

Transactional Analysis and Drug Use

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Introduction

This paper is an overview of two ways in which Transactional Analysis (TA) has applications to drug treatment. It explains the idea of games and how these apply to drug use. Over its 40 year history TA has evolved new approaches and these are explained in terms of the role they can play in understanding drug use.

Cognitive-Behavioral TA

Transactional Analysis evolved in the late 1950s originally as a cognitive-behavioral approach to the understanding and treatment of psychological difficulties. In his most celebrated book, "Games People Play", Eric Berne(1961) devised the idea of explaining peoples' self defeating patterns of behavior in terms of psychological Games. For this he created the 'Formula-G'

$$C + G = R - S - X - P$$

The Con plus the Gimmick leads to the Response onto the Switch onto the Crossup and finally onto the Payoff. The Con and the Gimmick represent the faulty beliefs (cognitions) of the two game players. When they meet the resultant pattern of behavior proceeds (The Response, Switch and Crossup), and then the emotion is finally experienced in the Payoff.

The notion of a 'Game' lends itself well to the understanding of drug use. Some types of drug taking can easily be understood as repetitive patterns of self defeating behavior. Indeed in the earlier years of TA there was a book written called 'Games Alcoholics Play', (Steiner(1971)). Even at this early time it had been noted how games can be applied to drug use.

To clarify this particular TA approach to drug use consider the game of alcoholic. The game of alcoholic has five players -

The alcoholic - the drinker or drug user

The persecutor - the individual who tells him he is bad for drinking, irresponsible, a liar and a cheat, and so forth. Often this is a spouse but at times drug counselors can take this role

The rescuer - the good natured soul who picks him up out of the gutter, tries to help him stay on the wagon with encouragement and kind comments,

the one who cleans up the vomit on the floor or the urine in the cupboard. Can be the spouse again, or a doctor or a counselor.

The patsy - sometimes called the 'Dummy'. The individual who supplies the money often with good intentions but unconsciously knowing what is really going to happen. The spouse who gives him \$20.00 to do some food shopping and he goes straight to the liquor store, buys two, four litre casks of wine and the rest is history.

The connection - The supplier of the drug or alcohol. The bartender who is friendly with the alcoholic, knows the alcoholic talk and subculture.

Using this approach there is no such thing as alcoholism or "an alcoholic", but there is a role called alcoholic in a certain type of game. The five roles can involve five different people or one person can take up a number of roles at differing times.

The goal of the game of alcoholic is the hangover. The drinking itself is merely an incidental pleasure. For the alcoholic it is not the physical pain of the hangover but the psychological torment. When he or she wakes up in the morning and is severely scolded by self or some other obliging person around the place, often the spouse. This is the goal of the game. Where all his or her beliefs about self, others and the world are once again played out in living color. Thus the alcoholic moves further down that preordained path called the Life Script. This is the goal of the game and what all the drinking, stealing, lying and cheating are for.

In this sense the actual drug use is somewhat incidental and explains why there is another game known as - 'Dry Alcoholic'. It is possible to play the game of alcoholic or addict and take no drugs at all. One can live a life involving all five roles but not use alcohol and instead use money, power, sex, food and so forth. The same self defeating patterns can be lived out using power instead of alcohol. Thus we have an explanation for the power addict, sex addict, money addict or food addict.

TA develops further

The game analysis approach to drug use is now called the 'classical' TA approach. Over time it became apparent that TA had the same shortcomings as most cognitive-behavioral therapies. They miss out on a third of human functioning, namely emotions or feelings. Feelings are dealt with by thinking them away rather than addressing them face on. Thus it becomes a therapy which rests on the assumption that understanding leads to cure. Namely: "If I understand my faulty cognitions, and the resultant feelings and behaviors,

then I will stop doing them". Unfortunately this does not happen most of the time.

As a result in the early 1970s there evolved an approach called the TA/Gestalt or Redecision Therapy approach: *Goulding & Goulding(1979)*. This allowed for the first time in TA, a way of dealing with feelings rather than just understanding them cognitively. This led to the melding of the cognitive/ behavioral approach of TA with the techniques for dealing with emotions via gestalt therapy.

Thus TA developed the addition of a regressive approach to psychotherapy. That is, clients could now be regressed using a TA approach. 'Regressed' means the individual cognitively, behaviorally and emotionally becomes like they were at a time earlier in life. In regressive therapy the client thinks, feels and behaves like a 6 year old child. This of course allows one to deal with unresolved early issues from an experiential point of view in addition to the thinking and behaving approach.

This has particular application for drug use. Many drug takers use drugs to support their defense mechanism of regression. Regression allows the individual to avoid current emotional difficulties by regressing to an earlier stage of development. If I feel like I am 6 years old then I can avoid dealing with difficult relationships, emotions and so forth in my current life. Drug use can encourage the defense mechanism of regression. It easily allows users to become childlike to the points where their normal emotional development is stuck.

Drug users go into a childlike state - euphoric, fun, pleasurable, irresponsible, uninhibited, no concern with current day to day difficulties and so forth. Habitual drug users do this habitually. In this sense the drug actually helps the therapeutic process by allowing the psychotherapist to observe and diagnose the level of adjustment the user/client is at. Indeed this is one reason why LSD has been used in psychotherapy, most notably in Beverley Hills in the 1950s.

The drug taker uses drugs to allow self to regress to the point at which they are fixated in their development. With the use of TA & Gestalt one can deal with the person in the regressed state rather than trying to get them out of the regression by various cognitive and behavioral techniques, such as game analysis using the Formula-G.

Conclusion

TA has many applications in the treatment of drug use. An example of this is the work on the game of alcoholic by Claude Steiner. Any habitual

activity is easily explained using the idea of games, which in essence are habitual patterns of self defeating behavior.

In more recent times the theory and practice of TA has moved beyond its cognitive-behavioral roots and developed a system which allows feelings to be dealt with directly in psychotherapy. As shown above this also has direct application to drug counseling by allowing one to use a regressive approach in treatment.

References

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