

Sally Evans TA, the Joanna Case Study and Working Online

In preparation for the 2014 Multi-Modality conference at which Philippa Weitz is speaking about working online she asked a number of clinicians from different modalities to comment on the Joanna case study.

Please be aware that this is "work in progress" for this conference and that each of the contributors will be continuing to work on their reflections for a book planned on the subject.

Introduction

John Naughton talks of developing a language which allows people to enter into a meaningful discourse with respect to the Internet. He argues that a current language of economics does not take into consideration the abundant nature and endless possibilities surrounding the potential of the Internet. He supports using the language of ecology where systems inter-relate, interweave and connect with one another. I agree with him whilst also adding that the language we as psychotherapists and counsellors need to develop is a psychotherapeutic language. We need to as it were to put our psychotherapists' hats on. It is my belief that as practitioners we possess all the psychotherapeutic theory we need to language and describe our work with clients online. The fact that our theory was written in a time when working via technology in a space called cyberspace was not even a distance dream nor probably imaginable and thinkable are irrelevant. As online therapists, what is required, is for us to adapt, tweak and apply our theories born in a time of face-to-face relating onto our new virtual practices.

As a Transactional Analyst, I am influenced by the TA specific theories of ego states, contracting, transactions, diagnosis, together with the philosophical principle of Okness, amongst others more generic theories i.e. transference and counter-transference and relatedness. All these theories can easily be used to shape and support working in this differing landscape.

Referral

From the referral, all I know of Joanna is what her G.P. knows - her name, age gender, weekly attendance at her G.P. surgery primarily for depression and panic attacks together with a wide variety of non life threatening symptoms. It is this last known that intrigues me. As a Transactional Analyst I would hypothesize whether her symptoms are an indication of unexpressed psychological states in the form of psychosomatic illnesses?

TA theory rests upon the foundations the Ego States, which are defined as "a consistent pattern of feelings and experience directly related to a corresponding consistent patterns of behaviour". (Berne 1964) and of which there are three – the Child, the Adult and the Parent. The Child ego state relates to the feelings, thoughts and behaviours learned and developed in childhood, the Adult ego state is the here and now, reality testing with full adult capacity and the Parent ego state is the introjected feelings, thoughts and behaviours from historical significant others.

During early (ego state) development, the child's existence and experiences' of the external world are centred via their body. Therefore any disturbance or rupture experienced in early life will be felt in later life in the body via the manifestation of unspecified symptoms. These early patterns of feelings and experiences are held at the body level in the Somatic Child ego state, an early part of the later Child ego state.

Is this what is repeatedly happening with Joanna? That her recurring G.P. visits are her somatic Child's attempt to demonstrate internal disturbance? If so, this would indicate the

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presence of an active and executive somatic Child ego state which is in charge and determines Joanna's behaviour. It would also indicate that Joanna is functioning at a much younger age than her 42 years. Combined with her use of medication to manage her depressive state, I would also hold in mind her ability to contain and cope with intense emotional affects as a fully functioning Adult ego state may be excluded. This may mean that when Joanna is struggling she may engage early Child thinking and implement early Child solutions to solve present day difficulties which discount her present day capacity to rationalise, reason and act in a responsible adult manner.

In her therapy I would therefore hold in mind the possibility that the world was an unpredictable place for the very young Joanna and that she is internally regressed. That possibly her early relationships with her primary care giver/s may have been less attentive and unprotective than she will have needed, with ruptures in these very early relationships being a distinct possibility.

I would also hold in mind the issue of risk. Does Joanna hold any risk to self as a Child solution to present day stress? If so, then I may need to engage in risk management and containment techniques designed to strengthen Joanna's Adult ego state before exploratory, reflective therapeutic work can begin.

All this happens before our initial meeting!

First Session

In line with Classical TA practice, the first session would concentrate on "contracting". Berne (1966) defined a contract as "an explicit bilateral commitment to a well defined course of action" (1966:362) and like ego states, there are three – the administrative or business contract i.e. session times, payment, confidentiality; the professional contract or focus, what is it Joanna is wanting to achieve by attending therapy and the psychological contract or the unspoken and often unconscious expectations Joanna holds either about therapy or therapy online.

Joanna's ability to discuss and negotiate these contracts would form the initial part of my continual assessment of her suitability for therapy together with her suitability to engage in therapy online.

Part of the assessment would involve an intake of her history, family, support networks, relationships, previous experiences of therapy, coping strategies particularly when feeling not ok. This last enquiry would be vital given my hypotheses regarding her possible active Somatic Child and regression under stress. I would be interested in her capacity to engage in here and now adult thinking to support herself which would indicate her capacity to engage her Adult ego state. Depending upon the outcome of the assessment, I may discuss with Joanna altering her preference for text based therapy to video-conferencing, as this would provide what I believe is a more contained method of working especially if any risk issues to self emerge. Being able to visually see the other at these times are important as the whole body and mind of the other is present and leaves the practitioner with less fantasy and anxiety about the crisis the other may be experiencing.

Through her written words I will be observing not only her ability to express herself in written form but tweaking another TA theory – the theory of Transactions. In face-to-face

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therapy, this analysis is of the spoken word, online in text based therapy, the analysis of transactions is the analysis of the written words.

In TA, a transaction is the basic unit of communication, the basic unit of social discourse. The opening transaction is the stimulus and the corresponding reply, the response. In analysing transactions I would again be using Ego State theory.

For example, as long as Joanna and I both continue to engage with one another from our Adult ego states, then our conversation has the potential to continue indefinitely. This is due to our conversation being complimentary, our Adult ego states are complimenting one another. If however I ask a question and Joanna shifted ego states and answered from either her Child or Parent ego state, then this has the potential to leave me feeling confused, a sort of “what just happened there” confused. If I then answered her from my corresponding ego state i.e. my Parent to her Child and or vice versa, then we would again be in the territory of complimentary transactions and our conversation could resume indefinitely. As a therapist it is hoped though, that my active ego state is predominately Adult. So if I notice that I am being pulled into replying or engaging from either my Parent or Child then I can hypothesize that Joanna is either in her Parent or Child. What this would alter me to is the possibility that Joanna is engaging with me from a historical ego state, she is engaging with me from her history. We would therefore have in our online relationship the emergence of transference. This would be facilitated by the blankness of the computer screen which promotes and supports projections of fantasies, desires and unmet relational needs. Enquiry would bring alive Joanna’s internal world in a hopeful uninhibited way away from the gaze of the other. I would need to pay close attention to my inevitable counter-transference through analysis of my active ego state and either work with the transference i.e. “is this familiar for you, who does this remind you of” type of transactions or work in and accept the transference onto me i.e. “tell me more” and in this sense make the online therapeutic relationship an alive transference therapeutic relationship – easy given anonymity and one of the most clinically beneficial aspects of online work as transference and counter-transference are always present with anonymity.

In all this engagement with Joanna I will be applying one of TA’s fundamental philosophical assumptions, that people are ok, I’m OK and You’re OK. This means that you and I both have value, integrity and worth as people. Cyberspace offers this mutuality, a lessening of the power dynamic of therapist and client.

Subsequent sessions

While my TA theory provides the theoretical framework influencing my way of thinking about Joanna, the hypotheses I hold in mind, in practice as a relational transactional analyst, I would simply be with Joanna. I would follow the lull of her written words, observe how she describes, narrates and languages through words her experiences.