharon began asking me to hold her hand during sessions or to sit next to her on the couch. I gently refused the physical contact, suggesting we talk about her need for touch instead. Shortly afterward, I received a call from her psychiatrist; Sharon had complained that she felt abused by me.

Sharon had recreated her family of origin in this drama. The psychiatrist requested meetings and explanations, while I felt trapped and guilty. Sharon seemed to enjoy exercising some power over me. My supervisor made an insightful comment: “She’s fucked you.” This summed up the nature of the intrusion I felt—projective identification with an abused Child ego state. Over several months, Sharon and I managed to unravel the tangle. She understood that her feelings of guilt in coming to see me were much like the feelings she had about her relationship with her father. She felt guilty about being in therapy for several years and kept the relationship secret from her family. When she disclosed abusive memories, she felt abused by me as she was by him (projection of the abusive Parent). She acknowledged the complaint was an expression of anger and eventually recognized her own behavior as being like her father’s (active Parent), an alien, excluded part of herself.

The enactment was repeated again some months later. On this occasion, Sharon had just been diagnosed with arthritis, a disease from which her father also suffered. She felt as though he was in her body again and experienced the arthritis as a violation of her physical integrity, like sexual abuse. She began cutting herself; memories and sensations of sexual abuse flooded her awareness. She phoned me at home feeling desperate. I calmed her somewhat and then suggested we talk further in the session. Angry at my response, she immediately phoned my colleague and then her insurance case manager, complaining about my lack of availability. The case manager phoned me, accusing me of ignoring Sharon’s distress—guilty again. I received this call a day after my mother-in-law died. I entertained a brief fantasy about calling Sharon to cancel the next session because of the funeral. A retaliatory fantasy—“See how guilty you feel now.” At this point I realized the extent of the guilt Sharon had felt as a child and the way it was being tossed between us in the transference and countertransference. This time it was only a week before she recognized the pattern.

Sharon began to accept the depth of her anger and to understand her guilt. With this Adult awareness, previously excluded feelings were integrated into an expanded autobiographical narrative.

Using game theory and blanket labels of “Kick Me” or “Now I’ve Got You, You Son of a Bitch” to explain these events would miss the subtle detail of the relational dynamics being repeated in the transference. The sudden switches in Sharon’s ego states resulted from disjointed self-narrative and unintegrated ego states, both characteristic of BPD.

In my work with Sharon, I found myself navigating an uneasy path between actual recapitulations of past trauma and creating a stage on which these silent dramas, which have been excluded from awareness, can be enacted, symbolized, and integrated into conscious narrative. My supervisor reminded me of the importance of keeping the doors to the “theater” shut (boundaries) while the “play” is in progress to prevent fantasy from spilling out into the real world.

3. The empty child and the uninvolved parent. In therapy, Nancy was silent for long periods, staring out the window. When I asked a question she seemed not to hear or asked me to repeat it. Her mind seemed utterly disconnected, like a computer that freezes. She was
on medication and had had many courses of electroconvulsive therapy (ECT). Long before this treatment she had perfected the art of dissociation during countless incidents of sexual abuse as a child by numerous offenders, including brothers, cousins, and uncles. At these times, Nancy would leave her body and view the abusive scene from a third-person perspective. For long periods I felt as though I had completely lost contact with her. She came and went from sessions with little change, apparently unreachable. During sessions I often glanced at the clock, feeling irrelevant.

In one session, Nancy and I had the following exchange:

Nancy stared blankly.
Jo: Where are you now?
Nancy: I’m back in the cellar. (She goes on to describe the wee square of linoleum she sits on, the cold and dark.)
Jo: What are you thinking about?
Nancy: That someone might find me . . .
Jo: Your mum?
Nancy: No. She didn’t want me . . . She’s dead (said in a deadpan voice).

It slowly dawned on me during this session that I was experiencing myself as Nancy’s “dead mother.” She had no investment of hope in me at all. Nancy’s mother had left when Nancy was four, leaving her vulnerable to years of sexual and physical abuse. These feelings of deadness or emptiness can be harder to cope with than the drama of the abuser-victim dyad. Gabbard (1992) suggested that the tenacity with which the incest survivor clings to the paternal transference may be an attempt to avoid this deadening void.

This transferential dyad often appears as a perception that the therapist is uncaring or unavailable—projection of the uninvolved Parent. A switch can occur if the therapist is inspired to “go the extra mile” to prove caring, thus provoking the entitled Child. Attempts to love the client more than the uncaring mother did might also lead to a sexual transgression of boundaries wherein the therapist becomes the abuser, thus repeating the incest. A significant percentage of clients involved in sexual relationships with therapists have been incest victims as children (Gabbard, 1992).

Creating New Stories: Cure

I believe the goal of therapy is to strengthen the Adult ego state’s capacity to create coherent self-narrative. Within a relational therapy, intrapsychic dynamics are externalized through transferential enactments. As client and therapist resolve these impasses in the relationship, excluded Parent-Child ego state dyads can be integrated into an expanded self-narrative. At-tunement in the therapeutic relationship is used to develop the Adult capacity for reflective function and self-narrative.

Adult attachment research shows that coherent narrative in a parent is the most robust indicator of secure attachment in infants (Hesse, 1999). These findings suggest that integration within the mind fosters interpersonal connections. In transactional analysis terms, this means that coherent self-narrative can prevent the intergenerational transmission of script.

To return to the story of Annie, one day she arrived at the session with a broad smile and without her baby granddaughter. We both knew this meant she had left the baby with her husband Bill, trusting him for the first time—ever. As she said, “It just feels so different. It’s only now talking to you that I realize how different I am. It’s such a warm good feeling to see Bill holding the baby.” We both share “the warm good feeling” in a moment of eye contact—so different from the furtive glances and shame that has permeated our sessions in the past.

Coherent narrative integrates disparate ego states into a continuous sense of self. The client is free to roam in previously excluded parts of the mind. The stream of consciousness becomes deeper and wider rather than being forced down the narrow channels carved by the traumatic script. The client develops a broader, more flexible story of self that makes sense of the past and creates a new future. A client summed this up for me during a final session. When I asked her what had changed, Jamie said, “It’s like having a walk-in wardrobe in your mind.”

Conclusion

This article proposes that self-narrative is a key function of the integrating Adult ego state. Trauma and neglect in early relationships impair
this capacity and result in a disorganized self-structure. The goal of therapy, using a relational approach, is to develop the client’s ability to create a coherent self-narrative.

This transactional analysis model of trauma places the consequences of childhood abuse in a psychodynamic relational framework, highlighting the complex interplay between fantasy and reality, inside and out.

Trauma therapies that focus on outside, recall of events, and abreaction are insufficient to bring about lasting change. It is essential to address internal ego state relationships to facilitate a reorganization of mind or cure (Berne, 1961, p. 246). As Bromberg (2001) writes,

We do not treat patients . . . to cure them of something that was done to them in the past; rather we are trying to cure them of what they still do to themselves and to others in order to cope with what was done to them in the past. (p. 237)

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