

ERIC BERNE, M.D.: Transactional Analysis in Psychotherapy, Grove Press, New York, 1961, 270 pgs., \$3.95.

I am particularly happy to have the opportunity to review Dr. Berne's book; for I have been one of his students, and it is immensely satisfying to have this outlet for the inspiration he has so often stirred in me. I should like to remark briefly about my experience as a student of his, because the reader who peruses this book carefully is likely to meet with a similar experience. Berne is not only a good teacher, as demonstrated by the clarity of the expositions in this book, but he has in addition a rare gift. He can shake the ground from under one's thoughts, which is the most healthful and invigorating experience the intellect can have. It enables the intellect to unload a great amount of unnecessary baggage that it is spending valuable energy to support. That is what is in store for the thoughtful reader. He is sure to recognize that this is a work of exceptional originality. It is just possible that if Berne had not accomplished this work, no one else ever would have.

Such originality, however, also has its disadvantages, for it has confused many people about the essential orthodoxy of Berne's thinking. I do not believe that the degree of orthodoxy ipso facto determines the merit of an idea, and I do not raise this question for that reason. The reason I do is that the comparison of a new idea with an older one is a most useful way of arriving at the important meaning contained in both.

I have discovered some of my colleagues to badly misjudge Berne on this score, and, consequently, I have been inclined to believe both that they do not understand Berne very well and also that their appreciation of what is fundamental in psychoanalysis is not too discriminating. But, of course, it is not always easy to decide about this question of orthodoxy.

The ideas which are presented in this book are extensions of Freudian theory or independent theoretical elaborations, but not contradictions. In spite of the frank dissimilarities on the surface, at their roots the two systems of ideas are completely compatible. In contrast to this, the close superficial resemblance of other theories of psychiatry to orthodox analysis may actually hide serious disagreements on issues that have far-reaching implications.

Let me give one example. It concerns the subject of the kind of principle which underlies the organization of the personality and of behavior. Ego psychology is supposed to have the closest kinship to psychoanalysis, but when it extended its theories beyond the defensive operations of the ego, it seems to me it rejected one of Freud's most basic ideas of psychic life. Concepts like the autonomous ego, the rank order of ego functions, the functions of integration, adaptation, and identity formation, all represent attempts to explain the organization of the personality by means of principles which have no direct connection with instinctual drives. Ego psychology is unmistakably a non-libidinal theory of psychiatry.

The principal significance of Freud's work is not merely the discovery that dreams and neurotic systems contain libidinal impulses, but the priority he gave to the instinctual drives in mental life. It is this priority, and this only, which provides the logical foundation for the psychoanalytic explanation of mental phenomena.

The theory of the libidinal regulation of psychic life was elaborated first in regard to dreams and neurotic systems, which, Freud maintained, are substitute gratifications of repressed allo-erotic impulses. It was given a major advance some years later by Reich, who discovered a crucially

important fact of neurotic character structure. In this instance, the hidden gratifications are narcissistic ones. Berne has, I think, produced another valuable extension of this basic theory in his concept of games. A game is a series of social transactions with a gimmick, i.e., a secret controlling device. A large portion of the individual's social transactions is found to have a program which is designed to secure for him a number of secret psychological gains. When completely analyzed, these gains include not only the gains that Freud and Reich identified, but, in addition, other psychological and social gains not encompassed by their particular theories.

This book has many rich ideas, but fully as remarkable as any of the features in it is the fact that the book as a whole presents a complete system of psychotherapy. There are really very few systems of therapy -- and, for that matter, comparatively few systematic therapists. To be sure, there are a greater number of theories of pathology with related ideas of therapy, but that is not the same thing at all. I strongly suspect that a satisfactory theory and method of therapy cannot be developed directly from the investigation of pathology, as thorough as that investigation might be, but must, as in this case, be created in its own right.

Transactional analysis is a complete system of therapy, and this is true in several senses of the word. It is complete in the sense of being able to set for each patient a series of goals from the beginning to the end of therapy formulated in transactional terminology. It is a complete system, also, in the sense that it is generally applicable to many categories of psychiatric disorders, and is not limited in use as a specialized technique for a particular disorder. It is complete, also, in a logical sense. The high degree of unity and self-consistency of this

system deserves special notice. Quite obviously this is not the kind of logical unity that can be attained through compromise and patchwork. It can only be achieved as part of the initial conception of the theory, and this thought in turn suggests that a new and valuable principle is involved in this system.

Up to this point I have discussed some theoretical aspects of transactional analysis, and now I would like to enumerate the specific advantages that I see it affords in practice. Most therapists, I think, will agree to the value of these advantages.

1. The initial phase of treatment, which Berne calls "structural analysis", enables therapy to proceed on a personality level, as opposed to a symptomatic level, from the very beginning.
2. Structural analysis is highly efficient in settling to what extent and in what manner a particular point in question is syntonic or dystonic -- or both -- to the personality.
3. Acting out is not the difficult complication in transactional analysis that it is in other treatment methods, for on the personality level, behavior, symptoms, and verbalizations find their common denominator.
4. The borderline case is another difficult clinical problem. Structural analysis affords a conception of the borderline case which is much more useful to the therapist than the "Swiss cheese" ego conception.
5. Diagnostic differentiations emerge most clearly in the behavior of patients. Transactional analysis is focused upon the behavior of patients and therefore adapts itself very particularly to the pathology it is treating. It induces the therapist to follow a wider variety of courses with patients and to avoid the erroneousness of treating all cases as though they were the same.
6. Ego states and social transactions are things which can be seen, as contrasted with dynamics and mechanisms which only can be inferred. Due to the phenomenological point of view of transactional analysis, the entire treatment process is under a greater measure of control.
7. Treatment results with transactional analysis seem to be surer. The reason for this is that due to its concentration on the behavioral aspects of pathology, the gap between insight and change is narrowed.

8. There is an inherent quality which structural and transactional interpretations possess, and one of the benefits from this peculiar quality is that the therapeutic margin of safety with structural and transactional interpretations is greater than it is with dynamic interpretations.
9. Again owing to the peculiar nature of structural and transactional interpretations, none of the above advantages is appreciably diminished when the system is applied to group therapy.

This book eminently deserves the attention of all who are concerned with the advancement of modern psychiatry.

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