

Transactional Analysis in Prison Psychotherapy Groups

by

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The California Medical Facility at Vacaville was built and run by the Department of Corrections primarily for the purpose of facilitating the group psycho-therapeutic treatment of men convicted of felonies in California. A separate section of the prison, called the Reception and Guidance Center determined what program and prison facility the convicted felons and parole violators would be assigned.

This material, first published in 1962,¹ deals with the author's experience in utilizing transactional analysis in the California Medical Facility where the principal rehabilitative activity was group psychotherapy. Of the 1,400 men then housed in this facility, about 500 were assigned there for psychotherapeutic treatment. These included psychotics, borderline psychotics, sociopaths and neurotics. All men in the therapy groups had been convicted of a felony by a Superior Court and sentenced under the California indeterminate sentence law by a Superior Court Judge. These prisoners, called patients, were aware that the institution's primary purpose was to provide a setting for group psychotherapy. While group attendance was not mandatory in one sense, it was explicitly stated that those not interested enough in group therapy were transferred to other correctional institutions or, colloquially, "caught the next boat." Euphemistically speaking, the Vacaville Medical Facility was then known as "one of the best country clubs" run by the California Department of Corrections.

Psychotherapy groups consisted of eight to fifteen (usually eleven or twelve) men. Most groups met twice weekly for an hour. Groups were heterogeneously composed, regarding both psychiatric diagnosis and offense committed. As men were transferred to other prisons or released to parole by the Adult Authority, new members were added to the groups of a psychotherapist from a waiting list maintained by the prison staff; or sometimes by a patient's request to an individual therapist to be added to his particular group.

When this writer joined the psychotherapeutic staff at CMF (then known as the California Medical Facility) in the late 1950's his treatment method was termed "psychoanalytically oriented therapy." Therapist directed his attention to both the dynamics and the process aspects of the groups as a whole **and** the dynamics presumably operative within the members of the group with appropriately an even balance of attention to those two areas.

Shortly after joining the Transactional Analysis Seminars in San Francisco writer began to use the concepts and principles of transactional analysis. Transactional analysis as described

¹ Ernst, F.H.: "Use of Transactional Analysis in Prison Therapy Groups", Journal of Social Therapy, 1962, Vol. 8, No. 3.

by Eric Berne^{2,3} takes as its premise that the personality structure can be understood in terms of its functional and phenomenological qualities as depicted by its core diagram of:



The adult is the thinking, logical, objectively oriented person.

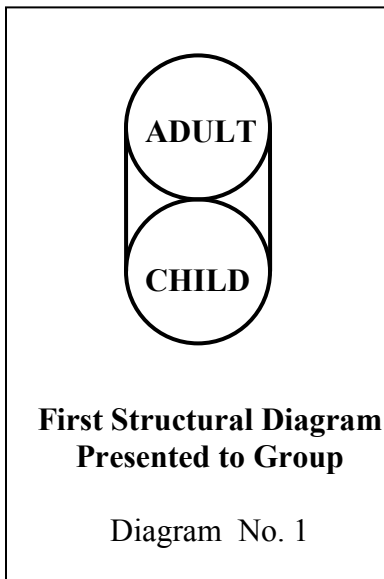
The child is that portion of the personality behaving in a manner similar or identical to the way the person handled his living situations in actual childhood, controlled by and adapted to factors operative in this earlier (dependent) developmental time of life.

And third, the person has the option of operating in the fashion of a parent. This Parent is the one who determines what and how psychological and physical nourishment will be dispensed, as well as what will be prohibited and how prohibition will be effected. Parents define good and bad, what should be done, said, and what should not be listened to or looked at. This portion of the psyche has been borrowed from older, physically developed, real individual who determine the emotional environment of childhood.

Structural Analysis

The child, while growing, has to arrive at methods of adjusting to these parental persons, not only from a defensive, lifesaving point of view, but also in order to obtain a maximum of internal and external psychological satisfactions. This is described by Freud in his remarks on

paranoid and epinoid gains.⁴ This adaptation results in a modification of the developing childhood personality from what is so called "natural" evolution. The adapted methods of obtaining gratification in the home can be understood in terms of games. Notwithstanding all the discipline, learning of manners, training and other efforts of parents, the primary observable activity of childhood is play. In fact, children perceive that discipline and training are the rules of the "game" of life.



This structural analytic method of sorting Parent Adult and Child behavior and verbal transactions was introduced to the prison patients. First pointing out how a patient felt and appeared, while describing his childhood experiences. And contrasting this with other observable matter of fact qualities of himself when he talked in a factual manner. For example, about present-day events such as baseball games, parole board results, or in a matter-

² Berne, E.: "Transactional Analysis in Psychotherapy", Grove Press, Inc., New York 1961.

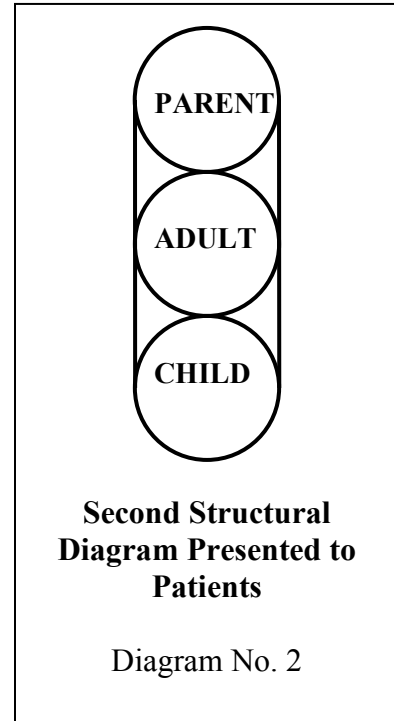
³ Berne, E.: "Ego States in Psychotherapy", American Journal of Psychotherapy, 1957, 11: 293-309.

⁴ Freud, Sigmund: "Fragment of an Analysis of a Case of Hysteria", Hogarth Press, London 1949. vol. 3 Collected Papers (Footnote pp. 53-54.)

of-fact way describing an encounter in the prison where he had disengaged himself from someone looking for a fight. In this way the grown-up person (Adult) could be contrasted with the Childhood techniques of dealing with his present milieu. These two functional aspects were labeled Adult and Child on a blackboard for all the group patients to see.

The majority of patients quickly assimilated this, but there were a fairly consistent portion of new members who degraded the Childself in themselves and/or others. They were, for example heard calling the Child “childish” or instead reply “Doctor, are you saying I'm immature?”

As this belittlement of the Child came out in the sessions, the writer was enabled to list the parental approach of those who did the ridiculing by asking if this could have been the words and attitudes of the ridiculing patient's own parents during childhood. (See Diagram No.2) More often than not, this was promptly expanded on by the ridiculer; for example, one patient: “Yeah, my old man could make me shrivel up inside when he spoke to me. Once when I was eight (8) he caught me running home away from a fight. He beat hell out of me with a two-by-four and told me if he ever caught me running away from a fight again, he'd do the same thing. So I never backed away from a fight again. I got beat a lot of times, but I won a lot of fights too.”



Transactional Analysis

After the patients had achieved ability to distinguish these Parent, Adult, Child ego structures in each other, and to some degree in themselves, the therapist began to diagram on a blackboard some of the verbal exchanges or transactions between the patients.

A transaction is defined here as a stimulus-response pattern or, more particularly, what manner of verbal stimulus evokes what manner of responding attitude.⁵

The following analysis of stimulus-response pattern in a group yielded quite extensive historical information as a bonus. (See the Named Seating Diagram in Figure No. 3)

In a silence Tom looked around and observed some other members of the group. He said:

“I know in my case I'm not ready to go out (of prison). If I was paroled today, I wouldn't go because I don't think I could make it and I think there are two or three other people like me in the group.”

⁵ Berne, E.: “Transactional Analysis: A New and Effective Method of Group Therapy”, American Journal in Psychotherapy”, 1958, 12: pp. 735-743.

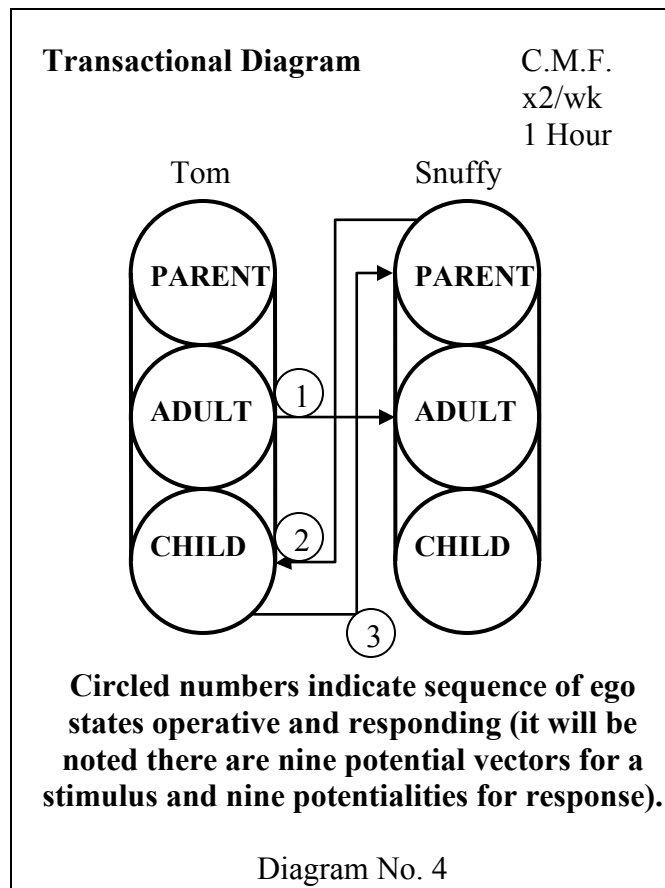
Therapist : “I thought it was Snuffy's parent talking to your Child. It sounded like Snuffy had a parent who lectured him by emphasizing words.”

Tom: “Yeah, my mother used to do that to me too, and would make me feel like ... ,” with citation of a typical dramatic scene at home.

Therapist: “Snuffy, you were emphasizing your words as you talked with Tom and it sounded like a certain kind of parent. Did you have a parent like this who used to emphasize his words?”

Snuffy : “Did I! My mother” Then a history with several illustrative episodes of childhood rebellion against mother and her strenuous efforts to “try to show him the error of his ways.” These were followed by the story of how he turned a hub-cap-stealing type of offense into fifteen years of continuous lock-up because “I don't believe you should let anyone tell you what's best for you; I know what's best for me.”

In the analysis of their Parent-Adult-Child transaction, the antecedents of current attitudes became more easily and clearly recalled by the patients in an affect-laden manner. The fact that Snuffy was also homosexual was of dynamic importance, but the analysis of its origin at the particular time would not have offered appreciable beneficial results to Snuffy or the group.



In another group (See the Named Seating Diagram in Figure No. 5):

Jack was holding forth: "Doctor, I have a problem with my paranoid schizophrenia. I can't seem to reconcile my own anthropomorphic views with the divergent, but interesting, psychological, theoretical conceptualizations offered in the volume I'm perusing -----,"

This went on for two or three minutes, when another member of the group, edging around in his chair, sarcastically responded: "There he goes again. Jack, you're just asking to be trampled again."

Jack: "Nobody was talking so I just wanted to fill the time. Besides, I'm a criminal, social defective, degenerate member of society and I'm trying to improve myself here."

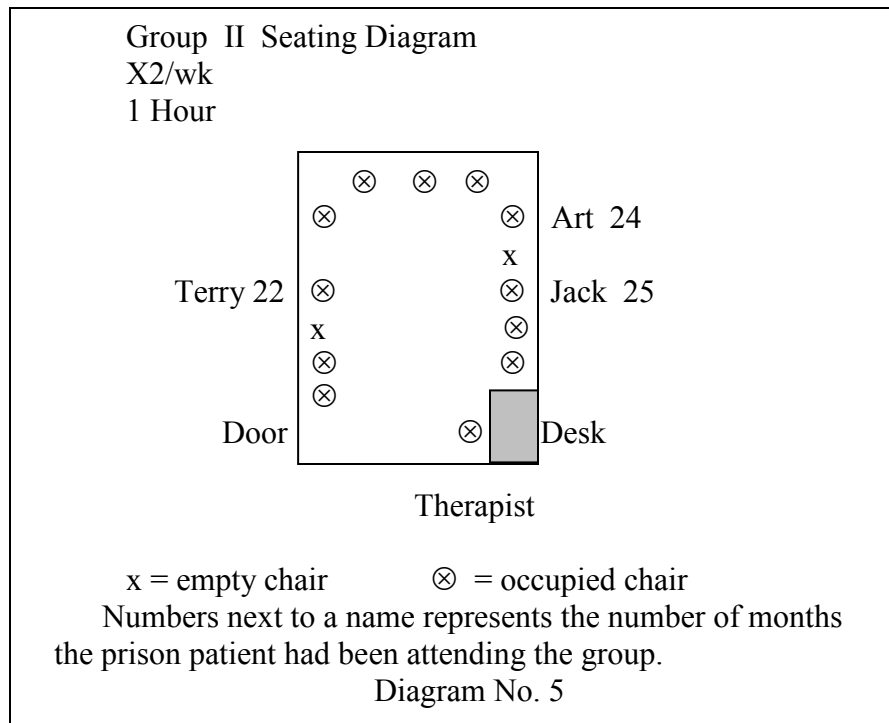
Terry: "The best improvement for you would be if you got shot and were improving six feet under ground."

The therapist interrupted, asking Terry what part of him felt this way.

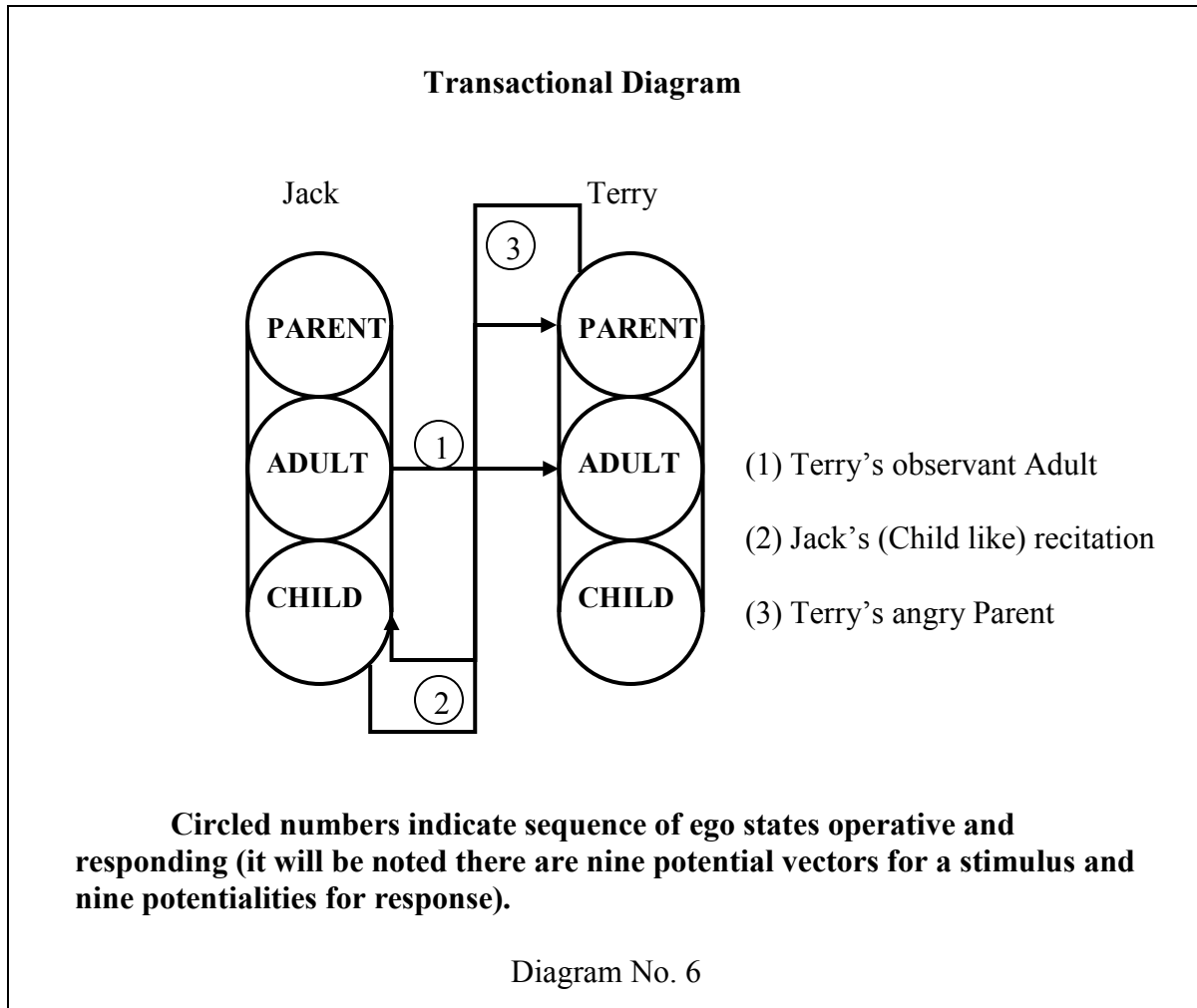
Terry: "It's just like my father. He was always making cutting, biting remarks. I find myself acting like my father all the time. I wish I could cut out the bad parts of him and keep the good parts."

Therapist: "Terry, while Jack was talking, did you notice this resentment building up in you?"

Terry: "Yeah, I knew it wouldn't do any good to say anything to him, but I just couldn't help it. It got the best of me."



At this, the therapist diagrammed that Terry's adult had noticed anger building within. His responding anger was identified as typical of what Terry experienced from his father in childhood. Additionally, it was pointed out in the diagram that Jack's precocious Child had provoked Terry's Parent into action. (See Diagram No. 6)



The prototype event of Jack's Child "asking to be trampled on" occurred when he, aged 5, was with an older brother and sister at a movie just after his mother committed suicide. He became separated from his siblings at the theatre during an intermission, went down the aisle looking for them in the dark, fell and was in fact trampled on by people walking in the aisle.

In group, Jack's hidden or ulterior motive in being trampled on was the sympathetic protectiveness it aroused in certain other members (hopefully to include the therapist) to heal his "wounds" and assure him he was not an "evil" person.

Over the period of several sessions, it developed that Jack derived additional advantages from being trampled. The external psychological advantage was the reassurance that he wasn't alone in the world after mother's suicide. The internal psychological advantage of having been trampled was assuaged guilt concerning a severely violent assault on someone who had

befriended him in later life. The internal social advantage from this maneuver was the relief of boredom and anxiety. He obtained satisfaction in the group playing his game of "Poor Me," which was so designed that he could feel he had won either when he was criticized ("See there, that proves nobody likes me") or when his "wounds" were being attended to. The external social advantage external to the group session was the hall-way discussion of his symptoms with the therapist and other members of the group.

The following example is used to illustrate that prison patients grasped the import of stimulus-response patterns as observed in the group which they used "now"; in this case to engage the therapist for constructive purposes. A patient, utilizing his correct analysis of transactions in the group between Jack and the therapist, re-established his Adult objective balance within the therapeutic framework.

Jack was again talking in his rambling, polysyllabic, precocious fashion when he was interrupted by the therapist.

Therapist: "Jack, why don't you stop talking so much? You just get the other guys to trample on you." (A pleading tone was in the therapist's voice, saying: "I'm only doing this for your own good."). The therapist continued: "You don't want that, do you?"

Jack: "No, I'm trying to explain myself and get something from the group meetings. Since society calls me a criminal, social defective, constitutional inferior, there in all probability is a predisposing under-lying element in my heredity."

The therapist interrupted again, "Jack, stop."

Jack continues.

Art interrupts therapist and Jack with his appropriate analysis of the situation in the group.

Art: "Doc, you're just aggravating him."

Therapist: "How do you mean?"

Art: "It's your Parent."

Therapist: "Huh Yeah, I think you're right."

Jack stopped to catch his breath and to watch this proceeding between Art and the therapist. Someone else then brought up another subject and Jack listened instead of wasting the group's time with his repetitive, nonproductive verbiage.

This example has been brought out to demonstrate that prison patients readily gain a functional comprehension of the analysis of stimulus-response patterns which they see and hear during the group.

As this writer initially became more familiar with the use of transactional analysis, it seemed advisable in the interview of each man prior to adding him to the group to ask what the man wanted to accomplish in group therapy. Usually the response was, "To solve my problems," but not infrequently it was, "Because the Adult Authority told me I needed more group therapy before I can get out and I want to get out." The therapist did not dispute this objective; however, after the man was added to the group, the therapist asked reasonably if the absences or silences were increasing the odds of the man's getting out of prison; and, if patients with "problems" started to be absent or silent, the therapist was again able to demonstrate the disparity between the originally stated objective and the procedure being carried out in his group.

To illustrate: A check forger, Dan, in the group for his second session, opened the conversation by saying in a nasal, non-offensive voice:

Dan: "Doctor, I don't understand those strange words you use here in the group Parent, Adult and Child. Would you define what you mean?"

Therapist: "Oh, you've probably heard those words before, Dan."

Dan: "No, I can't say that I have. Would you explain them to me?"

Therapist: "I think you're writing me another phony check, Dan. (He and the group laughed.) Maybe it would be better if you told what you want to get out of therapy (in this group)."

Dan: "Well, I'd like to get a resolution of the situation which leads to my repeated incarceration." He proceeded to outline his previous jail experiences. Two or three sophisticated members asked him questions about his feelings before he would write a check. They determined that he was playing a game with the person who cashed his check; but Dan hardly lost his place in what sounded like a tape-recorded presentation.

At the end of twenty minutes the therapist interrupted to ask, "Dan, have you said anything during the last twenty minutes that will keep you out of prison?"

Dan, flushing slightly, laughed weakly and, altering his voice from the nasal sing-song to a deeper, more resonant thoughtful quality, said: "No, I haven't. I see what you mean." He then resumed nasal voice type talking indicating he had reverted back to the original relationship between himself and his father prior to the first forged-check.

In this example, the therapist, instead of analyzing the evident resistance by examining the patient's reluctance to involve himself, or alternatively attempting to define terminology, chose instead to utilize the transactions in the group as an example of the same procedure that in the past had caused his imprisonment. The therapist reasoned the likelihood was good that Dan had heard the words Parent, Child and Adult before, but probably was asking for specific information as to their use in the group. It might have been just as therapeutic to have stated that the meanings would be demonstrated as material became available, but the choice of wording to the patient was consciously made in view of the knowledge of this man's twenty-five years in prison, fourteen years of previous counseling and the overly naive or "conning" quality in his attitude.

Game Analysis

In handling groups in a prison setting, the amount of jocularity, ribaldry, and the antithetical naked rage when the tables are turned on a man seemed a natural setting to introduce game analysis once the patients grasped the Parent-Adult-Child (structural) approach.

A game as defined and used in therapy groups is a series of transactions repetitively carried out ostensibly for logical reasons but involving a hidden or ulterior motive as the main driving force.

In the following exposition, Benny described “not remembering” and “remembering” alternately. The principal driving force in this communication, however, was not the fact of a defective memory but the ulterior gratification he received from being chased when he did not come to group, or when being chased around in the conversation. The thesis of Benny's game, observed on several previous occasions was “I forgot before, but I remember now.”

Benny, walking into the room a few minutes late with a beaming smile: “I remembered to come today.”

Tom, sarcastically, “You deserve a gold star.”

Benny, ignoring Tom, said: “Doctor, I had a dream last night, but I don't remember it.”

Therapist: “You don't remember it?”

Benny: “Oh, yes, now I remember.” (Beams again and recites the dream.) “What does it mean?”

Therapist: “Why don't you tell the group what it reminds you of, what comes to your mind?”

Benny, a puzzled look: “I don't remember.”

This was followed by two or three other patients with comments and one of their dreams, when Benny again interrupts.

Benny: “I remember now. It reminded me of the ...” (and a description followed of childhood events in which he was being chased, all told in a laughing manner).

Therapist: “That means that on those childhood occasions you were frightened but also seemed to have gotten some pleasure from it.”

Benny: “You've got a point there, Doctor. I remember two more times when I was afraid like that.” (Following was a recitation of the events, ending with: “I can't remember whether it was my mother or grandmother who saved me from that.”)

Karl: “You know you say, ‘You've got a point there’ a lot of times when you talk with the Doctor.”

This was followed by Benny having a heated discussion on this (“you’ve got a point there” comment) for four or five exchanges, which ended by Pat saying:

Pat: “Oh, Benny, you're getting all steamed up over nothing. Why don't you forget it? What's the difference whether you are arguing or not?”

Benny smiling: “Yeah, I guess so.”

Karl to Benny: “You respond differently to Pat than to me. I do something to you that Pat doesn't do.”

Benny: “You get me all mixed up.”

Karl: “Why don't you calm down and stop arguing with me?”

Benny: “I'm not arguing.”

Tom listened to the additional exchanges and then indicated to Karl that he (Karl) was using a Parental attitude in his approach to Benny. Karl, with a less pedantic voice, reflected for a short time on other occasions when his Parent had appeared in the group and the results on the members.

A short silence followed.

Benny again: “Doctor, do you think I'm arguing? I don't think so.”

Therapist: “You asked me a question, but phrased the answer you want from me. It is interesting, Benny, that the sequence goes: First, you establish a basis of forgetfulness that is, not coming; then, secondly, you 'remember' to come today and are eager to announce your personal victory over this forgetfulness. One of the elements involved is a question of whether or not arguing is going on; however, the important element in your conversation is a question of whether you remember or don't remember something. In the conversation you volunteered several items of information, but you were able to insert into the wording some additional element you didn't remember. There probably were advantages in childhood to not remembering.”

Benny: “I don't remember.” Tom snickers.

Therapist: “Remember — forget. These are the central themes in your thoughts and conversations here, and also you say it is the theme where you work.”

Benny: “That's right. I remember, my mother said, ‘Don't argue with me. Don't talk back to me’.” He and the group both laughed as the word “remember” came out again.

Therapist: “Then one of the advantages to this game of ‘I remember don't remember’ is your ability to forget or remember whatever mother said to you. There is also the satisfaction outside the group which you get from talking about events you remember or are reminded of. Additionally, you get the satisfaction in this therapy group of being able to bring the conversation back to yourself each time it starts to get away from you by saying: ‘I remember now.’ The next advantage which appears is that of your not being accountable for missing sessions in this group. This, as you say, pleases your work supervisor in terms of the work you do for him. You don't run the risk of his being angry at your leaving the job for therapy and you don't have to argue with me or him; about which is more important: the work program or treatment program.”

Benny: “Yeah, you've got a point there. I remember this morning (group and the patient both laugh uproariously).” He stopped self-consciously and good-naturedly.

The Narcotic Addiction Game

NARCOTIC addiction has been discovered to be a game with ulterior motives in each case. For example, an addict described being a nonuser for many months until his wife began to talk about having a baby. While he was out of prison, sexual desire was significantly decreased by taking heroin and, and when he was in jail she was unable to have a child by him.

The addict game has four players:

- 1) The special kind of policeman is called the “heat” or the “fuzz,”
- 2) The supplier is called the “connection,”
- 3) The addict himself; and
- 4) A person, man or woman, simply called “the friend.”

As an addict turns into informer, other addicts within the same social circle, in turn, become detectives to detect who the informer is. Thus the person informed on takes on the “heat” function and so the roles are interchangeable. As is also known, people will become “connections” in order to “support their habit” and “friends” are frequently addicted while associating with addicts.

The internal social satisfactions for addicts include the conversations they have among themselves which they also refer to as getting “high” and, in essence, a mutually induced euphoria. These addicts in a group therapy situation do not need the drugs to get a “high.” This is known to therapists with addicts in a group.

The internal psychological advantage of Addict Game reported by some addicts has been the extreme dislike of being shamed and caused to blush, which could be prevented by taking the drug.

The external psychological advantage included the fun of the chase: “getting away with it.”

Summary

While it would be desirable scientifically to offer statistics in terms of one, two or five year cures, the numbers still are too few to be of significance. The observation has been made, however, of improved attendance after the transactional analysis method was introduced to writer's groups. For the three-month period just prior to instituting this technique, summed attendance of all groups was 68%. For the same quarter two years later, the figure was 81%, a gain of 13%. Attendance at group meetings can be one measure of effectiveness in as much as group treatment is not effective if the number did not attend the group treatment session.

CONCLUSIONS

1. Transactional analysis has offered a method of studying group therapy conversations in terms of stimulus-response phenomena.
2. The theoretical framework and interpretive terminology are comprehensible to the inmate patients and usable by them with the same precision of meaning as used by the therapist.
3. Each man's behavior is viewed and handled by the therapist and the group as a response to a stimulus and as giving him psychological and social advantages.
4. Attendance improved after the transactional analytic method was introduced.

BIBLIOGRAPHY

1. Berne, E.: "Transactional Analysis in Psychotherapy", Grove Press, Inc., New York 1961.
2. Berne, E.: "Ego States in Psychotherapy", American Journal of Psychotherapy, 1957, 11: 293-309.
3. Freud, Sigmund: "Fragment of an Analysis of a Case of Hysteria", Hogarth Press, London 1949. vol. 3 Collected Papers (Footnote pp. 53-54.)
4. Berne, E.: "Transactional Analysis: A New and Effective Method of Group Therapy", American Journal in Psychotherapy", 1958, 12: pp. 735-743.
5. "The Journal of Social Therapy", Reprinted from Third Quarter, 1962, Vol. 8, No. 3

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