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Transactional Analysis: Past, Present, and Future. Interview of Dr. Vann Joines

by Dr David Van Nuys

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Introduction

My guest today is Dr Vann Joines, licensed Clinical Psychologist and Marital- and Family Therapist and President and Director of the Southeast Institute for Group and Family Therapy, Chapel Hill, North Carolina. He is also a certified Teaching and Supervising Transactional Analyst and the 1984 winner of the Eric Berne Memorial Award for the Integration of Transactional Analysis with Other Approaches. For more information about Dr Joins' background, please consult our show notes at shrinkrapradio.com. Now, here is the Interview.

Dr. Dave: Dr. Vann Joines, welcome to shrinkrapradio.

Dr. Vann Joines: Thank you, glad to be here.

Dr. Dave: Well, I'm glad to have you here on the show because I've had a listener request or two in the past for some coverage of Transactional Analysis, and because I'm planning a Continuing Education course on therapies that emphasise, air quotes, parts - for example, Freud's early theory talks about It, Ego, and Superego, and the Jungians talk about the various archetypes and so on. I've been told that you are the go-to guy to talk about Transactional Analysis, so maybe a good place for us to start is: What is Transactional Analysis?

Dr. Vann Joines: Well, it's both a theory of human personality and -interaction, and also a method of psychotherapy and personal growth.

Dr. Dave: Okay. Maybe I should ask you how you first came upon it and what it was that grabbed you about it.

Dr. Vann Joines: I was Directing a college counseling service in a four-year liberal arts college, and people had told me about this and i went to a basic introductory course called Transactional Analysis 101, with Eric Shift, who was the son of Jackie Shift, who was one of the early pioneers in Transactional Analysis. I learned about contracts, which is having very clear, specific agreements about the outcome of therapy that are mutually agreed to. And I began using contracts and discovered that I could accomplish in about 6 sessions things that had previously takes six weeks or six months. It just really clarified the goals and set up the therapeutic relationship in which we were working as partners to accomplish the goals that the client had specified for themselves.

Dr. Dave: And I think the Idea of contracts is actually something that caught on, and I imagine there are lots of therapists who employ that - whether or not they consider themselves practitioners of TA or not.

Dr. Vann Joines: That's true. There are a lot of concepts in TA that have become integrated into many different approaches and people are often not aware of where the ideas originally came from.

Dr. Dave: Yes, I think that's true of a number of approaches, and I wasn't so aware of that phenomenon with TA. So let's just backup a little bit: What are the basic philosophical principles that underlie the approach?

Dr. Vann Joines: TA is conceptualized by Eric Berne and contains three important philosophical principles. First is that human beings are okay. And that is not a statement of behavior but of essence: That all of us have basic worth and value and dignity as human beings. Second philosophical principle is: everyone has the capacity to think. Unless they are severely brain damaged, and even people who are brain damaged often have [more] formal capacity to think than they are often given credit for. The third basic philosophical principle is that the difficulties we experience in the present that are often referred to as dysfunction, are really from early decisions that people have made in the interest of survival and that behaviour served them very well in childhood but now becomes self-limiting in the larger world. TA is more of a help-or growth model of therapy rather than a psychopathological model, in that it's the things that are normally considered psychiatric or psychological symptoms or seen as important ways a person took care of themselves early on rather than be fixed in the personality. And since it is the person that made those early decisions to take care of themselves, they can now re-decide those issues; working with the part of themselves, the emotional brain, the intuition and feeling that they used to make those early decisions.

Dr. Dave: What is fascinating to me about what you've said is: my primary allegiance during my career was to humanistic psychology, and I didn't realize that TA could be planted really quite firmly within that overall, general orientation. From what you say about the philosophical principles I would say that it really could be.

Dr. Vann Joines: That is true.

Dr. Dave: Tell us more about Eric Berne, the founder.

Dr. Vann Joines: Eric Berne was a psychiatrist who was born and grew up in Montréal, Canada. He was born in 1910, went to McGill University there for undergraduate work and then medical school and then came to this country for his psychiatric residency and went into analysis with Paul Federn who is one of the early Ego Psychologists. And while he was here, he was drafted into the Army, served as an Army psychiatrist. After his discharge, he went into analysis with Eric Ericson, and then applied for admission to the Psychoanalytic Institute in California. He was initially turned down - nobody really knows why, there is a lot of speculation: was it because he was somewhat of a maverick and did things in unusual ways, nontraditional ways... He decided he really didn't need psychoanalysis, he would develop his own model. Within about a two year period, he developed about 90% of Transactional Analysis, which is quite an achievement. He was a very brilliant man, he had an IQ of about 180, and his real genius was being able to take very complex psychological principles and express them in very clear, ordinary, everyday English.

Dr. Dave: What else can you tell us about the history of Transactional Analysis? For example, the history: what time period are we talking about?

Dr. Vann Joines: He was developing his theories in the late 50s, early 60s. He began teaching what he called the 'San Francisco Social Psychiatry Seminar' in the late 50s, early 60s. His ideas caught on very quickly. He became fairly famous and then Psychoanalytic Institute asked him to join and he turned them down. So sort of got back at them. In 1962, publishing a lot of the theories that were coming out of these seminars in what was called the Transactional Analysis bulletin. In 1964 he and his followers formed the International Transactional Analysis Association, which, by that time, had people in other countries as well as the US. It was catching on very rapidly. In '64 he wrote 'Games People Play' which was probably his most popular book. He had written other books prior to that, but from 64 through about 80 were really the golden years for TA in the sense that it was expanding really rapidly from about 11000 people in 1976. Some of the people who looked at the theory in this country dismissed it as pop psychology because they misunderstood the simple language that he was using. But if you really read his work - even though the language he uses is simple, the concepts are very complex. It's

one of the clearest conceptual frameworks I have come across from 40 years of having various people come into our institute and teach psychotherapy approaches of almost every variety. I'm still impressed with his clarity and his genius in expressing such complex ideas in very simple language.

Dr. Dave: So he would have been a contemporary of Fritz Perls, among other pioneering and cantankerous psychiatrists in that period.

Dr. Vann Joines: Both reacting against traditional analysis. Perls was concerned with the overintellectualization and forgetting about the emotional part of the body and the brain. He said "use your mind and come to your senses"; he really emphasized looking at what is below your neck and how the truth is often expressed in the body rather than verbally.

Dr. Dave: Albert Ellis was also emerging at about that same time with his rational emotive therapy and some of the principles that he articulated seem to dovetail fairly well with the philosophical ideas that you mentioned in connection with Berne.

Dr. Vann Joines: They were all, I think, examples of what was then considered reality therapy.

Dr. Dave: Yes, a real rebellion to all the mystification, I would say, of psychoanalysis at that time.

Dr. Vann Joines: Right. Berne was very concerned with people not understanding the language and so he was attempting to develop a framework that the average lay person could understand. His goal was to express ideas in the language of an 8 year old, so that they would be readily available to clients as well as therapists.

Dr. Dave: I have mentioned some of the similarities to other pioneers of that time. What's *unique* about Transactional Analysis?

Dr. Vann Joines: I think one of the primary things that is unique is the Ego State Model - the way he conceptualized personality and human interaction, and also the idea that people have all the resources they need to really make change and develop a healthy life. As I said earlier, the whole idea is that the difficulties that they are experiencing are not from anything missing in the personality or from defects of some sort, but rather really how they learned to survive early on. And since they made those decisions, they can now, working with the part of them that made those early decisions, change their behavior and do things in a different way.

Dr. Dave: I mentioned in the beginning that I was interested in looking at this as an example of an approach that talks about *parts*. So what are the main parts of Transactional Analysis?

Dr. Vann Joines: There are three states in which the ego or the conscious part of the personality is manifested. One is essentially who we were as a child. Our feelings, our intuitions, our conclusions that we came to, the behaviour that we used. And then we also, as we grew and developed, learned how to think rationally or cognitively, and how to estimate probability, which Berne referred to as the adult Ego State. And then we also internalized into our personality the personalities of our parents and other significant authority figures, which is called the parent Ego State. And within the parent, there are the personality structures, parent, adult, and child of our parents and other authority figures that we have dealt with. Within the child Ego State there is a more archaic structure which is essentially a magical type of parent in terms of magical thinking of the child between four and six, an intuitive part of the person, which he called the little professor, which is the little adult in the child, and then, what he called the infant, which is the child within the child. So we have different structures at different ages. We can view the world around us and respond to it the way we did as a child, or based on here-and-now adult reality, or how our parents perceived the world and responded to it.

Dr. Dave: In a way, it is a little reminiscent of It, Ego, and Superego, but with some definite refinements that you mentioned. They are called *Ego States* and I guess that is to communicate the idea that these are states and that, from moment to moment, we might be coming from one kind of Ego State and at another point from a different developmental state - do I have that right?

Dr. Vann Joines: Yes, that's correct. We can energize different Ego States at different points, we can also have combinations of Ego States operating. For example, if I am walking downtown to go to a store to buy something, I might be humming a tune I heard on the radio from my child Ego State, I might be thinking about what I am going to purchase when I get to the store... if suddenly I hear a car horn blare, I am going to be almost totally an adult to solve the problem. Then afterwards I might reprimand from my parent state about how I should have been paying better attention and so forth. Berne talked about how we have a movable sense of self. And our sense of self will be whichever Ego State our greatest amount of spontaneous energy is at any given moment. That may or may not be the Ego State that is in what he called the "executive", that actually has control of what we are doing. So sometimes we do things spontaneously and then think later: 'Well that wasn't really me.' , ' I'm not that way.' , or whatever. So the Ego State that is in charge of what we are doing may be different from our sense of real self at the moment.

Dr. Dave: Okay. I appreciate you giving us that example and I want to encourage you to give us any other examples, particularly from your clinical work, as we go along. Another term that is used in TA is ‘Transaction’. Tell us what a transaction is.

Dr. Vann Joines: Berne talked about Transactions as opposed to Interactions, because he said both people are getting something out of the exchange. He saw a Transaction being the basic unit of social discourse that’s made up of Transactional Stimulus and a Response. If you have only one without the other, you don’t have a complete transaction. And what people are exchanging in transacting with one another is attention and recognition, what he colloquially terms “Stroking”, a stroke being any act of attention and recognition.

Dr. Dave: I am just wondering if there was an earlier form of Transactional Analysis that came out of sociology or some other discipline.

Dr. Vann Joines: Not that I know of. Berne actually coined that term.

Dr. Dave: Okay, I wasn’t sure if I was making that up or if I was remembering something!

Dr. Vann Joines: There are concepts that are similar, but he was the first to really talk about transactions in that way. The usefulness of knowing about different transactions is that you can really solve communication problems by looking at the type of transaction that is occurring. They can be complementary, in which the Ego State that is addressed is the Ego State that responds, or they can be crossed in terms of the Ego State that is addressed is not the Ego State that responds. For example, I could ask someone: “What time is it?”, and they might say: “I’m not late.” So I am asking an adult question but I am getting a child defensive response. And when transactions become crossed like that, communication breaks down. One or more people have to switch Ego States to re-establish communication. Transactions can also involve messages on two different levels: on the social level and on the psychological level, in which the implied message on the psychological level is really what determines the behavioral outcome.

Dr. Dave: Can you give an example?

Dr. Vann Joines: For example, a guy might say to an attractive woman: “Would you like to come to my apartment and see my etchings?”, and she might say: “Sure, I’ve always loved etchings.” She may be naive and not aware of what he is really inviting. Once they get to the apartment, and he makes a pass at her, they both feel switched on, because they assumed they were talking about the same thing. That is what happens in another concept that Berne talked about which are psychological games, in which people have different sets of assumptions about

what they are talking about. When those assumptions become explicit, people feel tricked, or switched on, and that is a common, everyday occurrence for many of us.

Dr. Dave: This focus on communication sounds like it would be really well adapted to marital and family therapy.

Dr. Vann Joines: Yes, it is especially useful in looking at relationships and the difficulties people are having and helping them solve those.

Dr. Dave: Something else that is talked about is *psychological hungers*? What is that getting at?

Dr. Vann Joines: Yes, Berne talked about three basic psychological hungers that motivate a lot of our behavior. Just like we have physical hungers that motivate our behavior. The three that he described were what he called ‘Stimulus Hunger’ which is sublimated into ‘Recognition Hunger’. The term he used for both of those was “Stroke Hunger”. That we, daily, need lots and lots of attention and recognition in order to stay psychologically healthy. He referred to the work of René Spitz who is a psychologist who did research with infants left in orphanages, looking at why some infants really thrive in those situations, and some infants fail to thrive and become sick or even die from a lack of stimulation. So, he just emphasized how important that is on a daily basis to, as he liked to joke and say, keep our backbones from swiveling up. That kind of stimulation actually completes the nervous system in infancy and we continue to need it all our lives.

Dr. Dave: As you refer to the nervous system, I am thinking of all the new information that has come out about the nervous system and the brain, and also about attachment theory which this also seems very congruent with.

Dr. Vann Joines: It is. The second basic psychological hunger he mentioned was Structure Hunger. We experience that primarily as a need to be able to structure our time in meaningful ways. If we are at an airport or doctor’s office, where we don’t have a way to structure our time, we will often read a book or carry our Ipod along with us to entertain us. We seem to have an internal need to create meaning and purpose in our lives in terms of having ways of structuring our time in meaningful ways. The third hunger he talked about what was he called ‘Position Hunger’. He talked about how, in childhood and based on how we are interacted with and what we experience, usually conclude one of four positions. When we get sufficient attention and recognition and caretaking, we usually conclude that we are okay and that our parents and other people are okay. Meaning that we all have worth, value, and dignity, and can get our needs met. The second is if we get very little attention or recognition and have very negative experiences, we may decide that there is something wrong with us, that *we* are not okay, but since our parents

are the only measure we have for okayness, we automatically assume that they are. In abusive situations, we may experience that we are okay as long as our parents are not abusing us, and we move to a kind of defensive position which is: “I’m okay, you’re not.”, “It’s not me, it’s *you*, that is the problem, and I’ve got to watch out for you.” The fourth position is if we experience a lot of neglect or a lot of power struggles we may conclude that there is something wrong with *us*, because we are not getting our needs met. But there is also something wrong with our parents in that they are not providing us with what we need. So we may decide we are not okay and they are not okay either. Once we decide on one of those basic life positions, we have a hunger to maintain that in order to keep the world predictable. We learn how to survive and operate from that position. So, we have a basic hunger to try and maintain that in order to not have a lot of anxiety and know how to survive. So those are the main psychological hungers that he identified.

Dr. Dave: Earlier you mentioned the book “Games people play”, and as I listen to you describing life positions - did he write another book titled “I’m okay, you’re okay”, or was that somebody else?

Dr. Vann Joines: That was Tom Harris, one of his students. That did probably much to popularize TA, but also to hurt it at the same time, because a lot of the concepts Harris talked about were fairly simplified and that is where people begin to get the idea that Transactional Analysis is really a kind of pop psychology with no real depth.

Dr. Dave: Yes, that is one of the hazards of our culture... that things get simplified in media, and very quickly people become blasé and dismiss it. - “I already know about that because I read about that in a magazine article.”

Dr. Vann Joines: Right. Interestingly enough, a lot of the textbooks, survey books, and so forth, on different approaches sort of conceptualize TA in that way. When I would read those descriptions, I would not even recognize them as Transactional Analysis. People never really looked at it in depth and studied what it was all about. They just made all kind of assumptions about it, which was unfortunate.

Dr. Dave: Another important concept within TA is the idea of a *life script*.

Dr. Vann Joines: Essentially, a person’s life script is a person’s life plan concerning what of significance is going to happen in their lives, which they formulated as a result of these early decisions that they made which are, in the present, often not within adult awareness. And so people are often living out their life based on a plan that they formulated very early and are not even consciously aware of in the present. Of course, the importance of bringing that into awareness is so that people can make autonomous choices about how they are living their lives.

Dr. Dave: Yes, I was just going to ask you about the role of the unconscious, and that really says it. That a lot of the things we are talking about, the Ego States, the life positions, and the life script - a lot of that is operating outside of awareness.

Dr. Vann Joines: That is correct. Berne liked to use the term ‘outside of awareness’ rather than ‘unconscious’ because Freud talked about ‘the other two thirds of the iceberg’ that no one really knew how to get to directly. He said if things are out of awareness, we all know how we can bring them into awareness, it’s fairly easy; it is a much easier, more usable concept in terms of doing therapy with people.

Dr. Dave: I just accidentally used the proper phrase, then. What about *racket*? That is another concept, and, in a way, it sounds kind of judgmental. Help us with that.

Dr. Vann Joines: Yes, - I think one of the unfortunate things about some of the language is that “racket” and “games” sound a little pejorative but he was looking for colloquial words to really convey the basic concept he had in mind. - In childhood we often learn that certain feelings get responded to with support, with our parents trying to help us, paying attention to us. Other feelings are often considered not polite or not appropriate. For example, if in one family you are angry, you may be seen as impolite, rude, non christian - or non- whatever-your-faith-is. In another family, if you are scared, you might be considered a whimp, but if you are angry, people pay attention. So, in different families, different feelings will work to get attention and support from the big people. Kids learn very early the feelings that *work*, and often they substitute them for other feelings that do not work. That is what Berne meant by racket. People will often seek out and maintain a certain time of unpleasant feeling in an attempt to manipulate support and attention from the other people around them. And again, later on as adults, they are often not aware that they are even doing it.

Dr. Dave: How might that come up, let’s say, in the interaction between therapist and client?

Dr. Vann Joines: A client might come in and in every session they are very sad, weeping, distraught, but what they do not allow themselves to do is really experience their anger that they may be needing to set appropriate limits with people in order not to be abused. They oftentimes think that, if they are just sad enough long enough, people will change and give them what they want - which does not work in adult life.

Dr. Dave: So, going back to this pejorative feeling that I have about the term racket: I think I recall that people would actually use that term in working with a person. Did that use to happen,

would it happen today that a therapist would say something along the lines of: “Don’t run that racket on me.”, something like that?

Dr. Vann Joines: No, they would approach it in a very different way, helping them understand what a racket is and then helping them analyse what is going on in terms of: Is that a genuine, natural, spontaneous feeling or is it a cover feeling that they have learned to use in their family to try to get attention and support and so forth. Games and Rackets are not talked about in therapy in an accusatory way, or in a way that would be pejorative to the client.

Dr. Dave: Okay, that’s good news! So, what is the distinction between a Game and a Racket?

Dr. Vann Joines: A Racket is a process of maintaining certain feelings that are generally the ones people go into at the end of a game. But, as I mentioned earlier, in a Game, a person would unconsciously set up a situation in which they get negative attention in some way. For example, some kids learn to get attention by making mistakes, and so they might play a game called “kick me!”, making mistakes and inviting other people to find fault with them in order to then get a lot of attention at the end of that process. Those are substitute ways of getting attention and recognition - getting stroked.

Dr. Dave: You saying “kick me!” reminds me of hearing that term back when this approach was in full flower. Were there games that were identified other than the negative attention getting?

Dr. Vann Joines: Yes. The complementary Game to ‘kick me!’ is a Game called ‘Now I’ve got you’, or another variation of that is ‘Blemish’: Looking at other people’s faults or setting people up to make mistakes in order to feel like they were not okay and you were. Then there are Games that are designed to, essentially, stay frustrated and keep other people frustrated. A game called “Why don’t you/ Yes, but”, where people ask for help and then yes-but whatever you give them and tell you what is wrong with it. So they invite you to be frustrated along with them if you don’t know about the game.

Dr. Dave: I think “Yes, but” is another concept that has made its way into the psychotherapeutic lingo in a broad way. Lots of people recognize it and are able to identify it. Why do people play Games?

Dr. Vann Joines: They fulfill all the basic psychological Hungers. They provide very intense stroking. The only problem is they are negative rather than positive. They help people structure their time in very dramatic and exciting ways. And thirdly, they confirm one’s basic existential position. If I feel I’m not okay but other people are, I can play Games and invite other people to find fault with me and tell me I’m not okay. Where, if I believe I’m okay and other people are

not, I can play ‘Now I’ve got you’, or ‘Blemish’ to find fault with other people and justify believing that they are not okay and I am. Or my basic existential position is ‘I’m not okay, you’re not okay’, then I can play ‘Why don’t you/ Yes, but’, and feel like it’s all hopeless, I can’t get any help, nobody can help me, and I can’t do it myself, and so on.

Dr. Dave: What is the change process in TA? How do people change and is it faster than other approaches?

Dr. Vann Joines: That’s where contracts come in. The therapeutic relationship and the goals of therapy involve mutually agreed upon, very specific behavioral outcomes. So, a lot of resistance is eliminated and the clients are working *with you*, becoming collaborators in the process. And so, they have an investment, because they are working towards their own goals rather than the therapist imposing goals on them, which often creates resistance on part of the client. Essentially, when a person is having difficulties in the present, it is assumed that it is because they did not get that issue resolved early on in their lives. Therapy is really about going back to the early experiences. The work is done experientially, because, if you can bring people back into the feelings and the experiences of those early situations, it activates those and brings those up from the child Ego State. Then the person can work with that emotional part of themselves, which Neuroscience has looked at in terms of the part of the person’s brain that really produces change. That is, reworking those early experiences of the emotional brain. People come to new awarenesses and new decisions, just like they made those early decisions. They re-decide how to deal with the situation *now* and with the resources that they have now and did not have as a child. Once they solve them in the early experience, they know how to solve them in the present. And so you come back to the present and help them to then look at how to resolve what they are having difficulties with, and they get unstuck in that way.

Dr. Dave: You might have just answered this next question that I wanted to ask. What are the goals of Transactional Analysis?

Dr. Vann Joines: The primary goal is the achievement of autonomy which Berne defined as spontaneity, awareness, and the capacity for intimate relationships with other people. Another way of conceptualizing that would be to be script-free so that you are making autonomous choices about your life rather than just simply following an unconscious plan without awareness of what you are doing.

Dr. Dave: One of the reasons I wanted to talk to you and wanted to talk about TA is that, back in its flowering days, it was widely known and talked about, there were books that I remember reading and being impressed by... And it seems like, in recent years, I don’t hear much about it.

You say that at one point there were 11,000 members in the international organization - what is it like today in terms of awareness, etc?

Dr. Vann Joines: Today it's much more popular in other parts of the world than in the US. For example, there is a European Transactional Analysis Association that currently has almost 8,000 members, there are associations in South Africa, in Latin America, Canada, Japan, Korea... There are some 52 countries that now have associations for Transactional Analysis. Most of the books on TA are currently being written in Europe and Japan. There are still lots of books being written, but, unfortunately, in this country, because it was dismissed early on, people began to write about the concepts but disguise it with other language because TA had gotten a bad press in this country. It got integrated into the addictions literature, into Harville Hendrix' work, for example. Imago Relationship therapy is all about Transactional Analysis. He is a certified transactional analyst himself, he trained with Bob and Mary Goulding who were two of the early Transactional Analysts who developed what is called 'Redecision Therapy' in which they integrated - studying with Fritz Perls and Eric Berne - the best of both approaches.

Dr. Dave: It seems like that phenomenon has happened with other approaches too: Being more widely adopted and in favour in other countries. I think that happened with Gestalt Therapy as well. It is almost as if there is a wave going across the planet.

Dr. Vann Joines: Right, I was in Brazil a few years ago, teaching a workshop at a conference there, and they said that it used to be about 3 years after a new method of therapy would come out that they would hear about it in Brazil. Now with the internet, it is instantaneous. We really are becoming one world community with the internet.

Dr. Dave: Yes, I have been impressed by that as well, looking at some conference programs from different parts of the world. In fact, I just interviewed a professor from the University of Tehran and I thought that he, with the research that he has done, could be a professor at about any major university in the US, just from his research career and being a very 'current' psychotherapist, I was very impressed by that. So, Is TA evolving? Are there recent developments and changes?

Dr. Vann Joines: Yes. Because TA offers such a clear conceptual framework, people have integrated it with almost every other approach, and there have been different emphases over the years. Currently, the main thing is probably Relational Transactional Analysis which has developed similar to the relational approach in psychoanalysis.

Dr. Dave: How would that look different from what preceded it?

Dr. Vann Joines: Prior to that, people would often use the four main areas of Transactional Analysis that Eric Berne developed, which are: Structural Analysis - helping people to understand their personality structure and how it functions intrapsychically. Transactional Analysis - how the Ego States and the different ways of transacting influence communication. Then Script Analysis - help clients become aware of that phenomenon, and then looking at Games and Rackets as ways that they justify their script in the larger world. So it would be more cognitively oriented, along with the experiential work. In *Relational* Transactional Analysis, the emphasis is on the co-created relationship between therapist and client as they transact together and really looking at how the therapeutic relationship is often a reenactment of their relationships with significant other people. And bringing a lot of the unconscious material to conscious awareness by looking at what occurs within the therapeutic relationship itself.

Dr. Dave: As you look down the road ahead, where do you see TA going?

Dr. Vann Joines: I am pretty sure that there will be a resurgence of TA within this country because there seems to be more and more interest. The US Transactional Analysis Association has begun a TA practitioner certification, in addition to the international Transactional Analysis Association certification. Every time I teach a basis TA 101 course, there is lots of excitement about the concepts. So I think there is likely to be a resurgence of interest in TA in this country as well as other parts of the world. It continues to grow and spread - you were speaking of Iran - I have several people who correspond with me by e-mail who are very interested in training there, I am going to China at the end of the month to teach a basic course there... Lots of places that previously have not known about Transactional Analysis are requesting training and additional information. So, I think it will continue to grow and be integrated with other approaches.

Dr. Dave: I think that is fascinating. What if one of my listeners wanted to become certified in TA? How would they go about that, what is involved?

Dr. Vann Joines: They can go to the website of the US Transactional Analysis Association - which is usataa.org - there is information on certification on the website. There is also a website for the international association which is itaaworld.org.

Dr. Dave: We are at about the place to wrap up, I wonder if you have any final thought you would like to leave our listeners with.

Dr. Vann Joines: I really invite people to take a look at the information, because, regardless of your approach to therapy, the clear transactional framework that Transactional Analysis provides is invaluable. It really has been useful for me in understanding other approaches as well, because

the language is much, much clearer. Understanding the phenomena it is describing helps you understand what is being described in other approaches that might use more complex, esoteric language.

Dr. Dave: Yes, That is definitely the impression that I am leaving this interview with. Dr. Vann Joines:, I want to thank you for being my guest today on Shrinkrapradio.

Dr. Vann Joines: You are welcome, I've enjoyed it. Thank you for inviting me.