

ALCOHOLIC ADAPTATION: A PRELIMINARY INVESTIGATION
OF THE TRANSACTIONAL ANALYSIS VIEWPOINT, WITH
APPLICATION TO DELTA AND GAMMA ALCOHOLICS.

by

L. DEREK COHEN

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All the world's a stage
And all the men and women merely players.
They have their exits and their entrances;
Each man in his time plays many parts.

William Shakespeare

ABSTRACT

Two delta and two gamma alcoholics were assessed by case study according to the theoretical formulations of Transactional Analysis. Scripts and Games were elicited through the Thematic Apperception Test, Laddering Procedure, and Life History.

Analyses demonstrated, firstly, that parallels were present between the parent-child relationship and present adult transactions; secondly, that needs, fears, and control mechanisms were traceable to early parental injunctions; thirdly, that among these subjects, delta alcoholics tend to play the alcoholic game "Lush", and gamma alcoholics tend to play the alcoholic game "Drunk and Proud".

It was concluded that the script and existential position appear to play an important role in the maintenance of the drinking pattern. Alcoholic Loss of Control appears to be influenced by the degree to which aggression is suppressed.

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CONTENTS

	<u>Page</u>
 <u>CHAPTER ONE</u>	
I. Definitions of Alcoholism	1
II. Theories of Aetiology and Adaptation	5
III. The Alcoholic Personality	22
 <u>CHAPTER TWO</u>	
I. Transactional Analysis	34
II. Transactional Analysis and Alcoholism	52
 <u>CHAPTER THREE</u>	
I. The Problem	62
II. Rationale	62
III. Hypothesis	65
 <u>CHAPTER FOUR</u>	
Implications for a Research Design	67
 <u>CHAPTER FIVE</u>	
I. Design	72
II. Subjects	73
III. Dependent Variables	75
IV. Tests	75
V. Procedure	89
 <u>CHAPTER SIX</u>	
Results	91
I. The Case of John	92
II. The Case of Karl	125
III. The Case of William	160
IV. The Case of George	189
 <u>CHAPTER SEVEN</u>	
Discussion and Conclusions	221
I. Transactional Analysis and Alcoholism	222
II. Implications for Therapy	232
III. Assessment and Methodology: some comments	233
 BIBLIOGRAPHY	 236

CHAPTER ONE

I. DEFINITIONS OF ALCOHOLISM

Alcoholism is a complex syndrome. It presents with a multi-faceted picture in which disease, behaviour disorder, and emotional problems all compete for the clinician's attention. Clarification of its structure has been an unrewarding pursuit. Attempts at definition, in the literature, reflect uncertainty, ambiguity, and concern for continuing discord.

Intensifying the arduous task is the failure of the major disciplines involved - medicine, psychology, and sociology - to eliminate differences of opinion. At the same time, each of these schools have legitimate grounds for supporting their stand. However, this very state of affairs has cast doubt upon the jurisdiction of alcoholism. Indeed, a recent editorial in The Lancet (1977, p.1087) questioned its very existence:

"Some people would indeed today question whether there is any sort of concrete 'it' to be defined Alcoholism, it can be argued, is more a label than a diagnosis".

Herein, the attempt shall be to posit an operational definition. This will follow on from a brief discussion of the diverging viewpoints held by the above schools.

(a) The medical viewpoint:

The most frequently cited definition is that of The World Health Organisation's 1957 Expert Committee on Alcohol-Producing Drugs:

"Drug addiction is a state of periodic or chronic intoxication produced by repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychic (psychological) and generally a physical dependence on the effects of the drug; (4) detrimental effect on the individual and society".

This approach stresses the "addict's" psychological dependency, characterizing alcoholism as a compulsion to drink alcohol-based beverages for their chemical properties. This aspect is supported in the literature,

for example, by Keller and McCormic (1968, p.5) thus:

"Alcohol Addiction = a form of dependence on alcohol characterized by an overwhelming need to drink intoxicating amounts of alcoholic beverages, which the addict will obtain by any means. It is marked by the drive to obtain the gratification of alcohol intoxication or to escape mental or physical distress, and by loss of control over drinking".

The construct "Loss of Control" is of central importance in most alcoholic definitions and diagnoses. Keller (1972, p.162) intends this to mean....

"... the essential loss of control is that an alcoholic cannot consistently choose whether he shall drink or not. There comes an occasion when he is powerless, when he cannot help drinking. For that is the essence or nature of drug addiction".

It is just this designation that places the focus of inter-disciplinary disagreement. As it stands here, loss of control subsumes the controversial use of the word "craving". It implies a reservation for physiological dependency primarily, while psychological needs are relegated to playing a minor role. In addition, it may be argued, there is dissension as to whether it refers to the appearance of withdrawal symptoms, the desire for alcohol, or the desire for intoxication. Lastly, the medical perspective does not account for or indicate the cut-off point between the heavy drinker and the alcoholic.

(b) The psychological viewpoint:

Alcoholism is interpreted as a symptom of an inner, emotional conflict. Diagnosis of alcoholism follows signs of psychic dependence.

"An alcoholic is being made when one consciously or unconsciously begins to depend on alcohol's narcotic effects for a 'pick-up', to sleep at night, to feel 'good', to cope with business or domestic problems, to enjoy social gatherings, to get away from oneself, to repress inner urges of rebellion, or resentment, or of a psychosexual nature, to relieve vague but distressing restlessness, and so on" (Caldwell, 1965, p.108).

The psychological viewpoint suffers from a trap of its own making: in the endeavour to understand, it offers explanation rather than description, and cause rather than definition.

Psychological definitions, as a result, tend to be subjective and do not provide signs of alcoholism, per se; instead, they emphasize the personality and psychological make-up of the alcohol-abuser. In this way, definitions follow a circular route with tautological expression. For example:

"Alcoholism begins as a syndrome of anxiety and becomes a clinical syndrome with psychological, physical, and social symptoms" (Pfeffer, in Jellinek, 1960, p.57).

(c) The sociocultural viewpoint:

The essential need to differentiate alcoholism from heavy-drinking and specify the relationship between societal expectations and individual deviancy is the prerogative of the social perspective.

"Alcoholics are those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily or mental health, their interpersonal relations, and their smooth social and economic functioning; or, who show the prodromal signs of such developments" (The Expert Committee on Mental Health, Alcoholism Sub-committee, 1952).

In this respect, "excessive drinkers" are characterized by:

"Any form of drinking which in its extent does beyond the traditional and customary 'dietary' use, or the ordinary compliance with the social drinking customs of the whole community concerned, irrespective of the etiological factors leading to such behaviour ...".

Social factors modify the clinical picture of the alcoholic patient. While they may not directly influence the physiology of alcohol, they do to some extent affect drinking patterns and, thus, concomitant psychological factors such as guilt.

The definition of alcoholism: a rejoinder

Each of the above schools approaches the topic from a different perspective: alcoholism is a disease and is determined by the appearance of physical

dependency signs; alcoholism is a symptom of an underlying emotional problem; alcoholism is a social judgement, a deviance from normative standards.

Each of these views is consistent with their doctrine. Together, they form necessary parts of a gestalt. It is apparent that alcoholism is no subjective fiction - it is a physical, psychological and social reality, costing countries vast sums in psychiatric, welfare and police services, hospitalization, and property damage.

Although no single definition is acceptable to all researchers or clinicians, certain common elements are expressed by the otherwise differing formulations:

- (i) Excessive intake of alcohol-containing beverages. This item has one difficulty - the determination of "excessive". According to Clark (1966), this may be overcome in either of two ways:

firstly, "excessive" may be considered to be applied to any intake that is disapproved of by the drinker's associates. However, this decision incurs the problem of determining the relationship of the "other's" with cultural and/or social norms. A second method, likewise, has its faults. This is to define "excessive" in terms of the physiological, personal and interpersonal problems that have accrued. Still, not all alcoholics show these signs.

- (ii) Concern over drinking. If the alcoholic, himself, does not reveal signs of anxiety, guilt, or other mental disturbances in relation to his drinking behaviour, this may be reported by family members, employer or friends.

- (iii) Disturbance of social and economic functioning. Indications are usually present that the alcoholic's drinking habits are affecting his work, his marital relationship, and his social relationships. Lastly, he may be referred following some infringement of the law (drunken driving, assault).

- (iv) Loss of Control. The term is used here to refer to both apparent physiological and psychological dependency to alcohol. This includes

both the inability to abstain from drinking or the inability to control the amount of intake once drinking has commenced.

In conclusion, from an aetiological point of view, alcoholism may well be a "working label" (Madden, 1977; Rohan, 1978). On this assumption, the diagnosis may be made when the presenting problem, be it a physiological dysfunction or psychological disorder, coincides with the reported ingestion of significantly large amounts of alcohol-containing beverages.

II. THEORIES OF AETIOLOGY AND ADAPTATION

"Aetiology" refers to the study of disease causes. "Adaptation", on the other hand, is the process whereby an organism adjusts, structurally or functionally, to new circumstances.

In line with these definitions, Alcoholic Adaptation refers to the factors that support the alcoholic's dependency upon alcoholic beverages. Theories which examine the aetiology of alcoholism serve to posit causes or establish the origin of the syndrome itself.

This section discusses theories of aetiology and adaptation. The two views are linked intimately: it is not sufficient only to understand how alcoholism evolves; it is as important to determine the factors that maintain or reinforce the alcoholic's dependency upon alcohol. This is necessary if therapy is to have a functional aim.

It is apparent, following a review of alcoholic literature, that schools can be separated into these two categories. For example, medicine approaches alcoholism from a pathophysiological viewpoint. While this may account for the alcoholic's need for alcohol (i.e. in terms of physical dependency), it does not provide a clear picture of the adaptive process. Conversely, psychological theories, especially psychoanalysis, offer an adaptive model, i.e. a description of the function alcohol plays in the alcoholic's life-style, and how his needs are met thereby. Lastly, Learning Theory and Sociocultural Aspects serve to mediate between the aetiological and adaptive perspectives.

(a) Pathophysiological factors

Alcoholism has been referred to as a pathophysiological disorder. This conceptualization is supported by apparently predictable clinical features which are a result of the action of alcohol on the body.

"Acute Alcoholism", the state of immediate or severe intoxication,¹ presents with the following signs:

- the removal of the inhibitory influence of the higher centres.
- reduction of muscular control (staggering gait, slurred speech, tremors).
- reduced attention span, increased distractibility, and weakened retention.
- blunted sensory perception.
- slowing of thought.
- dilation of the capillaries of the skin (producing a feeling of warmth).
- increased sensitivity to pain.
- unconsciousness and/or coma may ensue.

In addition, alcoholic patients reveal a variety of physiological complications such as:

- cirrhosis of the liver.
- polyneuropathy, peripheral neuropathy.
- Wernicke-Korsakoff's syndrome.
- Pancreatitis.
- chronic gastritis.
- hematological disorders.
- cerebellar degeneration.

(Freedman, Kaplan and Sadock, 1976; Mayer-Gross, Slater and Roth, 1977).

A number of aetiological theories, based upon these symptoms, have been proposed. Of these the metabolic and brain pathology hypotheses have prominence.

1. "intoxication", itself, is a word which implies poisoning, usually of bacterial origin.

The genetrophic theory of Williams (1947) and Williams, Berry and Beerstecher (1949) posited that an inherited nutritional deficiency, largely within the enzyme systems, induced the craving for alcohol. In other words, alcohol served to replenish needed B-group vitamins.

Previous indications which supported this hypothesis came from the studies of Mardones and Onfray (1942) who found that rats, fed with a thiamin-deprived diet, exhibited a gradual increase in alcohol intake. This conclusion was based upon the rat's preference for a 10% by volume ethanol solution over that of distilled water (Segovia-Riquelme, et al, 1970).

Independently, Williams came to the same conclusion. He argued that, physiologically, it was known that individual tolerance to the alcoholic level in the blood varied from one person to another. This suggested an inherited metabolic individuality. Williams, however, overlooked the logical explanation for this occurrence: it may be viewed as an increase in tissue tolerance that is acquired in the course of time. From a social stance, Williams suggested that the disease/defect could be viewed in groups that were largely inbred. He pointed to the low incidence of alcoholism amongst the Jews and compared this with the high rate among the Irish. This deduction came in for criticism from Popham (1953). He felt Williams had failed to take into account the cultural factors that are present in the maintenance of drinking patterns.

In addition, Lester and Greenberg (1952) found experimental flaws in Mardones and Onfray's (ibid) study. When a sucrose solution was added to the original choice, pure water vs alcohol solution, following a diet deprived of vitamins, rats show a preference for the sucrose.

Smith (1949), in a further attempt to substantiate alcoholism as a metabolic disease, postulated an endocrinological cause. This view "grew out of our observation of the biochemical and clinical similarity between Addisonian crisis and delirium tremens" (p.251). Smith saw the deficiency centring around the pituitary-adrenal-gonadal triad and, in support, offered as evidence the tendency for alcoholics to maintain healthy heads of hair, reveal a lack of drive and follow-through - all factors related to deficiencies of adreno-gonadal steroids.

Wexberg (1950), however, has revealed the logical irrationality of these (and perhaps other) nutritional hypotheses: if alcohol is not a substance normal to the human metabolism, why should there be any craving for it even if the person was suffering from some nutritional deficiency?

Nevertheless, hereditary theories cannot be ruled out. The traditional twin studies, where infants who were separated at birth from their biological parents, raised apart, and later compared, indicate that some genetic contribution to alcohol preference is present. Studies by Kaij (1960) and Partanen, Bruun and Markkanen (1966) report concordance rates of up to 71% for monozygotic twins and 32% for dizygotic twins where chronic alcoholism was reported. Schuckit, Goodwin and Winokur (1972) and Goodwin, Schulsinger, Hermansen, Guze and Winokur (1973) studied individuals raised apart from their biological parents, where the biological or adopted parent had a drinking problem. They found that subjects with alcoholic biological parents were three times more likely to become alcoholic than those with surrogate parents. Furthermore, this association occurred regardless of personal contact by the biological parent.

Alcoholism has been considered as a function of brain pathology. This is suggested by the cerebral atrophy associated with Korsakoff's Syndrome. Speculations include the existence of some brain lesion that may explain the alcoholic's resistance to therapy (Jellinek, 1960).

Tumarkan, Wilson and Snyder (1955) observed the presence of enlarged cerebral ventricles in young male alcoholics. They theorized that repeated severe intoxication causes injury to the cerebral cortex and involves the permanent loss of cells and nerve fibres. This may lead to the loss of tolerance and psychological changes found in most patients. More recent replicative studies reported pneumoencephalographic evidence of cortical atrophy include Bennett (1967) and Brewer and Perret (1971).

The clinical counterparts to these physical findings are the loss of short-term memory, confusion and disorientation for time, place and person, and difficulty in concentration. Fitzhugh, Fitzhugh and Reitan (1960) found that alcoholics scored closer to brain-damaged subjects than nonbrain-damaged subjects on tests of adaptive ability. Again, these results have been replicated by Jones and Parsons (1971) and Goldstein and Shelly (1971).

The nature of this injury to the Central Nervous System (CNS) has important implications for psychotherapy: the "organic brain syndrome", be it acute or chronic, may interfere with treatment programmes until the damage that is reversible has healed. More importantly, impairment of the ability to think abstractly may continue to interfere with the patient's problem-solving abilities. "This suggests a return to the old, well-learned response of drinking is a likely course of action when the person is presented with new problems" (Smith, Burt and Chapman, 1973, p.420).

The medical status of alcoholism, the claim that alcoholism is a disease, is enhanced by several signs of the alcoholic's physical dependency upon alcohol:

- withdrawal symptoms (gross tremor, withdrawal seizures, delirium tremens, morning "shakes"/tremors relieved by a pick-me-up or "regmaker").
- increasing tolerance to effects of alcohol.
- blackouts.
- Loss of Control.

(Freedman et al, 1976; Mayer-Gross et al, 1977).

There is some doubt as to the role these aspects play in the maintenance of alcoholism. They may be solely responsible, but studies indicate that dependency is as much a psychological as a physiological phenomenon. Furthermore, there are exceptions to the "rule": one third of hospitalized alcoholics tend not to have had blackouts (Curlee, 1973). Loss of Control is relative and not absolute: some alcoholics are able to control their drinking for a time (Gottheil, Alterman, Skoloda and Murphy, 1973) or even return to normal controlled drinking (Davies, 1962).

Central to the topic of dependency are the concepts "tolerance" and "Loss of Control":

Tolerance may be defined as "an acquired change ... within the ... individual as a result of repeated exposure to the drug, so that an increased amount of drug is required to produce the same specified degree of effect or less effect is produced by the same dose of drug" (Israele and Mardones, 1971, p.237).

Loss of Control is understood to mean, in the wider sense, the loss of capacity to confine alcohol intake within moderate amounts (Ewing, 1974). This definition subsumes both "bout" and "continuous" forms of drinking.¹ According to Keller (1972), Loss of Control is a pathognomonic sign for the diagnosis of alcoholism. Intimately associated is the concept "craving" and, together with these and above symptoms, describes the alcoholic's "addiction", "dependency", "overpowering urge", and "need" to drink - the "presumed predisposition of an alcoholic toward unmodulated drinking" (Ludwig and Wikler, 1975, p.121).

Isbell (1955) distinguished two forms of craving, "nonsymbolic craving" and "symbolic craving". Nonsymbolic craving appears to be associated with physiological alterations that manifest following the withdrawal of alcohol. Psychological factors may also colour the symptoms. For example, the patient's emotional reactions may affect the clinical picture of withdrawal from alcohol. In contrast, symbolic craving is presumed to be primarily psychological in origin, accounting for relapse following abstinence.

The concept craving has engendered much controversy. Some, like Mello (1972) argue that, in terms of its definition, symbolic craving is a logical tautology. Experimental studies, notably those of Isbell, Fraser, Wikler, Belleville and Eisenman (1955) and Mendelson (1964), indicate that both metabolic and tissue tolerance developed to alcohol and that abstinence, following prolonged drinking, can result in tremors, convulsions, halucinosis and delirium. Others, however, view symbolic craving as a "subclinical" conditioned withdrawal symptom. According to Ludwig and Wikler (1975, p.114).

"the development of physical dependency... can become conditioned to stimuli (physical environment, drug-using or drug-dispensing associates, certain emotional states) through repeated temporal contiguity between such stimuli and 'unconditioned' opiate-withdrawal phenomena".

In these terms, situational variables may play as important a role in the experience of craving.

Studies in which the taste of alcohol was disguised (Merry, 1966; Marlatt,

1. "Bout" (i.e. Gamma) and "continuous" (i.e. Delta) patterns are described in Chapter One, "The Alcoholic Personality".

Demming and Reid, 1973) indicate strong support for the role of cognitive factors. The latter study, in fact, reported a decrease in drinking rate over the task period. Paredes (in Manber, 1972) concluded that, for craving and associated provocative behaviour to occur, drinking must occur in a setting where such behaviour is expected.

The implication of this cognitive-learning theory of craving for therapy may be viewed from the standpoint of therapeutic goals. Such cognitive associations indicate that the usual abstinence cure has one major drawback: as Cain (1964) observed, the "recovered" alcoholic abstains because he does not want to drink; the "arrested" alcoholic still has the desire to drink, but knows he cannot and avoids doing so. When eventually he does have one drink, he relapses into uncontrolled drinking. A proportion of alcoholics have returned to normal drinking after treatment (Davies, 1962; Kendall, 1965; Bailey and Stewart, 1967; Pattison, Headley, Gleser and Gottschalk, 1968). Importantly, the conclusion drawn in these cases underlines the change in meaning and functional use of alcohol for the recovered alcoholic.

Alcoholism is associated with a number of pathologies and thus is considered a disease or illness. Thus far, however, pathophysiological theories have not substantiated a cause but certain pathological consequences, such as cerebral atrophy, suggest reasons for resistance to therapy and /or the maintenance of alcoholism. The adaptive process is closely linked to rising tissue tolerance and other signs of physical dependency. At the same time, Loss of Control and craving appear to be mediated by psychological expectations and cognitively-learned associations.

(b) Psychological theory

(i) Psychoanalytic theories:

Psychoanalytic theories generally conceive alcoholism to be a defense mechanism providing protection against psychic pain (e.g. anxiety) on the one hand, and pleasure on the other hand. Dependency is viewed as resulting from development failure, and an emphasis is placed upon the child's relationship with his parents. Alcoholism is seen to be related to latent

homosexuality. The development of these ideas will be described below.

Freud wrote very little about addiction. At no time did he devote a paper to the topic, and his views are the result of collected references made as asides in articles or in the letters he wrote to colleagues.

In a letter to Fleiss in 1897 (cf. Yorke, 1971, p.142), he expressed the idea that addiction could exist without drugs, and emphasized the link between addiction and masturbation:

"It has dawned upon me that masturbation is the one major habit, the 'primary addiction', and it is only as a substitute and replacement for it that the other addictions - for alcohol, morphine, tobacco, etc. - come into existence".

The relationship between addiction and sexuality was stressed again a number of years later in his paper "Dostoyevsky and Parricide" (1928). In this case, the addiction is that of gambling. However, it is clear that gambling/alcoholism is merely a symptom of some underlying emotional disturbance:

"If the addiction to gambling, with the unsuccessful struggles to break the habit and the opportunities it affords for self-punishment, is a repetition of the compulsion to masturbate ..."

The nature of the alcoholic's need for alcohol was touched on briefly in his second "Contribution to the Psychology of Love" (1910). Herein he compared the relationship between lovers with that of the drinker and his wine. The overriding difference between the two may be summarized by his belief that wine afforded the drinker a more stable, untiring, dependable gratificatory relationship than that between lovers.

The theme running through here, but only expressed by later psychoanalysts, is that alcohol permits the repression of homosexual fears: oedipal fears and an inadequate sexual adjustment lay the foundation for self-induced genital excitement. In this case, alcohol itself may be seen to be a sexual object. In "Jokes and their Relations to the Unconscious" (1905), Freud made reference to the intoxication process itself. He pointed out that alcohol removes inhibitions, induces a cheerful mood and, in turn, reduces self-criticism.

More significant contributions to alcoholism were made by Rado, Simmel, Glover, and Fenichel, amongst others.

The first psychoanalytic paper that dealt exclusively with alcoholism, however, was written by Abraham (1908). In this paper he explored the sexual basis of acute alcoholism, concluding that the toxic effects, in lowering man's resistance against sexuality, removed the sublimations and repressions, so revealing the alcoholic's homosexual inclinations. Chronic alcoholism involves the permanent loss of sublimations. Thus emotional and sexual restraints are lifted and he may pursue his perversions supported by the stimulating effect of alcohol.

Abraham aside, the first comprehensive psychoanalytic account of alcoholism was that of Rado (1926). Earlier, Freud (1920) had postulated the concept of a protective shield or stimulus barrier, which defended the ego against external excitation (only). Rado sought to account for the deficiencies of this shield (i.e. that it could not defend against internal stimuli) by positing a "second line of defense", drugs which diminish sensory input, and so prevent helplessness and psychic pain.

While this may provide an answer to the effect of pain-killing drugs, Rado believed that stimulants (amongst which he included alcohol) differed by acting upon inhibitions and tensions which arise out of instinctual demands upon the ego and prohibitions upon the superego. In this respect, the erotic nature of inebriation is clarified. Rado concluded that, like genital orgasm, inebriation involves a diffusion of well-being throughout the organism. Nevertheless, this form of gratification is artificial and the moment intoxication becomes the principal sexual aim, addiction is established. It is from this moment on that craving is a foremost barrier to abstinence.

One of the consequences of addiction is the progressive deterioration of genital potency. Thus "metaerotism" becomes dominant. Regression re-activates infant and childhood erotic fantasies, the most important of which centre around the oral zone.

Rado's emphasis upon oral erotism is confirmed by his view that the path of addiction is set up by the addict's past. Nevertheless, he did not

confine the somatic source of orality to the mouth; instead, he described the experience of "alimentary orgasm", the feeling of repletion and well-being that occurs when the stomach is full. The oral experience is, thus, just a fore-pleasure to the organismic experience in the alimentary tract. The latter is, consequently, the seat of infantile wishes and fantasies, and the fixation point of the addict.

While Yorke (1971) has criticised Rado's equation of the pharmacological pleasure-effect with orgasm, in that alimentary gratification occurs after orgasm and is not the orgasm itself, many Learning Theorists would support Rado's contentions. This area will be examined in the next sub-section.

The work of Simmel (1929, 1948) emphasized the aspect of aggression in the maintenance of alcoholism, an area overlooked to some extent at that time. He likened craving to the process of weaning.

Craving, in morbid patients, involves the cathexis of dread of loss (e.g. loss of the mother's breast) and is determined by accompanying fantasies or state of repression. Drinking corresponds to an oral-sadistic fantasy, where the mother is the "great castrator of the past".

Simmel (1929) concludes: "The victim of a craving is a melancholic who makes his guardian superego drunk with the poison with which he murders the object in the ego" (i.e. the mother).

Fenichel (1945) followed Rado in confining the satisfaction of the drug-effect to oral needs. At the same time, he classified drug addictions, the "impulse neuroses", separately from non-drug addictions, the "compulsive neuroses" (such as food addictions, reading addictions, etc.). Fenichel believed that only the former served to satisfy archaic oral longing.

Aetiologically, Fenichel emphasized the role of the family in the development of specific childhood fixations to orality. The frustrations that evolve turn the child from his mother to his father, thus providing the basis for homosexuality. This is repressed. However, instinctual impulses remain active - a factor purposing to explain the addict's tolerance of tension and impulsivity. In many respects, Fenichel's view may be summarized by the oft quoted saying: the superego is "the part of the mind that is soluble

in alcohol".

The psychoanalytic view, then, stresses oral fixation and homosexual tendencies. However, the research of McCord, McCord and Gudemar (1959) reveals little support for either theory. Their longitudinal evaluation found that boys with oral tendencies did not show a greater tendency to become alcoholic. Furthermore, neither latent homosexuals nor boys with mothers who encouraged dependency were more likely to evidence alcoholism. On the other hand, their operational definition of "latent homosexuality" reveals an inherent weakness: so judged were boys with noticeably feminine physiques.

The aspect of homosexuality in alcoholism is a point of controversy that has limited acceptance of other psychoanalytic ideas. Criticism of their rigid stand is, in some ways, expressed by Clinebell (1956, p.56):

"Although many alcoholics are maladjusted and some homosexual, it seems that these sexual problems are more likely to be adequately understood as symptoms, like the person's alcoholism, of underlying personality problems."

A last word of warning may be taken from Jellinek (1960) who, in a general criticism of psychoanalytic theory, points to the preoccupation of emphasising personality traits that are present at the start of the drinking career (as the psychoanalytic conception does), instead of examining the ongoing alcoholic process itself.

(ii) Learning Theory

Learning theories stress the process whereby alcohol associated responses are required. Their emphasis is not upon the nature of the stimuli, per se, as with the psychoanalytic view, but the role of environmental or intraphysic cues in the conditioning of the drinking response. Two major contributions to the adaptive process are discussed.

The Tension-Reduction Theory (TRD): This approach, based upon the tenets of Hull (1945) and Dollard and Miller (1950), defines reinforcement in terms of drive reduction. If a particular response, in the presence of a cue or stimulus, leads to the reduction in the strength of a drive (i.e. an

unfulfilled need), the individual will be expected to repeat that response when confronted with similar stimuli on subsequent occasions.

According to Conger (1956, p.296), "the drinking response is learned because it leads to a reduction in drive".

The cross-cultural studies of Horton (1943) and the experimental work upon cats of Masserman and Yum (1946) appear to form the springboard for Conger's speculations and research. Horton reported that "the strength of the drinking response tends to vary inversely with the strength of counter-anxiety elicited by painful experiences during and after drinking". This assertion was later illustrated by Masserman and Yum, who showed that in cats with an approach-avoidance conflict, alcohol serves to reduce the fear drive and permit approach.

In 1951, Conger set up a series of experiments aimed at replicating these results. In the first experiment, rats trained to secure food from a straight-line alley were thrown into an approach-avoidance conflict by being given electric shock at the goal. Later, intraperitoneal injections of water and alcohol were rendered. Alcohol, only, was found to induce the rats to approach the goal.

The second experiment was set up to assess whether alcohol acted to strengthen an approach response based upon hunger, or weaken an avoidance response based upon fear. The strength of the tendency to approach or avoid was measured by the rat's pull against a calibrated spring. It was found that alcohol did not decrease the amount of pull toward the food when the rats were hungry, but it did decrease the pull away from the place where they were shocked. Conger concluded that alcohol produced a reduction in the avoidance response motivated by fear.

The third experiment attempted to measure the amount of behavioural change under varying degrees of inebriation. Rats trained to approach under alcohol and avoid when sober learned to discriminate more readily than those trained to approach when sober and avoid when intoxicated. From this Conger concluded that, while alcohol tends to diminish the strength of learned drives, it leaves primary drives unaffected.

In a later paper, Conger (1956) reasoned that these results were inferable to man. He proposed two central hypotheses:

- (1) Alcohol produces a reduction in fear and so reinforces the learning of the drinking habit. This leads to primary addiction.
- (2) Alcohol, in removing the fear-motivated restraints in conflict situations and permitting the satisfaction of drives whose goal-responses have been inhibited by conflict, further reinforces the drinking behaviour.

At the same time, Conger did not exclude the possibility of patho-physiological mechanisms, or the negative psychological and social consequences of alcohol abuse. Nor did he reject the psychoanalytic emphasis upon oral needs - his TRT does not seem to specify the source of the unsatisfied drives. "What a reinforcement approach does emphasize, however, is that even when the drive which is reduced is physiological in nature, the response is still a learned one - learned because it is reinforced" (Conger, 1956, p.304).

Empirical support for TRT has not been forthcoming. In general, it appears that tension-reduction is dependent to a large extent upon the magnitude of the dose. For example, both Van der Spuy (1972) and Hamburg (1975) report that, among alcoholics, moderate doses of alcohol actually increased tension and anxiety. Cappel and Herman (1972, p.59) point out that TRT research may fall into the trap of "(inferring) the motivation for behaviour from one of its consequences".

Dissociation Theory: Overton (1964), using sodium phenobarbital, and Otis (1964), using chlorpromazine, revealed that habits acquired by animals in a drugged state do not transfer to a nondrugged condition, and vice-versa. Sodium phenobarbital and alcohol are both centrally acting drugs and share a number of physiological and behavioural effects. These studies on stimulus generalization are central to the dissociative theory of Storm and Smart (1965).

Dissociative theory offers a further explanation of state-dependent learning, an aspect touched on by Conger. Storm and Smart argue that dissociation

arises from the alcoholic's failure to generalize behaviour learned in the sober state to the intoxicated state, and vice-versa. Further, they hypothesize, the larger the dose of alcohol, the greater the generalization decrement to the sober state, and the greater the learned discrimination between alcohol and nonalcohol states. "This would result from the different social reinforcement contingencies applicable in drinking and nondrinking situations, and perhaps from the differential suppression of fears and conflicts" (Storm and Smart, 1965, p.112).

If the above theory holds, dissociation may account for the presence of blackouts and loss of control in alcoholism. Blackouts may be explained as the decrement of recall in the sober state of experiences learned in the intoxicated state. Loss of control may be seen in the light of progressive dissociation: dissociation elicits a hierarchy of cues. Each cue functions as a stimulus to elicit a conditioned response. The chain of responses so produced is interpreted as loss of control.

The message Storm and Smart attempt to communicate is that therapy should attempt to develop appropriate skills whilst the alcoholic is in an intoxicated state. Only then would the behavioural responses be incorporated into the alcoholic's repertoire.

Goodwin (1974) found, however, that if state-dependent learning does occur, it does so only under extreme conditions of intoxication.

Nevertheless, one psychobiological study of craving, consistent with learning theory, indicates some support for the relationship between cues and loss of control. Ludwig, Wikler and Stark (1974, p.539) accounted for craving as the representation of "cognitive-symbolic correlates of a subclinical, conditioned withdrawal syndrome that can be produced by appropriate interoceptive or exteroceptive stimuli". Interestingly, their results found (once again) that the physiological and neuro-physiological responses of their alcoholic subjects were not determined solely by pharmacological factors. Situational variables appear to play an important role in the stimulation of craving.

In summary, learning theory establishes the presence of a number of reinforcing

consequences of alcohol consumption, itself. This aspect interacts closely with other aetiological theories. Importantly, it introduces the influence of external variables, besides those relating to the alcoholic's personality.

(c) Sociocultural aspects

Unlike the multitude of physiological and psychological studies that examine dependency in the alcoholic, relatively few papers have substantiated the role that sociological properties play.

This is not to say that the sociocultural position has not made clear its stand; from this point of view, it is possible to account (theoretically) for the specific influences that impinge upon individuals in the creation of the modal personality that is or is not conducive to alcoholism. These factors go beyond the individual's symptoms, per se. For example, if anxiety, guilt, or inadequacy were aspects relating to the development of alcoholic drinking, then concern would rest with their place of origin. This would place the emphasis upon the family unit, cultural expectations, and social sanctions. In other words, attention lies with the social value system from which the individual gained his interpretation of self and ideal; with the system whereby his notion of sanction was learned; and with the social or cultural factors which determine whether his adjustment is acceptable or deviant. As the WHO Bulletin on Youth (1973) records, interest lies with "cultures that facilitate positive attitudes towards drug use".

A number of studies have compared and examined cultures which report extreme drinking norms. For example, the American Jew (low incidence of alcoholism) and the American Irish (high incidence of alcoholism) are favourite topics. Soles (1946) proposed that drinking restraints among the Jew resulted from symbolic associations surrounding the drinking act, itself. Ritualistic drinking, ingrained from childhood, produced an aversion to abuse as drunkenness became associated with amorality. Although this interpretation is questioned by other theorists (e.g. Snyder and Landman, 1951), the influence of cultural attitudes upon drinking behaviour is acknowledged.

At the same time, the self-regarding needs of the individual are not to be

denied. Following Bales (1946), alcoholism may be conceived as

"a utilitarian type of drinking which has the further feature of a compulsive, involuntary character. The compulsive character of drinking is supposed to be due to more or less severe underlying needs for adjustment or tensions which are oriented toward drinking as a means of adjustment by a nucleus of utilitarian ideas and sentiments now beyond conscious control".

It seems likely that these drinking attitudes are embedded in certain cultural and subcultural allowances.

The American Irish appears to fulfill the example of embedded utilitarian drinking. Besides a reported tradition of convivial social drinking (Snyder, 1956), there is an acceptance of the use of alcohol for adjustment purposes. Glad (1947) noted that, with the adjustment problems of Irish immigrants, tension tended to be eased by bouts of heavy drinking.

This anxiety-counter anxiety hypothesis was first posited by Horton (1943). Based upon his cross-cultural investigations of primitive societies, he proposed that the use of alcohol arises when anxieties surrounding the scarcity of food, acculturation, and war increase. Alcohol reduces these fears but releases its counterpart, destructive aggression. When society rejects this consequence, counter anxieties operate to reduce the amount of intoxication.

Along with the physiological and psychological properties, alcohol (and other drugs) appear to play a part in certain social demands. Sociologically, they may contribute to dependency through the emphasis that is placed upon them as recognised emotional aids. Trice and Beyer (1977, pp.59-60) point to the following indicators for group acceptance:

- (1) The strength and clarity of the social control surrounding a drug's users;
- (2) The legitimacy, thoroughness, and efficiency of a drug's production and distribution system to users, i.e. availability;
- (3) The compatibility of the individual properties of a drug with dominant social values;

- (4) Positive functions of a drug's use for specific social groupings,
and
- (5) The amount of social acceptance or rejection accorded a user by his peers.

This latter variable forms the focus of Social Reaction theory, which moves the deviance label from the individual to the social structural level. Becker (1963), for example, labels the rule breaker an "outsider". He points to the peer group for norm enforcement and, although neglecting to explain how rules are broken initially, he provides a view somewhat similar to the Eriksonian (1968) peer-group affiliation needs (i.e. Identity vs Role Confusion): the need to align oneself with a peer-group, even one whose expression is deviant, may provide an adolescent (or adult) with a much needed sense of identity. Peer-group sanctions serve to maintain the individual's conformity to their norms.

Research among adolescent problem drinkers appears to support this hypothesis. Jessor and Jessor (1977) and Donovan and Jessor (1978) report that adolescent problem drinkers acknowledge less compatibility between their parent's and their friend's norms, less parental ties, and greater peer influence. They conclude:

"Adolescent problem drinking appears to be an integral part of a general adaptation to self, to others and to circumstances rather than an isolated or capricious activity" (Donovan and Jessor, 1978, p.1521).

At a higher age level, among university undergraduates, the incidence of alcohol abstinence is low (Knupfer and Room, 1970). Along with the use of marihuana, Trice and Beyer (1977) report that moderate social use of alcohol generates the highest social acceptance. Both high and low users of drugs are, however, rejected. They concluded:

"Rejection of abstainers presses all but the deviant into social, moderate user behaviour ... this 'pressure to avoid being an abstainer' probably assures that a large number will be exposed to the possibility of dependency" (p.69).

The call to examine the interpersonal "payoff" that is associated with social and problem drinking is reinforced by the disclosures about social

conflict wherein adult alcoholics are involved. According to Wüthrich (1977), they tend to experience more conflict (i.e. any form of antagonism, latent or manifest, between elements) in relationships that include authority figures. For example, the army, the family, and hierarchical organizations. On the other hand, when interaction is indirect and membership is optional (i.e. the peer-group), there is less conflict.

One conclusion that may be drawn from the tentative acceptance of this theory is that a necessary precondition for alcoholism cannot only be made of action-of-alcohol plus a-user-of-alcohol. Similarly, the combination of a-person-with-a-problem plus a-user-of-alcohol does not provide a sufficient explanation. As Bacon (1973) points out, a "problem" is a somewhat loose and inaccurate term. A more precise understanding of symptom choice or preference for alcoholism as a problem-solving behaviour is needed.

III. The "Alcoholic Personality"

Over the years attention has been drawn to identifying attributes that alcoholics have in common. This pursuit seeks to elicit psychopathological features that may account for a vulnerability to alcoholism. In other words, this explanation offers the personality as a determinant of alcoholic behaviour.

As described earlier, a number of hypotheses have been offered regarding the aetiology and adaptation to alcoholism. These range from latent homosexuality and oral fixation, to the need for social approval, tension-reduction, and cultural conditioning. It is evident that a large number of personality studies may simply reflect the theoretical bias of the investigator.

Allied to this barrier is the diverging path of investigators. Some contend that meaningful commonalities may only be found within a composite alcoholic population; others believe that such approaches tend to obscure the possibility of any striking features - composite profiles tend to compress or "average out" scores, thereby disregarding individual variation. This view holds that the alcoholic population is heterogeneous in character and that a singular "alcoholic personality" shall not be found. Consequently,

attempts have been made to substantiate homogeneous sub-types.

This section reviews the outcomes of studies using projective and non-projective tests. Projective tests include the Thematic Apperception Test (TAT) and Rorschach. Non-projective tests include the Minnesota Multiphasic Personality Inventory (MMPI) and, to a lesser extent, the Sixteen Personality Factor Questionnaire (16PF). Following this, support for and implications of Jellinek's (1960) alcoholic typology will be examined.

(a) Projective Tests

Projective tests assume that the prealcoholic personality rests upon permanent traits and, regardless of the situation, it is possible to isolate these covert motives.

(i) The TAT:

In one of the first attempts to control TAT analysis,¹ Klebanhoff (1947) devised a qualitative classification system of themes with which to assess the personality factors in "symptomatic chronic alcoholism". These comprised subjects who reported the desire for relief from addiction, signs of anxiety and feelings of guilt, and a general pattern of psychoneurotic maladjustment. Patients diagnosed as psychopathic, reactive chronic alcoholism, "poverty-drinkers" (Jellinek, 1942) or "down-and-out Bowery Bums" (Landis, 1945), were excluded from this study.

Klebanhoff reported a notable homogeneous personality structure amongst these subjects that was seemingly different from the normal or well-adjusted personality. He found a relative absence of aggressive tendencies (i.e. stories which described loss of life through murder or suicide), a marked emphasis upon internalized emotional stress (i.e. preoccupation with emotional turmoil, and inebriation associated with ideas of rejection or separation from a loved one), domination of the central characters by minor actors, and social inferiority (i.e. failure in love). Klebanhoff concluded: "The habitual use of alcohol by this group of patients constitutes a temporary tool in an essentially psychoneurotic reaction ..." (p.117).

1. See Chapter Four, "Tests", for a more detailed discussion of this point.

While this study found support for evaluating only one form of alcoholic patient at a time, similar studies have not been able to differentiate that such groups are distinct entities. Attempts to differentiate alcoholic types or alcoholics, per se from non-alcoholics have not been successful using the TAT (Sutherland, Schroeder and Tordella, 1950).

Singer (1950), for example, could not distinguish 34 male alcoholics diagnosed as psychoneurotic from 30 male alcoholics diagnosed character disordered. He found a difficulty in establishing the descriptive criteria for each group with the TAT. Both groups tended to reveal a lack of self-esteem and superego strength together with general hostility.

Similar results were found by Knehr, Vickery and Guy (1953) in an attempt to assess differences between alcoholic patients and non-alcoholic "assorted" psychiatric patients at the Payne Whitney Psychiatric Clinic. They concluded that the TAT provided no evidence of personality characteristics common to alcoholics as a group which distinguish them from other patients. It must be pointed out, however, that their sample of alcoholic patients did not set apart types. As their results referred to emotional responses only, it may be expected that most disturbed or unhappy persons shall respond in a similar emotional style.

Fisher and Fisher (1955) attempted to test the hypothesis that alcoholics would be more rigid in dealing with ego-involving situations than in dealing with non-ego involving situations. Contrasting an alcoholic with a "normal" group, they found that alcoholics tend to mobilize less ego flexibility under stress than did the control group. However, this study does not reveal more about alcoholics than that which could be inferred from other "disturbed" or "maladjusted" persons.

Attempts have also been made to use the TAT to assess the role alcohol plays in social settings, i.e. personality changes that are produced by the consumption of alcoholic beverages. Kalin and McClelland (1965) administered both alcoholic and non-alcoholic beverages to first- and second-year students in a social setting. The protocols of the "dry" (non-alcoholic) group revealed no change, whereas those of the "wet" (alcoholic) group were found to show a decrease in inhibitory thoughts (such as aggression restraint, fear-anxiety, and time concern). Further, the greater the consumption, the

more physical aggression increased. It was concluded that this study supported the anxiety-reduction hypothesis, but only amongst the heavy drinkers.

It is interesting that the more recent research of Van der Spuy (1972, who administered a battery of tests, including the TAT, can both support and reject these findings. In line with Kalin and McClelland, Van der Spuy notes a rise in psychopathology that corresponds with increasing consumption. However, his alcoholic subjects did not experience relief after the initial intake of alcohol; instead they reported a rise in stress and anxiety. It is this, Van der Spuy argues, that results in the alcoholic's deterioration of inner adjustment. "Compensatory mechanisms which are put into action by the personality to counteract and defend against this tension and anxiety. They consist of:

- (a) An increase in neurotic mechanisms, including an increase in unsuccessful introspective effort.
- (b) An increase in some spheres of social interaction" (p.262).

In summary, it appears that the TAT, to date, has not been successful in delineating personality characteristics belonging to the alcoholic. Studies indicate a common psychoneurotic pattern, but fail to distinguish its format from that of other psychopathological groups. Indications do remain, on the other hand, that greater success may be forthcoming from research which examines selected alcoholic types rather than assessing heterogeneous samples.

(ii) The Rorschach:

The Rorschach determines perceptual modes - the manner in which the subject perceives various kinds of standardized stimuli (i.e. the 10 Rorschach cards), his reaction to them (e.g. whether extratensive, introverted, controlled, uncontrolled, etc.), and the significance these percepts have for him.

The Rorschach, with a more standardized scoring system(s), may be expected to have greater utility than the TAT. Therapists have found it useful to

confront the defenses of their patients with the interpretations derived thereby (Jensen and Gallant, 1966). It has also been used to evaluate change in self-image following therapy (Levinson and Sereny, 1969). These and other studies tend to confirm the validity of the Rorschach as a clinical tool. As with the TAT, problems arise when its face validity as a research instrument is presumed.

One of the first Rorschach-alcoholism studies was conducted by Jastek (1936, in Freed, 1976). He found "the same unfavourable Rorschach signs appear in records of patients suffering from different personality defects ... the only clearcut inference we can make from this study is that none of our patients has a normal Rorschach record" (pp. 1633-1634). This conclusion tends to speak for most studies over the following 40 years.

Halpern (1946), in a review of alcoholic Rorschach records, referred to "striking characteristics of the alcoholic personality", but was not able to separate their's from neurotic protocols. Similarly, Karlan and Heller (1946) suggested that there was a close relationship between alcoholism, psychoneuroses, and inadequate tension states.

Buhler (1947) reported that alcoholics could be distinguished from psychopathological, normal and organic cases by their outstanding low m and high (k + K) scores. This indicates that alcoholics have little repressive management of their anxiety, which remains free-floating and devoid of intellectual control. However, Singer (1950) and Sutherland, Schroeder and Tordell (1950) remain sceptical of such minimal qualitative differences.

Singer (ibid) had greater success in examining the dynamics of alcoholism according to psychoanalytic principles. He detected a consistent lack of self-esteem, superego strength, and greater hostility. Psychoanalytic hypotheses, on the other hands, have found little support. Machover, Puzzo, Machover and Plumeau (1959) and Meketon, Griffith, Taylor and Weideman (1962) reported no more Rorschach homosexual signs amongst alcoholics in comparison to neurotic or paranoid patients.

It is apparent that Rorschach studies have provided little support in the search for a demonstrable "alcoholic personality". Common characteristics, such as depression, vulnerability to stress, and poor self-concept (Wolfson,

1966) indicate that alcoholics share dynamics with other disturbed persons. While the inadequateness of the Rorschach as a diagnostic tool cannot be ruled out, the assumption of homogeneity among alcoholics has tended to be the rule of these studies. Recently, factor analytic investigation of Rorschach responses indicates that the alcoholic personality may lie between that of normals and neurotics (Rauchfleisch, 1972, in Freed, 1976).

At present, investigators can do no better than agree with Syme (1957, p.292): "Rorschach studies of alcoholism yield little or no specific information generally agreed upon. Further, no 'typical' alcoholic Rorschach pattern may be discerned or inferred from the available literature".

(b) Non-projective tests

Non-projective techniques tend to assume that the individual is aware of his self-image and that the self-image is related to drinking-proneness. Therefore, they set out to describe the subject's self-conceptions as affected by his environment.

(i) The MMPI:

The MMPI is a self-report inventory that assesses individual dynamic syndromes. Of all the non-projective tests that have been used in the identification of alcoholic traits, the MMPI is dominant.

Button (1956) was one of the first to encourage the use of dynamic scales in the attempt to develop an alcoholic profile. In the face of the growing awareness among researchers and clinicians that alcoholics may pertain to a number of different syndromes, Button sought to assess a group average profile. He argued that this was necessary if personality consistencies present in the range of alcoholic types were to be uncovered.

Button found the Psychopathic Deviate (Pd) scale to be the primary peak score, with Depression (D) second. He concluded that alcoholics present one basic profile only. They tend to see themselves as unhappy, tense and bitter persons who feel responsible for pervading aggression and hostility around them (hence the high Pd score). This scale profile has been replicated by Spiegel, Hadley and Hadley (1970), Rohan (1972), Bean and Karasievich (1975),

Huber and Danahy (1975), Hodo and Fowler (1976), and Lowe and Thomas (1976).

Some studies have examined the relationship between alcoholism, heavy-drinking adults, and heavy-drinking college students. Williams, McCourt and Schneider (1971) reported that alcoholics tended to most resemble the college students, especially with regard to antisocial behaviour. High scores included Impulsivity (thought to be related to low frustration tolerance) and Social Apprehension. Similar results were found by Apfeldorf and Hunley (1975) using the MacAndrew Alcoholism scale.

On the whole, however, the substantiation of MMPI alcoholic profiles has had a mixed reception. Mogar, Wilson and Helms (1970) noted five female and four male profile types. Skinner, Jackson and Hoffman (1974), using factor analysis, uncovered eight male profiles. Nevertheless, there is a vast amount of confusion surrounding these classifications. Furthermore, in a criticism that is often levied at statistical analysis of composite groups, Clopton (1978, p.1541) points out that "studies employing group average MMPI profiles may obscure important relationships".

Special MMPI scales have been developed to identify alcoholic patients upon admission. Amongst these are the Hampton (1953), Hoyt and Sedlacek (1958), and MacAndrew (1965) scales. All of these suffer from some serious variance. The Hampton scale does not distinguish alcoholics from other psychiatric patients (MacAndrew and Geertsma, 1964); high scorers on the MacAndrew scale appear to be bold, uninhibited, self-confident, sociable, and resentful of authority figures. Those on the Hoyt-Sedlacek scale appear naive, relaxed, and denying of aggressive urges. The Hampton scale sees these same subjects as unhappy, insecure, self-conscious and naive. Furthermore, the MacAndrew scale failed to differentiate alcoholics and criminals (Finney, Smith, Skeeters and Auvenshine, 1971; Ruff, Ayers and Templer, 1975).

In conclusion, the MMPI cannot be said to have contributed meaningfully to the alcoholic personality. While personality patterns have been found, indicating a need for further sub-group assessment, these have not shown stability over time nor among researchers.

(ii) The 16PF:

The 16PF questionnaire measures source traits of personality, the "causative" influences of behaviour as opposed to "surface" manifestations of psychopathology (Cattell, Eber and Tatsuoka, 1970).

Lawlis and Rubin (1971) noted three distinct personality types and suggested that they resembled the neurotic interpersonal strategies described by Horney (1945): the Inhibited Neurotic (I), the Aggressive Neurotic (II), and the Sociopathic (III).

Follow-up studies by Nerviano and Gross (1973) and Costello, Lawlis, Manders and Celistino (1978) indicate that two of these personality types appear to account for about 40% of the alcoholic population.

Type I (24%) tends to be emotionally unstable, submissive, timid, suspicious, guilt-prone, conservative, dependent, uncontrolled and tense. Pathologically, they are hypochondrical, agitated and suicidal. They correspond to Horney's "moving against people" antisocial style.

Type II (14%) tend to be emotionally unstable, serious, conscientious, shrewd, dependent and uncontrolled. Oversocialized, they correspond to Horney's "moving toward people".

Type III have had less replication success (Costello, et al, *ibid*). They appear to be the most maladjusted and are described as dull, unstable, submissive, morbid, timid, suspicious, tense, hypochondrical, depressed, guilt-ridden and paranoid. In other words, they seem to be a composite of types I and II. This group corresponds to Horney's asocial style of "moving away from people".

Conclusions and Implications

Numerous studies still treat alcoholism as a homogeneous entity. Others refer to a general personality disturbance that includes alcoholism as a portion of the symptom-complex. This state of affairs is largely the result

of research that, thus far, has failed to substantiate a distinct alcoholic personality, or personality types, that is distinguishable from other psychopathologies.

TAT and Rorschach studies have indicated a basic neurotic complex within most alcoholics, i.e. signs of anxiety, feelings of guilt, depression, unhappiness and tension. However, protocols have not been significantly dissimilar amongst alcoholics, neurotics, or other members of psychiatric communities. One possible important finding to date is the rigidity with which alcoholics tend to approach problem-solving behaviour.

MMPI studies, similarly, indicate a heterogeneous alcoholic population. Although they find significantly high scores on the Psychopathic Deviate and Depression scales, these results do not indicate anything more than an unhappy person who is aware of his asocial behaviour. The 16PF reinforces the view that more than one alcoholic type exists. Interestingly, it bases this assumption upon behavioural indications rather than just personality differences. Alcoholics may be differentiated by the way in which they encounter the world.

Mogar, Wilson and Helm (1970, p.112) write:

"The collective evidence to date indicates that if alcoholism is treated as a unitary disorder, exaggerated dependency needs and difficulty in expressing anger are almost universal concomitants".

If any meaningful characteristics are to be determined, these can only be extrapolated from a heterogeneous population that distinguishes between "alcoholic types".

Delta and Gamma Alcoholism

Following Jellinek's (1960) publication of The Disease Concept of Alcoholism, attention has focused upon the nature and meaning of drinking patterns. Jellinek proposed that at least two types of drinking patterns occur reliably, the Delta type and the Gamma type. These have been reported to form 17% of patient populations (Tomsovic, 1974; Cohen, 1977).

They may be distinguished as follows:

The Delta suffers an inability to abstain from drinking for a period longer than 24 hours. He is characterized by his controlled, although moderate intake, that is consumed steadily throughout the day. The Delta does not go on benders, but his Loss of Control is reflected by a constant need for alcohol. For example, he may be found "nipping" during working hours.

The Gamma type is a bender drinker. He is able to abstain from drinking for varying periods of time - it may be days, weeks, or months before his problem makes its presence felt. Once he starts drinking, he is unable to stop - drinking to the point of helplessness and/or finishing all supplies.

These patterns have stimulated research into the Loss of Control phenomenon (e.g. Stein, Niles and Ludwig, 1968; Keller, 1972) but, surprisingly, relatively little work has investigated the characteristics (or reason) for the delta-gamma dichotomy.

Environmental and personality factors may be the determining factors in the maintenance of drinking patterns. Keller (1972) and Glatt (1973) believe that the main difference between delta and gamma alcoholism rests with cultural teachings that operate on the personality. It is acknowledged that forms of alcoholism vary from one country to another. For example, the delta pattern tends to be more prevalent in countries such as France where there is greater tolerance of regular wine drinking. Among Anglo-Saxon countries, the gamma pattern is found more frequently (Rittman and Snyder, 1962; Walton, 1968).

The first study investigating personality characteristics of delta's and gamma's was that of Vogel (1961). Although not working strictly within this typology, he noted that bout-type drinkers appeared to be more extrovert and drank more socially than did non-bout type drinkers.

Few personality studies have elicited divergent differences. Walton (1968) found gamma drinkers to be more impulsive and more aggressive than delta drinkers. Stein, Niles and Ludwig (1968) and Tomsovic (1974) noted that the gamma displayed greater asocial behaviour (i.e. had more police encounters),

a higher incidence of delirium tremens, memory problems and neuropathy than the delta type.

Recently, Loebenstein (1978) administered the Eysenck Personality Inventory (EPI) and The Assertion Scale (Zuckerman, 1960) before and after drinking 50ml of brandy. He concluded:

- (a) Delta alcoholics exhibit a greater increase in extraversion and assertiveness following the ingestion of a moderate dose of alcohol than do gamma alcoholics.
- (b) Delta alcoholics exhibit a greater decrease in neuroticism and anxiety following the ingestion of a moderate dose of alcohol than do gamma alcoholics.
- (c) In the sober state delta alcoholics are significantly more anxious but significantly less extraverted and assertive than gamma alcoholics.

Delta and Gamma alcoholics differ according to age of problem onset, bender drinkers beginning earlier (approximately 25 - 35 years of age) than continuous drinkers (approximately 40 - 55 years of age) (Schuckit, Rimmer, Reich and Winokur, 1971; Abelsohn, 1973). Some years ago, Knight (1937) described two forms of alcoholism, the reactive and the essential types. The reactive type was found to start drinking later in life than the essential type. Knight viewed the reactive type as being more mature and better educated than the essential type. Both forms were also seen as generally passive, dependent and emotionally immature individuals. A study by Sugerman, Reilly and Albahary (1965) demonstrated that essential alcoholics showed less social competence than the reactive type.

It may be inferred from these parallels that the delta type is a more mature, better educated individual in comparison to the more extraverted, socially-involved gamma. At the same time, the gamma appears to be frustrated and aggressive whereas the delta is anxious and introverted.

Finally, the significance of drinking patterns appears to be related to

Horney's interpersonal strategies (re: 16PF studies). It is not clear which forms they follow, but in the light of Tomsovic's (1974, p.503) interpretation, this seems likely: "Many binge drinkers seem to be seeking an intense psychic experience that preempts social obligations, while the continuous drinker tries to achieve a steady tranquil state as he plays social role".

CHAPTER TWO

I. TRANSACTIONAL ANALYSIS

This chapter attempts to outline a theoretical model that provides a practical frame of reference for investigating the structure and dynamics of the personality.

Transactional Analysis is the name Eric Berne gave to the psychotherapeutic approach which he developed between the years 1950 and 1970. It is, primarily, a theory of personality organization that is dynamic in the psychoanalytic tradition. However, although a trained Freudian analyst, Berne's psychology emerges as more Adlerian, emphasizing environmental contingencies. Its existential underpinnings are evident, too, with an emphasis upon the individual's responsibility in choosing the form his life style is to follow.

The central aim of Transactional Analysis is that of providing a rational method for analysing and understanding behaviour. In particular, it attempts to use terminology that both professional and layman alike may adopt with minimal interpretation. This has led to criticisms such as "popularization" and "oversimplification". However, Transactional Analysis was not devised as a medium for self-help; in that Berne intended it to increase the therapist-patient understanding, it may be seen to have real value for those interested in personality theory and interpersonal relationships.

As an Ego theory, Transactional Analysis dovetails with a number of other ego theories. These shall be pointed out. But, like the works of Freud, Jung, Horney, and others, the theory is complex with many interrelating parts. This section forms an introduction to Transactional Analysis. Further depth may be gained by referring to the writings of Berne (1963, 1967, 1973a, b, 1975), Harris (1973), Steiner (1974), James (1977), and James and Jongeward (1978).

Strokes and Time Structuring

Every person has a need to be touched and to be recognized. According to

Berne (1967, p.15) a stroke is the fundamental unit of social interaction and denotes "any act implying recognition of another's presence".

Strokes may be either positive, which range from the minimal "hello" to the depth encounter of intimacy, or negative, where one is "discounted", ignored, or punished.

Positive strokes may be said to "feed" the individual, to help develop an emotionally healthy sense of being. Often they take the form of expressions of affection or appreciation and, therefore, enhance the person's feeling of goodwill, well-being, competency and positive self-concept. Positive strokes create "winners" out of people.

Negative strokes tend to diminish the person's sense of importance and self-esteem. "Discounts" take the form of negative attention, humiliation, ridicule, or being put down in some manner. Negative strokes lead to unhappy relationships when they occur between adults. When they are constantly present between parents and children, they may lead to personality pathology. In other words, they may create "losers".

Stroking and Time Structuring go hand-in-hand. The need for a particular form of stroke often serves to determine the way in which people spend their time. For example, one may spend one's time either avoiding something unpleasant or eliciting some desired gratification.

In general, there are six possible ways in which people structure their time:

- (a) Withdrawal: whether this involves physical or psychological movement away from an aversive object, the person tends to invite the production of fantasy. At the Adult level, this may involve rational thought; at the Parental level, there may be the attempt to copy parental patterns; and at the Child level, it is often a replay of childhood patterns of self-protection.
- (b) Rituals provide an invitation to dialogue. Simple ritual transactions such as "hello, how are you?" do not intend a health debate but, rather, desire the ritualistic response "fine, and you?". In other

words, rituals serve to maintain or begin an encounter. Sometimes, however, they may form the encounter, itself (in which case there is little content) rather than serving as an introduction to more intense exploration.

- (c) Pastimes are similar to ritualized encounters. They take the form of relatively safe, superficial exchanges where the individuals concerned may structure their time (i.e. spend time together) without getting involved at a deeper level. For example, a mother may say to a friend, "Aren't children terrible today?" and the friend replies, "Yes, the way they....". (This may be said to be a mutual stroking of each other's Parent ego state).
- (d) Games exemplify the manner in which a desired stroke serves to structure time. Some games need only a few minutes for the desired "payoff", others serve to structure the individual's whole life style. For example, the player of "Blemish" may point out the faults of another and, in putting him down, quickly achieves a positive stroke in the form of going "one up". In "Debtor", a person may spend his life insolvent, no matter how much he earns, simply by continual overspending. The payoff may take the form of "Try and Collect" - insolvent, the individual sits back to enjoy the strenuous attempts by his creditors to collect from him.
- (e) Activities structure time by providing people with things that they want/need/have to do. For example, being a housewife, building a dam, cooking dinner, playing sport, taking the children to school. When an activity neglects the internal needs and serves only to structure external time, there rests the danger of boredom or restlessness upon its cessation.
- (f) Intimacy: Unlike games, rituals, pastimes and activities, intimacy is free of exploitation as it involves the honest and genuine reflection of empathy and caring. Such transactions demand that the individual actually hears, sees and responds to another's verbal and nonverbal messages. Intimacy is the mark of the autonomous person.

Life Scripts

The central tenet of Transactional Analysis (TA) is that each individual actively attempts to fulfil the determinants of his own life script (or life style). According to Steiner (1971, p.27, 29):

"A script is essentially the blueprint for a life course ... (it is) a life plan, containing within its lines what of significance will happen to the person; a plan .. finding its origin early in life, in a premature decision by the youngster .. the script guides the person's behaviour from late childhood throughout life .."

This position is not unique to TA. The sentiments are to be found in the writings of many influential thinkers. The importance of this statement rests upon the realization that TA is not a radically new theory, but neither is it a rehash of existing theories; instead, it may be viewed, presently, as a methodology for the explication of dynamic themes surrounding the personality.

(a) The evolution of the life script:

It is widely recognized that the parent-child relationship is of crucial importance in the formation of early expectations, self-perceptions, and goal choices. As Berne (1967, p.161) stated:

"Parents, deliberately or unaware, teach their children from birth how to behave, think, feel, and perceive. Liberation from these influences is no easy matter, since they are deeply ingrained and are necessary during the first two or three decades of life for biological and social survival".

To a lesser or greater extent, almost all psychological schools emphasize this aspect. The Behaviourists speak of the child "modelling" his behaviour on that of his parents; according to Jung, children reflect and live out aspects of their parent's personality that have been repressed. The energy of the repressed unconscious tendency works to "push children into the path of what the parent most fears, and at the same time most desires" (Fordham, 1953, p.110); Humanistic psychologists refer to man's self-actualizing process, the attempt to become more self-aware, less alienated. Like the above examples, early familial experience plays a significant role. It must

remembered that parents are their child's caretakers and teachers, besides being their protectors. The extent to which they permit the child to develop strivings for autonomy (i.e. his needs) or homonomy (i.e. his need- edness), to use Angyal's (1965) terminology, largely determine his subsequent life style.

Closely approximating Berne's life style, Adler (1927) described how an individual goes on to select a "style of life", a life goal that is the result of a decision he makes as a child at the age of four or five years. Later Adlerians categorized four groups of goals: (1) Attention-Getting, (2) Striving for Power and Control, (3) Revenge, and (4) Inadequacy used as an Excuse (Ansbacher and Rowena, 1956).

As expressed by Adler, there is a time of decision, the crucial point at which the script begins its development. This aspect marks a moment of divergence for TA and psychoanalysis: where Freudians cite the importance of a sudden traumatic event in the causation of neurosis, transactional analysts speak instead of the youngster making a decision in response to long-standing and enduring pressures.

(b) The form of the decision:

Berne aligns himself with Horney and Erikson in describing the process of decision formation.

Horney (1937, 1950) advanced the theory of psychic determination whereby infantile experiences combine to form the individual's character structure. Departing from Freud's original notions of sexual fantasy, she believed that neurotic impulses stem from basic anxiety, "the feeling a child has of being isolated and helpless in a potentially hostile world" (Horney, 1945, p.41). In reaction to construed parental rejection, over-protection, or punishment, the child develops various strategies in order that he may cope with his feelings of isolation and helplessness. For example, he may bribe others into loving him, use threat, self-pity, over-submissiveness, or over-achievement.

Erikson (1968), like Berne, believed that the child was born into a world with a position of basic trust, i.e. the infant feels at one with the world,

accepts and is accepted by others. Like Horney and Berne, the position of basic trust vs mistrust depicts the infant's growing existential awareness: "The general state of trust ... implies not only that one has learned to rely on the sameness and continuity of the outer providers, but also that one may trust oneself and the capacity of one's own organs to cope with urges ..." (Erikson, 1977, p.222).

Transactional Analysis describes the feeling of basic trust as the first of four possible existential positions a person can assume. This is "I'm OK, You're OK". This position assumes that unconditional positive regard on the part of the mother generates basic trust, a position of comfort in the child. This promotes the presence of a secure "prince".

If the child is not to be convinced of his status - and any decision is not to be reached without a struggle - he may turn into a "frog". There is a transition to "I'm not OK, You're OK", and the adoption of a life style based upon supporting fantasies, i.e. the script a frog may be expected to follow. An Introjective Position, such people appear powerless whenever they compare themselves with others. They tend to withdraw and experience depression.

The child may decide, "I'm OK, You're not OK", the Projective Position. This includes people who tend to feel victimized or persecuted, and so persecute others.

Lastly, the child may adopt the Futility Position, believing "I'm not OK, You're not OK". He loses interest in life and, generally, exhibits schizoid behaviour.

Scripts and Ego States

TA posits the presence of three ego states. Psychodynamically, this theory relates to the work of Weiss (1950) and Federn (1952). They claimed that psychological reality was based upon separate ego states. Weiss, much like Berne, believed that ego states of former age levels are maintained in potential existence within the personality, waiting for recathexis.

In TA, the first ego state to emerge is that of the Child. The Parent

develops next. Finally, the Adult.

(a) The Child

The Child ego state contains all the natural feelings, needs, impulses, and potentialities of an infant. It also contains creative, manipulative, and intuitive capacities as well as the adapted feelings and behaviour learned during childhood, such as compliance, rebellion and procrastination.

The Child ego state appears fleetingly in adults because of the general social injunction against "childish behaviour". However, when the situation permits (e.g. sports events, parties, etc.), the Child may be observed behaving as he did when he was a young boy, for example, using short words such as "gee" and "wow", fidgeting, rocking, laughing or crying.

The child may develop in one of three directions:

Firstly, the Natural Child is that part of the Child that is very young, impulsive, untrained, and expressive - he is "what a baby would be 'naturally' if there were no other influences" (James and Jongeward, 1978, p.140). His growth is fostered by positive strokes which are provided unconditionally. Thus the adult who has a well-developed Natural Child would have high self-esteem, be autonomous, be capable of intimate relationships, be a healthy personality.

Secondly, the Adapted Child is "manifested by behaviour which is inferentially under the dominance of the Parental influence, such as compliance or withdrawal" (Berne, 1973, p.69). The Adapted Child develops out of conditional stroking, earning parental recognition by conforming to their's and society's rules. This concept is similar to Ellis' (1962, 1973) theory of neurosis developing through adherence to irrational ideation: the unquestioned acceptance of illogical social dogma. According to TA, initially the sense of conscience development adapts out of a need for approval or fear. Learning to respond to parental injunctions, the Child adapts to "oughts", "shoulds", etc. and eventually loses his ability to feel for himself, to be curious. The natural expressiveness (of the Natural Child) gives way to inhibition; rebelliousness gives way to resentful compliance;

and procrastination gives way to withdrawal.

Thirdly, the Rebellious Child develops when parents provide only negative strokes. In other words, the child, ignored by his parents, obtains recognition only when he deserves punishment. In this respect, punishment, although aversive, is better than no attention at all. These negative strokes are colloquially termed "cold pricklies", while positive strokes are known as "warm fuzzies". When a child is brought up on a diet of cold pricklies, he feels less wanted, is less able to be intimate with others, tends to retain his impulsivity, and, generally, appears as if he has a chip on his shoulder.

(b) The Parent

The Parent ego state is the incorporation of all parental attitudes that the individual was exposed to as a child. This factor proposes a reason why psychopathologies may be traceable through generations in the same family (i.e. from grandfather to father to son): the parent, who passes on a moral code to his son, may do so while influenced by his own Parent, Child or Adult.

The Parent ego state may be expressed in one of two ways:

Firstly, the Controlling Parent. This is the part that moralizes and issues advice. It tends to be filled with opinions about religion, politics, traditions, etc. It sets the standard by which family and cultural scripts are incorporated into the life style. Its main concern is conformity to some group standard, like Freud's Superego.

A person who is overcritical of others is one who tends to function more from his Controlling Parent. It is most likely that he has, too, an overdeveloped Adapted Child. Thus he will appear oversocialized, obsessive and lack spontaneity or humour.

Secondly, the Nurturing Parent. This develops when the individual's parents tend to have been more nurturing than judgemental. They are (over-)protective and provide an abundance of positive strokes. When the Nurturing Parent dominates the other ego states, this nurturing behaviour is used not

only with children, but also with other adults. In this respect, they appear oversolicitous - which may be resented by others. This is not to imply that the Nurturing Parent has "game" qualities; it is a necessary facet for people if they are to be able to provide others with strokes without necessarily demanding strokes in return. A well-developed Nurturing Parent is an important component of the healthy personality.

(c) The Adult

The Adult ego state is concerned with the autonomous collecting and processing of data. In many respects it may be thought of as a computer for it is "an independent set of feelings, attitudes and behaviour patterns that are adapted to the current reality and are not affected by Parental prejudices or archaic attitudes left over from childhood ... The Adult is the ego state which makes survival possible" (Berne, 1963, p.137).

The Adult begins to develop in early childhood, differentiating itself from the Child and the Parent. The work of Piaget (1957), especially the development of "Formal Operations", illustrates the process whereby the child grows gradually as a consequence of his interaction with the external world.

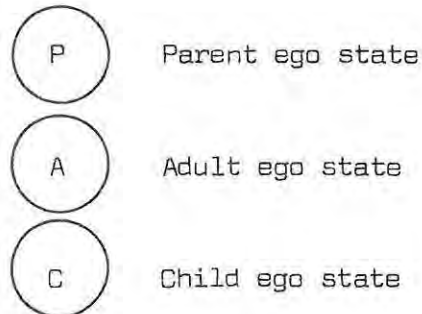
In the Adult ego state, a person is temporarily detached from his own affective and other internal processes. This leaves him free to objectify decisions and external reality. This is not to say that forthcoming decisions are necessarily correct, for the Adult may be contaminated by one of the other ego states.

When contaminated by the Child, Adult decisions will tend to be impulsive, socially inappropriate, selfish, and immature.

When contaminated by the Parent, Adult decisions will tend to be over-critical and obsessional.

When contaminated by both the Child and the Parent, the Adult will encounter difficulty in arriving at a decision, eventually resorting to emotional and/or parental injunctions.

To summarise, the structure of personality may be illustrated by the following diagram:



When people think, act, or feel, as their parent figures once did, they are in their Parent ego state; when they respond, feel, act to others as they learned to do as a child, they are in their Child ego state; and when they are gathering facts and acting on the basis of them rather than parental tradition or childhood feelings, they do so from the Adult ego state.

It is also evident that when a particular ego state dominates another, or when an ego state is influenced by parental dogma, the individual's life style will consequently be influenced. In other words, there is a close relationship between what happens in the parent-child affiliation and the child's future life script.

Transactions, ego states, and scripts

The term Transactional Analysis Proper is used to identify what people do and say to one another.

Berne (1967, p.28) defines a transaction as "the unit of social intercourse ... if two or more people encounter each other in a social aggregation, sooner or later one of them will speak, or give some other indication of acknowledging the presence of the others ... Simple transactional analysis is concerned with diagnosing which ego state implemented the transactional stimulus, and which one executed the transactional response".

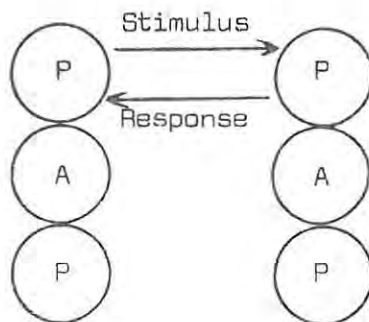
The topic of transactions, ego states, and scripts must be approached from the direction of transference. As Laing, Phillipson and Lee (1966) point out, when people interact it is necessary to see the behaviour of one

person as a function of the other. Scripts belong to the realm of transference phenomena as they are adapted from infantile experiences. "But", as Berne (1973, p.117) notes, "a script does not deal with a mere transference reaction or transference situation; it is an attempt to repeat in derivative form a whole transference drama, often split up into acts, exactly like ... theatrical scripts ...".

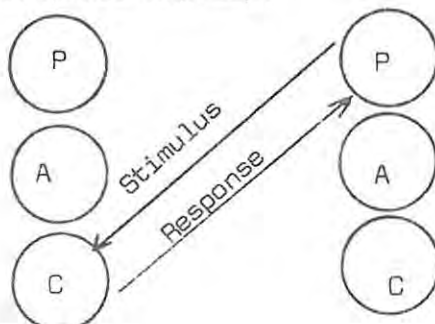
Linked closely to the above is the influence of the ego states. When one ego state dominates, and/or when the ego state is contaminated by another, then the person's being-in-the-world will be similarly affected. In other words, the person's transactions will reflect the nature of his existential position (i.e. the form of his OK-ness), or script.

All transactions can be classified as either complementary, crossed, or ulterior.

Complementary transactions do not involve any conflict. These include Adult-Adult stimulus and response (see diagram below), Parent-Parent, and Child-Child.

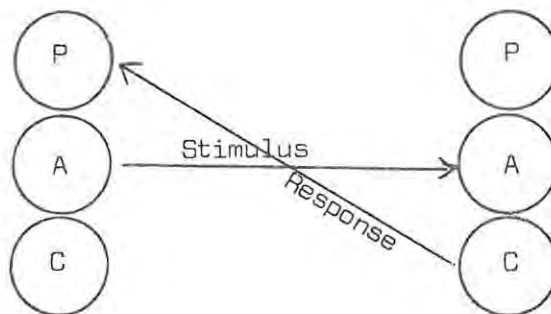


Complementary transactions are those in which the response is "appropriate and expected and follows the natural order of healthy relationships" (Berne, 1967, p.28). They may occur between any two ego states, such as those cited above, but also between Adult-Child ego states. For example, the Nurturing Parent strokes the listener's Child, and the person in the Child position responds happily:



Complementary transactions leave the lines of communication open, allowing persons the opportunity for indefinite interaction. However, if the Parent-Child transaction issues from the Controlling Parent, the chances are that friction will cloud the exchange. This may occur if the Parent attempts to put down the Child with criticism. Such a situation may incite a crossed transaction.

Crossed transactions also occur between two ego states, but they result, instead, in the sudden termination of communication. This occurs when an unexpected response is made to the stimulus, i.e. an inappropriate ego state is activated. For example, "Do you know where my cuff links are?" is an Adult-Adult question. The appropriate Adult answer may be "on the desk". If, however, the respondent rejoins, angrily, "You're always criticizing me, just like my father did", the response issues from the Child (example from Berne, 1967). As the diagram below reveals the communication lines cross:



Crossed transactions generally lead to the persons feeling discounted and misunderstood.

Ulterior transactions are more complex than those above. Berne (1973, p.102) defines them as "a recurring set of transactions, often reiterative, superficially plausible, with a concealed motivation".

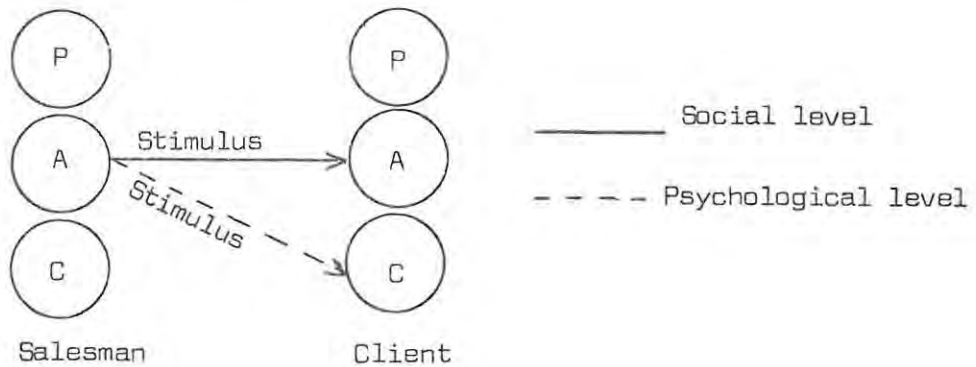
They usually involve more than two ego states. Hidden messages are included in the disguise of socially acceptable statements. In other words, communication is at two levels: the apparent, overt sociological level, and the concealed, covert, psychological level.

The social level provides the setting for stroking, its message apparently

direct and complementary. However, it has a latent, psychological message which hides beneath the surface message. Its intent may be hostile or stroke-seeking.

There are two types of ulterior transactions, angular and duplex.

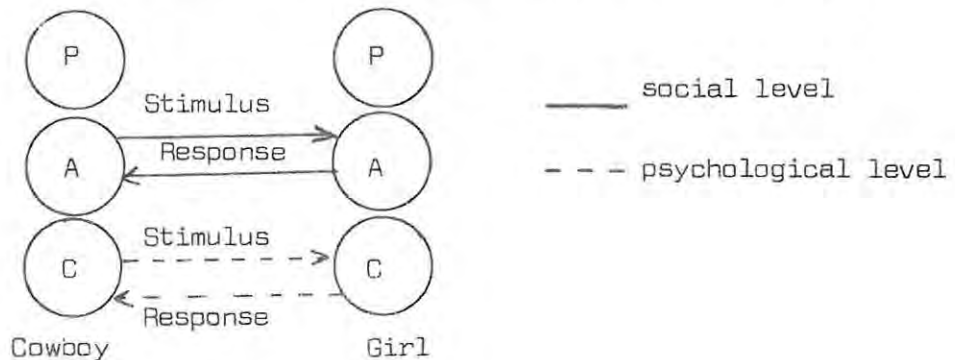
Angular transactions involve one ego state in one person and two ego states in another. For example, a salesman may say to his client: "This motor car is top of the line, but is probably more than you can afford". Here the social level is Adult-Adult, but the psychological message attempts to "hook" the client's Child:



Duplex transactions involve two ego states in each person. Berne's (1967) example of a flirtation game serves as the example:

Cowboy: "Come and see the barn".

Girl : "I've loved barns ever since I was a little girl".



Transactions and "The Games People Play"

Berne (1975, p.23) defines a psychological game as a "set of ulterior transactions, repetitive in nature, with a well-defined psychological

payoff".

Games differ from withdrawal, rituals, activities, and pastimes in that they involve a "con" of some kind, "a handle or 'gimmick' to get hold of in the respondent" (ibid, p.23).

After the player "hooks" the other, he must pull some sort of switch in order to get his payoff. "The switch is followed by a moment of confusion or cross-up which the mark tries to figure out what has happened to him. Then both players collect their payoffs as the game ends" (ibid, p.23).

This last aspect of a game, the mutual collection of a payoff (e.g. usually negative feelings such as fear, anger, sadness, and inadequacy, but also positive feelings such as self-righteousness) is indicative of the function games play: games tend to follow preset rules; they have a beginning, expected plays, and expected conclusions. They are seen in terms of a transference relationship, the tendency to play favourite games over and over. They are the strategies of a script learned in childhood, and they continue to serve the person as he strives to collect strokes.

Strokes issue from the desired payoff. Thus the payoff is central for the continuation of that game. As Berne (1963, p.44) notes, "the principal function of the preliminary moves is to set up the situation for this payoff, but they are always designed to harvest the maximum permissible satisfaction at each step as a secondary product".

In TA, the term given to the harvesting of strokes is the collecting of trading stamps. This is borrowed from the practise, in parts of America, where shop-keepers provide trading stamps when purchases are made. These may be later redeemed for merchandise. In the same manner, people tend to collect archaic feelings and later cash them in for their desired psychological prize, generally the confirmation of the existential position.

The term racket is given to the person's basis or reason for collecting trading stamps. "The person, for instance, whose existential position is 'I'm no good' can continually promote her low self-esteem racket by collecting gray stamps, while the person whose position is 'You're no good'

can do the same through the collection of anger stamps (red stamps) in an anger racket" (Steiner, 1975, p.50).

The games people play refers to the way in which people go about collecting the strokes, the stamps, through their own particular racket, in order to fulfil their script. This means that they will manipulate and provoke others into playing certain roles that will enable them to collect the stamps of their choice.

Roles and Games

As messages are received and psychological positions stimulated, roles are developed to fulfil the individual's script. Once a role has been decided upon, others are conscripted into the cast.

Roles may be legitimate if they are realistically appropriate to the situation at hand. However, when the roles are masks, when they are there for the purpose of manipulation, then they are illegitimate. The following three roles form part of the Drama Triangle (Karpman, 1968) or Rescue Triangle (Steiner, 1975). They are known, in colloquial terms, as the Persecutor, Victim, and Rescuer

(a) The Persecutor

"Someone who sets unnecessarily strict limits on behaviour or is charged with enforcing the rules but does so with sadistic brutality"

(James and Jongeward, 1978, p.94).

The Persecutor attempts to undermine the virtue of others. He tends to respond from the projective position "I'm OK, You're not-OK". Thus he actively sets out to "prove" that others are not-OK. This he does by eliciting their anger, so revealing that they, too, have emotional deficiencies. He shows them up by indicating that they have no control over him, i.e. that they are impotent.

Persecution is an aggressive way of interacting and, therefore, includes descriptions of overt or covert aggression. Amongst others, the following

may be of use in deciding this role: Physical violence, threat-reprimand, punishment, domination, antagonism, deprivation, rejection, defiance, ignoring, and abandonment.

(b) The Victim

"Someone who does not qualify for a job but falsely claims it is denied because of race, sex, or religion.

(James and Jongeward, *ibid*, p.94).

In the Victim role, the person plays "the wronged one", a victim of circumstances beyond his control. The Victim invites the co-gamester to play Rescuer, to provide him with support, love, advice - anything that may enable him to overcome his powerlessness, disability or incapacitation. Yet the Victim does not really intend recovering for his script demands that he remain a Victim. Thus he may also invite the co-gamester to play Patsy.

The Patsy, in contrast to the Victim, is an elicited role - no person is a Patsy, one becomes a Patsy. Patsy is the colloquialism for a person who is turned into a scapegoat, or becomes the unwitting accomplice for some (illegal) act. Behaviourally, the Patsy appears apologetic or forgiving, communicating his understanding for the predicament that the other finds himself in.

In general, the Patsy facilitates or prevents the switch from one role to another. For example, the (alcoholic) husband comes home drunk. His wife is antagonistic (i.e. plays the Persecutor) and says, "Look what you're doing to the family!" In reply, he answers, "I'm sorry. I couldn't help it. It won't happen again", (i.e. he plays the Victim). The wife now has a choice: does she reject his excuse (and maintain the present roles) or does she accept it (and become the Patsy - which subtly reinforces his game - thus providing him with the opportunity to switch roles, he to Persecutor, she to Victim; or allow her to become the Rescuer).

(c) The Rescuer

"Someone who, in the guise of being helpful, keeps others dependent upon him or her".

(James and Jongeward, *ibid*, p.94).

As stated above, the Rescuer is the person who comes to the aid of one who is in distress. He is saying "I'll rescue you (because I'm better than you)".

The Rescuer differs from the Patsy in that he assumes a more active role, whereas the Patsy remains passive (being more sympathetic than helpful).

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The last book Berne wrote, What Do You Say After You Say Hello?, asked four questions:

- How do you say Hello?
- How do you say Hello back?
- What do you say after you say Hello?
- What is everybody doing instead of saying Hello?

(Berne, 1975, p.4).

The answers to the above in many ways summarize the objectives of Transactional Analysis. As with many other therapeutic schools, TA strives to enable the person to become autonomous in all respects: to be self-responsible, to be capable of intimate relationships, to be aware of one's feelings, etc. To say Hello is to "see the other person, to be aware of him as a phenomenon, to happen to him and to be ready for him to happen to you" (Berne, *ibid*, pp.3-4).

In TA, the person who is referred with a problem does not arrive with a simple independent behavioural dysfunction; rather, the problem is viewed as a part of the whole. In other words, part of the basic personality structure. Therefore, it is necessary to examine the person's script and this entails the investigation of his interpersonal relationships. The

latter provide indications of his existential position, the end to which his transactions are directed. Thus, the question "What do you say after you say Hello?" asks whether the person takes recourse to ulterior motives when conversing or interacting with another.

To summarize, each statement, thought, and feeling is influenced by the existential position adopted by the child in his formative years. The role(s) occurring in his transactions reflect his being-in-the-world. Further, the role enables him to play out his favourite game.

Life games are played from the Child ego state, and reinforce or enhance the person's script. When games are played from the Persecutor or Rescuer roles, they tend to reinforce a negative position about others (e.g. You are not-OK). When games are played from the Victim role, they tend to reinforce a negative position about oneself (e.g. I'm not-OK).

Some game examples

(a) Life games

- (i) Kick Me: This is a game in which the player provokes someone else into putting him down. It is as though being the Victim will procure sympathy. This is evident because, while he denies that he deliberately attracts a Persecutor, he often moans "Why does this always happen to me?" Berne (1967, p.73) recalls that there is this strong element of reverse pride: "My misfortunes are better than yours".
- (ii) Now I've Got You, You Son of a Bitch (NIGYSOB): Adopting the Persecutor role, this player strives to get even with others. The game's objective is to justify the player's covert (and overt) anger. Yet these people often feel it is not-OK to be angry. Therefore, either they collect their stamps of minor irritations and annoyance until they feel justified in blowing up, or they subtly manoeuvre the co-gamester into a position where injustice eventually occurs, and, again, he exploits another into giving him



a blame-free opportunity to be aggressive.

(b) Marital Games:

If It Weren't For You: This game is played by a person whose script calls for social restriction. In this game, the Child, "burnt" by a past experience(s) and afraid to take on self-responsibility (yet resenting this situation), blames another (the marriage partner) for imposing inhibitions. These inhibitions, generally a characteristic of a partner specially chosen for having them, serve two functions: firstly, they prevent her from getting into aversive situations and, secondly, they give the player an advantage over the spouse (who is made to feel guilty).

(c) Party games:

Why Don't You - Yes But: This is a common Rescue game and, as it is complementary, can be played endlessly. There are generally two players (although more may be involved), one playing "Why Don't You" (the Rescuer), the other playing "Yes - But". The former may present an Adult or Parental statement, but hooks the latter's Child. In fact, the Rescuer's Nurturing Parent has been hooked by the player soliciting advice. The more suggestions offered, the more they are discounted with reasons why they won't work. Eventually, the advisor gives up and the player gets his payoff. This is "Parents Can't Tell Me Anything".

II. TRANSACTIONAL ANALYSIS AND ALCOHOLISM

"Alcoholic" was first described as a life game by Berne (1967) in Games People Play: "In game analysis there is no such thing as alcoholism or 'an alcoholic', but there is a role called the Alcoholic in a certain type of game" (p.64).

"The transactional view considers alcoholism the end result, or effect, of 'alcoholic behaviour'. It implies that addiction and illness will subside if the alcoholic can no longer elicit certain necessary transactional responses from others ... the traditional view might predict that, since his need for alcohol is due to an illness, the alcoholic would continue to drink,

probably to his eventual death. The thesis does not deny that physiological addiction to alcohol exists and that excessive use may lead to illness. It does suggest that alcohol addiction and illness are the end result, or effect, of alcoholic behaviour or games, rather than their cause".

(Steiner, 1969, pp.921-2).

Berne hypothesized that the payoff in Alcoholic is not drinking per se, which is an incidental pleasure, but "the procedure leading up to the real culmination, which is the hangover" (1967, p.65). He saw its thesis as "How bad I've been, see if you can stop me" and, consequentially, its aim as one of self-castigation.

The major criticism of Berne's original work is that he ignores or neglects the heterogeneity of the syndrome itself. In other words, one must question whether all Alcoholic games strive for the same objective using the same strategies.

The Alcoholic game has been the special concern for Steiner (1969, 1971), who has posited the existence of three distinct themes: the "Drunk and Proud", the "Lush", and the "Wino".

(a) Drunk and Proud

Like all alcoholic games, the Alcoholic transacts from an existential position that reflects "I'm no good and you're OK (ha, ha)". All three alcoholic games involve the Alcoholic manipulating others into disapproving in him, and enabling them to appear virtuous. However, upon close inspection, it becomes apparent that the game subtly shows up the weakness of the co-gamesters, revealing them to be foolish and as fallible as the alcoholic himself. (Steiner, 1971).

The Drunk and Proud (D & P) plays an aggressive game, with the thesis "You're good, I'm bad (try and stop me)". "Anyone who tries to stop the alcoholic from being bad will end up feeling definitely not OK, feeling either foolish or angry" (Steiner, 1971, p.87).

The D & P player assumes the roles of Victim and Persecutor while the co-gamester, usually his wife, alternates between Persecutor and Patsy. The

D & P player is not interested in being Rescued.

The way the game is played is for the Alcoholic to arrive home drunk to his waiting wife. He is Victim: "I couldn't help it"; she is Persecutor: "Look at the state you're in". The D & P then attempts to turn his wife into a Patsy: "Boy, I feel terrible about this, honey. I'll try and be good from now on". If the wife accepts this, she takes on the role of Patsy - proving to the alcoholic that she cannot be better than him if she believes his nonsense. If she continues to play Persecutor, her behaviour is viewed as merciless and heartless - thus enabling him to become the Persecutor and, blame-free, express his underlying aggression.

From the therapeutic side, the D & P player seldom is self-referred; lacking interest in a Rescuer, he comes through threat of divorce, and is likely to engage the therapist in the game as Patsy. Thus Steiner suggests that therapy should not focus upon dreams, childhood experiences, or other intellectual pursuits - he shall only try and take advantage of Rescuers that profess his innocence (i.e. that there must be some reason, somewhere, for his drinking). Therapy must focus upon his drinking behaviour, as well as the script he is acting out.

The analysis¹ of the Drunk and Proud is as follows:

Title: Drunk and Proud of it (D & P)

Thesis: I'm bad, you're good (ha, ha).

Dynamics and aim: Guilt-free expression of aggression.

Roles: Alcoholic, and Persecutor or Patsy.

Examples: (1) Childhood prototype - "Try and Stop Me", messing with food, telling obvious lies, getting parents angry over trivia.
(2) Adult prototype - social drinking and subsequent "misbehaviour" of the junior executive, salesman, and their drinking circle.

Social Paradigm (Adult to Adult):

Adult: "I misbehaved last night. I'm sorry. I won't do it again".

Adult: "I don't believe you" (Persecutor), or "OK, I believe you" (Patsy).

1. See Chapter Five, "Dependable Variables" for definition of items.

Psychological Paradigm (Child to Parent):

Child: "I was bad and you could not stop me, ha, ha."

Parent: "You were bad and I am justified in punishing you" (Persecutor), or
"You were bad and I will forgive you" (Patsy).

- Advantages:
- (1) Internal Psychological - expression of anger.
 - (2) External Psychological - Avoidance of blame for anger.
 - (3) Internal Social - "Try and Stop Me".
 - (4) External Social - "Morning After", "Martini".
 - (5) Biological - positive strokes from drinking companions and Patsy; negative strokes from Persecutor.
 - (6) Existential - "Everybody tries to tell me what to do".

(Steiner, 1971, pp.91-92).

(b) Lush

The Lush plays a depressive game in response to sexual deprivation. The thesis of his game is "I'm crazy (depressed), you can make me feel better (cure me) (ha, ha)". The Lush generally plays this game with his wife, who is unable to give strokes freely.

The Lush player assumes the roles of Persecutor (pointing out his wife's deficiencies) and Rescuer (forgiving her). The partner plays Rescuer (providing the strokes he wants) and Patsy (preserving the appearance of his blamelessness).

Unlike the Drunk and Proud, who drinks away from home, the Lush drinks to a delta pattern and at home. Unlike the D & P game, which is two-handed, the Lush involves as many persons as possible. As soon as alcohol removes his inhibitions, he will obtain whatever strokes he can.

Therapeutically, the marital relationship must be examined. Sessions may involve both partners and aim at the facilitation of a mutual stroking relationship.

The analysis of the game is as follows:

Title: Lush

Thesis: "I'm crazy (depressed), you can make me feel better (cure me)(ha, ha)".

Dynamics and aim: Sexual deprivation and procurement of strokes.

Roles: Alcoholic, Rescuer, Persecutor, Patsy, Connection.

Examples: (1) Childhood prototype - getting attention by hurting self; making messes, etc.
(2) Adult prototype - depressed housewife, or overworked clerk drinking at home, generally alone.

Social Paradigm (Adult to Adult);

Adult: "I am unable to control my drinking".

Adult: "I will try to help you control yourself" (Rescuer), or "You're a liar" (Persecutor), or "I know what you mean, have another one" (Patsy).

Psychological Paradigm (Child to Parent):

Child: "I am loveless (depressed) and you can't help me".

Parent: "If you don't ask me to love you, I'll try to help you" (Rescuer), or "Get off my back" (Persecutor), or "Perhaps if you have a drink you'll feel better" (Patsy).

Advantages: (1) Internal Psychological - procurement of sexual gratification.
(2) External Psychological - It's avoidance of his own shortcomings.
(3) Internal Social - "Try not to pay any attention to me".
(4) External Social - "Can't Get Satisfaction", "Psychiatry".
(5) Biological - strokes from husband or wife, strokes from Rescuers, strokes from casual lovers under the influence of alcohol.
(6) Existential - "Nobody loves me".
(Steiner, 1971, pp.95-96).

(c) Wino

The Wino plays a self-destructive script, a game that abuses body organs and is, thus, played for keeps. His thesis is "I'm sick (try and avoid that), you're well (ha, ha)".

There are just two roles in the Wino's cast: "It" (the alcoholic) and the Connection.

The Wino obtains strokes by making himself physically ill. This forces others to take care of him. Thus, all such people take on the role of Connection - the nurse, the soup kitchen, the clinic. The payoff is the confirmation of his existential position, "I'm not-OK, You're OK (ha, ha)", or more directly, "I'm OK, You're not-OK".

Treatment has a very poor prognosis for the Wino has no place to live, no occupation, no will to be sober. It is not surprising, then, to find that even the arresting policeman becomes a Connection. While the Wino may protest his arrest and subsequent goaling, he is secretly pleased for this is his payoff - he has a roof over his head.

Analysis:

Title: Wino.

Thesis: "I'm sick (try and avoid that), you're well (ha, ha)".

Dynamics and aim: Oral deprivation and procurement of oral gratification.

Roles: Alcoholic, Connection.

Examples: (1) Childhood prototype - crying and getting fed, playing sick and getting medicine, food, etc.
(2) Adult prototype - skid row wino and his circle.

Social Paradigm (Adult to Adult):

Adult: "I'm sick and need help".

Adult: "I agree, take this medication (or food)".

Psychological Paradigm (Child to Parent):

Child: "I am sick, you have to medicate (or feed) me".

Parent: "I suppose I must".

Advantages: (1) Internal Psychological - procurement of oral gratification.
(2) External Psychological - the player avoids confrontation with his devastated condition.
(3) Internal Social - "I'm dying, you have to help me".
(4) External Social - "Cirrhosis of the Liver", "Jail, Clinic Salvation Army".
(5) Biological - strokes from nurses, doctors, policemen, preachers.
(6) Existential - "Unless I'm dying, no one does anything for me".

Comments on the Alcoholic Game

Steiner's original paper, "The Alcoholic Game", elicited a great deal of controversy when it was published in 1969. Critics appeared to be evenly divided between the total rejection of his Transactional viewpoint, and praise for his renewing interest in the psychodynamics of the alcoholic patient.

For the most part, criticism centred upon Steiner's definition of alcoholism,

itself (and not, in fact with his theory of games): "A behaviour disturbance characterized by preoccupation with alcohol and loss of control over its consumption such as to lead usually to intoxication" (Steiner, 1969, p.922). Doreshov (1969), Osmond (1969) and Edwards (1969) queried the omission of "illness" from this description.

Yet TA does not exclude illness from alcoholism - the Games Alcoholics Play is not an attempt to posit a new theory of the cause of alcoholism; furthermore, it does not hypothesize that the roots of alcoholism may be traced to interpersonal difficulties to the exclusion of physiological and/or biochemical changes brought about by alcohol. Instead, TA proposes a theory of alcoholic maintenance - why the alcoholic finds it so difficult to overcome his dependency upon alcoholic beverages: namely, that the alcoholic has a need for the interpersonal payoff of the drinking process primarily, and the effect of alcohol only secondarily.

Machover (1969) and Edwards (1969) found this re-emphasis upon the underlying psychodynamic themes in alcoholism to be a major contribution. In particular, it offered a "productive frame of reference for the description of behavioural patterns and of the dynamic forces which sustain them" (Machover, *ibid*, p.942). However, Edwards (*ibid*) drew attention to the fact that alcoholics, per se, are not the only people to manifest poor and manipulative interpersonal relationships - most disturbed people do. The question that this comment evokes is whether TA is being oversimplistic and over-zealous in its pursuit of the payoff-motive. In other words, does TA tend to rationalize the payoff when the alcoholic roots may lie elsewhere? In this frame of mind, Osmond (1969, p.947) remarks: "It is questionable whether these alcoholic games are being played for the therapist's peace of mind or for the patient's well-being".

There are no answers to this question at present for, since Steiner postulated the presence of the aforementioned alcoholic games, there has been no published research.

The alcoholic and his family: research implications

Previously, the discussion of Transactional Analysis pointed to the importance of early familial rearing practices and member interactions in the developing life script. In turn, the life script has considerable bearing upon the person's future interpersonal relationships. In the Alcoholic games these are, Steiner posits, reflected by the transactions between the Alcoholic and his co-gamester, some significant other person. Logically, this significant person is most likely the spouse (if the alcoholic is married). Therefore, to some extent the absence of research about Alcoholic games may be overcome by examining the findings surrounding the Alcoholic's family.

The Alcoholic's wife

Research on the wives of alcoholics has attempted to investigate two major hypotheses:

- i) Women tend to select alcoholics (or potential alcoholics) as mates in order to satisfy unconscious needs of their own, and that they may, in consequence, encourage the husband's drinking practices.
- ii) The psychological disturbances of alcoholic's wives are a result of the emotional stress that emanates from her living within a disturbed environment.

(Jacob, Favorini, Meisel and Anderson, 1978).

Edwards, Harvey and Whitehead (1973), in a review of the literature on wives of alcoholics, referred to the former hypothesis as belonging to a "disturbed personality theory". Research supporting this view cites evidence of the wife's psychosocial problems, mental decomposition or her attempts to sabotage improvement when her husband showed signs of controlling his drinking. Nevertheless, recent studies in which the MMPI served as the primary dependent variable find little support for the contention that most wives of alcoholics reflect significant psychiatric disturbance (Jacob, et al, 1978).

Edwards et al (ibid) referred to the latter hypothesis as belonging to.

"stress theory". Here, literature portrays the wife as using dominance as a coping mechanism in order to maintain family stability. In other words, her tendency to ignore changes in her husband's drinking is viewed as a "realistic recognition of his undependability" rather than due to some pathological need of her own. According to Jacob, et al (ibid), this position has received more support, however the "identification of cause-effect relationships remain highly problematic" (p.1232).

With regard to the last comment, despite the psychodynamic orientation and focus of these studies upon individuals, it appears that the investigation of interpersonal relationships, per se, has been overlooked. In other words, research has stressed the family as a group of individuals rather than as a system.

If the evidence of the above reviews is to be interpreted, the alcoholic, rather than his spouse, demands centrality. However, this does not suggest that their relationship must be overlooked - but factors other than a reinforcing wife must be accounted for. It is in this respect that the alcoholic's perception of his wife's responses, rather than her actual behaviour, appear to be an important area of inquiry. This relates to the Transactional theory of transference.

One study in particular, that of Drewer and Rae (1969), examined this relationship. Using the Interpersonal Perception Technique (Laing, Phillipson and Lee, 1966), and comparing a group of alcoholic patients and their wives with a control group consisting of married couples who were as socially and professionally as similar as possible to the patients, they found an absence of measures separating the groups with regards to marital friction. However, the most notable difference appeared to be the respective husband's ability to predict the reactions of their spouses: whereas the control husbands were able to predict when they were going to be understood by their wives, the alcoholic husbands expected to be misunderstood.

The two groups differed further with respect to their self-concept: while the control husbands and wives had a well-developed concept of masculinity (which was shared) and were free of factors relating to intrapersonal conflict, the alcoholic husbands and their wives had no such shared stereotype.

Drewer and Rae (ibid, p.297) concluded: "Our evidence suggests that it is the alcoholic husband himself who is primarily confused about his sexual role and whose neurotic difficulties centre on his conflict over his incompatible need to be dependent on others and yet independent of them".

Similar results were indicated by Gorad (1971). He found that alcoholic-spouse interactions were more competitive than those of normal controls, each partner consistently struggling for the "one up" position in the relationship. His alcoholic husbands tended to demonstrate more responsibility-avoiding behaviour than did their wives or the normal controls, adhering to a single response pattern which Gorad referred to as "the escalation of symmetry".

In conclusion, there appears to be some evidence that the alcoholic, rather than his wife, is the family member that is more likely to evidence emotional disturbance. While an unhappy wife may reinforce his drinking behaviour, especially if his alcoholism has some definite payoff for her, the alcoholic himself construes her reaction to his drinking. Thus the alcoholic may be said to develop his own alcohol-related conflicts. According to Transactional Analysis, the Games Alcoholics Play originate in the alcoholic's script, but are played with an obliging spouse.

CHAPTER THREE

I. THE PROBLEM

This study was intended to explore the significance of drinking pattern membership, and factors contributing to the maintenance of alcoholism.

Prevailing research indicates that at least two distinct forms of alcoholism may be identified, the delta (i.e. continuous) and gamma (i.e. binge) drinker. Studies suggest that these drinking patterns are maintained by diverging intrapsychic and interpersonal needs and demands. Nevertheless, little evidence has been shown to reveal the adaptive mechanism involved therein.

II. RATIONALE

This section shall briefly describe the emerging importance of drinking pattern classification, and offer an investigative model for their explication.

Delta and Gamma Alcoholism

The alcoholism literature reports numerous attempts made to elicit a singular personality type. It is becoming increasingly apparent that the approach of such studies is largely responsible for confirming the "alcoholic personality" as a myth - when alcoholism is treated as a uniform or homogeneous entity, composite profiles shall continue to obscure the possibilities of any striking features. It is necessary that future research accept the diversity or heterogeneity of the alcoholic population.

Jellinek (1960) indicated that alcoholics could be differentiated reliably by the drinking pattern they maintained. Research has begun to focus upon two of these patterns, the delta and the gamma (see Chapter One, "The Alcoholic Personality"). This typology indicates the existence of two dissimilar personality types. The "typical" delta appears to be introverted and socially isolated, and more anxious and passive than the composite

gamma, who tends to be extroverted, more impulsive and aggressive, have a greater degree of social disorganization, and drink in company (Vogel, 1961; Walton, 1968; Stein, Niles and Ludwig, 1968; Tomsovic, 1974).

Yet the significance of pattern membership - the particular meaning of alcohol for the individual delta or gamma alcoholic, or the reason why he drinks to that pattern and not another - remains unclear. Two causes are offered here:

Firstly, projective techniques, which inquire into personal meaning, have not been administered to individual delta and gamma subjects, per se (although they have been given to composite samples). Indications for their inclusion in an investigation is, therefore, warranted.

Secondly, research, in concentrating on composite profiles with non-projective tests, has indicated personality components (only), and has tended to ignore "causative" influences. Nevertheless, one non-projective test, the 16PF, indicates that alcoholics may be involved in the interpersonal strategies originally described by Horney (Costello, et al, 1978):

The "Inhibited Neurotic" seems to be related to the delta's interpersonal style, and this is significant in the light of Tomsovic's (1974, p.503) assessment:

"The continuous drinker tries to achieve a steady tranquil state as he plays his social role".

Similarly, the gamma may be approached by the "Aggressive Neurotic",

"Binge drinkers seem to be seeking an intense psychic experience that preempts social obligations" (Tomsovic, ibid).

In conclusion, delta and gamma alcoholics appear to differ according to their intrapsychic (i.e. personality) and interpersonal (i.e. social strategy) components. It is suggested that there is some significance in this, and that investigation may provide important leads for alcoholism theory and, consequently, alcoholism therapy.

Transactional Analysis and alcoholism

Transactional Analysis has two contributions to offer to alcoholism research: firstly, it has a framework that encompasses both intrapsychic and interpersonal factors; secondly, it has postulated the presence of three alcoholic themes, each preferred by a particular kind of person for a certain reason. Importantly, these were originally based upon Steiner's (1969) subjective assessment of 500 delta and gamma alcoholics seen at intake at the Center for Special Problems, San Francisco. To date, however, there has been no research - neither validatory nor exploratory - into the Transactional Analysis viewpoint.

Like Psychoanalysis and Gestalt Therapy, Transactional Analysis stresses the role of transference and projection in man's behavioural choice. Berne (1967) believes that all present behaviour is a re-enactment of all attitudes learned in childhood. And these, in turn, are all "tainted" by whether the child viewed the world as warm and inviting, cold and excluding, etc. Thus by examining the characteristics of a person's projective fantasies and transference roles, it is possible to identify his personality characteristics too.

Berne described the enactment of the transference relationship in terms of the "script", a life plan conceived in childhood. "Games" refer to the behavioural sequences or ploys by which the preconceived life goal is attained. Accordingly, Berne (1967, p.64) stated:

"In game analysis, there is no such thing as alcoholism or 'an alcoholic', but there is a role called the Alcoholic in a certain type of game".

Essentially, the role of Alcoholic is chosen by an individual on the basis that it facilitates the gratification of a central need. In this sense, the game of Alcoholic is adaptive in that it forms an intricate part of the life style of that individual; it is purposive in that it serves to maintain a dysfunctional script.

Steiner (1969, 1971), following his examination of the stereotyped

perceptions and anticipations of delta and gamma alcoholic patients, has hypothesized that the Alcoholic game evidences three distinct themes: the "Drunk and Proud", the "Lush", and the "Wino" (See Chapter Two, "Transactional Analysis and Alcoholism").

To summarize, the Drunk and Proud conforms closely with the description of the gamma pattern - socially involved, binge drinker. By manoeuvring others into persecuting him - largely as a result of his destructive drinking - the Drunk and Proud attains his goal, the guilt-free expression of anger.

The Lush and the Wino both evidence a delta drinking pattern. However, as the Wino is usually sent to rehabilitative centres for "drying out" or to gaol (as he is simply desirous of a roof over his head), only the Lush may be present among the alcoholic hospital population. The Lush, who tends to drink at home, aims to facilitate gratificatory strokes, generally sexual in nature. Unlike the persecutory Drunk and Proud, the Lush plays Victim to entice a rescuing wife.

A notable feature of Steiner's Transactional Analysis theory of alcoholism is that he clearly infers that the relationship between the alcoholic's personality and his drinking pattern is a central factor in the maintenance of alcoholism, per se.

These alcoholic games or themes provide a starting point from which the significance of drinking patterns may be assessed. The present investigation served to treat the topic as an exploratory issue, focussing upon the role of the Alcoholic game in the maintenance of alcoholism. It was intended that such a study should generate hypotheses providing direction for future research, indications for an alcoholic typology, and implications for therapy.

III. HYPOTHESIS

Alcoholics are involved in playing elaborate drink-related games which

have the aim of verifying an existential decision taken in childhood, thereby encouraging the maintenance of their drinking pattern.

CHAPTER FOUR

IMPLICATIONS FOR A RESEARCH DESIGN

This chapter will present a framework within which clinically-oriented research may proceed.

It is not within the scope of this thesis to recapitulate presently available experimental methods; rather, discussion shall focus upon the nature and purpose of clinical research as distinguished from that of experimental research, and the implications it heralds for investigating the Alcoholic Game.

The problem

A number of writers have, during the past few years, questioned the efficacy of current research design with regards to its value for clinical and counselling psychology.

"Published research in counseling has, on the whole, been of little value as a base or guide for professional practice"

(Goldman, 1976, p.543).

"The clinician generally sees and deals with one person at a time, and if he intends to engage him in some psychological treatment procedures he must attempt to understand this unique person, and not take refuge in descriptions based on 'average types' or couched in terms of 'group-relevant dimensions' only

(Mair and Crisp, 1968, p.16).

"Psychologists ... repeatedly involve people in their experiments, but relatively few experiments seem concerned with them as individuals, preferring to see each one as part of a fairly anonymous subject pool"

(Mair, 1970, p.245).

According to Goldman (ibid), research has focused too narrowly on the traditional goals, standards, and methods of the physical sciences. How-

ever, it must be pointed out that the controlled laboratory experiment, which is the controversial issue, does have value for psychological research. This shall be discussed. What is evident is that it is time to look at alternative methods which have more to offer the clinical field.

Clinical and experimental research designs

The clinical and the experimental research designs evidence differing investigative aims and are not, simply, adhered to by supporters with diverging philosophical views of man.

Experimental designs tend to be carried out among groups of subjects, where the attempt is made to foster controlled and "scientific" inquiry into human behaviour. For example, the researcher may manipulate or calibrate differences in selected dependent variables within the laboratory, and assess their change or presence using statistical methodology.

In contrast, clinical research is equated with the therapeutic process: it is assumed that the clinician, if he is to help his client, must make some form of study of him. This may extend from the behaviour therapist's assessment of prevailing reinforcement schedules to the client-centered therapist's insight into ongoing trauma. Both behaviour modification and reflection are dependent upon the clinician's present understanding of his case. This may accrue from subjective and intuitive impressions, and these may guide or evaluate further "objective" (e.g. a personality test) measurements. In this sense, the clinician acts both as a scientist and as a professional: as a scientist, he accumulates the necessary insights into the problem area; as a professional, he puts his hypothesis to the "test" in the manner in which he formalizes treatment. This is the basis of the "case study method".

These two designs support diverging investigative aims. Mair (1979, p.246) sees the differences being that of the attainment of either aggregate or general knowledge:

"While general-type propositions assert something considered true about members of some class of events, an aggregate-

type proposition only asserts something thought true about the class or group considered as a whole".

In other words, experimental research may be said to provide knowledge inclusive to a particular area of interest; clinical research, on the other hand, seeks an exclusive position in relation to the body of data. For example, the terms "alcoholism" and "alcoholic" pertain to the aggregate (or nomothetic) position, defining the subject in terms of the collective knowledge. This is the position taken by scientists concerned with the development of general laws that may be applicable to all people. On the other hand, the general proposition (or ideographic point of view) is concerned with the study of individuals, and the subsequent generation of hypotheses.

The conclusions described in the rationale imply the need to investigate the Alcoholic Script. In particular, his interpersonal games and the manner in which he perceives his co-gamesters. This latter aspect necessitates the investigator accepting the alcoholic as an active agent responding to a personally meaningful view of his world. So doing, attempts to understand the person must be engaged from a psychotherapeutical - as opposed to a psychodiagnostical point of view - to do otherwise is to avoid confronting him as a person, and to fail to study him as such.

It seems likely that the individual's problems and outlook will be more accessible to understanding and analysis if assessment measures are tailored to him personally. Furthermore, assessment must provide a macroscopic or holistic picture, instead of a narrow, microscopic dissection.

For the above reasons, a clinical research design is indicated.

Assessment goals

Before discussing the format of the clinical approach, it is necessary to delimit what constitutes an adequate psychological evaluation for this process.

"... psychological testing should provide an assessment of ego strengths, including an evaluation of the strengths and weaknesses of ego functions and an evaluation of the modes the individual uses to cope with intrapsychic conflict and reality demands. An adequate psychological evaluation must specify the nature, extent, and areas of conflict and preoccupation; the hierarchical organization of defenses and the modulation of affects; the capacity for and the quality of interpersonal relationships; and the adaptive strengths and capacities. A psychological evaluation must be more than a simple enumeration of a variety of pathological processes, conflicts, symptoms, and defects in ego control. It must be an integrated and synthesized evaluation of the interaction of various levels of drive, defense and adaptive functions with a specification of the principles which account for these interactions".

Blatt, 1975, p.333.

To this extent, a psychological evaluation is meaningless if inferences are drawn from observations that fail to place the individual's behaviour within a related perspective. For example, it is insufficient to state that a person has problems dealing with anger when provoked; it is necessary to specify when, where, and in what way these difficulties were experienced. In this manner assessment may enrich and extend the understanding of each subject.

The case study method

Historically, the case study method has mainly been concerned with exploratory research. It has, nonetheless, led to some important discoveries.

Of the contributions to psychology and psychiatry, Emil Kraepelin (1855-1926) is renowned for developing the first accepted nomenclature. This was reached following the gathering and compilation of voluminous case descriptions and recorded interviews. Child psychology is another area that owes much to this methodology. Preyer (1898), Gesell (1925), Buhler (1935) and Piaget (1952) are a few of the investigators who traced the psychological and intellectual development of their children with the aid of carefully maintained diaries.

But more than any other area of study, the case study method is linked with

the development of psychoanalysis. Freud's theory of personality and psychopathology grew out of his recorded therapeutic observations, and was refined with each case history he published. These case histories have provided valuable insights and generated original hypotheses regarding the use of dreams ("Dora", 1925a), obsessional neurosis ("Rat Man", 1925b), repression (the Schreber case, 1925c), and transference ("Wolf Man", 1925d).

Case history data may vary from personal documents or first-person accounts (e.g. letters, diaries, responses to interviews, free association and dreams) to the use of psychological tests (Bolgar, 1965).

Several writers have offered suggestions regarding the manner in which the case study may be presented. Allport (in Garraty, 1957) proposed that the case history or biography must be written from a clearly defined theoretical stance, but that the data must not be distorted to fit this framework. There should be no overemphasis upon one area. For example, although periods of conflict tend to be given more attention, as they are central to the referral, periods of "calm" should also be described. Personality traits must be illustrated by examples and childhood experiences proved rather than assumed. Dollard (in Bolgar, 1965) combined a cultural approach with psychoanalytic theory. He emphasized the role of the family in transmitting culture, and felt that social contingencies must be illustrated and the part they play in the developmental process determined.

CHAPTER FIVE

I. DESIGN

This investigation attempted to fulfil the following requirements:

- (a) The need to treat each alcoholic subject as a unique individual who evidenced personally-meaningful behaviour. For this reason, material was examined according to the case study methodology.
- (b) The provision of an interpersonal situation, or similar environment, which was (i) standardizable, and (ii) methodologically reducible, such that the subject's projections were open to investigation. With suitable modification, the Thematic Apperception Test was used.
- (c) An analytic procedure that interpreted interpersonal strategies along with their intrapsychic determinants. The following four interrelating aspects, as formulated by Transactional Analysis, were examined:
 - (i) Structural analysis, the analysis of individual personality, examines the person's feelings, thoughts, and behaviour as based upon the phenomena of ego states.
 - (ii) Transactional analysis, the analysis of what people do and say to one another, investigates the nature of the strokes that go to make up the transaction.
 - (iii) Games analysis, the analysis of ulterior transactions leading to a payoff, defines the form of the psychological game that the person uses to structure his time.
 - (iv) Script analysis, the analysis of specific life dramas that persons compulsively play out, serves to substantiate the existential position maintained.
- (d) The validation of hypotheses generated by analyses. Comparisons

were made between findings of the TAT, Laddering Procedure, and Life History data.

- (e) Strict control over drinking pattern membership.

II. SUBJECTS

The subjects were 2 Delta and 2 Gamma White male in-patients attending the William Slater Hospital, Cape Town. The patients were all volunteers and each was tested in the second week of their three-week residency.

Each subject was assessed free from signs of acute intoxication, gross withdrawal symptoms, gross brain damage or psychosis. Along with these diagnoses, verification of drinking patterns was made together with the Consultant Psychiatrist in charge of the hospital, and/or the psychiatric registrar, clinical psychologist, or psychiatric social worker who was in intimate contact with the subject. Further matching of subjects included the absence of previous psychological treatment, and an age cut-off of 50 years. It was not possible to match ages, themselves, as the "average" delta is appreciably older than the "average" gamma at referral (Abelsohn, 1973).

The diagnosis of alcoholism was made according to the operational definition advocated by Frighter, Robins, Woodruff, Winokur and Monoz (in Loebenstein, 1978). A diagnosis of alcoholism is made when a patient manifests any symptoms in at least three of the four following groups:

1. (a) Any indication of alcoholic withdrawal, e.g. tremulousness;
- (b) A history of medical complication due to excessive drinking, e.g. polyneuropathy;
- (c) Alcoholic blackouts;
- (d) At least two alcohol benders which have lasted for 48 hours or more.

2.
 - (a) The subject has not been able to stop drinking when he has wanted to;
 - (b) The subject has tried to discipline and control his drinking, e.g. only drinking with other people;
 - (c) Drinking before breakfast, e.g. "regmaker" or "pick-me-up";
 - (d) Drinking non-beverage alcohol, e.g. after-shave lotion.

3.
 - (a) Arrests for drinking;
 - (b) Drink-associated work trouble;
 - (c) Drink-associated fighting.

4.
 - (a) The subject thinks that he drinks too much;
 - (b) The family objects to his drinking;
 - (c) Loss of friends because of drink;
 - (d) The subject feels guilty about his drinking.

Classification of pattern type was made according to the criteria advocated by Jellinek (1960), Walton (1968) and Steiner (1969):

Delta Alcoholism

- (a) Regular excessive intake of alcohol;
- (b) No periods of abstinence;
- (c) Apparent control so that drunkenness and social disorganization do not appear.

Gamma Alcoholism

- (a) Increasing intake whenever drinking starts;
- (b) Abstinent spells between benders;
- (c) The tendency to drink regularly to the point of helplessness, and/or finish all available supplies.

III. DEPENDENT VARIABLES

Following Berne (1967) and Steiner (1971), the major dependent variables are operationally defined accordingly:

Title: The colloquial name of the game.

Thesis: The general course the game follows.

Dynamics and Aim: A statement of the covert psychological motivation and goal of the game, or the Child's reason for playing it.

Roles: The roles, or players commonly encountered in the game. Herein are examined those of Victim-Patsy, Persecutor and Rescuer.

Paradigm: This illustrates as briefly as possible the critical transactions of the game. The Social Paradigm is the overt content, the Psychological Paradigm is the covert content of the transaction.

Advantages:

- (1) Internal Psychological - how the game contributes to internal psychic stability.
- (2) External Psychological - how the game avoids anxiety-arousing stimuli.
- (3) Internal Social - the characteristic phrase used in the game as played by intimates.
- (4) External Social - the characteristic phrase or derivative game or pastime played in less intimate circles.
- (5) Biological - the kind of stimulation, physical or otherwise (i.e. stroking) that the game offers to the parties involved.
- (6) Existential - the presentiment which the game vindicates.

IV. TESTS

The inclusion of a projective technique is suggested by the apparent need

to assess subjects singularly, rather than within groups. In addition, projective techniques appear to aid the generation of hypotheses.

In particular, the Thematic Apperception Test (TAT) fulfils the requirements of being able to offer both intrapsychic and interpersonal stimuli. However, previous research, using this instrument, was not successful in distinguishing between alcoholics and other psychopathological groups. Therefore, this section will discuss this and other criticisms of current TAT analysis, and offer the modifications made for the purposes of this study.

One of the modifications is the inclusion of a second test as an adjunct to the TAT. This is the Laddering Procedure, a derivative of Personal Construct Theory (Kelly, 1955). Its relationship to and function in TAT analysis will be described.

(a) The Thematic Apperception Test

The TAT is a projective technique which examines the dynamics of personality as manifested in interpersonal relationships. The relevance of its stimuli, in this regard, was underlined by Morgan and Murray (1945) in the first procedural instructions:

"The procedure which suggested itself was this: to present subjects with a series of pictures, each of which depicts a different dramatic event, with the instructions to interpret the action in each picture and give an imaginary construction of the preceding events and final outcome. It was anticipated that in the performance of this task a subject would necessarily be forced to project some of his own fantasies into the material and so reveal some of his more pressing underlying needs".

This statement includes two major assumptions which are of critical importance to this research and, for this reason, are the focal point of this discussion. They are:

- (1) The subject will reveal his own underlying strivings, dispositions, and conflicts.

- (2) The subject will identify with one person in the story (i.e. the "hero").

Assumption One: The subject will reveal his own underlying strivings, dispositions and conflicts.

Morgan and Murray (1935) intended the TAT as a method for investigating unrealized fantasies. Murray (1943, p.1) enlarged this to include "the dominant drives, emotions, sentiments, complexes and conflicts of a personality". However, there is some doubt as to whether the subject's "fantasy" describes current or prevailing impulses and needs, or whether the story is simply a product of the subject's imagination (Holt, 1961). As the TAT remains the major assessment technique in this examination of intra- and interpersonal motive, it is important that this predicament be forestalled.

Early researchers appeared to find promising indications of validity with the manipulation of variables such as hunger (Sanford, 1936, 1937), motivation (McClelland, Clark and Lowell, 1953) and aggression (Hokanson and Gordon, 1958). Later investigations, however, revealed that the designs of these studies were inadequate, and suggested that the drive and affect attested to the story characters was not necessarily indicative of the strivings in real life (Lindzey, 1967).

There appears to be much support for Arnold's (1962, p.294) opinion:

"The TAT is not 'fantasy' in the sense of primary process ... it reveals not only impulses, needs or affects projected on the character with whom the story-teller identifies but also defensive and adaptive processes".

Story content may be said to be determined by the principles of substitution and defense. The term substitution refers to motives that are not gratified in overt behaviour and, as such, may be more likely to occur in the story than motives which do find gratification in the environment. The defensive principle applies when the level of need is high enough to arouse considerable anxiety, and is blocked from direct motoric discharge either by

environmental obstacles or by equally powerful internal conflicting needs. In other words, if anxiety is too high, the motive content will not appear in the story (Lazarus, 1961).

Various writers have warned against the misconception that defensive projection and test projection are the same process (Rabin, 1968; Rapaport, Gill and Schafer, 1968). Schafer (1967, p.21) points out that "when we consider the patient in the (projective) test situation we must realize that his characteristic patterns of defense will inevitably come to the fore".

In line with this, Heilbrun (1977) argues, with experimental support, that among individuals whose primary style of defense is projection, there will be greater assignment of self-characteristic attributes to external persons or objects. Conversely, however, those persons who depend upon repression as a defensive style tend to avoid conscious transaction with threatening information concerning themselves. Therefore, they may be poorly suited to projective assessment.

The implications of these factors are vast: analysis and interpretation of thematic data which fails to recognize this dilemma cannot validly make inference about either needs or ego-defenses. As Lazarus (1961, p.68) states:

"The thematic material will be an end result of the dynamic interpretation of both, and there is no clear way to separate their mutual interference from the apperceptive record".

The solution is, in fact, suggested by Bellak (1975, p.38) in his discussion of "patterning" as a criterion of reliability and validity:

"A response gains its meaningfulness in part from its relationship to the rest of the responses and in part from its relationship to similar responses to other situations ... we suggest calling this basis of validity the intratest validity".

While intratest validity is essential in determining the centrality of the

subject's attitudes, needs, and drives, the question of whether the "hero" - who characterizes these attributes - can be singled out for evaluation, is to be answered.

Assumption Two: The subject will identify with one person in the drama (i.e. the "hero").

It is essential that the investigator be able to differentiate the subject's "alter-ego" from surrounding actors if his characteristics are to be assessed.

Murray (1943), in the first manual, pointed out that not only may the hero assume a prominent or background position - the latter not so readily distinguishable - but that some stories may show a "sequence of heroes". a character-identification shift during the course of the story. "Primary" and "Secondary" heroes may also be expressed. For example, hero (primary) may empathize with aspects of another actor's (secondary) personality or role. It is apparent that the identification of the hero may be a complex task.

Standard procedure tends to be that of identifying the hero as the character most like the subject in terms of age, sex, overt behaviour and sympathy. However, it is not unusual for the subject to, for example, choose the hero from the opposite sex. Thus, positive, negative and no relationships may be expected (Harrison, 1965).

Studies have, to date, not demonstrated a reliable relationship between the behaviour of the subject and that of the hero. Lindzey (1967), in a survey of the relevant literature, comes to a provocative conclusion with respect to studies examining the reproductivity of aggressive themes: the increase in aggressive content reported may be considered a result of the increase in aggressive tendencies on the part of the story-teller or a reflection of the fact that the story-teller viewed the world as a more threatening place. In other words, these studies have not accounted for the presence of the substitution-defense principle.

Lindzey (1967), p.580) concluded:

"It is clear that what is needed is an experimental treatment where, given the subject's identification with a hero-figure, the predictions to be made for the 'hero' and 'other' will be opposed or widely different".

This position is similar to the previously described need for accepting the heterogeneity of the alcoholic population, i.e. that the prediction of an "alcoholic personality" may only follow on from the substantiation of differing alcoholic types. This, too, may explain the failure of previous TAT-alcoholism studies. In failing to substantiate the "hero", these studies produced descriptions of behavioural patterns that approximated the composite pictures of non-projective group comparisons.

The literature does not indicate many ways in overcoming the problems involved in identifying the hero. Pictrowski (1950, p.107) suggested that the investigator assume that "every figure in the TAT stories expresses some aspect of the testee's personality" (This appears to express many of the ideas inherent in the Gestalt Therapy method of dream interpretation). Lindzey and Kalnins (1958) could not support this experimentally and concluded that their findings warranted the continued use of the hero assumption. In any event, the shortcomings of this approach would negate the usefulness of the TAT in the present study - besides ignoring the aspect of representative behaviour, it would mean forgoing attempts to assess the subject's attitudes toward and interaction with other people. Its use as a dialectical instrument would be ended.

(i) Towards a substantiation of the hero

"If you don't know, ask the person: he may just tell you".
First Principle, Kelly (1955).

Two methods were used to elicit the hero. Firstly, following the presentation of each card, the subject was asked to describe the characters in his story. If possible, he was to provide a description of the actors in one word.¹ Thus, if a card had three actors, three descriptions were called

1. This description may be viewed in terms of one pole of a construct, i.e. an "emergent pole" (Kelly, 1955). Its use and importance are discussed under "The Laddering Procedure".

for. After all the cards were completed in this manner, the experimenter returned to the first series of descriptions and asked the subject to rate which of the elicited profiles was most descriptive of himself. The character with good fit was tentatively assessed as the hero. Succeeding cards were treated likewise.

A second method was included to confirm this hypothesis. The cards were returned to the subject. He was then asked to say which character he most identified with or felt most sympathy for. When the character so elicited correlated with that indicated in method one, this was accepted as the hero. These cards in which two heroes were indicated or where the subject was not able to identify his self, were treated in the light of Murray's primary, secondary and sequential definitions. However, they were not examined for interpersonal style.

(ii) Towards the recognition of representative behaviour

The hero's response may indicate either wish-fulfilment or representation. Both responses may provide important hypotheses about the subject.

In order to separate "reality" from "fantasy", further information about the subject was gathered. Use was made of the Laddering Procedure. Although this is described in greater detail in the next section, the Ladder examines what meaning the subject gives to a particular behaviour, i.e. how he perceives or anticipates the consequences of a described action.

The manner in which assessment of representative behaviour was made is best illustrated by an example. From a pilot study, one subject described the hero in card 4 as "head-strong". The story itself, indicated feelings of aggression, determination and self-will. The hero was going off to confront his employer over the way his potentials were being ignored.

The subject, in a later testing period, was asked to describe the advantages and disadvantages of being "head-strong". The ladder assumes that this description will provide insight into the manner in which the subject perceives a particular action. In this case, the advantages of being head-strong reflected the actions of the hero in the story:

"You can be your own boss" (and this implies ...)
 "You know where you're going, and you don't get pushed
 around" (and this implies ...)
 "You feel more at ease".

This similarity was accepted to mean that the hero was portraying behaviour representative of the subject's real-life. If it had not, it would have been defined as wish-fulfilment (re: social and cultural prohibitions).

(iii) Administration of the TAT

The standard instructions of Murray (1943, p.3) was accepted for all subjects. This procedure followed after the subject was judged to be relaxed and subject-experimenter rapport established.

".... I am going to show you some pictures, one at a time; and your task will be to make up as dramatic a story as you can for each. Tell what has led up to the event shown in the picture, describe what is happening at the moment, what the characters are feeling and thinking; and then give the outcome. Speak your thoughts as they come to your mind. Do you understand? .. Spend about five minutes on each story. Here is the first picture" (Form A).

The Inquiry was an important element of the administrative procedure. As Transactional Analysis focuses at one level upon the dynamics involved in dialogue, it was necessary that conversations between actors be illustrated. Inquiry took place both during and/or after the proceedings - whenever an interaction between actors was indicated. This was introduced, for example, by a statement like: "If they could speak to each other, what would they be saying?"

(b) The Laddering Procedure

"Seek to understand a man's questions, not simply his answers"
 (Kelly, in Hinkle, 1970).

The Laddering Procedure is a method of eliciting construct implications. It was originally proposed by Hinkle (1965) and forms the first major

elaboration of Personal Construct Theory (Kelly, 1955). For this reason, a brief resumé of the latter theory is indicated.

Personal Construct Theory, Constructs, and Construing

Kelly utilizes the concept of a "personal construct system" to explain how each individual perceives and responds to a uniquely meaningful environment.

"Man looks at his world through transparent patterns or templates which he creates and then attempts to fit over the realities of which the world is composed"

(Kelly, 1955, p.8).

This formulation implies two things about the role of perception in behaviour:

- (1) Perception is an active process which involves the transformation of sensory data into a conceptual scheme consistent with previous learning and experience of the individual (i.e. this takes into regard the concept of projection and transference as used by Transactional Analysis. This correlation is brought out more clearly by ..)
- (2) The conceptual scheme is structured differently from one individual to another, and predictions of the individual's behaviour is dependent upon these structural differences (i.e. in TA terms, reference is being made to ego states and existential position).

The act of perceiving is described by Kelly in terms of the concept construct and the act, itself, construing.

"A construct ... is an abstraction. By that we mean it is a property attributed to several events, by means of which they can be differentiated into two homogeneous groups. The invention of such a property is the act of abstracting. To construe events is to use this convenient trick of abstracting them in order to make sense out of them" (ibid, p.129).

Construing is the act of forming an opinion about one's world. As Kelly points out, this is recognised as a contrast between two sets of things.

For example, a man, in construing his acquaintances, may see some as friendly, others as hostile towards him, i.e. his construct is that of "friendly-hostile".

Kelly stresses that Personal Construct Theory is fundamentally a theory of human action. Importantly, he gives man full responsibility for his choice of action. He elaborates man as a scientist who maintains the means to inquiry. This is the basis of the Fundamental Postulate:

"A person's processes are psychologically channelled by the way in which he anticipates events".

It is evident that man must have a core set of constructs with which to define the role he sees himself called upon to play. This enables him to maintain his self-identity. Whenever he experiences or is confronted by events outside his range of convenience, he may become anxious, guilty, etc. His adherence to his construct system is, furthermore, determined by certain "corollaries". Only selected examples are included here:

"To the extent that one person employs a construction of experience which is similar to that employed by another, his processes are psychologically similar to those of the other person".

Commonality Corollary, Kelly (1955).

"To the extent that one person construes the construction processes of another, he may play in a social process involving the other person"

Sociality Corollary, Kelly (1955).

These two corollaries are central to the Repertory Grid Technique, a method introduced by Kelly (1955) to assess the relationship of a person's various constructs. The Grid may be viewed as a mathematically-assessed structured interview which enables the experimenter to elicit groups of common constructs. This affords him a view of the person's construct system, itself.

No attempt shall be made to examine this area in any depth. The importance

of mentioning this technique, however, is in the manner in which the Laddering Procedure may be shown to differ: where the Rep Grid is concerned primarily with relationships between constructs, the Ladder examines the meaning and personal relevance of a stimulus; where the Rep grid is intended for exploration, the Ladder may test hypotheses (which is its function for TAT protocols).

The Laddering Procedure

"A person chooses for himself that alternative in a dichotomized construct through which he anticipates the greater possibility for extension and definition of his system"

Choice Corollary, Kelly (1955).

The ladder is a procedure described by Hinkle (1965) in the course of his investigation into certain aspects of construct theory. It was used to investigate the meaning attached to subordinate constructs in the self hierarchy. Hinkle's research, itself, shall not be described as it related only indirectly to the current use of the ladder in this study. Its value lies in the manner in which it enables the researcher to pursue the meaning and value of an interpersonal strategy. The procedure involved is somewhat akin to Free Association in that it provides successively deeper layers of consciousness. Because of this, although there have been no studies examining its validity (other than an article by Wright, 1970, which proclaimed its usefulness in the therapeutic milieu) it was accepted as an adjunct to the TAT.

(1) Methodology

As stated during the substantiation of the hero in the TAT, the subject was asked to provide a self-description (or hero-description) for each story. This formed the first (i.e. "emergent") pole of the construct that was to be investigated.

The subject was then asked to complete the construct by stating the opposite or contrasting description (i.e. the "implicit pole").¹ For example the

1. Landfield (1971).

hero may have been seen as "strong-willed "; the contrasting type of person may have been described as "weak-charactered". The resulting construct was then "strong-willed - weak-charactered".

Subjects were then asked to state which pole they would prefer to be on. The Preferred Pole (P) and the Non-preferred Pole (NP) were so distinguished. Hinkle's standard instructions now follow:

"Now on this construct you preferred this side to that side. What I want to understand now is why you prefer to be here rather than there ... what are the advantages of this side in contrast to the disadvantages of that side as you see it?"

The answer given is another construct subordinate to the first and which also has a preferred side. The question "why" is asked again of the preferred side of this new construct. The question "why" is asked of each new construct until the subject is unable to produce more.

An example (Wright, 1970) may demonstrate the technique: Using the above construct dimension, the subject was asked, "Why do you prefer to be strong-willed rather than weak-charactered?" He answered, "So I can force myself to do things that I should". In answer to why he preferred not to be weak-charactered, he replied: "Then I would not get much respect". Further subordinate dimensions produced the following self-construct dimension:

<u>STRONG-WILLED</u>	-----	<u>WEAK-CHARACTERED</u>
Force myself to do things I should.		Not get much respect.
Personally achieve things.		Feel a failure.
Feel satisfied.		Feel ashamed and inferior.
Happy.		Feel low and depressed.

An addition to Hinkle's Laddering strategy for the purposes of this investigation. Unfortunately, the above procedure only provides data surrounding the advantages of the subject's preferred side, and the disadvantages of his non-preferred side. While this examination may provide some understanding of the subject's self-concept¹ and his desired interpersonal strategy,

1. The self- (or hero) descriptive pole - denoted in protocols by an asterisk (*) - if paired with a non-preferred statement, is indicative of incongruence.

the technique does not "explain" why he does not move in that direction (assuming that he identified - re: self-description - with the non-preferred pole).

According to Tschudi (1977), there is a further dimension to the Ladder, an avoidance construct:

"Such constructs do not state any positive goals, the choice is move away from or suffer disliked states" (p.327).

Hinkle (1965, p.7) recognised the presence of the element calling it the implicative dilemma:

"the implicative dilemmas ... seem to be related to conflict and doublebind theory, and are, therefore, of particular clinical interest".

The relationship of these concepts to Transactional Analysis is evident in Berne's discussion of "scripts", the theme of the life drama.

The avoidance construct may be elicited by asking for the opposite of the above. For example, "There are certain advantages to being weak-charactered. What are they?" Similarly, "There are certain disadvantages to being strong-willed. What are they?" The ABC Model (Tschudi, 1977) may be conceptualized as follows:

	<u>Preferred Pole</u> (*)	<u>Non-preferred Pole</u>
A.	(a1) "Strong-willed".	(a2) "Weak-charactered".
B.	(b1) Advantages of a1.	(b2) Disadvantages of a2.
C.	(c1) Disadvantages of a1.	(c2) Advantages of a2.

Now the example may be completed with the addition of the C construct:

<u>c1</u>	<u>c2</u>
Dominating in a condescending way.	Dominated by friends.
Drown people in words.	Good contact with friends.
People avoid you.	You are loved.
Feel hurt.	

(2) Implication of Laddering for TAT

To summarize the data available from the use of the Ladder, it is apparent that the A construct defines the dimension along which the person wishes to move. The B construct answers the question "why" he wants to move in that particular direction. The C construct provides the double-bind which prevents the person from actually doing so.

Personal Construct Theory takes the position that human action is fundamentally the outcome of the construing act. Transactional Analysis, too, asks the simple but vital question, "What is the person after?" They assume that there is a psychological advantage to each and every behavioural response.

The Ladder is of benefit to the TAT because it provides the motive behind the interpersonal strategy. Further, it does so in terms of preferred and non-preferred strokes. Thus it enables the vindication of the existential position held by providing greater understanding with regard to what the subject means when he assumes a particular role. Lastly, it serves as a measure against which the representativeness of the hero's behaviour may be judged.

In conclusion, Haley's (1963, p.15) view of symptoms illustrates the alternatives expressed by the Ladder:

"The crucial aspect of the symptom is the advantage it gives the patient in gaining control of what is to happen in a relationship with someone else.

In Transactional Analysis, all symptoms are reputed to have game features.

(c) Selection of the test items.(1) The TAT cards

The following cards were chosen for the present study. Each consists of at least two central characters, thus enabling the observation of inter-

personal transactions. Further support for their choice was made according to their usefulness in tapping important sectors of common relationships (see Bellak, 1975).

<u>Card 2</u>	:	Family relationships.
<u>Card 4</u>	:	Male-female relationships (with an emphasis upon sexual problems).
<u>Card 6BM</u>	:	Mother-son relationships.
<u>Card 7BM</u>	:	Father-son relationships.
<u>Card 12M</u>	:	Relationship of younger man to older man.
<u>Card 13MF</u>	:	Sexual conflicts in both men and women.
<u>Card 18BM</u>	:	Anxiety in males.

(2) Laddering Procedure

As there are 7 TAT cards, seven constructs are elicited. However, not all are examined (laddered).

The subjects were presented with the list of constructs and asked which (and in what way) were constructs similar or different. All duplications and reasons were noted. Of the duplications, the subject chose one for retention. All constructs so surviving were laddered.

In addition to the elicited construct, one provided construct was examined. This related directly to the presenting problem - alcoholism: "Drink too much - Abstain".

V. PROCEDURE

Subjects were approached separately by the researcher, who introduced himself as a psychologist conducting research at the hospital.

As far as possible, without divulging the dependent variables, prospective delta and gamma subjects were told the aims of the investigation. For example, that the researcher was interested in examining factors that

maintained alcoholism. Discussed, too, was the format and expected length of the testing, i.e. that the research called for elucidating personally-important information and, as a result, instead of completing questionnaires, assessment would not be determined by "right" or "wrong" answers but by the subject's own impressions, feelings and ideas of the test data. The patients were told, in the event of their volunteering as subjects, that a Discussion and Feedback session would be included where they may discuss the elicited information, thus gaining valuable insight into the nature of their problem drinking and direction for therapy. Lastly, it was emphasized that all subjects would remain anonymous in the proposed thesis.

Testing took place on a Monday at times that did not conflict with the subject's hospital involvement. The sessions were divided into periods of $1\frac{1}{2}$ hours each, beginning at 8:30 a.m. and 1:30 p.m. Further meetings took place until the testing was completed.

The order of testing was as follows:

- (1) Thematic Apperception Test (TAT).
- (2) Laddering Procedure.
- (3) History-taking.
- (4) Discussion and Feedback.

Time spent with each subject averaged 5 hours for testing (including feedback), and approximately 100 hours were spent upon his analysis and write-up.

CHAPTER SIX

Results

Four case studies, each forming an individual unit of study, are presented in this chapter.

Each study comprises a Life History, Thematic Apperception Test and Laddering Procedure protocol. Included is a Transactional analysis and Item analysis of the TAT data. Lastly, conclusions and hypotheses regarding the nature of the script, existential position, and games themes are presented, and an analysis made of the relationship with alcoholism and drinking pattern.

The order of case presentation is as follows:

(a) Delta alcoholics

1. John
2. Karl

(b) Gamma alcoholics

3. William
4. George

I

Subject: John
Age: 47 years
Occupation: Attorney, and author of a number of published novels.
Marital status: Recently divorced (2 months prior to admission).
Referred by own G.P.

ALCOHOLIC HISTORY

John has been a regular drinker from the age of 25. He says that he enjoys drinking, especially the "sundowner". Drinking has become problematic over the past 5 years, revealing a steady Delta pattern. He indicates a measure of control of intake, refusing to accept early morning "pick-me-ups" or "regmakers". However, upon arriving at work, he takes 5-7½ mg Valium. He does not drink before noon, but at lunch will drink 3-4 beers. In the evening he will consume about a half bottle Scotch. In the past five years he has had only one dry period, which lasted from July to November, 1978.

Mood: John reports a pleasant feeling of anticipation before drinking. Drinking enables him to become talkative, friendly and sociable. Afterwards he is accusatory, angry and expresses any resentment of his wife. This is in marked contrast to his sober appearance, which is one of apparent peacefulness - "alcohol releases all that".

He has had no police contact.

FAMILY HISTORY

Father: Father was noted for his bad temper. He easily became cross and would shout. Although John was never able to stand up to him, he remained his father's "blue-eyed" boy. When he died, 5 years ago, John was very upset and, in an emotionally-loaded voice, described him as "a wonderful father".

Mother: Mother is still alive (76 years old). She was described as anxious and tense, a "panicky person", who was dominated by her husband and "treated as a doormat".

Home atmosphere: In contrast to father, mother was overprotective and over-indulgent. John was a sickly child and had problems of an unknown origin. Mother was a "wonderful nurse", sympathetic, spoiling and a good listener. She was, however, "not productively helpful". Today she still treats him as a little boy and their relationship is described as good.

Siblings: One sister: "a raging shrew". Parents could not control her. Brilliant, she is a "crusader, bulldosing type".

PERSONAL HISTORY

John matriculated at 18 as an above average student. Described his interpersonal relationships there as good. Sexual education came from his peers as it was a taboo topic in the home. His first sexual relationship was a flop, ejaculation coming too quickly. This "affected my self-esteem". No homosexual contact.

John was married for 22 years. The marriage was planned. He was 25 and she 23 years old at the time. He has had one extramarital affair and, although wife only suspected, she did confront him. John's ex-wife, whom he retains hopes of remarrying, was described as a very understanding person, anxious to please, unassertive, popular and loved. A good mother. John believes his drinking affected their relationship and was the cause of their break-up. He feels a failure as a husband as his wife had to take more and more responsibility. She dominated him eventually. Further, he feels a failure as a father because his son once accused him of never showing affection. John says that he is undemonstrative, afraid of revealing emotion, he finds it difficult to assert himself, and is resentful and angry towards himself.

THEMATIC APPERCEPTION TESTCard 2

Response time: 15 seconds

Ann Field was a farm girl who lived on a beautiful English apple farm with her brother and mother. When Ann went off to school everyday, she always saw the same sight, which was her silent, inarticulate, powerfully-built brother walking off along the furrows of the fields behind the plough with a big Percheron leading. And his mother didn't speak at all - she leant up usually against a tree, from where she proceeded to watch her brother (sic. son) John through half-closed eyelids. They never spoke - Ann's mother and John - in fact, there seemed to be an invisible bond between them. A strange, tingling communicative electricity which was always present, especially when this happened, when John would work. And Ann felt as though she was not as fully accepted as John was. She was not the type of person to seek an explanation or to inquire, but she always felt that if she were to ask them why they did this and how they did this and why she was not included, they would look at her regretfully and say that she was not part of this silent communication, and that they were sad about this, but that it could not be. And this was something entirely private to them.

Identification: Subject chose Ann's description (aloof) and figure as being closest to himself. John was described as "taciturn" and mother as "inegmatic".

Card 4

Response time: 6 seconds

Something that always worried Mary Johnson about her husband Ted was his volatile nature and explosive temper. He had a glitter to his eye which had always worried Mary, much as she loved his rugged tood looks and big athletic frame. She was a good reader of character and she correctly assessed, that the glitter meant that Ted's temper was a very tangible thing. Although mostly lying latent beneath the surface, it could explode at any moment. They were childless and ... much as she wanted a child, it had entered Mary's head that ... as to how Ted would react to the crying of a baby, the accidental destruction of the baby, and it had even, although she was reluctant to admit it, entered her head as to whether he might not beat the child to excess. And ... Mary ... was not the type to bring on another scene or even reckon with the person, but Ted eventually lost a job through striking a fellow employee. And when it came up after a suspicious silence on Ted's part, that lasted some days, Mary eventually found out the truth. She said to him, "But how could you have hit a man? A man wearing a collar and tie like you? How could you have just hit him?" "Because", he said, "I just go blind when I'm angry. I don't know what I am doing". "Well then", she said, "you must have treatment. If you can't learn to control your temper, if you just see ... a ... red, as they say, then you ... you must go to a psychiatrist who must have a look at you. And he must tell you what's wrong". Ted got up and went towards her and she noticed that his eyes were burning - like a tiger in the jungles of the night. And he said softly, "Is that your last word?" "Yes", she said, with the fear rising steadily in her. "I thought so", he said, and closed the door coming toward her slowly. "Now it's your turn".

Identification: Subject identifies with Mary's description ("warm-hearted") and figure. Also secondary identification with the baby ("vulnerable"). Ted was described as an "unstable, vicious swine".

Card 6BM

Response time: 7 seconds

Old Jessica Brown had one problem with her only child, David. It wasn't patently apparent - he was a big, well-built young man, well dressed, neatly groomed, quietly spoken. He smiled readily ... had been educated as far as her purse allowed without any trouble. But David manifested a problem only after he'd left school, where he'd been a model pupil. This problem was that, for some reason which she could not understand, David seemed to lose interest in his work and, eventually ... it was as though his ... not only his mental processes, but his entire interest, his ambition and everything else, ground to a halt. He lost his first job after a year, when she discovered that for three months of that year - the last three months, he had virtually ceased working in the true sense of the word. He had stayed at his desk, looked intelligent, but he failed to answer correspondence. He hid it away. He intercepted the post. He told lies about what he was not doing. And ... although a very upset Jessica took him to task, he was unable to advance any explanation. "I just didn't like it", he said. "There's certainly no point in answering their silly letters. And I knew I'd get into trouble so I just put the letters as far away from reach as I could". Jessie expostulated: "But surely", she said, "you must have known that it would catch up with you?" "Well", he shrugged indifferently, "that's as may be, but at the time I didn't think of that". All of which left Jessie feeling very frustrated. She watched him go into a second, third, fourth, fifth and finally sixth job. All with exactly the same result in the end. Until, after some years - years of great frustration - it was only the fact that London was the size it was that enabled David to still get jobs as he criss-crossed town from one place of employment to another. But nothing helped. The jobs became steadily less and less important, more and more menial, until finally one day, to Jessica's sadness, David entered a mental institution for examination. Nothing, it seemed, could alter this strange manifestation of periodic disinterest on his part.

Identification: Subject identifies both with Jessica's description ("determined") and figure. David is described as "cloddish and bemused".

Card 7BM

Response time: 10 seconds

Joe Hollis was 19 years old before he saw his grandfather for the first time. It was when he went to spend some time on the old man's farm in Sussex. Grandfather was a tall, erect figure, even in his 70's. Joe was quite an introspective young man inclined to sit around when he was not working and ... display total lack of interest in any sort of outside activity. One day grandfather approached him and said: "It's Saturday tomorrow Joe. I'm going to take you out into the fields". Joe hadn't been there long and he looked at Grandfather with his usual ... pleasant ... but total lack of feeling ... interest. "What for?" he asked. "You'll see", Grandfather replied, equally inegmatical. The next morning Joe was presented with the sight of a tall, rangy dog which seemed to bulge with muscles. And his

Grandfather introduced this mousey, extroverted animal as Amos, a Pointer who Grandfather had trained and was now 5 years old. Grandfather took Joe out into the deep already grown grass of Winter and Joe watched with increasing surprise and delight as the big liver and white dog ranged across from left to right and back again for more than 100 yards at a time. Until, suddenly, it broke into a strange crouching run, slowing down regularly and, then finally, stiffening to a point, tail straight up, one foreleg cocked up, nose quivering, while Grandfather strolled forward pulling back the hammers on his old-fashioned, double-barrelled shotgun, commanding the dog to steady and, going ahead - where suddenly to Joe's surprise, partridges rocketed out of the grass, soared up into the sky, then sailed off. Grandfather put the shotgun to his shoulder almost idly, and, as soon as the birds began to level out, there was a double bang and two birds turned into white puffs and sailed down to earth where Grandfather went forward and collected them. Amos now broke off his point, but remained rooted firmly to the same spot. Joe spent a day of mounting excitement and suddenly realized that he's finally found, at long last, an interest had come into his life and he would always maintain this interest as both a hobby and, eventually, as a way of life working dogs, training dogs, and breeding dogs for rough shooting. "it's wonderful", he told his Grandfather enthusiastically, "I'm so excited about the whole business, I shall stay here on the farm as often as I can, almost every weekend if you'll have me". Grandfather's eyes looked at him. "I'll have you", he said, "now that you've become a man".

Identification: Subject identifies Joe as hero, recalling a similar childhood experience (describes Joe as "weak, but with potential") but also Amos as secondary hero, whose trait ("brigand") he desires. Grandfather is described as "wise and strong, insightful".

Card 12M

Response time: 12 seconds

Young Johnny Brown was a scout both because his father had been a King's Scout and because he wanted to be one. He enjoyed scouting. At the age of 16 he was almost a King's Scout himself and enjoyed training the cubs with the junior scouts, with whom he was in constant contact. But Johnny was not a strong boy. He was inclined to be sickly and there were many times when he missed a scout meeting, Jamboree or adventure trip through a strange weakness which doctors could not explain. Every now and then, Johnny would run a temperature in excess of the norm and in his fever he would become semi-delirious, and would have to be put to bed. Staying there as long as a week or 10 days before the fever would depart as mysteriously as it had arrived. His mother and father were deeply concerned about him. He was to all intents and purposes a normal boy - normal build, he ate well. But every now and then the fever would strike out of the blue and leave him a fever-racked, sick youngster in his small bedroom. When he was 17, the fever struck again. His temperature was 105 degrees by the time he had been in bed no more than half an hour. The doctor was called. He shook his head, "I can't understand this business", he muttered, "its absolutely beyond me. I thought he would grow out of it. Why does it happen?" But he could do nothing. The next day a young doctor came to see Johnny Brown, and examined him for over an hour, starting at his head and ending at his feet. He took his blood pressure, pulse, and his heart-beat. He took specimens. At the end, he departed

looking bemused. He came back again in the afternoon and, this time, took nearly 2 hours. And when Johnny's mother asked him what was wrong, he shook his head and left. He was unable to advance any reason as to why this good young boy should be lying pain and fever-racked upon the bed in his room. After 10 days the fever had not departed, and at the end of two more weeks, Johnny was taken to hospital. His parents visited him daily. Sometimes his old grandfather, too, sat in the corner and muttered above his soup-stained waistcoat. He was regarded as a bit of a joke by the rest of the family. Yet, for some reason, Johnny enjoyed his Grandfather's presence. The old man seemed to brighten when he saw him - his eyes would develop a strange feeling of sadness as he realized the illness that had gripped the young scout. After 2 weeks, Johnny's doctor and the young man who had examined him held a brief and whispered conference with his parents in the hospital ward. The next day Johnny was taken back home in his father's car and put back into bed in his room. And when only his mother was left, he looked at her and said: "Why am I dying?" Tears sprang instantly into her eyes and she said: "You're not! You're not!" "Of course I am," he said. "I know I am. Why am I dying? I've done nothing wrong". She said: "But you're not. I won't hear another word about it". She turned her back and rushed out of the room. Johnny lay there and smiled. He knew the truth. He was not sure if he slept for a while, but when he opened his eyes his grandfather was standing over his bed. "Yes, young fellow, you're awful sick you know". "Yes", Johnny replied, "I just wish they could find a cure". "There ain't no cure" the old man said, "at least, not from those doctors. What is it you'd really like?" "My uniform", Johnny replied. The old man chuckled. "I thought you'd say that". He went away and came back with Johnny's scout uniform beautifully ironed and washed. Johnny looked at it and said "You did this, didn't you?" The old man replied: "Aye. I did it. Your mother wouldn't". He bent over removed Johnny's pajamas and struggled him into the scout uniform. Johnny lay there feeling the crispness of the collar against his skin, aware of the tie stretched out across his chest. And a strange peace came over him. That night he slept. He was aware of the fact that his grandfather had stayed there the whole night. Johnny opened his eyes in the morning, he looked down at his scout uniform and looked across at the old man and said: "I'm better, aren't I?" The old man chuckled and said: "Yes, you are". "Why, but why? Why is the fever gone?" Johnny said. "There's no telling some of these things" Grandfather said, "people are peculiar. But you can have a look at that uniform you're wearing". And he walked out.

Identification: Primary hero identification with Johnny ("intelligent") additionally substantiated by similar childhood experience. Secondary identification with father's description ("weak conformist"). Grandfather described as "strange character", mother as "totally weak character".

Card 13 MF

Response time: 6 seconds

The 'flu that struck in 1918 was a holocaust that killed many millions of people over the world. The Jones family were no exception to the rule. David Jones and his wife Ann were childless and lived in a modest, lower-middle class bungalow on the edge of a university town. The 'flu arrived in due course but, like so many people, because it did not affect them, they

talked about it and were relatively unafraid. Then, one night, Ann announced that she was not feeling very well. She was a robust girl, tall and strong. And David Jones, for some peculiar reason which he was not able to explain afterwards, did not for one moment think that she was coming down with the disease. He suggested that she take aspirin, and she did this and went to bed. He was awoken in the early hours of the morning to find her restless and sweating heavily beside him. He leaned across and put his hand on her forehead, and almost recoiled at the intensity of the heat that was generated. He got out of bed, clumsily, shook her but, although she muttered, she did not regain complete consciousness. It was only at first light that a weary and touchy-eyed husband sitting in bed next to her, that she opened her eyes and, in a small voice, said: "What day is it?" But before David Jones, feeling one flush of relief, could answer her, she closed her eyes and went deeply into semi-consciousness again. There was no doctor to be had. There was no nurse to be had. The clumsy old telephone, newly installed, would not function properly. He ran from place to place all over town seeking help. But only by 5 o'clock in the afternoon did a grizzled doctor present himself at their house, walk into the bedroom, spend no more than 2 minutes looking at Ann, and say, simply, "Another one!" "What do you mean?" cried ... (David) ... "Do you mean she's got this 'flu?" "Yes", said the doctor, "I'm afraid so". "Well, what must I do?" David asked. He was sweating with nervousness and tension. "There's nothing you can do", the doctor said, "it must take its course. She's a strong girl. Keep giving her aspirin for the temperature every 4 hours. And there's something you can do which might help - pray!" David Jones watched him depart and did not think much on that last word the doctor muttered. He did not go to work. He sat constantly by her bedside mopping her forehead as the sweat rolled off it, as the heat burned below the skin until the cloth he used itself became warm and sodden. By the end of a second day, Ann was distinctly worse. She now came to him from a distant plain. She was in some nether-world of illness. Fighting inwardly the virus that rose within her. By the end of that day, David Jones knew she was reaching a point where, if something dramatic didn't happen, she would join the multitudes of dead. Her skin was cold but wet. He leaped out of bed, ran to the bathroom, brought back a wet towel, and chaffed her naked body with it. All that happened was that she stirred very slowly and never returned from this deep semi-coma into which she had fallen. He got up and went to the window and stared out of it. "She's dying", he told himself. "What can I do?" Then he remembered what the doctor had said to him. David Jones got on his knees and prayed to God for his wife's life. He did not pray for himself, did not pray that he would miss her company; he prayed for her, for her youth, for her life ahead of her. He stayed on his knees until they became sore. Over and over he asked God for the life of his wife. Until, in the early hours of the morning, a small voice asked: "What time is it David?" And turning round, he saw her eyes were open. She was looking at him with the eyes of Ann Jones.

Identification: Subject identifies with the figure of Ann, but saw her description as not entirely reflective of himself, although it has been used by other people in the past ("superficial"). David was described as "an uninspired, small man. Not a big thinker".

Card 18BM

Response time: 10 seconds

If Peter Soams had been told 2 years before he was photographed at the boxing match, drunk and ...being restrained ... by the hands of the law as he tried with his enormous bulk and huge girth to waddle towards the ring, that he was going to be a drunkard, he would never have believed it possible. He was at that time 6 feet tall, of medium weight, quiet, hard-working, and very interested in sport. He followed rugby, boxing and most contact sports. He worked in a bank as a teller and his employers were very satisfied with his work and general demeanor. He had a very pleasant manner with clients, and the Peter Soams of 2 years before could only be said to be an uncomplicated young man who was well on his way to considerable success in the future. Then one day, Peter Soams watched a rugby match, and afterwards, went to a local pub with 2 other men. Peter Soams had, probably, the last of the dozen or so beers he had ever drunk up to that point of his life. He did not stop at one beer; he had a second, third, and a fourth. He emerged from the smoke and chatter of talk feeling richly rewarded. It was as though he had been able, for the first time, to become a part of the happy and cheerful throng he had left behind him. He went to bed that night deeply satisfied and with a feeling that he had thoroughly enjoyed himself, and reported bright-eyed and alert to work the next day. But as the afternoon wore on, he remembered the pub, the smoke, the excited voices of the rugby crowd, and, almost inevitably when 5 o'clock came, he went back there. This time alone. Immediately ordering beer for himself, at the outset, he was pleased by the fact that the bar-maid recognized and greeted him. Again Peter Soams had 4 bottles of beer to drink and, again, Peter Soams left the pub after an hour-and-a-half well-pleased with himself, a strong feeling of satisfaction and, once again, went to bed in his lodgings where he had lived as a rather solitary figure. This time he was armed with the names of men with whom he had found a common bond of friendship and easy conversation. He was surprised that he had never considered going to a bar before (he was 23 years old), and it was as though a new door had been opened for him onto life. The next day Peter Soams made a mistake with his cash. It was not because he had had too much to drink, he hadn't - he was deeply absorbed in his reflections of his two visits to a bar. He noticed the error and corrected it. He was clever enough to warn himself that he must not become obsessed by this eager anticipation of the day's ending. But within a short time, what was to him a new life, was to become a regular obsession. As time went on, his weight rose from 170 to 220 lbs, his face became jowly. He had to release his belt by 3 notches. He was sluggish in the morning. But Peter Soams, on Friday nights - thankfully - got drunk. After 6 months for the first time in his life, he had no recollection of going to bed and a throbbing head when he dragged himself to what was for him - thankfully - a half day at the bank. A year later, Peter Soams had been drunk many times. His weight had increased to 220 lbs and he was inclined to waddle when he walked. He still had some sporting friends, but he also had a lot of pub friends. And only if he had realized it, he only knew their Christian names, not their surnames. He had earned a rebuke at the bank for a mistake he had overlooked. He rejected from his mind the slightly scathing tone of the head cashier: "Soams, it's time you pulled yourself together". 18 months later, Peter Soams had attained the now enormous bulk of 240 lbs. He had now earned his third rebuke from the bank and had been warned by the manager himself. Yet he went back to the bar ... and back ... until, by the end of 2 years, Peter Soams woke up one morning and realised, regretfully, that he no longer had a position at the bank.

He was unemployed for 2 nights when he went to the boxing match. He went to the bar 2 hours early. When he reached the boxing match, he was already carrying what is known as "a full head of steam". He was unnaturally quick to become overexcited, red, flushed at the preliminary bouts. In the main bout he detected what he thought was a foul, leaped to his feet, oblivious to his surroundings, and attempted to waddle his way to the ringside. Next thing he knew, he was surrounded by figures in blue and fought, lashing out. With his tie askew, he was dragged out of the emporium. The next day, he awoke to realize, for the first time in his life, that he was looking out of a window that had bars across it. (Inquiry: Was there any dialogue between Peter and the people who grabbed him?) No, there wasn't.

Identification: Although the subject did not particularly like Peter ("a foolish young man"), he described him as the primary figure and acknowledged the description, "conformist". Secondary identification with the lawmen, described as "duty conscious". Pub friends described as "bar flies".

LADDERING PROCEDURE

The following constructs were elicited from the TAT cards:

<u>Card 2</u>	:	aloof (*) - intense
<u>Card 4</u>	:	warm-hearted (*) - frigid.
<u>Card 6BM</u>	:	determined (*) - unambitious.
<u>Card 7BM</u>	:	brigand - conformist (*).
<u>Card 12M</u>	:	intelligent (*) - stupid.
<u>Card 13MF</u>	:	superficial (*) - intense.
<u>Card 18BM</u>	:	conformist (*) - unambitious.

Only cards 4, 7BM and 12M were retained. The subject noted similarities between "aloof" and "intelligent", "determined" and "conformist" (note - both have the same contrast), "brigand" and "superficial", "intelligent" and "conformist". Card 7BM was retained in place of card 18BM as the pole "conformist" occurs in both, but the former has an already stated Preferred Pole.

The provided construct "Drink too much - Abstain" was included.

The cards are interpretable as follows:

<u>Card 2</u>	:	from card 12M ("intelligent").
<u>Card 4</u>	:	as is ("warm-hearted").
<u>Card 6BM</u>	:	from card 7BM ("conformist").
<u>Card 7BM</u>	:	as is ("conformist").
<u>Card 12M</u>	:	as is ("intelligent").
<u>Card 13MF</u>	:	from 7BM ("brigand").
<u>Card 18BM</u>	:	from 7BM ("conformist"), and from "drink too much".

Laddering Protocols(1) "warm-hearted - frigid"

(A) (a1) warm-hearted (*)
(P)

(B) (b1) Well-liked, popular,
they attract others
because of their spon-
taneity and lack of
dislikes.

They are quick to accept
people.

They have no barriers.

Their measure of people
is not so strict.

They are exuberant and
approachable.

(C) (c1) Their standards are low
and they become freely
accessible to other people.

Claustrophobia of people.

Freedom to select is re-
duced.

Frustration.

(A2) frigid
(NP)

(B2) They are non-acceptable and
excluding

Their standards of accept-
ance are very high.

They feel superior.

They are clever.

(C2) They have exclusiveness.

They have higher standards.

They can pick and choose,
be selective.

You can take your time
doing so, not forced into
disaster.

Less likelihood of getting
hurt/wounded.

You can armour yourself.

(2) "brigand - conformist"

(A) (a1) brigand
(P)

(B) (b1) Freedom outside the law.

You can be selective.

You have a sense of
superiority.

(a2) conformist (*)
(NP)

(b2) He is afraid not to be
otherwise.

He feels he must

He is humdrum and conventional.

You can have higher standards.

He is ignored.

Unpopular.

Lonely.

(C) (c1) He's unlawful.

(c2) Security, no pain.

Punishment.

Feeling of being looked after.

Claustrophobic atmosphere.

Feeling of warmth.

Feel smothered.

Feel restricted, pinioned, bound.

(3) "intelligent - stupid"

(A) (a1) intelligent (*)

(a2) stupid

(P)

(NP)

(B) (b1) There is ease of accomplishment.

(b2) He produced contempt, is jeered at, is unobservant, unknowing.

You are untroubled by society.

He is blind to all around him.

No problems.

He can never rise as he remains on one plain.

Security.

(C) (c1) Can be open to (eg) verbal attack by other people.

(c2) You are heedless.

Lack of popularity.

There is no need for effort.

Lack of friends.

Can be lazy.

Loneliness.

Relaxed.

Free from tension.

(4) "drink too much - abstain"

(A) (a1) abstain

(a2) drink too much (*)

(P)

(NP)

(B) (b1) Can retain senses and true personality.

(b2) You become foolish.

Lose respect.

I can be seen in a clear light - as the person I really am.

I can retain the love of my wife.

Retain the warmth of her companionship, as a partner, and sexual relationship, as a mate.

(C) (c1) A problem for me. I get frustrated.

I fail to assert myself.

Tension.

Inability to relax.

Need a drink.

Lose love.

Lose wife (especially) and children (perhaps).

I'm lost and lonely.

(c2) I can relax. There's a loss of tension, a glow.

Feel loose, loquacious.

Become more likeable.

More likely to be loved.

Preliminary scrutiny of TAT

John complied closely to the given instructions. Although his stories tended to be on the lengthy side, they were highly detailed and followed clear, well-laid plots. Although these aspects reflect upon John's experience as a novelist, the stories reveal common plots which are seen to be autobiographical: John is presented as an intelligent man who sees himself as incapacitated (Cards 12M, 13MF, 18BM), in a world where communication is withheld (Card 2) or where there is threat of physical attack (Card 4). He is frustrated (Card 6BM) but also desirous of interest and excitement (Card 7BM).

Perceptual noncompliance was evident in his inclusion of characters not present on the cards. For example, the dog in card 7BM, and the doctors, scout uniform and parents in card 12M. The introduction of objects and figures into the story, while a possible consequence of his story-telling style, serves to underline certain ideational content. In this case, the dog Amos (card 7BM) introduces the doublebind situation John experiences: he is caught between a need for freedom and self-assertion, but has great dependency needs, i.e. primary identification with Johnny, who is described as "intelligent". The Ladder (3) describes the disadvantages as "being open to verbal attack" and the major advantage as that of "security". Johnny would like to be Amos, who has "freedom outside the law". However, he remains a conformist for this enables him to attain the security, the "feeling of warmth" desired (Ladder 2).

The spontaneous reaction time (average 9 seconds), along with the consistent hero identifications, may be seen to be a measure of the extent to which John projected his own self into the stimuli. Again, his novelist's experience may account for the consistent usage of Christian names for the characters. The impression is one of a person highly cognizant of interpersonal demands, who tends to react impulsively from a well-defined script that expresses "I'm not-OK, You're OK".

Transactional Analysis

CARD 2

(a) Situation: A family scene where the hero, described as "aloof", desirous of acceptance and companionship, is excluded by the other members.

(b) Implications: The Ladder (3) indicates that the subject believes that only people who are less self-aware are ever happy. Being intelligent, he is open to criticism, unpopularity, and loneliness. He is set apart from "others" by his differences. The contrasting pole, "stupid", is advantageous from the point of view that one can give in to all pressures, and so be freed from the stresses of effort. However, the latter is non-preferred. Nevertheless, as it is John's choice of alternative movement, it may be hypothesized that John may covertly be striving for a tension-free state by allowing himself to become dependent upon the direction of another.

(c) Structural analysis: The hero portrays an Adapted Child ("she was not the type of person to seek an explanation"). The Child Ego state, itself, is indicated by the nature of the questions asked: "Why they did this, and how they did this" The co-gamesters appear in Parental form ("they would look at her reproachfully").

(d) Roles: The hero is portrayed as a Victim, while the co-gamesters are viewed as Persecutors (i.e. because they reject the Rescue role).

(e) Transactional Analysis: While no formal game type is depicted, the hero feels discounted - unaccepted - and appears to be making the plea, "You've got to listen" (see Berne, 1967, p.121). As this is an Underworld Game, it is offered only as a parallel. Here, a client demands the right to make complaints (which are often irrelevant). The main purpose of the game is to ensure recognition. However, when the authorities respond, he increases his demands; when they merely listen to his complaints, he is satisfied. The parallel, in John's case, arises in the light of his great dependency needs. The Laddered implications suggest that he will become more and more dependent upon another when they take responsibility for him; in line, then, John may be involved in attention-seeking ploys.

CARD 4

(a) Situation: "Warm-hearted" hero, perceiving the world as threatening, attempts to give advice to the main adversary, an "unstable, vicious, swine".

(b) Implications: The Ladder (1) indicates that the subject is desirous of popularity, but that he fears people. There appears to be a dependency-independency double-bind where closeness to others results in personal frustration, which is due to reduced freedom of personal choice. Being open to others, furthermore, means that John will continually be influenced by others. The need to "armour" himself is described by the contrasting pole, "frigid", which has the advantage in being able to select stimuli.

(c) Structural analysis: The hero attempts to maintain a Parental Ego state ("But how could you hit a man? A man wearing a collar and tie like you? ... Well, then, you must have treatment"). This Controlling Parent seems to contaminate the brief appearance of the Adult ("It had entered Mary's head as to how Ted would react ..."). This does not last for Mary was not the type of person to bring on another scene .." (i.e. dominated by an Adapted Child). The co-gamester, silent for most of the time, expresses an emotionally-laden decision: "Now it's your turn" (i.e. Parental ego state).

(d) Roles: The hero is presented as a Victim who manifests persecutory behaviour (i.e. covert aggression and frustration) as long as the co-gamester refrains from responding. When he does, it is as a Persecutor.

(e) Transactional analysis: The dependency-independency double-bind is apparent in the hero's movement between Controlling Parent and Adapted Child. Here, the need to express underlying frustration is thwarted by equal needs for constraint. The game being played appears to be "If It Weren't for You" (see Berne, 1967, pp.45-52). Mary (the hero) desires a child but is afraid of incurring Ted's wrath and fears that he may harm the child as well. In other words, she is providing a reason why she cannot do what she wants to, and lays the blame upon another. Secondly, the aim of her confrontation with Ted appears to be the engendering of her own downfall. The payoff is a continued one-down position. Thirdly, the hero's

reassurance of her position (i.e. using persecutory tactics) underlines her security needs: "It's not that I'm afraid, it's that he won't let me".

CARD 6BM

(a) Situation: "Determined" hero, who has provided all that one could for the advancement of another, is frustrated by the other's failure to achieve or live up to expectations. The emphasis is placed upon the "other's" mechanisms by which he rejects all that is expected of him, and the hero's consequent impotency.

(b) Implications: As for Card 4.

(c) Structural analysis: The hero maintains a (Controlling) Parental Ego state ("Jessica took him to task ... But surely you must have known"). In response, the co-gamester is expressed as a (Rebellious) Child. However, the continued impotency of the hero ("she watched him ... ") implies that she functions, as well, as an Adapted Child.

(d) Roles: The hero is cast as Victim for the co-gamester fails to respond as is expected.

(e) Transactional analysis: The game being played here appears to be "Ain't It Awful" (see Berne, 1967, p.96). A Parental pastime, the ulterior motive of this story is a need for sympathy ("All this left Jessica feeling very frustrated ... years of great frustration") and indemnity ("had been educated as far as her purse allowed ... to Jessica's sadness"). The suffering felt and expressed by the player enables him to exploit the sympathy of respondents. As Berne (ibid) states: "the external psychological advantages lies in the avoidance of all intimacies and responsibilities .. The biological advantages are typified by nursing care".

CARD 7BM

(a) Situation: The hero, "Weak, but with potential", puts aside his lethargy and lack of interest in outside activities, and is introduced to a

new and stimulating interest by an older man. He is described as "Wise, strong and insightful". Included in the story, but not present on the card, is a dog, Amos, who appears to exemplify a desired behavioural expression. He is described as a "brigand".

(b) Implications: As a "conformist" (Ladder 2), John feels that he leads a "humdrum and conventional" existence but is "afraid not to be otherwise" he shall become "unpopular and lonely". These dependency needs are balanced by the desired traits evidenced by Amos: a need for "freedom", for "selectivity", for a "sense of superiority".

(c) Structural analysis: The hero's dominating Child Ego state is underlined by his emotional reaction: "I'm so excited ...". The co-gamester is expressed as a Controlling Parent, advising and moralising: "I'll take you out into the fields ... I'll have you now that you've become a man". In line with the latter, the behaviour of Amos, although by definition free, is adapted.

(d) Roles: The hero is "Victim-like" in that he suffered from extreme boredom. The co-gamester is, then, expressed as a Rescuer.

(e) Transactional analysis: The Laddered Implications suggest that John desires ending "Ain't It Awful" (see card 68M). However, all devotees of this game feel this way, and find some excuse for maintaining the status quo. John's need for stimulation is evident. Furthermore he expresses his central need openly: "(to become) a man". Yet it is debatable whether he shall achieve this goal for, while rebelling, he remains dependent upon another for guidance. Importantly he sets himself up for new "Ain't It Awful" situations: (i) he is liberated by (eg) the sport of shooting. Yet he may only fulfil this as long as he portrays the signs of manhood as identified by the co-gamester (grandfather); (ii) in a similar manner, occupationally he is ready to tie himself down to dog breeding; (iii) Amos, who expresses the freedom he desires, is in fact an animal who willingly obeys commands. Finally, returning to the introduction of the story, it is evident that it was the boredom of the hero that elicited a sympathetic response from the co-gamester. In this light, it is hypothesized that the story theme expresses the way in which the hero takes advantage of those who

attempt to stroke him by taking charge of his life; perhaps what he wants is simply to be heard (re; "You've got to Listen", card 2).

CARD 12BM

(a) Situation: An "intelligent" young boy succumbs to a serious and mysterious illness which threatens his life. Only through the understanding of an insightful grandfather, who provides him with his beloved scout uniform, does he become well.

(b) Implications: as card 2.

(c) Structural analysis: The hero evidences a Child Ego state, dependent and vulnerable as a child or infant. Co-gamesters are portrayed either as being incompetent and impotent ("I can't understand this business") or sympathetic and understanding ("People are peculiar") Parents. It is significant - especially in the light of previous games - that the former are represented by people who endeavour to administer help or "mother" him, while the latter are those that attempt simply to understand him. In other words, it may be that John rejects the over-Nurturing Parental figure - even though he seems to maintain their presence.

(d) Roles: The hero is a Victim. Co-gamesters are divided into successful Rescuers (Grandfather) and unsuccessful Rescuers (parents, doctors).

(c) Transactional analysis: Once again there seems to be the plea "Ain't it Awful" (.... that I am at the mercy of this unknown illness). There are two important elements to this story: Firstly, there is the pervading helplessness of the hero which serves to reinforce his dependency needs. Secondly, there is the matter of acceptance and rejection of Rescuers. It is apparent that John rejects those people who fail to empathize with himself. For example, the reaction of mother when confronted by death: "I won't hear another word about it. She turned her back and rushed out of the room". The fleeting expression of an Adapted Child by the hero ("Why am I dying? I've done nothing wrong") suggests that John may still be

rebellious against the injunctions of Controlling Parents. In line with this, he rejects the doctors, who may be said to be controlling his symptoms, as impotent. On the other hand, he accepts his grandfather. Grandfather recognizes that the scout-uniform is important, that it symbolizes an important need in the hero, and pays attention to this aspect. The hero, Johnny(!) seems to be saying "You've got to listen" (see card 2).

CARD 13MF

(a) Situation: The hero is struck down with a serious illness. The hero does not attempt to overcome the situation personally; instead responsibility is given over to the marital partner. Again, physical means are not curative (re: Card 12M), while prayer is.

(b) Implications: The hero's description, "superficial", was said to share the same meaning as the construct "brigand". In contrast to card 7BM (where the self-descriptive pole is "conformist"), "brigand" indicates a need for free choice in selecting input. It is hypothesized that John means he desires the ability to assert himself, to put aside his dependency needs. With regard to the theme of this (and previous stories), it is interesting that John should describe the advantages of being a "conformist" as the "feeling of being looked after" and "feeling of warmth". The latter description is reminiscent of Rado's "alimentary orgasm" (see Chapter One, "Psychoanalytic theory"). It may be more than mere analogy to suggest that John is attempting, like the baby sucking at the mother's breast, to gratify the basic infantile needs. In this light, it may be important to examine how compliant/rebellious is the hero at being "mothered".

(c) Structural analysis: As with card 12M, the hero is portrayed as a dependent Child. Again, co-gamesters are either impotent (re: the doctor, David) when responding in physical terms, or successful (re: when prayer - i.e. feeling - responses are initiated).

(d) Roles: The hero is a Victim. Co-gamesters are either successful or unsuccessful Rescuers.

(e) Transactional analysis: In contrast to the ill hero in card 12M,

the hero in 13MF evidences greater passivity, less involvement and, thus, less self-responsibility. Ann, except for one brief appearance, remains in a "semi-conscious" state throughout her illness. David, her husband, despite his constant ministrations, fails to resuscitate until he turns to prayer. In other words, the depth of dependency is greater than that suggested in "Ain't It Awful", as compliance (apparently) is total. The illusion of autonomy appears to be absent. At the same time, Ann retains complete control over her husband. It is this aspect that reveals the underlying rebellious urge. Selected aspects of the story suggest a game similar to "Why don't you listen to me": "David Jones ... did not for one moment think ...; There's nothing you can do ... (except) pray". Lastly, the description of David - "uninspired .. not a big thinker". The impression is that of David, unsuccessful while doing, but rewarded for prayer (i.e. empathy) he comes to know her soul ("the eyes of Ann Jones").

CARD 18BM

- (a) Situation: Attitudes towards drinking and drunkenness are expressed. The hero is described as a "foolish young man" who, owing to a great need for social intercourse and acceptance by others, uses alcohol as a bridge between himself and friends.
- (b) Implications: (i) see card 4. (ii) Ladder 4 portrays John's need for alcohol in terms of the Tension-Reduction thesis. He perceives its positive consequences as being relaxing, enabling him to forego tension and obtain "a glow". This enables him to become "loquacious", "more likeable" and, he anticipates, "more likely to be loved". This is essentially the content of card 18BM. The disadvantages of "Abstain" indicate drinking triggers: John gets "frustrated", fails to "assert" himself, and ends up tense. The advantages of "abstain" may throw some light upon the source of his frustration - there appears to be a relationship with previously described dependency-independency double-bind: John reveals a great need to "retain .. true personality", to be accepted "as the person I really am". These aspects reflect his needs for independency. Secondly, he adds the need for retaining "the love of my wife .. the warmth of her companionship (i.e. again social needs) .. and sexual relationship". In the light of Steiner's hypothesis surrounding the Lush's sexual needs, it will be interesting to

examine card 13MF from the point of view that it embraces sexual needs.

(c) Structurál analysis: The hero is distinguished as an Adapted Child manifesting behaviour in response to mutual environmental Child stroking (in the pub). Disregarded is the relationship with a Controlling Parent (i.e. the manager).

(d) Roles: The hero is the Victim of a solitary, socially-isolated existence. He is Persecuted by the bank manager (i.e. authority figure - ?) and Rescued by friends in the bar.

(e) Transactional analysis: Two hypotheses deserve attention. The first, suggested by the rejection of the Controlling Parent, asks whether the hero (i.e. John) is creating a situation where he will be subsequently punished. The name of the game is "Kick Me" (see Berne, 1967, p.73): "This is played by men whose social manner is equivalent to wearing a sign that says 'Please Don't Kick Me! The temptation is almost irresistible.." Additionally, "If the people in his environment are restrained from striking at him by kindheartedness .. his behaviour becomes more and more provocative until he transgresses the limits and forces them to oblige" (Berne, *ibid*). These aspects appear to be in line with the sentiments presented in "You've Got To Listen" (card 2). It must be borne in mind that the nature of the drinking pattern in this story is not important - it is not representative of John's style (this is gamma, his is delta) - however, the theme of the story, the consequences of drinking, may be similar. The second hypothesis relates to the need for and acceptance of social interaction. John recognised, in the story, that friendships made in the pub are only superficial ("he only knew their Christian names"). Nevertheless, the "common bond of friendship and easy conversation" is preferred to the solitariness he expresses. In the light of the Ladder, there appears to be greater support for this hypothesis. The hero approximates the game of "Lush", where stakes from a Rescuer are central.

ITEM ANALYSISCard 2

".. conceptions of family relationships and attitudes toward the environment generally as giving, supportive, versus barren, depriving" (Rapaport et al, 1968, p.487).

John portrays the Adapted Child in the story, although the hero feels left out and, resenting this, desires a reason, she would not initiate any action.

The hero displays a need for personal recognition, and may be involved in continual attention-seeking struggles. She is unsuccessful for co-gamesters tend to reject the anticipated Rescue role.

John's home atmosphere (re: Family History) was determined by a controlling father - hence Adapted child - and an overprotective and overindulgent mother who nursed him through a sickly childhood - a possible reason for his present dependency needs. Yet she was "not productively helpful" being far too wrapped up in her own personal problems. That John allows his mother today to treat him as the child he was may indicate a need for nurturance.

Card 4

".. male-female conflict, fostering expression of attitudes toward feminine demands and masculine wishes not to be tied down or problems of controlling impulses. In general, a good picture for learning about conceptions of male and female roles, as well as sexual roles" (Rapaport et al, p.487-8).

If the co-gamester is to be seen as John's wife, then a few hypotheses may be proposed. Firstly, John identifies with the female figure. This may indicate a reversal of dominating roles in the marital relationship. John again portrays an Adapted Child, but only following his attempts to assert himself as a Controlling Parent. The co-gamester (i.e. his wife) rejects his advances and assumes the Parental role; Secondly, the Transactional analysis indicates the presence of the marital game, "If It Weren't for You". This suggests that there is friction present, and that this relates to the

dependency-independency double-bind discussed.

In the light of John's description of his wife and their relationship, the above hypotheses appear to find some support. John has come to give his wife greater and greater responsibility over the years such that, in the final years of their marriage, she assumed all responsibility and looked after him in a manner similar to his mother. While this should not necessarily make for marital friction - both parties may be happy with these roles - John described his wife as "anxious to please and unassertive". It may be that she was never happy carrying his burden as her own dependency needs appeared to go unfulfilled owing to John's own inability to demonstrate affection. In this light, the rejection showed by the co-gamester in the story may mean his wife's refusal to accede to his emotional demands.

Card 6BM

".. permits expression of the subject's attitude toward the mother figure (guilt feelings, dependence versus independence, overprotectiveness and of strong attachment of either towards the other" (ibid, p.488).

John identifies with the mother figure, which may indicate a close relationship between the two. This is supported by Life History data. The story may be interpreted in two ways. Firstly, John may be expressing his perception of his mother. But the hero portrays a Controlling Parent, and this is not supported by the history. Then the hero may represent John as he responds to his mother (the co-gamester). Here the hero is involved in obtaining sympathy. This is in line with John's early relationship with his mother, especially so because John was a sickly child. The co-gamester may then be viewed as the mother. But this actor was portrayed as a Rebellious Child. The history indicates the opposite - mother was described as "anxious and tense, a panicky person, who was dominated by her husband". In the light of John's good relationship with his mother, he may be expressing desired behaviour, i.e. he would have liked his mother to have stood up to his father. If the latter were so, then there must be some ulterior motive on John's side. In the history, John notes that she was a "good listener, but not productively helpful". This may account for the

"years of great frustration" described by the hero - thus John may still be seeking more potent "nursing care" (re: Berne, 1967, p.96).

Card 7BM

".. frequently yields information about the subject's attitudes towards his own father and authority in general (dependence, compliance, rejection, defiance)" (ibid, p.488).

In contrast to the previous two cards, John identifies with the "expected" actor and gives the father role to the older person. This may mean that, for John, the father-son relationship and its consequential implications was clearly defined. The dominant role that his own father played suggests that this was so: In the story, John is willing to be lead by the Controlling Parent (his father). John possibly remained his "father's blue-eyed boy" because he interested himself in his father's hobby (shooting). John, in the Ladder (2), described himself as "conformist". He noted that such a person is "afraid not to be otherwise ... he feels he must". John's love for his father, in this respect, is expressed with compliance to the father's will (he was noted for his bad temper). Only in this way will he become what his father demands: "a man". Yet the presence in the story of Amos, described as a "brigand" - the contrasting pole of "conformist" - indicates that John suppressed his desire for defiance. If attitudes towards authority are transposed (or transferred) from the father-son relationship, it may be expected that they reveal the polarities compliance-defiance. In card 18BM the hero, assisted by the effects of alcohol, rejects the Controlling Parent (the bank manager) and complies, instead, with peer expectations (pub friends). The latter are noted for their nurturing behaviour.

Card 12M

".. allows the subject to express his feelings and hopes about therapy; at times the attitude toward passive dependence is also strikingly shown by it" (ibid, p.488).

It is apparent that if John is to be viewed in the light of the hero's actions in the story, he will respond indifferently to therapy that ignores the emotive element. In other words, as an alcoholic, he recognizes the ineffectivity of treatment that specifies abstinence and ignores or moderates psychological exploration. As a child he was a sickly boy and, like the hero, the cause of his illness(es) was never understood. He seems, as a result, to have a low impression of the medical fraternity. On the other hand, his dependency needs are apparent and the hero's behaviour maybe understood as attention-seeking attempts. In this case, he responds to people who listen rather than advise (i.e. the reaction of a Rebellious child), and a relationship with a sympathetic therapist may be expected to elicit a positive transference of the father-figure (depicted in the card) whose absence he mourns. The danger lies in his becoming over-dependent and refusing to assume self-responsibility. However, the curative properties of the scout uniform may mean his desire for a healthy identity and, together with the positive outcome of the story, may indicate a better prognosis than inferred.

Card 13MF

".. most usually elicits the subject's attitude toward and conception of sexuality and sex partners" (ibid, p.489).

If the co-gamester is accepted as representative of John's wife, the following hypotheses are suggested: (i) That the couple in the story were childless may indicate the presence of disharmony (perhaps sexual). (ii) The apparent passivity of the hero upon the marital partner may suggest that the wife has the dominant role. (iii) John's wife tended to accede to all his complaints, as his mother did, but that she, too, failed to stroke him psychologically (i.e. she failed to attempt to understand him). This is suggested by the description of the co-gamester as "clumsy", "did not think", "uninspired".

Hypothesis (i) is to some extent supported by Ladder 4, which indicates that John places a great deal of emphasis upon a sexual relationship in marriage, and his History, where sexually-related fears may have developed as a

result of family-held taboo on discussion and the failure of his first sexual act. Further, if the wife was the dominant partner, his own father's expectations ("to be a man" - card 7BM) may cause insecurity and self-doubt.

Hypothesis (ii) is supported by John's admission that his wife had come to "take more and more responsibility". As a result, he felt a failure as a husband.

Hypothesis (iii) is also supported. In fact, the description of John's wife is very similar to his own mother: both were anxious and unassertive. However, his wife is described as more understanding, thus negating the second part of this hypothesis.

Card 18BM

".. usually elicits stereotyped stories of robbery or drunkenness; intense aggressions or attitudes toward addiction may also be expressed" (ibid, p.489).

This area is covered in the analysis of the card in the previous section. Suffice it to add, the subject projects onto the story what is anticipated of a person with an alcohol-related problem.

CONCLUSION

- (a) Titles used:
- | | | |
|-----------|---|--|
| Card 2 | - | "You've Got To Listen". |
| Card 4 | - | "If It Weren't for You". |
| Card 6BM | - | "Ain't It Awful" |
| Card 7BM | - | "Ain't It Awful". |
| Card 12M | - | "Ain't It Awful"/"You've Got To Listen". |
| Card 13MF | - | "Ain't It Awful". |
| Card 18BM | - | "Lush" and "Kick Me". |

- (b) Thesis: At the outset a distinction must be drawn between the appearance

of Life Games and other (e.g. Marital Games) in the stories. Life Games are played from the Child Ego states, and cards 2, 7BM, 12M, 13MF, and 18BM are involved. Cards 4 and 6BM are played from the Controlling Parent (although they involve the eventual emergence of the Adapted child), both evidencing Marital Games. The latter shall be discussed separately.

Each of the Life Games is played as a Victim. Thus the negative position, "I'm not-OK", is affirmed in each case. Co-gamesters are viewed as Rescuers or would-be Rescuers. However, only in cards 7BM and 18BM are the Rescuers accepted unconditionally. This suggests that there is some hesitation, on John's part, with regard to a positive position about others. For this reason "You're OK (ha, ha)" is indicated.

Each of the Life Games (above) reveal the common theme of the dependency-independency double-bind. There is a plea for gratificatory stroking, yet desire for self-sufficiency which follows from John's Rebellious Child. In other words, the theme of the game appears to be something like "I'm vulnerable and insecure, you can make me feel better (ha, ha)".

(c) Dynamics and Aims: Both Berne and Steiner postulated that the drinking behaviour of the alcoholic is bound up in a script that evolved during childhood and finds its expression with the alcoholic's wife. This appears to be the case with John:

Point One: John is an intelligent and achievement-oriented person who has succeeded in his occupational fields. Nevertheless, he evidences inhibiting self-doubt with regard to his being accepted by his peers (colleagues). Underlying this fear of rejection are still-present childhood demands for attention, protection, sympathy and indulgence.

A sickly child, John was directed by a strict and dominating father and nurtured by a passive and spoiling mother. There is a parallel in the way he experiences or perceives his peers and father (i.e. with trepidation for fear of being rejected), and his mother and wife (i.e. as a child needing protection and continual stroking). A second parallel is the evidence of disharmony between his parents (e.g. father treated mother "like a doormat") continuing into his own marital relationship (i.e. he felt that his wife did

not meet his emotional demands - this is inferred from the TAT).

John appears to need the presence of a Controlling Parent (such as his father) and a Nurturing Parent (such as his mother). Although he was typified as an Adapted Child in the TAT, the occasional appearance of the hero as a Rebellious Child suggests that John is/was involved in playing elaborate games that aim at the attainment of "Cold Pricklies": his demand for attention is so great that even negative strokes become acceptable. This is supported by the frequent presence of "Ain't It Awful".

Point Two: In his wife, John appeared to have found a substitute for the mother. Over the years he managed to manoeuvre her into a position of authority where she came to assume all responsibility and, further, maintain the role of Rescuer which he had come to expect of his mother.

This could not have been easy for his wife to do as she, herself, although "anxious to please", was described as an "unassertive person". Her own needs for attention went unheeded as John was undemonstrative, avoiding any display of feeling toward both her and their son (perhaps as his own father may have reacted). Nevertheless, John still loves his (ex-) wife and one of the reasons he gave for referral was the desire for re-marriage. He emphasized the need to "retain the warmth of her companionship as a partner, and sexual relationship as a mate". Interestingly, this occurred during his discussion of the advantages of abstinence over drinking (Ladder 4).

Point Three: The relationship between drinking and marital relationship is, on the whole, not very clear. However, there is a common theme running through each that may contribute towards the mechanism of maintenance. The factor of John's own emotional deficiencies is believed to play a central role.

Alcohol enabled John to relax sufficiently to assert himself in social transactions. Although he described the benefit of alcohol as a "glow", he tended to stress interpersonal aspects. For example, the ability to become more "loquacious" is related to the aim of John's script - the constant plea for stroking, and his prompt reaction to strokes. Both may be viewed from the point of being dependent upon a Rescuer.

As a Rescuer, John's wife seems to have major shortcomings in his eyes: despite administering to his physical demands (i.e. the "social" level), the TAT indicates that he feels that she failed to understand and stroke him with any real empathy (i.e. the "psychological" level). In card 13MF, the "sex card", the hero is portrayed as a dependent Child who places himself in a one-down position where sympathy can be elicited. However, the nature of the game "Ain't It Awful", indicates that John is placing the blame for his own inadequacies upon his wife's shoulders. In other words, as long as she continues to dominate him, he must remain ineffectual and helpless. But John was the partner who abdicated the dominant role. For this reason there appears to be some elaborate game playing in progress. In card 4, the "male-female" conflict card, the game "If It Weren't For You" was described. John presented his wife as a Controlling Parent. But instead of being cast as a Rescuer, his wife is made into a Persecutor. Further, his frustration at her disregard for him is apparent as this is the only card where the hero assumes the role of Persecutor. Perhaps he is saying "If it weren't for you I would not drink".

Point Four: It is apparent, especially in cards 12M and 13MF, that John discriminates between Rescuer types. There, social advances were rejected in favour of psychological stroking.

John, although desirous of rescue, appears wary of Rescuers. His own mother, a "wonderful nurse", nevertheless was "not productively helpful". Additionally, the existential position he maintains holds that rescue acts shall end in failure (".. you can make me feel better, ha, ha").

Hypothesis: By drinking, John is able to accomplish two major goals:

- (i) As a drug, alcohol presents him with a secondary benefit of relaxation/freedom from tension. Furthermore, it enables him to feel accepted by his peers as it enables him to converse more freely during lunches.
- (ii) By drinking, John is able to substantiate his existential view of the world. This forms the primary benefit of alcoholism. John's

dependency needs demand a Rescue figure. But his continual and increasing need indicates that rescue has never been sufficiently successful. This is apparent in the way in which he perceived both his mother and wife. John rejects Rescuers! This may be understood from his need to assert himself, a function of values transmitted from his Controlling father ("become a man") and the responsible social position he holds (attorney). Additionally, he is able to place the blame for his continuing inadequacy upon his partner's shoulders. Thus, as long as the Rescuer fails, he is free to be neurotic, and is free to drink. The circle is completed by the fact that, if he is drinking, the Rescuer has failed in that role.

This complex situation may be simplified by stating that, with the failure of his wife as Rescuer - she being the central co-gamster - John's plea for stroking also goes unanswered. As a result, he accepts the more costly strokes that come from an engineered state of helplessness (i.e. drinking). But it is important that he remain the patient (that he was as a child). Therefore, the Rescuer's role must be maintained. This can only be done by indicating to the Rescuer that she is failing and should try afresh.

(d) Roles: John generally plays Victim; co-gamster is expected to play Rescuer.

(e) Social Paradigm: The common interaction is that between John and his wife. In this case, the game of "Ain't It Awful" appears to be representative of the transaction.

John (Adult) : Overtly expressing distress, he may say "I'm feeling on edge. I am not feeling well" (attempts to provoke sympathy).

Wife (Adult) : Anxious to please, but unassertive, she may reply "What can I do for you?" (Rescuer) or "Do you want a drink?" (Patsy).

Psychological Paradigm: Here John obtains covert gratification as a result

of his misfortune.

John (Child) : "I am loveless (insecure and anxious) and you don't (can't) help me".

Wife (Parent) : Her reply above produces an unworthy feeling which John interprets as ..
 "If you don't ask me to understand (love) you I'll try to help you" (Rescuer), or "You show me no affection, why should I make the effort?" (Persecutor), or "Perhaps if you have a drink you'll feel better" (Patsy).

(f) Advantages

- 1) Internal Psychological - the game contributes to internal psychic stability by procuring emotional (and perhaps sexual) gratification.
- 2) External Psychological - the game avoids anxiety-arousing stimuli by enabling John to project his shortcomings onto his wife.
- 3) Internal Social - the characteristic phrase possibly used by John towards his wife is "Try not to pay any attention to me".
- 4) External Social - the characteristic phrase used by John in less intimate circles is "Why does this always happen to me?" (from "Kick Me", card 189M).
- 5) Biological - the game offers John strokes from wife, Rescuers, peers.
- 6) Existential - the presentiment that the game vindicates appears to be "Nobody cares enough to help me".

Diagnostic comparisons

(a) From Social Worker (therapist):

Formulation: "Patient is a passive, unassertive and dependent man who was completely dominated by father, avoids confrontation and feels a failure as a man, husband and father. Patient has difficulty in showing emotions and is very easily threatened, resulting in tension, mental confusion, evasiveness".

Treatment and Progress: "Defensive and high anxiety level at times impeded patient's progress. However, he appeared to gain a good understanding of himself and how he has been reacting to and coping with life and what changes could be made to improve his coping ability.

Attitude to treatment: "Co-operative, but threatened and defended".

Prognosis: "fair".

(b) from Occupational Therapist:

"John presents as a neat and tidy person. Initially he appeared to be fairly anxious, but relaxed and laughed more freely at appropriate times. His insight into his problems is possibly clouded by the fact that he constantly intellectualizes and rationalizes everything. This became evident in evocative groups. He presented his work in a very controlled and contrived fashion ... John participated well in discussion groups but functioned on a rather superficial level. It appeared as if he felt superior to the other patients and thus remained fairly aloof ... The patient showed evidence of a passive aggressive personality and he had problems asserting himself .. Toward the end of his 3 weeks, he showed a definite improvement in being more assertive. He still intellectualized, but was able to see when he was doing so".

II

Subject: Karl.
Age: 35 years.
Occupation: Hotel manager.
Marital Status: Unmarried.
Referred by self.

ALCOHOLIC HISTORY

Karl has been a regular drinker, mostly of beer, from the age of 21. Drinking became problematic over the past 6 months. Consumption had increased gradually during this period from a third of a bottle of vodka to half a bottle of vodka plus wine per day. Karl maintains fairly strict control over amount consumed, and evidences a delta pattern. He did not drink during working hours but, as his hours entail some stagger, he was afforded intermittent periods during the day.

Mood: Karl reports a feeling of upliftment produced by the effects of alcohol. He described periods of depression that he relates to the recent death of his father and break-up with fiancée. However, he also feels that the problem has been building up over the past year. He referred himself for treatment following reports from his friends that he was "looking like death".

FAMILY HISTORY

Father: Recent death of heart-attack at 77 years (26/12/76). Noted for a harsh temper, perfectionistic, intolerable of weaknesses in people. Karl described him as a "Nazi". A difficult person to live with, Karl felt that he only got to know him in the 9 months prior to his death. Nevertheless, they had always a strained relationship.

Mother: Still alive (76 years old), she has remarried and lives in England. A housewife, she has never been employed. She was described as soft, malleable, loving and generous. Karl was very close to her but, describing a recent trip to visit her in England, said that he found it difficult to tell her his troubles although she was, by nature, a sympathetic person.

Siblings: Karl has one brother, a farmer married with three children. Their relationship is good.

Home atmosphere: Karl described his home as "socially isolated". Father was "like a black cloud in the home". He would interrogate friends about their backgrounds, and often tell guests to get out. Mother tended to be the peace-maker. They were financially stable.

Nil family illnesses.

PERSONAL HISTORY

Karl was an unplanned child and was born two months premature. Father wanted a girl. Schooling was not distinguished by any abnormalities. Karl's last four years of high school were spent at boarding school. He matriculated at 17½ years and completed a year of post-matric. He obtained a Masters degree in economics in Switzerland, returned to Port Elizabeth and has held down a number of managerial positions in industry. He eventually joined his father's accountancy firm as Senior Audit Clerk, but when father died, he sold out and moved to Cape Town. Here he founded a travel service, but it closed down with him owing R21 000. He now works as a manager in a leading hotel.

Sexual education came from peers. His first sexual relationship was at the age of 15. He reported no problems in this area. Following the usual number of steady girl friends, Karl had planned to get married and had lived with fiancée for one year. When he found that she was having an affair with another man, he terminated their relationship.

Karl described himself as weak, shy, a loner, a worrier, tends to keep problems to himself. He has only a few friends in Cape Town. On the whole, he finds people tend to be selfish and arrogant.

He smokes 40 - 50 cigarettes a day.

THEMATIC APPERCEPTION TESTCard 2

Response time: 16 seconds

I see this as a peasant family, fairly poor, working for their living. The husband is driving the horses, the wife pregnant, standing by watching. The young girl in the foreground - I don't quite see where she fits in. She's holding a bible, at a guess, or school books. Both she ... both women seem to be outsiders. They're both watching and waiting. The man has his back turned to the two of them - I don't know what this suggests: negligence, lack of interest or playing a game between them .. both females ... (Inquiry: What has preceded this situation?)

I'd say that there's been some kind of argument between the three of them. The two women have now separated and the man has gone back to work. I see one, the younger one is well-dressed; got learning on her side, she's probably from a wealthier class .. and the peasant woman, she is aloof .. and, I suppose from her condition, is not helping in the fields. There's definitely discord between the two - the younger one: well-dressed, slender. The other one: badly-dressed, pregnant. I imagine there's some significance to the picture.

(Inquiry: You say they were having an argument. Can you recall their conversation, what they said to each other?)

I would say that it was probably "learning" vs "work". As to the man I wouldn't venture an answer to that.

(Inquiry: What do you mean by "learning vs work"?)

Well, the one on the left, she obviously is well shod, she's got the time to worry about learning or religion. She's a "social worker" type, possibly. And the pregnant woman, she's not shy of work and they've come to blows about that ... The learned girl's face is telling the peasant woman "Get you from the fields and leave the man to till. Go out and get yourself some education. Do something with your life". And she's defending her situation in life and has told her to go to hell: "Get out from my property. We don't need you".

(Inquiry: What is the outcome going to be?)

Well, the teacher-type girl is going to come and change their ways of living. But the peasants are not going to accept it - it's been their living, livelihood for generations. It won't change.

Identification: The subject felt that while there was something about the situation that he could identify with, none of the actors were like himself. He saw elements of himself in the young girl (described as a "school-marm" type) and elements of what he would like to be in the older woman (described as "serene"). The husband was seen as a "boor".

Card 4

Response time: 5 seconds

Here the man is playing hard to get. And the lady is trying to persuade him about something.. using seduction as the means. And he's trying to get away. It's a permanent break-up and he's leaving. And she's trying to persuade him to stay, using all her guile and charms to do so. There's been an argument. I would say he's trying to walk out of her life completely. A stubborn type, he's got a strong character - judging from the mouth and forehead. She's spoilt and attractive. She knows it and

reckons that she can win her way on her looks. She's always had her way and she thinks, now by using her looks and her charm, she's going to stop this chap from running out of her life. Now she's saying "please stay, there's no reason for you to go. Aren't I good enough?" He replies that he doesn't need her and he's on his way: "I don't need you. I've never needed you, and I'm going".

(Inquiry: the whole situation that's led up to this; can you describe it?) Well, I would say that she's been trying to mother him, look after him, pamper him. And he doesn't like it. He's a loner type, and he wants to get out and see more of the world.

Identification: The subject identified with both the figure and description of the man ("loner"). The woman was described as "spoilt and dependent").

Card 6BM

Response time: 7 seconds

Mother and son. Son is definitely contrite about something; he's done something wrong. He's had a blasting from his mother. She is annoyed, hurt, feels he's let her down .. The standard argument: "After all I've done for you, look what you've done with your life". And she's also feeling very alone at the moment, not knowing quite how to handle her son. He realizes he's upset his mother. He's nervous - judging by the way he's holding his hat - ill-at-ease, and there's definitely tension between the two of them. Mother, I'd say, has very much doted on her son - hence whatever has happened has been a big let down to her. He's stolen the family jewels or something. The son, I'd say, is a pretty upright kind of fellow. He's made a mistake. He realizes it. He's sorry about it and he is trying to .. ask for forgiveness, but she won't budge: "What you've done is terribly wrong and there's no excuse for it".

(Inquiry: Can you recall their conversation? Who speaks first?) Mother would have spoken first: "Johnny, how could you have done such a terrible thing after your kind of upbringing, after everything I've done for you - skimped, sewed, etc." And he says: "Sorry, mother, it's happened. I can't apologise for doing it. It's happened. There's nothing I can do to rectify it". There would be no reply, and a total breach. He's unhappy about it. He didn't want it to happen. He's got a guilt-complex now, but it's an impulse.

Identification: Subject identifies with both figure and description of son ("upright" and "nervous"). Mother is described as "stubborn and weak".

Card 7BM

Response time: 4 seconds

The older man, he is plotting some scheme I think. The two are plotting something together .. Plotting or giving advice. The younger man, he doesn't want to accept it .. silent conversation. The old man is a decent looking chap, but the younger one he doesn't like what he's hearing.

(Inquiry: It may help to make up the conversation as you go along).
.. "Son, I suggest that you get on the straight and narrow and behave yourself" .. "What for? Why should I?" It's a difficult conversation to make up because the old boy gives the air of decency, well-being. The other one, the young one, is certainly malicious, has a nice sneer on his face ..
(Inquiry: What has led up to this event?).

Well, the younger one, he's .. again, obviously done something wrong, but in contrast to the other photograph, he doesn't regret it at all. And he's sneering at the old man for trying to get him to see what he's done is wrong. He's not listening, he's not prepared to change his ways. He doesn't want to take a bit of fatherly advice. It's a very private conversation. The younger one is saying "I don't care what you think, I'm going to stick to my guns and do what I want to do."

Identification: Subject identified with both figure and description of older man ("benevolent"). Young man described as "malevolent".

Card 12M

Response time: 17 seconds

A woman sleeping her. Say ... not necessarily on a bed, a couch. There's an intruder attacking her or about to attack her. She is totally unaware of it. You can see she's relaxed, she hasn't noticed his presence .. I'd say that there is a definite aura of evil about him, although physically he's too old for that kind of attack. He's not a would be rapist, it's more a murderer. Some kind of thug out to steal. It's an older man going for a younger woman .. That's a good question, is it a woman? ... No, I'll stick to my guns - that's what I saw first.

(Inquiry: Did anything happen prior to ..)

No. She's relaxed. He's an intruder.

(Inquiry: What, then, is going to happen?)

Heading for her throat, I'd say attempted murder.

(Inquiry: She's wake up when he touches her. What will be said by each?)

She'll say "What do you want? What are you doing here?" The intruder is obviously a bit twisted. I can't see anybody, in a situation like this, just murdering for gain. He may say "I've come to settle an old account".

She would reply "What old account? What have I done? Why me?" To my mind, he's on the lunatic fringe - he doesn't fit in with my way of thinking.

(Inquiry: What is the outcome going to be?)

I guess he's try and maim her, take fright, and run away. She'll be hysterical, but is strong enough to bear it.

Identification: The subject did not identify with either actor. However, he emphathized with the man's description ("frustrated") and felt that, although a non-aggressive person, he would like to be able to express his frustration in a similar way - i.e. just to "lash out". The woman was described as "arrogant, weak, and egotistical".

Card 13MF

Response time: 16 seconds

I get the impression that the woman is either dead or ill. The man's just found this out and he's very grief stricken. Still got his clothes on, so I mean there's no "namby-pamby", before it ever happened, I'd say he's come in and found his mistress dead or murdered. It's not his wife. His mistress. A very much at home scene; he's just walked in and found her there. He's grief stricken. The Bible's on the bedside table. Guess it's a Bible - it looks like it. The mistress is a pretty brazen bird, seeing she's sleeping without her top on. Or she's expecting him .. to come visit. I wouldn't say that she's a prostitute somehow. He's trying to hide himself from reality now: his arm over his eyes. He's seen what's there to be seen.

He can't take it and he's turned his back.

(Inquiry: Does he know why she is dead?)

No. He's showing more shock and surprise instead of grief. He's walked in there, unexpected and unannounced - more expected should I say - and he found her lying dead in the bed.

(Inquiry: Imagine that they could still talk to each other. What would they say?)

She'd say "You've come at last. Where have you been?" Her arms are slumped down. I guess she's taken an overdose of something ... The man would sigh "Sorry, but I got tied up at the office". She would reply "Always your stuffy bloody office. How about me for a change". And he's say he's got a wife and they've got to keep up pretences. Then they's have a blazing row and he'd leave.

(Inquiry: How would she feel?)

She would, I imagine, have tried to hurt him as much as possible. Probably feel much contented and happy, not particularly let down.

(Inquiry: And he ...)

Guilty. (a) that he has been gotten the better of her by her. Instead of guilt, he's feel shock that she'd got the better of him; that she could speak that way to him; that she, in fact, is stronger than him. and (b) remorse, if it ever got that far.

Identification: The subject identifies with both the figure and description of the man ("unstable"). The woman is described as "strong-willed".

Card 188M

Response time: 11 seconds

I'd say this gentleman here is "bombed", and the friendly London policeman has got his hands ... is trying to steady him, marching him off to the police station to ask him what he's been doing, that it's time he sobered up and got home. He is attempting to shake their hands off, unsuccessfully, and trying to put up a bravado that he's well, thank you, "Can I kindly go home?" ..

(Inquiry: What has lead up to all this?)

I'd say that he's gone out on the town. Got himself well plastered. Sat down on a park bench and went to sleep ... I'd say that he went on the "toot" regularly. He was with the boys playing darts, snooker or whatever. He looks like the type who regularly comes home late. A regular bar supporter. I'd say that this is no new occurrence to him.

(Inquiry: So he's got involved with the police ..)

Yes, he's trying to shrug the whole thing off, but it's not working. There's a third man here - he's fairly well-covered, but I'd say its probably one of his drinking buddies. I have the idea he's fairly well-heeled and not such a slob as this one. I don't know why they'd be drinking partners, but they are. He's a professional boozer, but also a respectable business man.

(Inquiry: Where does he fit in then?)

Well, the respectable gent was sitting boozing in the pub and said "Look here, mate, it's time you got home. Let me help you down the road. Find a taxi". And he (the other) said "That's fine". And then the cop comes along and says "What's wrong with your mate?" The respectable gent says "Well, he's had one too many. I'm just helping him to the bus-stop". The cop said that he's had too much and takes him to the police station.

Identification: The subject identifies with both the figure and description of the Respectable man ("compassionate"). The "Boozer" is described as

"slovenly, lazy and a hypocrite", the policeman as "duty-bound". The latter was acknowledged with a degree of empathy (i.e. secondary identification).

LADDERING PROCEDURE

The following constructs were elicited from the TAT cards:

<u>Card 2</u>	:	no construct (see Card 13MF below)
<u>Card 4</u>	:	loner (*) - socializer.
<u>Card 6BM</u>	:	upright (*) - degenerate.
<u>Card 7BM</u>	:	benevolent (*) - malevolent.
<u>Card 12M</u>	:	frustrated (*) - fulfilled.
<u>Card 13MF</u>	:	unstable (*) - serene.
<u>Card 18BM</u>	:	compassionate (*) - egotistical.

Cards 4, 6BM, 13MF, and 18BM were retained. The "serene" old woman of Card 2 is repeated in card 13MF; "Benevolent" was dropped in favour of "upright" (cards 7BM/6BM); "Frustrated" (card 12M) was repeated as "unstable" (card 13MF).

The provided construct "Drink too much - Abstain" was included.

The cards are interpreted as follows:

Card 2	:	from card 13MF ("serene").
Card 4.	:	as is ("loner")
Card 6BM	:	as is ("upright").
Card 7BM	:	from 6BM.
Card 12M	:	from 13MF ("unstable").
Card 13MF	:	as is.
Card 18BM	:	as is.

Laddering protocols:

(1) "Serene - unstable (*)"

(A) (a1) Serene
(P)

(a2) Unstable (*)
(NP)

- | | |
|--|---|
| <p>(B) (b1) Peace of mind</p> <p>To be content with one's self.</p> <p>Able to live with self and have self-respect.</p> | <p>(b2) Turmoil - there is no peace of mind, no relaxation.</p> <p>Can't be yourself.</p> <p>You are forced to put on an act.</p> <p>You then start believing in it.</p> <p>You get to the stage where you can never be your true self.</p> <p>Feel dishonest (towards self and others).</p> <p>Feel anxious.</p> <p>Drink.</p> |
| <p>(C) (c1) Have to act as self.</p> <p>Have to open up self to others.</p> <p>Feel anxious.</p> | <p>(c2) You can pretend to be what you're not.</p> <p>Can hide weaknesses.</p> <p>You appear (to others) to cope.</p> |

(2) "Loner - Socializer"

- | | |
|---|--|
| <p>(A) (a1) <u>Loner</u> (*)</p> <p>(P)</p> | <p>(a2) <u>Socializer</u></p> <p>(NP)</p> |
| <p>(B) (b1) Don't have to put up with the problems of other people.</p> <p>Other's don't get close to you.</p> <p>Can't do something, willfully, that will hurt them or let them down.</p> <p>I can be fair and unbiased towards them.</p> <p>I can be honest towards them.</p> | <p>(b2) I am forced to put on an act.</p> <p>I feel that this is false and dishonest.</p> <p>Feel anxious.</p> |

- | | |
|--|--|
| <p>(C) (c1) No one is there to support you.</p> <p>Can't share problems.</p> <p>I bottle things up.</p> <p>Feel frustrated.</p> <p>Become anxious.</p> <p>Drink.</p> | <p>(c2) Can speak your mind and blow off steam.</p> <p>You can get through your frustrations.</p> <p>Don't get "neurotic".</p> |
|--|--|

(3) "Upright - Degenerate"

- | | |
|---|--|
| <p>(A) (a1) <u>Upright</u> (*)</p> <p>(P)</p> | <p>(a2) <u>Degenerate</u></p> <p>(NP)</p> |
| <p>(B) (b1) I have self-respect self-esteem.</p> <p>I can live with myself and not be ashamed of any of my actions.</p> <p>Feel self-fulfilled.</p> | <p>(b2) They are immoral, dishonest, and have no scruples.</p> <p>I would not be able to live with myself.</p> <p>I would have no pride left.</p> <p>Feel anxious.</p> |
| <p>(C) (c1) I believe an upright person to be totally honest, and therefore there are no disadvantages.</p> | <p>(c2) You can put on a mask.</p> <p>You can fool yourself into a situation of well-being.</p> <p>Life is easier in the short term.</p> |

(4) "Compassionate - Egoistical"

- | | |
|--|--|
| <p>(A) (a1) <u>Compassionate</u> (*)</p> <p>(P)</p> | <p>(a2) <u>Egoistical</u></p> <p>(NP)</p> |
| <p>(B) (b1) I get satisfaction from helping others.</p> <p>They are more open towards you.</p> <p>Gain self-respect.</p> | <p>(b2) They live for themselves and not others.</p> <p>You can't relate to others, can't get moral assistance.</p> <p>You get cut off from others.</p> <p>End up being alone.</p> |

- Feel frustrated.
Bottle it up.
Feel anxious.
Drink.
- (C) (c1) People take advantage
you.
Feel you can't trust
people.
Ditto (b2).
- (c2) You don't have to rely on
others.
You can do what you want
to do, when you want to.
You are in control of the
situation.
Can relax.
- (5) "Drink too much - Abstain"
- (A) (a1) Abstain
(P)
- (a2) Drink too much (*)
(NP)
- (B) (b1) You have more control over
yourself.
I can do what I want to do
when I want to do it.
I can be my own master.
- (b2) No control or not sufficient
control of my self.
Feel as though I'm living a
lie - not being honest with
self.
Feel anxious.
- (C) (c1) I will have to remodel my
life.
It will be a long, drawn-
out and difficult process.
It will need great willpower.
I don't have much of it and
am going to have to draw it
from an unknown source.
It makes me feel anxious and
want to drink.
- (c2) Helps me relax.
I can forget about certain
truths (about low self-
esteem).
Your own identify becomes
less important.
I can stop worrying.

Preliminary scrutiny of TAT

Karl tended to present the plot to each story in a brief but clear manner; both background and outcome were left for the interviewer to inquire about. In addition, except for cards 6BM, 7BM and 12M, the stories began with sentences such as "I see this as ..", "Here the man is ..", "I get the impression ...". Further, a primary hero could not be substantiated in card 12M, and the behaviour of the hero in card 7BM was indicated to be unrepresentative of Karl.

These factors indicate that Karl generally found the TAT stimuli to be threatening (it may be that he tends to perceive the environment as threatening). From the defended manner in which he began his stories, he may be viewed as "moving away from people" (viz. Horney) or wary of others, with a tendency to control his perceptive input. This, in turn, invites the hypothesis of his being a perfectionistic, obsessive person (although there are no immediate indications thereof).

In one respect, this latter hypothesis is unsupported by Karl's failure to, as might be expected, provide detailed descriptions of the actors and scenery. In fact he does the opposite: he tended to comply perceptually with the story actors to the extent that only card 6BM, where "mother and son" are used, did not simply specify the sex role of each person involved. In other words, Karl tended to withdraw from involvement in each person - again indicating a general wariness and discontent with interpersonal relationships. The only occasions when background objects were described was in cards 2 and 13MF, where a Bible was mentioned both times. This may be a move to distract from the impact of the card, and attention shall be given to the content.

Card 18BM deserves special mention. This is the card that generally provides greatest insight into the dynamics of alcoholism. In this case, Karl involves two extra actors (not shown on the cards) - the ideational content of this card, as indicated by the perceptual noncompliance, may be found to underline his feeling about drinking.

The tone of the cards, viewed superficially, tends to be represented by a commonly indicated theme of frustration (cards 2, 4, 6BM, and 7BM), covert

aggression (cards 4, 6BM, 7BM and 13MF) and overt aggression (cards 2 and 12M). Thus Karl appears to have a chip on his shoulder. This may indicate a dominant Rebellious Child, where the aim of his games may be to "prove" others "non-OK".

Transactional Analysis

Card 2

(a) Situation: A peasant family, husband and wife, encounter an educated young girl who attempts to change the wife's lifestyle. There is no definite primary hero. The young girl has secondary hero qualities and was described as a "school-marm type". The older woman, the wife, evidences desired characteristics and was described as "serene". The husband appears either to be neglected by the other two or, himself, neglects or ignores them. He was described as a "boor".

(b) Implications: With no apparent primary hero, this card was treated from the point of view of "ideal self", and the motives which bely Karl's effort. Ideally, Karl would like to have serenity (see Ladder 1). The advantages are to be "able to live with self and have self-respect". To do this, it is necessary "to be content with one's self". Karl described himself as "unstable" and defined this as "turmoil - there is no peace of mind, no relaxation ... can't be yourself". With others, he finds it possible to hide his weaknesses, and "appear to cope ... you can pretend to be what you're not". However, Karl stresses that it is when one does this "you get to the stage where you can never be your true self". Personally, he "feel(s) dishonest toward self and others ... feels anxious ... drinks". It is also apparent that Karl is not able to act serene for this would entail his "having to open up self to others ... feel anxious".

The older woman characterizes the "serene" ideal; the younger woman, if a parallel is drawn, represents the "unstable" self. In both the story and Ladder, the central theme is that of the person's adherence to a life style or ego identify, and the issue is that of retaining what is one's own or changing to meet the requirements of another.

The resemblance between these aspects of the ladder and story imply that the story, itself, holds some significance for Karl's script. This may be clarified in the "Item Analysis".

(c) Structural analysis: The (secondary) hero portrays a Parental ego state ("Get you from the fields and leave the man to till .."). The co-gamemster also evidences a Parental ego state ("Get out from my property. We don't need you").

(d) Roles: The hero, "a social worker type", is intent on rescue. The co-gamemster, by rejecting the Rescuer, is viewed as a Persecutor.

(e) Transactional analysis: Although a consulting room game which is usually played by psychotherapists and welfare workers, "I'm Only Trying To Help You" is indulged in by people who attempt to follow "correct" procedure, thereby justifying their own need for inner approval and honesty - those factors described by Karl. In this game, the worker makes suggestions which the client carries out. However, they do not have the desired effect. Nevertheless, the worker shrugs off the failure content that he has done the right thing, and tries again. (See Berne, 1967, p.126). The situation in the story is similar to that described by Berne (ibid): "If (the hero) runs up against a hard player, such as a hostile obsessional, he will find it more and more difficult to avoid feeling inadequate ... His bewilderment at the ingratitude may cause him considerable suffering, indicating the complex motives underlying his own behaviour. The bewilderment is the payoff ... This motive is based upon the position that people are ungrateful and disappointing". The theme of the game is further reinforced by Karl's feeling of "turmoil" and injunction to "appear to cope".

Card 4

(a) Situation: The hero, a "loner", resists the seductive advances of the "spoilt and dependent" co-gamemster in his attempt to end their relationship.

(b) Implications: In the Ladder (2), Karl indicated that he preferred being

a loner. This had the advantage of enabling him to distance himself from others so that he could not "hurt them or let them down". This way, he believed, he could be honest for he would not be "forced to put on an act" (re: advantages of contrasting pole, "Socializer"). However, being a loner enforces certain disadvantages which lead Karl inevitably to drink. He appears to be a person who desires sharing his problems with others. He does not do this, however, and by "bottling things up .. feels frustrated .. becomes anxious .. and drinks". This card may provide some insight into the way he perceives the co-gamemaster engineering his frustration, and the way in which he responds at the game level.

(c) Structural analysis: Socially, the hero evidences an Adult ego state (e.g. the attempted dignity), but psychologically the hero transacts from his Parent ego state (e.g. the extensive criticisms of the other). The co-gamemaster is portrayed from an Adult ego state (she is "trying to persuade him .."), or Parent ego state ("trying to mother him ... pamper him").

(d) Roles: The hero is intimately involved in the transaction. The opening sentence, ".. the man is playing hard to get", together with "there's been an argument" and his final rejection of her advances, indicates that he assumes the Persecutor role. The co-gamemaster is the Victim and, although she attempts to offer herself as a Rescuer, this is aimed at the retrieval of her own position.

(e) Transactional analysis: As the hero, Karl appears to be playing "Now I've Got You, You Son Of A Bitch". He has manoevered the co-gamemaster into a position where he may offer his disapproval of her. In this case, it is a dislike of being pampered, mothered. They have had an argument, but he brushes aside her attempts at seduction. The hero obtains two ends: (i) he feels justified in breaking their relationship, and does so avoiding confronting his own deficiencies. (ii) In the light of the Implications, the hero is free to "speak (his) mind and blow off steam" (Ladder 2). In other words, this game aims at the blame-free expression of aggression (see Chapter Two, Transactional Analysis, "Some game examples").

Card 6BM

(a) The "upright" hero, although feeling guilty and remorseful for some anti-social act, is refused forgiveness by his "stubborn and weak" mother.

(b) Implications: "Upright", in Ladder 3, again reflects Karl's need for self-respect and self-esteem. He strongly disapproves of dishonest relationships but suggests that "life is easier in the short term .. (if) .. you can fool yourself into a situation of well-being .. (by) .. putting on a mask". Nevertheless, the apparent strength of his convictions (e.g. "I believe an upright person to be totally honest, and therefore there are no disadvantages") and well-developed superego (e.g. "I would have no pride left") elicits the anxiety which apparently motivates his drinking. This seems to describe the situation the hero finds himself in in the story.

(c) Structural analysis: At the social level, the hero evidences an Adult ego state (".. it's happened. I can't apologize for doing it. .. There's nothing I can do to rectify it"). At the psychological level, he adopts a Child ego state ("He's nervous .. ill-at-ease .. got a guilt complex .."). The co-gamester (mother) maintains a Parental ego state at both the social ("What you've done is terribly wrong .. After all I've done for you") and psychological ("she .. feels he's let her down") level.

(d) Roles: By asking for forgiveness, the hero is depicted as a Victim. By refusing to be a Rescuer, the co-gamester is seen as a Persecutor.

(e) Transactional Analysis: The hero's misfortune appears to have been contrived. The hero's mother makes use of a "standard argument: after all I've done for you ..". i.e. it is "a blasting" he's had before. Thus it may be that the hero has provoked the co-gamester into putting him down. The game suggested is that of "KICK ME". Here, the player, a Victim, attempts to procure sympathy (i.e. Rescue) and denies that he deliberately attracts a Persecutor. This appears to have been done through "Uproar", a game "marked by a slamming door .. played by any two people who are trying to avoid sexual intimacy" (Berne, 1967, p.115). While the desired payoff of "Kick Me" is sympathy, the actual payoff is a discounting. Perhaps this is the existential position which Karl is attempting to fulfil. This

may be the case for there are similarities between the game played here and that played in card 4 ("Now I've Got You, You Son Of A Bitch ") - the secondary payoff of "Uproar" is to be left alone. In other words, to be a "loner".

Card 7BM

(a) Situation: An old and a young man in conversation, the "benevolent" old man (hero) attempting to give advice to the "malevolent" other. The younger man has apparently done something wrong, but decides that advice is unnecessary, rejecting that of the hero.

(b) Implications: (i) re 6BM, "upright". (ii) In the previous card, the hero was the character guilty of misconduct and subject to advice from another. In this card, the roles are reversed. While the responses of the two heroes differ, their underlying motives remain the same: acting with accordance to some covert injunction. Therefore, while the behaviour of the hero does not appear representative and a Life Game is not indicated, some insight may be gained with regard to the ulterior motive of the present pastime.

(c) Structural analysis: The hero, the older man, maintains a Parental ego state ("Son, I suggest that you get on the straight and narrow and behave yourself"). The co-gamemster, although being treated as a child, responds from his Adult ego state (which appears contaminated by his Child): "I don't care what you think, I'm going to stick to my guns and do what I want to do (what for .. why should I?)".

(d) Roles: The hero is portrayed as a Rescuer. Although he may also be viewed as a Persecutor, the description "air of decency" seems to rule this out. The co-gamemster rejects the hero's advances, and is thus seen as a Persecutor. He is not a Victim, although he has done something wrong, for he does not accept being the underdog.

(e) Transactional analysis: The pastime suggested here is "Happy to Help" (Berne, 1967, pp.145-6). However, in the context of the hero's actions, game aspects are apparent.

Although credit must be given to the hero for his "good" intentions, it is also necessary to question his underlying motive. If the story was not intended as a game, it may be expected that the two actors might have evidenced complimentary responses. Instead, as they do not, their responses may involve covert motives. The question, "why does the co-gamester reject the hero" must be answered. It may be hypothesized that the hero, Karl, intends the rejection, i.e. as in "Kick Me". According to Berne (ibid), the gamester in "Happy to Help" "may be doing penance for past wickedness .. or seeking prestige". This may be seen in the light of the Implications (i) where Karl suggested that "you can fool yourself into a situation of well-being .. by .. putting on a mask". The "air of decency" and role of Rescuer may be this mask and, thus, account for the well-being of the hero. Nevertheless, the dishonesty of the role engenders anxiety - and is ended by the noncompliance of the co-gamester.

Card 12M

(a) Situation: A sleeping woman is attacked by a "frustrated" intruder.

(b) Implications: Karl did not identify with the situation and, of the actors, the "frustrated" man attained the role of secondary hero. Karl equated "frustration" with being "unstable" (Ladder 1). (see card 2). This card appears to reflect urges that Karl holds in check.

(c) Structural analysis: Although the hero "doesn't fit in with my way of thinking", he does reflect a (Rebellious) Child ego state by the manner in which he attempts to expend the chip on his shoulder ("I've come to settle an old account").

(d) Roles: As a murderous intruder, the (secondary) hero portrays a Persecutor, and the co-gamester is the Victim.

(e) Transactional analysis: Three elements are seen to be important here: firstly, the anger and frustration of a Rebellious Child; secondly, the passivity ("totally unaware .. relaxed .. hasn't noticed his presence") and general nature ("arrogant, weak and egoistical") of the co-gamester;

thirdly, Karl's difficulty in identifying with his projection (i.e. his choice of theme) suggests that he fears loss of control and that his story represents what may happen if he did not manage his internal drive (to rebel, to unleash his frustration in an aggressive manner).

According to Berne (1974, p.341), nearly all aggression is part of the game of "Now I've Got You, You Son Of a Bitch". In other words, he is saying "Thank you for giving me an excuse to get angry". Another way of saying this is "You don't really care" (James, 1977,p.390). This may involve the co-gamester, or others.

These aspects shall be examined more intensely under "Item Analysis".

Card 13MF

(a) Situation: The "unstable" hero walks into the bedroom of his "strong-willed" mistress and finds her dead in bed.

(b) Implications: as card 12M, "unstable" (Ladder 1).

(c) Structural analysis: The hero attempts to maintain an Adult ego state. This is apparent from the way in which he denies emotional involvement (e.g. "He's showing more shock and surprise instead of grief" ... "trying to hide from reality") and attempting to respond to her Adult ("Sorry, I got tied up at the office"). The co-gamester replies from a Child ego state ("How about me for a change?").

(d) Roles: There appear to be two sequences. In the first, both hero and co-gamester are Victims. In the second, he remains a Victim, while she becomes a Persecutor.

(e) Transactional analysis: The appearance of the two sequences described above suggest the game "Now I've Got You, You Son Of A Bitch". However, as it is the hero who responds from the Adult, and as it is the co-gamester who appears to have gained the one-up position, the reverse of this game is indicated - "Why Does This Always Happen To Me?"

This game is played by resentful people who are self-destructive. Karl's resentment of the co-gamester is apparent from his description of her as "brazen .." and the argument along with its consequences. These consequences delineate the aim of the game: its self-destructive urge is visible in the manner in which Karl engineers the emotional downfall of the hero. At the same time, the hero avoids assuming the responsibility for his expression of anger ("they'd have a blazing row") and also avoids confronting his own deficiencies ("he's trying to hide himself from reality .. he can't take it .. shock that she'd got the better of him .. remorse, if it ever got that far").

WAHM is related to "Kick Me".

Card 188M

(a) Situation: The "compassionate" hero attempts to help a drunk acquaintance home.

(b) Implications: In Ladder 4, Karl indicates that one of the ways in which he obtains self-respect (other than by being honest with himself) is by "helping others". At the same time, other people become more open towards him. However, Karl "can't trust people" and "becomes cut off" from them. When this occurs, he becomes lonely, feels frustrated, "bottles it up .. feel anxious .. drink". Karl appears to be caught between helping others, and gaining self-respect, and avoiding others, thus remaining "in control of the situation". Only when he feels in control can he relax. The present story shows the hero in control, being able to direct the relationship with the other.

At the same time, the presence of the intoxicated co-gamester, who was described as "slovenly, lazy, and a hypocrite", offers Karl's attitudes towards drinking and drunkenness. These shall be examined under "Hypotheses and the Life Script".

(c) Structural analysis: The hero is cast as a Parent ("Lood here mate, it's time you got home. Let me help you ..."). The co-gamester is a

Child ("Can I go home?").

(d) Roles: The hero plays the Rescuer, the co-gamester a Victim accepting rescue.

(e) Transactional analysis: The hero plays a Rescuer. In line with the implications, this enables him to be one-up and control the relationship. The description of "Happy to Help" in card 7BM is relevant. An aspect of possible importance is that of the co-gamester's helplessness. He is in no position to retaliate and refuse rescue (as in card 7BM) and, thus, is possibly not fully aware of being helped. The importance of this statement must be seen in terms of Steiner's (1975, p.250) belief that such rescue acts are borne out of a fear of being alone (i.e. rather than purely a fear of rejection).

Item Analysis

Card 2

".. conceptions of family relationships and attitudes toward the environment generally as giving, supportive, versus barren, depriving" (Rapaport, 1968, p.487).

Karl recognized elements of himself in the hero, who was portrayed as a Controlling Parent. In the analysis, it was suggested that the hero viewed the world as ungrateful and disappointing and, consequently, felt inadequate, bewildered, and frustrated. The hero's offer of advice to the co-gamester was believed to reflect his personal need for approval.

Karl's own home atmosphere was described as "socially isolated", with his father (see card 7BM) dominating. On the assumption that the young girl mirrors Karl, it is clear that he believed himself to be an "outsider" (re: TAT). The contrasting descriptions of the girl against the husband and wife in the story suggest that Karl was the "white sheep" of his own family, i.e. having achieved the required academic success, Karl sought to present himself honestly to others. This is in marked contrast to the ways in which he viewed his father's interpersonal relationships. The

apparent antipathy with his own father is symbolized by the farmer in the story who has turned his back on the two women. Karl suggests that this indicates "negligence, lack of interest, or playing a game ..". The farmer plays only a small part in the story and this may reflect his rejection by Karl. That he is portrayed as "driving the horses" in the absence of any other behaviour may represent Karl's perception of him as a Controlling Parent whose abilities failed to go beyond work.

On the other hand, the older woman (i.e. Karl's mother) is portrayed as the central co-gamster. Her depiction as a badly dressed, working class peasant sets her apart from the hero, who is wealthy, slender, well-dressed and learned. At the same time, she is admired for her "serenity" and her preparedness to stand up for her ideals. This suggests that Karl, although close to his mother, felt distanced both emotionally and physically. This hypothesis shall be examined in card 68M. One other element that appears to be described is the relationship between his parents. In his history he described this as poor, largely because of his father's influence. The argument between hero and co-gamster may be interpreted as Karl question-
int his mother's alliance to her husband in the face of the home atmosphere: "she's defending her situation in life .." This serves merely to add fuel to Karl's fiery relationship with his father, which tends to dominate his conception of the environment: people are dictating, unsupportive and depriving.

Card 4

".. male-female conflict, fostering expression of attitudes towards feminine demands and masculine wishes not to be tied down or problems of controlling impulses. In general, a good picture for learning about conceptions of male and female roles, as well as sexual roles" (ibid, pp. 487-488).

Karl recently parted from his fiancée following his discovery of her affair. This card tends to reflect the bitterness he still feels, but, more than that, it also provides some insight into the manner in which he feels about being tied down.

Taking the latter aspect first, the hero stated ".. she's been trying to mother him, look after him .. and he doesn't like it. He's a loner type,

and he wants to get out and see more of the world". It is suggested - and this may be more clearly viewed in card 7BM - that Karl desires emancipation from his family, and especially the influence of his father. The reason that it is the father that is pointed out rests upon "he wants to get out" - Karl saw his father as the main antagonist. Perhaps the attempt on the part of the co-gamester merely succeeds in hooking Karl back into the feelings he had about his father. In other words, Karl displays a great need for freedom from parental influence. The game depicted in the Transactional analysis indicates, however, that he does not have the self-assurance to make the decision himself. Perhaps he is trying to force the issue by being expelled.

The way in which he constructs the co-gamester's answer in the story "... Aren't I good enough?", seems to support the dominance of his father's influence on his decisions about people (see History). In other words, Karl has not broken free of him or his constructed view of other people. The Implications suggest that Karl recognizes this "mask", but he, as yet, does not know how to cope without it. He knows what he feels he should be: "honest".

Card 6BM

".. permits expression of the subject's attitude toward the mother figure (guilt feelings, dependence versus independence, overprotectiveness) and of strong attachment of either toward the other" (ibid, p.488).

In many ways, this story is a repeat of card 4. As before, the central relationship is male-female and the outcome describes the proposed hypothesis: Karl's rejection by his family (here the mother).

Apparent, too, is Karl's fear of rebelling against the family injunction to act according to their ideals. This is supported to a large extent by three references: firstly, "feels he's let her down"; secondly "He's stolen the family jewels or something"; and thirdly, "... how could you have done such a terrible thing after your kind of upbringing?"

The co-gamester depicted is expected to be his mother. This may very well

be the case for the hero is evidencing "a guilt complex", a response in line with a son who has always been close to his mother. However, that Karl has presented a story where a son lets his mother down, may indicate some resentment on his part for her. That the hero refers to the episode as "an impulse" suggests that Karl has controlled the desire over the years. The cause of Karl's anger seems to be linked with the co-gamester "not knowing quite how to handle her son", for "she won't budge: 'What you've done is terribly wrong and there's no excuse for it'". This may represent Karl's feeling that his mother failed to really understand him, that he felt he could not approach her with personal problems (see History). In other words, Karl is attempting to attain attention in the form of "cold pricklies", as would the Rebellious Child (i.e. any attention, be it even negative stroking, is better than no attention at all).

Card 7BM

".. frequently yields information about the subject's attitudes toward his own father and authority in general (dependence, compliance, rejection, defiance)" (ibid, p.488).

Karl described his relationship with his father as being poor. Furthermore, Karl saw him as authoritarian, and preceding cards indicate Karl's desire to rebel against enforced compliance. For these reasons it is to be expected that the hero in the story may have been aligned with the figure of the younger man. However, Karl chose to identify with the older man.

Rather than seen as a representation of Karl's father (as a "decent looking chap" it doesn't seem warranted), the card appears to refer, rather, to Karl's feelings about authority. However, as Karl does not use the father figure directly here, this may be a reinforcement of his rejection.

In this story the hero (i.e. Karl) assumes the authoritative role. This indicates that Karl feels more comfortable in relationships when he is in control (re: "well-being"). That Karl (i) cannot offer any disadvantages of "upright" (ladder 3) and (ii) portrays the co-gamester as an unrepentent law-breaker, suggests that Karl has a well-developed Parent ego state -

one that contaminates his Adult.

The contrasting pole of "upright", "degenerate", indicates why Karl avoids immoral behaviour: "I would not be able to live with myself .. I would have no pride left". As in card 4, the injunctions of his father are apparent here. Why, then, does he include an antagonistic and reprehensive co-gamester? The answer may be proposed by the revealing question, why did Karl perceive the contrasting pole of "upright" (i.e. benevolent) to be "degenerate" (i.e. malevolent)? According to Tschudi (1977), the A construct defines the dimension along which the person wants to move. Therefore, Karl may be desirous of being the co-gamester. In other words, the co-gamester represents an important element of need: the desire of being defiant.

Karl, while desiring to rebel or defy family injunctions, is bound by strong Parental injunctions to comply.

Card 12M

".. allows the subject to express his feelings and hopes about therapy; at times the attitude towards passive dependence is also strikingly shown by it" (ibid, p.488).

While Karl failed to substantiate a primary hero, he did indicate a secondary hero whom he described as "frustrated". Interpreting this aspect, only, in terms of the therapy hypothesis, it is suggested that Karl will attempt to make sure that "others don't get close to (him)" (Ladder 2). These are the Laddered Implications. On the other hand, the control he maintains so carefully may be easily swept away once he starts to let go. Perhaps this is what he is afraid of and why he defends himself in this card. Parental demands (i.e. being "upright") appear to re-establish their dominance following the secondary hero's initial urge to "lash out" (re: Identification): "He'll try and maim her, take fright, and run away". The manner in which Karl may be expected to 'run away' from involvement in therapy is suggested by this contaminating Parent - perhaps offering advice to group members (i.e. "Happy to Help") or rationalizing emotive material that arises. His verbalizations are likely to be aimed at the

family, and his father in particular: "I've come to settle an old account".

There are descriptions of the secondary hero that indicate a poor self-concept: "a definite aura of evil .. he's too old .. a bit twisted". However, Karl vehemently rejects identification with the hero ("he doesn't fit in with my kind of thinking"). While this may invalidate drawing hypotheses about Karl in the hero, if his denial is assumed to be a function of his defence system, it may mean that Karl sees himself as "not-OK", but, finding this threatening (because of Parental demands against personal weakness - see father's history), attempts to hide behind an acceptable social mask (which, itself, engenders anxiety - see ladder 1, "unstable").

Karl depicts the co-gamester as a female. Although he subsequently questioned her gender, it is significant that he first (impulsivity?) chose a female to represent a passive ("sleeping") figure. His anger may, thus, be directed at his passive mother (see card 2, Item Analysis). Secondly, Karl decided to retain his first gender identification of the co-gamester ("No, I'll stick to my guns - that's what I saw first"). This may indicate a positiveness and assertiveness, or it may indicate the impulsivity of a Rebellious Child.

Card 13MF

".. usually elicits the subject's attitude toward and conception of sexuality and sex partners " (ibid, p.489).

Shortly before Karl began drinking heavily he parted from his fiancée after he had discovered that she had been seeing another man. This incident appears to have a strong relationship to the story in this card.

Firstly, the co-gamester is referred to as "his mistress .. not his wife". She is seen to be "either dead or ill". The hero is "grief-stricken". In other words, Karl has accepted the finality of his break-up, but remains very hurt about it.

Karl does not appear to be able to handle this pain well. He avoids by "hid(ing) himself from reality .. arm over his eyes .. he can't take it and

he's turned his back". His depressive affect is minimalized by rationalization: "He's showing more shock and surprise instead of grief. He's walked in there, unexpected and unannounced .. and he found her lying dead in the bed". During his account of this story, Karl has had the hero change from "grief-stricken" (mentioned twice) to shocked and surprised. He now involves the hero in a game of WHAM (see transactional analysis) where the co-gamemaster assumes the blame for his frustration and subsequent anger. This appears to have two major advantages for the hero: (i) he is able to place the blame for everything upon the co-gamemaster's shoulders, thus avoiding confronting his own shortcomings. He may, then, be in a good position to procure sympathy of any interested parties. (ii) he is able to avoid experiencing his depression, an aspect that may only make him anxious as well (re: "remorse, if it ever got that far").

The manner in which he perceives the co-gamemaster: "not-OK", tends to strengthen these observations: "Instead of guilt, he'd feel shock that she'd got the better of him". The aim of this existential view may be to keep people at a distance when it is expected that he must take an active role in the relationship. By being rejected, he is able to entice people into rescuing him.

The card appears to offer more insights into Karl's emotional relationship with his ex-fiancee than his sexual relationship. Karl did not avoid the sexual issue, but he did tend to minimize its importance in the story: ".. there's no 'namby- pamby'". But perhaps this is disturbing for he uses a colloquialism to describe sexual involvement, and then refers to a Bible on the bedside table, i.e. a reluctance to enter this area? Karl returns to the topic and criticizes her as "brazen .. seeing that she's sleeping without her top on". The latter statement is somewhat symbolic of a person being exposed emotionally. In the light of previous indications, he may be making a Parental assessment, one bound up in his fear of intimacy.

Card 188M

".. usually elicits stereo-typed stories of robbery or drunkenness; intense aggressions or attitudes toward adiction may also be expressed" (ibid, p.489).

As expected, the story is about drunkenness. In other words, the presenting problem is not avoided, which may indicate that drinking plays a central role in an Alcoholic Game.

The hero is not the central character (i.e. the actor portrayed on the card). This may indicate that the desired outcome of drinking has more of a covert as opposed to overt significance. For example, the verification of an existential view rather than some physical stroking.

The hero is portrayed as a Rescuer playing "Happy to Help". This has the advantage of enabling the hero to enter into a relationship but to remain in control and, thus, not have to commit himself intimately. It must be pointed out that Karl tends to drink on his own, not in pubs. Therefore the significance of the hero's actions must be confined to interpersonal relationships among friends or employers/employees.

Karl does not identify himself with the average "boozer". The hero is "fairly well heeled and not such a slob .. a respectable businessman..". He does, however, recognise that there may be a game element to his drinking: "he's a professional boozer".

There does not appear to be any conflict with the cop - in fact, Karl empathized with him for his being "duty-bound". Karl, too, as the "respectable gent" is bound by his "compassion". This suggests that "Happy to Help" is no pastime here, but an introjected game. Perhaps the "professional" aspect means that Karl, by drinking, attempts to suppress his need to be compassionate, to do the right thing. However, drinking only enables him to do as the "boozer" here does: "to put up a bravado that he's well, thank you ..". It is then significant that the outcome of this act is to be Rescued and provided with sympathy.

Conclusion

- (a) Titles used: Card 2 - primary hero not substantiated but "I'm only trying to help you" indicated as Pastime.

- Card 4 - "Now I've Got You, You Son of a Bitch".
- Card 6BM - "Kick Me".
- Card 7BM - "Happy to Help".
- Card 12M - primary hero not substantiated, but in the Item Analysis elements of "Now I've Got You, You Son of a Bitch" are indicated.
- Card 13MF - "Why Does This Always Happen To Me?"
- Card 18BM - "Happy to Help".

(b) Thesis: Of the cards in which the hero was substantiated (cards 4, 6BM, 7BM, 13MF and 18BM), Karl tended to reveal either Adult or Parent ego states; only in card 6BM was the Child ego state depicted. This indicates one of two things: either Karl does not use games to reinforce his life position, or that he has a Blocked-Out Child. For reasons that shall be discussed, the latter thesis was accepted: Karl presented as a Parent-contaminated Adult with a Blocked-Out Child. According to Harris (1970, p.97) such a man is duty-dominated. "It is as if, at some point in his childhood, he was so utterly quashed by serious, stern, duty-bound parents that he found the only safe way to proceed through life was to turn his Child off completely, or to block it out". It is significant, then, that the only Child ego card (6BM) evidences the game of "Kick Me" and that the card depicts the "mother figure".

Of the games depicted above, the hero was portrayed as a Rescuer (cards 7BM, 18BM), Persecutor (card 4) and Victim (cards 6BM and 13MF). The co-gamester was seen to be either a Persecutor (cards 6BM, 7BM, 13MF) or Victim (cards 4, 13MF, 18BM). Amongst these, there is no consistent indication as to how Karl perceives himself or others.

Nevertheless, as game themes are equally divided amongst justifying rage (cards 4, 12M), feeling worthless (cards 6BM, 13MF) and seeking prestige (cards 7BM, 18BM), it appears that Karl's thesis presents as "I'm not-OK, You're OK", the introjective position. This is supported by "Kick Me", the only game presented at the Child ego state level. He appears to present this theme as "I'm not good enough, you can show me how (ha, ha)".

(c) Dynamics and Aim: Karl appears to be involved in an identity crisis. In the months prior to the onset of his drinking Karl experienced a number of traumatic incidents: death of his father, sale of family business, break-up with fiancée, and failure of business enterprises for which he remains financially responsible. These seem to have "activated" underlying insecurities and feelings of inadequacy. There is a strong relationship between his affective state, his cognitive viewpoint, and family injunctions. This also appears to be related to his present need for alcohol.

Point one: Karl is an intelligent person, who has attained high professional qualifications. He presented as an individual who tends to rationalize and intellectualize, and whose insight was relatively poor. He is intolerant of insincerity and people who take refuge in social "masks". He tends rigidly to adhere to demands for interpersonal honesty, yet his games do not reflect his own ability to comply.

Karl comes from an achievement-oriented home. His father, an accountant, ran his own firm which Karl eventually joined. Throughout his childhood Karl and his father remained emotionally isolated. Karl remembered him as an intolerant person, one who was perfectionistic and stressed the importance of social standing. He may be seen as a Controlling Parent. This has significance for Karl's script.

In card 2, the 'father-figure' is perceived as emotionally-isolated from Karl and his mother. He is rejected as a central character in Karl's world.

His influence on Karl was profound: In card 4 (Item analysis), it is suggested that Karl continues to remain under his father's injunction to excel, thus pointing to the origin of his present concern, "Aren't I good enough?" At the same time, Karl does not appear to desire a passive role. In each of the cards in which the hero was substantiated, he is active. In other words, he has the determination or need to be a "Winner" (as desired by his father), however he is an unhappy and frustrated Winner.

Like his father, Karl has an over-developed Parent ego state which tends to

contaminate his Adult decisions. It is interesting that, in card 7BM, he assumes the role of the father-figure as opposed to that (expected) of the son. It may be more understandable and in line with his childhood experiences for Karl to have identified with the young co-gamester, who is passively aggressive and rejecting of the father. However, this was felt to indicate Karl's suppressed desire - one that he controls in the face of paternal injunctions.

Yet while the Implications stress Karl's aversion to wearing masks, he portrays himself as a Rescuer, "Happy to Help". This is doubly interesting as in each case (cards 79M, 189M) the co-gamester is a male. (This shall be discussed in relation to co-gamesters, below).

Point Two: Affectively, Karl presented as an agitated, depressed and controlled individual who expressed a desire for increased self-respect. He described himself as a "loner", a person who "tends to keep problems to one self". Interpersonally, he prefers to avoid intimate relationships.

In each card which involved a female co-gamester, Karl (the hero) became involved in conflict. In cards 4 and 12M, he reveals a great deal of frustration and anger. In these instances the co-gamester is demarcated as a Victim, although in the latter card it is the hero that ends up being Persecuted. In cards 63M and 13MF, the hero is the Victim of a Persecutory co-gamester. His depression and poor self-image are evident here.

The two major female figures in Karl's life were his mother and his ex-fiancee. Karl described his mother as a "soft, loving and generous" person. However he felt that she could not be approached for sympathy although she was a caring person. In contrast to his relationship with his father, Karl was close to his mother. Card 6BM, the "mother card", indicates that Karl feels resentful toward her. This is understandable in terms of the role she espouses as co-gamester - that of a Controlling Parent. It is suggested that, from the hero's responses, Karl is frustrated by her lack of maternal empathy (i.e. failure to Rescue). This may be related to her "malleability" (re: History) as card 2 reveals the co-gamester, the wife of the rejected "father", as being content with her familial status quo. In other words, Karl felt let down by his mother's continued alliance with

a father he rejected. This, itself, suggests that Karl, demanding of the mother-figure, presents an unresolved "Oedipal Complex" (!). But in no card is the co-gamester accepted as a Rescuer; in the only card in which rescue was offered, the co-gamester was rejected.

Karl's break-up with his fiancée seems to be expressed in cards 4 and 13MF. In the former, his "fiancée" attempts a reconciliation but this he refuses. Karl's anger for her is clear. In card 13MF, the co-gamester is maneuvered into a game of WHAM where she assumes the responsibility (blame) for his anger, i.e. again evidence of emotional control.

It is hypothesized that Karl responded with anger to the female figure because (i) they represent a less threatening antagonist than the male (i.e. father) representation; (ii) he feels frustrated at the lack of support coming from the environment - a reactivation of childhood insecurity (see below).

Point three: Karl was an unplanned child born 2 months prematurely. In addition, his father wanted a girl instead.

These aspects, whether true or not, were recalled by Karl in the interview. In other words, the impact they made upon his self-concept is valid. It may be assumed that, as a result, Karl must have felt unwanted to a large extent. This, now, places a perspective upon his disappointment regarding the perceived lack of support from his mother.

With Controlling Parents, Karl is expected to have developed a dominant Adapted Child. This is indicated by his roles in the TAT. He appears to function according to the following injunctions: (i) Don't admit weaknesses; (ii) Don't feel; (iii) Be competitive (from father); and (iv) Be helpful (from mother). The reason why Karl, on the one hand, avoids being Rescued may be traced to these injunctions.

Point four: There appears to be a parallel between Karl's script and his alcoholism.

Script-wise, Karl avoids losing emotional control. Sound up with this is the

need to succeed, to be top dog, to maintain the respect of others. Thus, while he feels inadequate and insecure, he cannot ask for the support of another. He must retain the identify approved of by his father. For example, he may remain in control by being the Rescuer himself. Yet Karl is unhappy about doing so for he sees this as being insincere.

The disadvantages of "Drink too much" (ladder 5) echo his insecurity: "No control or not sufficient control of myself ... feel as though I'm living a lie - not being honest with self .. feel anxious". The advantages of drinking similarly support this area as being of central concern: "Helps me relax .. I can forget about certain truths (about low self-esteem) .. Your own identity becomes less important .. I can stop worrying".

Point five: Karl's present affective state appears to have been activated by recent traumatic incidents.

Karl's father died 2 years prior to the onset of his delta drinking. A figure whom he had reportedly hated, Karl only began to get close to him in the last 9 months of his life. As Karl has revealed many common characteristics, his death may also, it is suggested, have led Karl to feel he had lost part of his own identity. Further, as he had now had the chance to examine his model more closely during their final months together, Karl may have become disillusioned with the consequences of a life of emotional control.

His mother remarried and went to live in England. This removed another source of identification, i.e. another "root" was removed.

His break-up with his fiancée resulted after he found that she was having an affair with another man. This provided a breeding ground for his questioning of his own manhood (and, thus, identity).

He sold his father's business which he had been managing, and this also may have removed a familiar and supportive pillar.

It is suggested that although Karl worked for his father's firm, he also resented it. This is indicated by the need he expressed in Ladder 5:

"I can do what I want to do when I want to do it". It is further suggested that he continued to work there as it provided a necessary source of stroking: "I have respect and self-esteem" (Ladder 3, the advantages of being "Upright" - the hero in the "father card"). Unfortunately, after going into business for himself (doing what he wanted to do), he ran into difficulties and now owes creditors R21 000. This appeared to be the last straw in a series of esteem-lowering incidents leading up to referral.

Hypothesis: By drinking Karl is able to accomplish two major goals:

- (i) As a drug, alcohol presents with the secondary benefit of relaxation/freedom from tension.
- (ii) By drinking, Karl derives the primary benefit, that is, being able to support a script which he, following a number of negating incidents, is no longer secure in.

The script, which was written by his father, portrays Karl as a Winner, a person financially successful, achievement oriented, and respected by his peers. In order to accomplish this, it is necessary that such a person does not facilitate any disapproval from others or fail in any endeavours. It is necessary that he, at all times, retain control of any situation he is in, or avoid any situation that may be hazardous to the outcome of a success story. This script was reinforced by Karl's mother, if only by her compliance to it.

If Karl's childhood had substantiated his existential view of himself and others as "I'm OK, You're OK", that of the Nurtured Child, he would have been better equipped to experience the esteem-lowering events of the past two years. However, he chose to defend against his insecurities (see Point three) by Adapting to meet the demands of his controlling parents: "You must be OK, let others be not-OK". Following the events described above (Point five), Karl felt unsure of himself, his potentials, his life style, and the integrity of his previously accepted script.

Drinking enabled Karl to suppress his uncertainty and anxiety. However the

need to depend upon some external source for emotional support contradicted one major injunction - one that has prevented him from asking for the support and sympathy of his mother (and others) - "don't admit weaknesses". In other words, by drinking he reveals to others that he has lost control. The realization of this produced further anxiety. Yet there appeared to be sufficient acceptance of the parental injunction for control to prevent Karl drinking to extreme limits, i.e. he maintained a strict delta pattern that did not interfere with his responsibilities at work.

(d) Roles: Karl generally plays Victim or Rescuer, but displayed a desire to be a Persecutor in the TAT as well; co-gamesters were usually perceived as Persecutors.

(e) Social Paradigm: The common interaction is that between Karl and his mother. In this case the game of "Kick Me" appears to represent his present experience.

Karl (Adult) : "I'm sorry if I've done wrong".

Mother (Adult) : "There's no excuse for it" (re: card 6BM)
(Persecutor).

Psychological Paradigm: Karl appears to obtain covert gratification from this game (and probably the abuse of drinking as well) as a result of his misfortune. Here it is possible to see that he, by drinking, may verify his existential position ("I must be OK, only others are allowed to be not-OK").

Karl (Child) : "I am loveless and you won't help me".

Mother (Parent) : "You must not ask for love and I may not help you" (Persecutor).

(f) Advantages: (1) Internal Psychological - the game contributes to internal psychic stability by facilitating the suppression of emotion.

(2) External Psychological - the game avoids anxiety-arousing situations by facilitating the appearance of control.

(3) Internal Social - the characteristic phrase possibly used by Karl is "Do something with your life" (card 2).

(4) External Social - the characteristic phrase possibly used by Karl in less intimate circles is "Look how hard I tried" (This game is indicated, but not actually played by Karl's responses).

(5) Biological - the game offers Karl negative strokes from parents and friends.

(6) Existential - the presentiment that the game vindicates appears to be "Nobody cares enough to help me".

Diagnostic comparisons

(a) From Clinical Psychologist:

Formulation: "Alcoholism associated with neurotic illness following the death of patient's ambivalently loved father, exacerbated after the termination of his relationship with his fiancée".

Treatment and progress: "Good response. Recognized his need for comraderie".

Progress: "Motivated".

(b) From Occupational Therapist:

"Karl presented initially as an extremely anxious person .. He was always immaculately dressed and groomed. His manner was rather stilted and he found it difficult to converse and communicate easily. He is an intelligent man and his insight was clouded by his need to rationalize everything ... Eventually Karl appeared to drop his facade to some extent and thus be more aware of his feelings rather than his rational thoughts. His motivation for sobriety was good. He believed that he would not be able to solve his problems if he continued to drink. He came to WSH with the idea that his problems would be solved and his questions answered by the staff. By the end of his stay, he realized that he was going to have to do the work himself".

III

Subject: William
Age: 41 years
Occupation: presently unemployed
Marital status: divorced.
Referred by self following a 19 day binge.

ALCOHOLIC HISTORY

William started drinking at the age of 18 years. He reported that his drinking assumed a Gamma pattern from his early twenties: "I would continue drinking until I got drunk". This has become a serious problem over the past 10 years. He has abstained from drinking on numerous occasions, but eventually winds up going on severe binges. The last binge, which occurred prior to referral, was heightened by his not eating: "I drank only wine and Mint Punch. I would wake up, drink, and then go and buy some more from a 'shebeen' (illegal off-sales)".

Mood: William reports that he gets aggressive when he drinks, especially if he is drinking spirits.

FAMILY HISTORY

Father: Died at the age of 85 years of a heart attack in 1974. A Medical Orderly in the army, he went on pension at 59 years following his first serious heart attack. William described him as a "meticulous and very neat and fussy person, perfectionistic". Well-spoken, with other people he appeared to be "easy-going" and, as William emphasized "was taken to be a gentleman". By this he meant that, within the family, he had a very short temper, and tended to be very critical and blunt when approached. William had a poor relationship with him, and this was exacerbated owing to his living away from home (in army camps) most of the time. William felt that he could never go to him with a problem as it would end up with his being attacked (verbally). His anger was more apparent when he had been drinking,

something which seems to have reached a problematic level with him.

Mother: Died at the age of 76 years of a heart attack in 1974. A housewife and hotel house-keeper, she was well-spoken, widely read and the cleverer of the two parents ("this annoyed father"). William described her as a "generous person, kind-hearted, but quick-tempered and aggressive. However, when all was said and done, she didn't bear a grudge". William was very attached to her, and their relationship was very close. He would approach her with his problems - "she had a softer approach, she would listen and give advice .. could discuss anything". She, too, had a drinking problem.

Home atmosphere: William described this as "strained": the family moved around often and, although the atmosphere could be pleasant, whenever the parents were drinking they ended up having violent arguments. This occurred particularly when father was drunk - he would call his wife a "Piccadilly Whore" (although there was no infidelity). The children resented their parents' apparent alcoholism. The family tended not to share problems, and it was typical of them to work things out by themselves. The bond between members was not made any easier by the fact that William's formative years coincided with the Second World War and father and two brothers were in the army. A further sibling (son) was at Valkenberg (spastic).

Siblings: William was the second youngest of 5 sons. Their relationship was described as good. It is now strained because of his present drinking problem. However, his eldest brother has had treatment for alcoholism, while the second eldest is an untreated alcoholic.

PERSONAL HISTORY

The major illness of William's childhood was fainting spells between the ages of 8 - 15 years. Of unknown origin, they were brought on by overexertion. William detested school, where he had few friends, and completed Std. 7 at the age of 16 (he had been put back a year in Std. 2 owing to the family moving so often). William has had a number of responsible positions, generally as a clerk, but he has also worked as a manager. Up until 1968, from which he dates his problem drinking, he held jobs for lengthy periods.

Since then, he has had a number of short jobs. Presently unemployed.

Sexual education came from peers. No homosexual experiences. First sexual relationship with his ex-wife. They married when he was 26 years old (she 22). William described her as a "pretty, strong-willed person who wanted her own way. A friendly person, she could be devious". William was extremely jealous of her, although he admits that he had no grounds for feeling so. She began drinking only after their marriage and when drunk was a "Tiger". He felt that their sexual relationship was good. Towards the end of their marriage, he physically assaulted her. They were divorced in 1971. This, William said, came as a surprise to him for, after their battles she would leave home but always return. The last time, he decided to "frighten her" into coming back by suing for divorce. She did not contest. With regard to their tension, William believed that she would provoke arguments. This tended to occur when he had been drinking, seldom when sober. He has had no contact with her since 1972. They had one son, now 16 years old, and he lives with him. William has had two girlfriends since, each lasting one year. No present relationship. He says that he is "still hurt by the divorce".

William describes himself as a weak person who runs away from problems. He feels that he is unambitious, but is conscientious at work and has never wanted the promotions he achieved. He tries to be patient with people, sees himself as a softy, but loses his temper and gets impatient quickly.

THEMATIC APPERCEPTION TEST

Card 2

Response time: 10 seconds

The first impression I got looking at the card gives me .. the impression of an old family life style: young girl standing with what looks like a bible in her hand; father ploughing the field; mother standing by a tree. Gives me a sort of sense of peace. I wouldn't say that they are talking to each other. Each one seems to be thinking of something, except father - he seems to be watching, looking at something. The other two seem to be gazing out into the distance, thinking about something. They don't say what. Creates an impression of peace, serenity .. which you don't often get today ... (Inquiry: What do you think they are saying to themselves?) Each one's thinking about what happened prior to their coming here. One gets

the feeling they didn't start here. I would feel that they wanted to get away from something - they probably had some upsets somewhere along the line: poverty, hardships .. they don't look very much at peace here. I don't know why. The setting seems peaceful.

(Inquiry: What are each thinking? Who shall we start with?)

Oh, the young girl first. She's right in front. I'd imagine she's worried if she'll have any friends. What happened to her friends? Mother is probably worrying what the future holds, and, I imagine the father also.

(Inquiry: What is their relationship with each other like?)

Well it seems a bit coolish. Each one standing far apart and not in a group. Each one's looking in a different direction. They seem a bit apart from each other, actually. They don't seem a closely knit family.

(Inquiry: Let's assume that mother and daughter were holding a conversation. Who would speak first and what would be said?)

I suppose the young one would ask the mother "what lies ahead?", and mother would reply, "Just hope for the best. Look on the bright side of things".

(Inquiry: and daughter and father ..)

I don't know. She'd ask more about the running of the farm. She wouldn't ask him those type of things.

Identification: Subject identifies with the girl's figure and description ("sad, aloof, wary of people, warm-hearted"). Father is described as "strong-charactered" and mother as "competent".

Card 4

Response time: 14 seconds

The man and the woman look like they've been through some type of scene .. can't quite work it out. The woman's obviously worried, trying to calm him down. The man looks as if he's frustrated and he doesn't want to be calmed down. I imagine her words to him would be "Don't worry about it, darling". Something to that effect. He doesn't seem to have said much; he's just turned his head away. Could be a domestic crisis. Could be something that happened at work. No, not a domestic crisis because she doesn't seem to be upset herself. More something that happened at work I would say. Could be that he committed a crime. What puzzles me is that she does not look upset. It doesn't seem to affect her personally. He seems upset.

(Inquiry: What is he saying to her?)

From his expression of turning away, I'd imagine he's saying "Just leave me alone". He's not listening to her. He's turning away, rejecting whatever she's trying to get across to him. He's so wrapped up in his own problems, he's not prepared to listen to what she's got to say.

(Inquiry: What do you think his problem is?)

He's all tensed up. As if everyone's against him. He doesn't want to accept anything ..

(Inquiry: and she ..)

And she feels concerned, not upset so much, concerned. She's trying to get through to him but can't.

(Inquiry: So what do you think the outcome is going to be?)

Well most likely he's going to jerk away and storm out the house. And there won't be any solution.

Identification: Subject identifies with both figure and description of man ("introvert"). Woman described as "even-tempered".

Card 6BM

Response time: 5 seconds

Well from this picture, someone's brought bad news to an old lady. Somebody's passed away in the family. Either he's brought the bad news or both of them are receiving it. Looks like a son and his mother. The son's looking down at the ground. I'd assume, in this case, it's the father who passed away. He's thinking of the good times .. missing his father; mother's looking out of the window, also mind far away, thinking of the good times they had, the lonely times that will come up ahead. The quarrels she had with him, she's sorry about some of the things she said to him. The son possibly remembering the same type of thing. Mother looks like a sweet old lady. Can't say any words have passed between them as both are deep in thought.

Identification: With neither figure nor description. Son described as "rugged", mother as "charming".

Card 7BM

Response time: 10 seconds

The picture strikes me as an older man giving advice to a younger man. What their relationship is I can't make out. The younger man doesn't seem to be taking it very well - he's got a "pouty" look ..

(Inquiry: What do you think they're saying to each other?)

I imagine the older man .. I wouldn't say he's picking him out, but giving him some advice about something the younger man has done, which the younger man is resenting this advice given him.

(Inquiry: Would you like to act out their conversation?)

Let's say the younger chap's name is Peter. I would say that the older man is saying "Peter, your actions in that particular matter weren't very good. If you'd done it a different way, it would have worked out better".

(Inquiry: What do you think he did?)

.. Well, judging on my behaviour, it might be a case of where he got drunk at a party. Made a disgrace of himself. This is why that pouty look comes in - the younger man, Peter, knows what he's done wrong, but doesn't want to accept it.

(Inquiry: So what might he reply?)

Say the old man is possibly his father, he would say "Dad, I had one over the odds. I didn't make such a disgrace of myself". And his father would say, "Peter, well I think you did". And this is where the pouty expression comes in. The father is trying to appeal to Peter's better side, to make him feel ashamed of his action. Peter looks as if he is, but doesn't want to admit it. So he says, "Well, Dad, leave me alone. I'm not feeling so good. Don't keep on harping about it".

Identification: Subject identifies with both the figure and description of Peter ("sulky"). Father described as "strong-charactered".

Card 12M

Response time: 14 seconds

An unusual picture this, it's somebody bending over somebody. There, again, it could be a father over a son, or a priest over the son. There, again, I'd prefer to say it's the father bending over the son. Because of the shoe

being on the bed ...

(Inquiry: What has led up to this situation?)

There, again, it strikes me as if the .. boy has done something. I think he's a youngster. Probably gone on a drinking spree. This is a difficult picture to .. because the old man's got his hands up - I don't know what gesture trying to .. what he's trying to do by that. .. not a Christian sign of the cross, or anything .. trying to shield his son's face. No, this picture I can't make much out.

(Inquiry: He's trying to shield his son's face ..)

It's almost as if he didn't want to see his son's face. It's something that the son's done and he doesn't want to look at his son's face.

(Inquiry: If they could speak to each other, what would be said?)

Well, let's say he got drunk. The father would say "Peter, why did you do it?", and he would reply "I don't know, Dad. I was foolish". Father would cut in and say "You must have known that was wrong. Please try not to do it again". Son would say "Yes Dad, I won't do it again". Then the son would fall asleep and father would walk away.

Identification: The subject sees the son representing himself as a young person, described as "easy-going". This is not representative of his present day behaviour (see construct 3, in "Laddering Procedure"). The father is described as a "patient person".

Card 13MF

Response time: 8 seconds

Well, this strikes me as a man or boyfriend who has strangled his wife or girlfriend in bed. He's feeling full of remorse, because he's got his hand over his eyes. He's wondering why he did it. What could he tell people as to why he did it? What led up to the situation?

(Inquiry: What did lead up to this situation?)

Jealousy. Suspicion of going around with other men.

(Inquiry: Did he confront her?)

Well he must have done. It's a bit puzzling why she's in bed with no clothes on. He's fully dressed, so maybe he came home from work .. or she was lying in bed drunk. I can't see him strangling her for that ... The only thing I can think of is that he came home in a violent temper and accused her of something and why she did it. She denied it and said "I didn't". He was in such a temper that he wouldn't listen to her. And strangled her.

Identification: Subject identifies with husband's figure and description ("quick-tempered") - in addition, he recalls a similar experience with his ex-wife. The wife is described as a "flirt".

Card 18BM

Response time: 14 seconds

Well, this strikes me as somebody being ejected forceably from some place. I wouldn't say a pub, because he doesn't look drunk, but somewhere where he's created a disturbance of some type. And he's been escorted off the premises.

(Inquiry: what has led up to this situation?)

Well the way he's turned his face, I'd prefer to say he's been escorted from court. And he's turned his face away from the cameras. This is what I

prefer. There's not much force behind him - he's just gently being pushed along.

(Inquiry: What went on in court?)

Well, it was some case where the publicity was bad .. killing of somebody .. I imagine the judge was giving him a good roasting and he's not feeling good about it .. now he wants to hide his face from the camera.

Identification: The subject did not identify with the figure, and ascribed his description ("aggressive") to himself only when drinking. The judge was described as "stern."

LADDERING PROCEDURE

The following constructs were elicited from the TAT cards:

<u>Card 2</u>	:	aloof (*) - friendly.
<u>Card 4</u>	:	introvert (*) - extrovert.
<u>Card 6BM</u>	:	rugged - baby-faced.
<u>Card 7BM</u>	:	sulky (*) - friendly.
<u>Card 12M</u>	:	easy-going - quick-tempered.
<u>Card 13MF</u>	:	quick-tempered (*) - easy-going.
<u>Card 18BM</u>	:	aggressive (*) - meek.

Cards 2, 4, 7BM and 13MF were retained. Cards 6BM and 12M were excluded as they were not reliably representative (although the latter is portrayed by card 13MF). "Aggressive" (card 18BM) was equated with "quick-tempered" (card 13MF).

The provided construct "Drink too much - Abstain" was included.

Laddering Protocols

(1) "Aloof - friendly"

(A) (a1) Aloof (*)
(P)

(A2) friendly
(NP)

(B) (b1) You can keep to your-
self

(b2) You might get drawn into a
conversation.

Other people leave you alone.

You don't have to open yourself up.

Don't get embarrassed or look a fool.

Don't lose your self-confidence.

I'm afraid of making a fool of myself because I don't talk easily.

I feel annoyed with myself for not handling situations and that others lose respect for me.

Withdrawn even more into my self.

(C) (c1) People suspect you're a snob.

They leave you alone.

Feel rejected.

Depression.

I get blind drunk.

(c2) You can get into the spirit of the party.

Enjoy the company of others.

By sharing jokes, etc., you are accepted as a member of the party.

Can then converse more freely.

People listen to you and I gain self-confidence.

(2) "Sulky-friendly"

(A) (a1) Friendly

(P)

(B) (b1) as before (1)

(a2) Sulky (*)

(NP)

(b2) You only have grievances on your mind and so all you do is complain.

People tend to leave you alone.

Feel rejected and lonely.

Get depressed.

Drink.

(C) (c1) as before (1)

(c2) You can share with others who have mutual complaints and interests.

Better communication with others.

Feel more at ease.

(3) "Quick-tempered - Easy-going"

- | | |
|---|---|
| (A) (a1) <u>Easy-going</u>
(P) | (a2) <u>Quick-tempered</u> (*)
(NP) |
| (B) (b1) Can then speak more freely and communicate better.

Can relax and feel at ease.

Would feel accepted as part of a group. | (b2) You tend to offend people quite often.

They keep away from you.

Feel lonely and rejected. |
| (C) (c1) People may take advantage of you.

Eventually you lose your temper.

You say or do things that offend others.

Feel rejected again.

Depression. | (c2) People don't bother you so much.

You don't have to get involved with them.

Can't lose self-confidence. |

(4) "Introvert-Extrovert"

- | | |
|--|---|
| (A) (a1) <u>Extrovert</u>
(P) | (a2) <u>Introvert</u> (*)
(NP) |
| (B) (b1) You are more liked by other people because you are friendly.

Better communication with others.

Never lonely, feel accepted. | (b2) Feel lonely, and rejected by others.

There's no one to talk to or communicate with.

Get depressed.

Drink. |
| (C) (c1) You can offend some people (the quieter ones) by being too boisterous.

(Don't like to hurt people).

You aren't able to express yourself freely. | (c2) People tend to leave you alone.

You don't have to open yourself up.

Etc. |

Bottle things up.

Get frustrated.

Lose temper eventually.

(5) "Drink too much - Abstain"

(A) (a1) Abstain

(P)

(B) (b1) You have more self-respect.

You work and get on better with other people.

Don't get depressed.

People respect you and you gain self-confidence.

(C) (c1) I will feel that I'm not part of the crowd.

Get lonely and depressed.

Feel rejected.

Drink.

(a2) Drink too much (*)

(NP)

(b2) People lose respect for you.

People reject you.

Feel lonely.

Get depressed.

Drink even more.

(c2) Become relaxed and forget problems.

Feel friendlier and mix better with others.

Feel accepted.

Gain self-confidence and self-respect.

Preliminary scrutiny of TAT

William's responses were typified by a particular form of non-compliance with instructions: in 4 of the 7 cards (2, 6BM, 7BM, 12M) the story situation was introduced with reference to the word "card" or "picture". This is seen to be indicative of the subject's defence against threatening material, which may be aligned with the absence of leading-up events in cards 7BM to 18BM (unless specified by the interviewer). William tended to emphasize the hero's present intraphysic and interpersonal dilemmas. These, superficially, were described as (i) Intraphysic components: introversion (cards 2 and 6BM), aggression - overt and covert (cards 4, 7BM, 13MF, 18BM), and passivity (card 12M); ii) Interpersonal components: alienation (cards 2 and 6BM), rejection of other/resentment of other (cards 4, 7BM, 13MF), and

compliance (cards 12M and 18BM). In the light of these aspects - the tendency towards an aggressive view of others plus avoidance of past incidents - William appears to be acting from a well-defined script that pronounces others as "not OK".

In spite of the noncompliance outlined above, and the apparent non-representativeness of cards 6BM and 12M, William produced stories that are believed to be autobiographical. In the testing milieu, he presented as a person desirous of co-operation, but whose willingness for self-exploration was checked by a need to avoid confronting material elicited. For example, William did not avoid the topic of drinking (cards 7BM, 12M, 13MF, 18BM), but avoided exploring the dynamics involved therein (card 18BM).

Perceptual compliance was fair: while he did not mask the sexual identities of the actors, he tended not to define clearly the roles they played. For example, in card 13MF he states: "this strikes me as a man or boyfriend who has strangled his wife or girlfriend ..". This may indicate a general reaction to others, as described above. However this may also bear significance for importance of ideational content. Cards in which roles are more clearly identified include 2, 6BM, 12M: cards in which roles are not clearly identified include 4, 7BM, 13MF, 18BM. In the former, the nature of the interactions indicate the possibility of father-son tension: in card 2, the hero cannot talk to her father about personal problems; in card 6BM, it is the father who has died that is the central topic; in card 12M, the card is described as being representative of William's childhood. It involves a father and son relationship, father disapproving of the son's behaviour. In the latter selection of cards, the common denominator appears to be the hero's aggression or reluctance to heed advice. The ill-defined roles here may reflect a fear of owning or assuming responsibility for aggressive urges. These appear equally against the figure of a wife or girl-friend (cards 4 and 13MF) and father or authority figures (cards 7BM and 18BM), i.e. against environmental control.

Transactional analysis

Card 2

(a) Situation: A family scene, outwardly peaceful and serene, but inwardly

tense and cold, with little personal contact.

(b) Implications: The hero, the girl, was described as "aloof". Rather than be "friendly" (Ladder 1, contrasting pole), William prefers to be "aloof" because this allows him to avoid making a fool of himself in front of other people. Nevertheless, he would like the company of others as long as he feels he will be accepted. This is central for he is "afraid of making a fool of (himself) because (he) doesn't talk easily". He tends to get depressed when he feels that he is being rejected and this leads to his getting "blind drunk".

The family members, in the story, outwardly may appear "self-confident" (William's term), for the mother is "competent" and the father is "strong-charactered". In line with the above, however, it is apparent that their silence is a mask, for if "you don't have to open yourself up, (you) don't get embarrassed or look a fool". (Ladder). This is indicated in the text of the story: ".. they don't seem very much at peace here. I don't know why. The setting seems peaceful".

(c) Structural analysis: In the conversation with the co-gamester (mother), the hero transacts from a Child ego state ("what lies ahead"). The nature of the co-gamesters reply, "Just hope for the best. Look on the bright side of things", is issued from her Controlling Parent ego state and, therefore, indicates that the hero may have developed a dominant Adapted Child (instead of either Natural or Rebellious Child).

Although neither Roles nor Games are indicated in this card, a significant trend is apparent, especially so when viewed along with the Preliminary Scrutiny and Implications.

William portrays his family as being reluctant to make close emotional contact for fear of loss of self-esteem, self-confidence, etc. This offers two related influences upon William's script: firstly, he has learnt to avoid rather than contact people emotionally; secondly, if early parental injunctions were offered by a Controlling Parent, the fostering of his Adapted Child shall have led to the tendency to feel inhibited and withdraw (as depicted by the family in the card), but also to resentful compliance.

It is this latter aspect that seems to be reflected in the Preliminary Scrutiny. The representativeness of this hypothesis to actual family rearing shall be examined in the Item Analysis.

Card 4

- (a) Situation: The hero is offered advice by the co-gamester, his wife or girlfriend, but rejected her advances.
- (b) Implications: The "introverted" hero, in Ladder 4, as in card 2, finds it advantageous to avoid other people because, then "you don't have to open yourself up". However, this at the same time causes him loneliness and he feels "rejected by others" (as the hero in the card). William would prefer to be "extroverted" because he sees such people as being more liked and accepted by their peers. Nevertheless, he avoids this role because he remains fearful of offending other people: he tries to watch what he says or does with others but this he finds frustrating and, eventually, loses his temper (again, as the hero seems to have done).
- (c) Structural analysis: The hero's contaminating Child ego state is indicated by the one-down position he affects. This appears as a Rebellious Child due to the way he responds to others, i.e. as if he had a chip on his shoulder - "as if everyone's against him". The co-gamester is concerned but "not upset so much .. it doesn't seem to affect her personally", i.e. Adult ego state.
- (d) Roles: The hero feels like a Victim but does not want to be rescued ("The man looks as if he's frustrated and he doesn't want to be calmed down").
- (e) Transactional analysis: In this card the hero appears to successfully complete the game of "Uproar" (Berne, 1967, pp.114-5). This may be seen to fulfil two aims. Firstly, the game enables him to avoid intimate relationships. This is detailed in the Implications. Secondly, because the hero and co-gamester "can't quite work it out", the hero is both able to unleash his "bottled up" (ladder 4) aggression without assuming personal responsibility for it (i.e. and so cannot be rejected), and, at the same time, maintains

the present relationship with the co-gamester (i.e. she does not leave him as she is left feeling responsible for his "storm(ing) out the house"). The end of the game - "and there won't be any solution" - leaves the participants free to begin again. In the light of the problem outlined in the ladder, William appears to negotiate his double-bind - of needing people but avoiding them - by making the initial contact but then finding a way of keeping them at the required distance.

CARD 6BM

As no definite hero is suggested, only an Item Analysis shall be attempted.

CARD 7BM

- (a) Situation: The hero is offered advice by the co-gamester, an older man, but rejects it.
- (b) Implications: The hero is described as "sulky". The same advantages as Ladders 1 and 4 (cards 2 and 4) are indicated.
- (c) Structural analysis: The hero is portrayed, at the social level, as an Adult ("Dad, I had one over the odds. I didn't make a disgrace of myself"), but at the psychological level as a Child ("the pouty expression"). The co-gamester is depicted as a Controlling Parent who is trying to make his son "feel ashamed of his action": "If you'd done it a different way, it would have worked out better". The laddered implications of "sulky" indicate that the hero desired avoiding any full confrontation with the co-gamester ("people tend to leave you alone").
- (d) Roles: The co-gamester is depicted as a Persecutor, the hero as the Victim.
- (e) Transactional analysis: The game of "Uproar" is played in a manner very similar to that in card 4. In this card, however, the co-gamester is clearly seen as a Persecutor, again enabling responsibility for aggression

to fall upon the co-gamester's shoulders. Again the relationship is maintained by the hero, even while he reacts to prevent a solution. In this case he attempts to "hook" the Nurturing Parent in the other by saying "I'm not feeling so good. Don't keep on harping about it". The behavioural mechanism reveals the common existential view, "I am blameless". A further aspect of this card is the appearance of the drinking behaviour. It is apparent, here at least, that drinking or drunkenness has served to hook the Parent in the co-gamester and, thereby, elicit the game. It is also apparent that "Uproar" does not actually take place here; however, the scene has been set.

CARD 12M

(a) Situation: This story offers a glimpse of William as a boy. In this card the hero has been on a drinking spree and appears to have passed out on a bed. The reaction of the father is interesting from the point of view that it is somewhat similar to William's present day response. This shall be examined in the Item Analysis.

CARD 13MF

(a) Situation: The hero has strangled his wife or girl friend.

(b) Implications: William described himself as "quick-tempered" which, like cards 2, 4 and 7BM, enables him to keep people at a distance (even though he winds up feeling "lonely and rejected"). He would prefer to be "easy-going" for this would enable him to "speak more freely and communicate better" with others. He would like to be "accepted as part of a group" but feels that people tend to "take advantage of you" and fears losing his temper. Again the dominant theme is that of avoiding rejection. Indicated is the reaction of a contaminated Adapted Child.

(c) Structural analysis: The hero portrays, at the social level, a Parent ego state (".. he came home in a violent temper and accused her of something .."), and, at the psychological level, as a Child ("He's feeling full of

remorse .."). The co-gamester is not really given the chance to establish an identify.

(d) Roles: The hero is the Persecutor, the co-gamester the Victim.

(e) Transactional analysis: Depicted here is a third-degree game of "Rapo" (Berne, 1967, p.111). As with the games of "Uproar", Rapo is invited by the co-gamester. Herein, this was "the suspicion of going around with other men". However, where the other game had as its primary gratification justification for aggression, the aim of this game is malicious revenge. Berne (ibid) believes that the Internal Psychological advantage of this game is the expression of hatred and projection of guilt. The indications for supporting this hypothesis appear in the story as total acceptance of a rumour ("He was in such a temper he wouldn't listen to her") and, in the Implications, the existential view, "I am blameless" is reinforced by William's belief that people "tend to take advantage of you". The extreme nature of the game seems to suggest the Adapted Child's need to maintain a psychological paradigm "See how irresponsible I am". Rejection is a focal need for it serves to enable the hero to display, guilt-free, his underlying aggression.

CARD 18BM

(a) Situation: The story begins as a depiction of someone being ejected from some establishment, but (due to defences?) changes to a story about someone being prosecuted in Court.

Owing to the non-representativeness of the story, only an Item Analysis shall be made.

Item Analysis

Card 2

".. conceptions of family relationships and attitudes toward the environment generally as giving, supportive, versus barren, depriving" (Rapaport et al, 1968, p.487).

In the story the family unit is depicted as estranged, each member having little personal contact with the other ("not a closely knit family"). To the onlooker they may present a peaceful and serene countenance, but each member has his/her problem and are really quite tense. In line with the description of William's father (see Family History), it is hypothesized that this family tends to stress the need for appearances with others, keeping frustration and aggression (possibly accrued in the social environment) for expression in the closed family unit.

Of the parents depicted, mother seems closest to the hero. She appears more open to questions regarding the hero's future (i.e. needs). However, mother still appears to avoid intimate contact, replying in a superficial manner ("Just hope for the best"). Father is not approachable, and the hero knows to avoid topics relating to personal problems. This seems representative of William's actual relationship with his parents. The hero appears to desire emotional contact; William's anger at his parent's drinking as a reason for marital and family disharmony supports this. The consequent frustration of his Natural Child is hypothesized to result in the emergence of a Rebellious Child, one who goes to extreme lengths in order to attract attention (i.e. "cold pricklies"). This may be the case with William. It will be important to examine this aspect in relation to his expression of aggresssion and drinking.

Card 4

".. male-female conflict, fostering expression of attitudes toward feminine demands and masculine wishes not to be tied down or problems of controlling impulses. In general, a good picture for learning about conceptions of male and female roles, as well as sexual roles" (ibid, pp.487-8).

The hero (William) and female (ex-wife?) are both involved in what seems to be essentially the hero's problem. He reveals himself as somewhat frustrated and rejecting.

Statements such as "it was not a domestic crisis" and "he doesn't want to be calmed down" suggest that the hero, rather than the co-gamester, owns the problem. That the co-gamester does not react in the manner anticipated by

the hero ("What puzzles me is that she does not look upset") indicates that the game he is playing does not provide, in this case, the desired outcome (stroking). As discussed in the Transactional analysis, the outcome attempted is that of "Uproar". Thus it is hypothesized that the co-gamester (read wife) is being used as a Patsy in order to allow the hero (read William) to express some underlying frustration (i.e. suppressed aggression, accrued while being the "nice guy" with others - see Ladders 3(c1) and 4(c1)). This is reinforced by his rejection of her overtures for help - what he really wants is for her to lose her temper completely. Then he may conclude "every-one's against me" and feel free to lose his temper, himself.

William's relationship with his ex-wife tended to echo these thoughts. While she was a friendly person and they apparently had a good sexual relationship, he perceived her as being strong-willed (perhaps he married her for that), a "tiger" when on the attack, and a person of whom he was jealous. That she only began to drink excessively after they were married points to marital discord. That she was a Patsy is suggested by the fact that aggression only made itself felt when they, especially he, had been drinking. That William's aggression was not aimed at her, but only surfaced with her is indicated by his admission that he really had no cause to be jealous of her. It will be necessary to re-examine this card along with that of card 13MF.

Card 6BM

".. permits expression of the subject's attitude toward the mother figure (guilt feelings, dependence versus independence, overprotectiveness) and of strong attachment of either toward the other" (ibid, p.488).

The hero was not defined in this card. If seen to be the consequence of the defences, the threatening area is evidenced as the family. In particular, aspects relating to William's perception of his own childhood experience. This suggests the centrality of a life script adopted during his "formative" years.

Portraying the father as recently dead is indicative of William's aggression for his father (and perhaps of authority figures in general). That there is

no hero may indicate guilt over these feelings. At the same time, William reveals the major concern: the poor relationship ("quarrels") they had, but, too, a still-present need for his father ("missing his father"). What "good times" they had may have instilled a desire for more (but which never arose).

The mother has a central role. Again, emphasized is the previously described resentment towards his parents - the poor marital relationship: "the quarrels she had with him". As a person, mother is described as a "sweet old lady .. charming". However, the close bond between mother and son appears to have had serious limits according to the hero: that she failed to meet his psychological needs is indicated by "can't say any words have passed between them as both are deep in thought". This must be seen along with card 2, where the mother, while approachable, really only responds in a superficial manner. Furthermore, William (in Home Atmosphere) said that the family members tended to work things out on their own.

Card 7BM

".. frequently yields information about the subject's attitudes toward his own father and authority in general (dependence, compliance, rejection, defiance)" (ibid, p.488).

The first point of interest is that the older man - who appears to closely resemble William's father - is rejected by the son, the hero. Secondly, the son reacts by "pouting" and, although he appears to want to stand up to his father, does not actually defy him openly.

The father (re: Transactional analysis) is depicted as a Controlling Parent, the son as an Adapted Child. This is important from the point of view that William's aggressive tendencies do not find overt expression here. Rather they remain suppressed ("sulky" hero) as he attempts to express himself as an Adult. It is becoming apparent that the overt expression of the Rebellious Child only occurs with female figures, i.e. as may be directed at the Primal Mother. With the father or other authority figures, on the other hand, it appears that William responds as an Adapted Child, i.e. he controls his behaviour and, in line with what he anticipates as their expectations, tries

to be the "nice guy" with other people. It is duly hypothesized that William, allowing himself only to become angry amongst those people with whom he can feel secure (e.g. his ex-wife) manoeuvres them into making the first move, one of construed rejection.

Card 12M

".. allows the subject to express his feelings and hopes about therapy; at times the attitude towards passive independence is also strikingly shown by it" (ibid, p.488).

As an expression of his feelings for therapy: The older man may be viewed as the therapist, the young hero as William the patient. Here William's problem, the abuse of alcohol, is brought to the fore. He described the pattern, gamma, as a "spree". The description of the therapist is confused, reflecting possible concern for the psycho-therapeutic process. William is not sure if the therapist is going to focus upon his psychological needs (interpreted from "a Christian sign") or whether he is only going to look to William's behaviour ("please try not to do it again"). This may again reflect William's perception of a therapist as being bound up in authority figures, such as his father. Therefore he tends to question the empathy of his therapist ("It's almost as if he didn't want to see his son's face") and, perhaps because of this, confines himself to outward compliance ("Yes, Dad, I won't do it again"). In other words, there is the danger that William may turn the therapist into a Patsy.

The hero as representative of William as a child: There appears to be further reinforcement for the picture of William's apparent passivity in the face of male dominance. Nevertheless, his outward compliance conceals internal tension and desire for rebellion. The role of the father as Controlling Parent is evident.

Card 13MF

".. most usually elicits the subject's attitude toward and conception of sexuality and sex partners"(ibid, p.489).

The first feature of this card is that of William's inability to take a definite stand with regard to the roles played by the actors ("man or boyfriend .. wife or girlfriend"). This may be seen as either (i) a general insecurity throughout his marriage, where his wife was never allowed to become part of his intimate world. Or that she, herself, refused to be drawn into it. Either way, it is indicative of marital conflict. (ii) Owing to the aggression in the story, it may be a defence against social sanction. However, William freely admitted to a similar incident that occurred between himself and his wife.

Although William said that their sexual relationship was good, the action in the story maybe equated to rape, i.e. strangling also involves dominating and abusing another's body. In this light, William's need to take may be caused by an inability or refusal on the part of his wife to accede to his sexual demands. Alternatively, he may simply view the sexual act in terms of male conquest of the female.

That the story involves a physical assault, may simply be recalling of the incident(s) with his wife. In this sense, the motive is not assumed to hold any sexual motive, but to be descriptive of the way in which William tended to unleash his suppressed aggression, with his wife being the Victim. That the hero attributes his temper to "Jealousy. Suspicion of (her) going around with other men" is descriptive of his own marriage.

Card 188M

".. usually elicits stereotyped stories of robbery or drunkenness; intense aggressions or attitudes toward addiction may also be expressed" (ibid, p.489).

William began this card with a story about rejection. He pointed out that the hero was not drunk. He then proceeded to change the story. That William referred to drunkenness on his own accord, and that he associated it with rejection tends to reveal the implied statement: "he(I) was rejected and I had not even been drinking". In other words, he appears to stress "I am not-OK, you are not-OK".

Secondly, that he negates the place of alcoholism/drinking in the story may indicate a negative view of drunkenness (The defence theory is not overlooked, but for indications herein, is disregarded). In Ladder 5, he said that he saw the disadvantages of "drink too much" to be that "people lose respect for you .. people reject you". (In this sense, he may be defending against the negative feelings associated with rejection: "feel lonely ... get depressed .. drink even more").

Hypothesis regarding alcoholism: (i) There appears to be a relationship between William's prior games (wherein he manoeuvres the co-gamster into rejecting him so that he may express his covert aggression) and the Implications from the ladder (where "drinking too much" he perceives, elicits the disrespect of others). Thus, it is hypothesized that he tends to drink in order to be rejected and, in this way, have an excuse to unleash his anger. This, of course, follows on from his build up of aggression, generally a function of his life script ("I am blameless") and the collecting of angry and hostile feelings (red trading stamps). There is support for this theory in the disadvantages of "abstain" (Ladder 5). It is clear that the fundamental script is expected to remain: "I will feel that I'm not part of the crowd .. get lonely and depressed .. feel rejected .. drink". The prognosis for continued abstinence may be poor for, without a change of script, attempted abstinence shall end in his drinking!

(ii) Loss of Control appears to be related to attempts to overcome depression. In the advantages of "drink too much", William sees alcohol as an anxiolytic which enables him to "feel friendlier and mix better with others". But if acceptance of others is dependent upon "feeling friendlier", the relationship between depression and aggression is stressed. Like aggression, depression appears to evidence a singular advantage for William: it serves to reinforce or vindicate the existential position "people are against me". This may be the counterpart to the aggressive "I am blameless". Thus, loss of control may be related to construed rejection, which serves to increase underlying aggression. Aggression negates the ability to control intake.

The second part of the analysis deals with the role of the hero in the second story in the card. There are numerous elements that reinforce the picture of William being highly cognizant of other people as Persecutors ("he's been

escorted off the premises .. he's been escorted from court"). The Controlling Parent herein is the judge (".. has given him a good roasting .."). Again, with this type of co-gamester, William (the hero) is portrayed as an Adapted Child (".. he's not feeling so good about it").

Conclusion

- (a) Titles used:
- Card 2 - no particular game indicated.
 - Card 4 - "Uproar".
 - Card 6BM - analysis of game not attempted.
 - Card 7BM - pre-"Uproar".
 - Card 12M - analysis of game not attempted.
 - Card 13MF - "Rapo".
 - Card 18BM - analysis of game not attempted in Transactional analysis, but evidences as "Drunk and Proud" in Item Analysis.

(b) Thesis: Of the cards in which a hero was discernible (Cards 2, 4, 7BM and 13MF), the psychological level Child is dominant - indicating the presence of a Life Game. In cards 2, 4 and 7BM, the hero is portrayed as a Victim. This indicates the negative position "I'm not-OK". However, in cards 4 and 7BM (the game cards), rescue attempts are rejected and co-gamesters are viewed as Controlling Parents. In line with this, card 13MF reveals the hero as a Persecutor, thus indicating a negative view of others, "You're not-OK".

The common aggressive themes are divisible into two categories: in cards 4 and 13MF, the hero is able to express his aggression. But in card 7BM (and 18BM) although his underlying aggression is apparent, the hero refrains from overt expression. It is significant, in the light of the Item Analysis, that the former co-gamesters are female, while the latter are male. It is suggested that William is involved in a compliance-rebellious double-bind: he appears to need to conform with social standards and avoid the disapproval of others. At the same time, he rebels against the implication that, so doing, they must be virtuous and perfect while he is bad and misbehaving. His rejection of Rescuers and desire to assume the role of Persecutor

supports this. Therefore, the thesis indicated moves from "I'm not-OK, You're not-OK" to "I'm bad, You're good (ha, ha)".

(c) Dynamics and Aim: William appears to support Steiner's contentions for the "Drunk and Proud" player in the game of Alcoholic. Nevertheless, the dynamics of William's covert psychological motivation to play the game indicate that Steiner's theoretical discussion oversimplifies the nature of the transaction. An important hypothesis relating to the concept Loss of Control is arrived at.

Point one: Despite his limited education, William presented himself as an intelligent person, but one whose insight of his own problems was poor. Typically, he tended to project his own feelings of inadequacy and aggression onto his co-gamesters and view the world as alienating and "not-OK".

His own childhood is believed to be responsible for the growth of this script. William's parents showed many of the traits and coping mechanisms portrayed by William, himself. His father was described as being able to project the role of a nice-guy socially, one who was "easy-going" and "taken for a gentleman". However, at home, he was remembered as extremely critical, short-tempered and one who could not be approached with personal problems. Yet although he had a fiery temper, one intensified when drunk and portrayed at its worse when arguing with an equally hard-drinking wife, William also remembers the sober periods with affection - it was the drink-contaminated sessions that hurt him most, and he felt rejected and angry with his parents for destroying the family harmony. His mother was more of an approachable person, but one who could be alternately quick-tempered and kind-hearted. The more intelligent of the two parents, the advice she gave is felt to have contributed to William's perception of his parents (and other authority figures) as Controlling Parents. Together they are held responsible for William's overdeveloped Adapted Child.

Point two: In William's Adapted Child, the area dominated by Parental influence, parallel parental injunctions are visible. In line with both parents, William is overly aggressive (the origins of which shall be examined separately). William appears to mirror his father more than his mother, however. In the TAT and Ladder it was noted that William tended to express

his aggression only in the presence of a female. Although the obvious explanation is that this may simply reflect his observance and depiction of parental hostility, there is a second hypothesis to be considered - one that has implications for the nature of the loss of control phenomenon. William's father's social mask evidences as the attempt to show outward control over the expression of emotion, notably amongst those people from whom he either desired respect or was, himself, fearful of rejection (or that he, himself was subject to the script which describes William). His wife may have been a "safe" object towards whom emotion could be expressed. In other words, there is a similarity between the way in which William feels safest when "keeping to yourself" so that one does not "get embarrassed or look a fool", and his father's avoidance of public ungentlemanly behaviour. Further, like his father, William only became aggressive with his wife when he (and possibly she as well) had been drinking heavily.

Point three: William's underlying aggression: Again, it is overly simplistic to infer that this is the consequence of parental "modelling". There are a number of factors which may explain William's decision, (originally) "I'm OK, You're not-OK", adopted in childhood. Firstly, William's need for affection and attention may be assumed from (a) his history of fainting spells, of "unknown origin", which originally may have served the purpose of achieving attention in the form of "cold pricklies". This is supported in the family card (2). (b) The ability to have a close relationship with his mother, and to have desired the same with his father. Secondly, that his attempts at attaining this attention were frustrated are indicated by (a) his having to resort to "cold pricklies", (b) an absent father, (c) an advice-giving as opposed to empathic mother, and (d) his poor interpersonal relationships at school. Thirdly, the dominant emotion of aggression (rather than, say, anxiety) and the projective nature of the script may be traced to the injunctions of his father. For example, jealous of his wife's greater knowledge (i.e. he seemed threatened), his father would attempt to reverse this one-down position by calling her a "Piccadilly Whore". In other words, he may be said to have been saying "I may not be educated (not-OK), but you're not better, probably worse (not-OK)". Fourthly, the aspect of projection as the transfer of self-inadequacy (William criticized by a perfectionistic father) onto the shoulders of others may have been initiated/reinforced by William perceiving his father as hypocritical ("was taken to be

a gentleman"). Aggression towards the father (and other authority figures) is indicated in cards 63M, 73M and 183M.

Point four: There tends to be a relationship between drinking, aggression, and the marital relationship. William's wife appears to have assumed much the same role for him as his mother did for his father – she entered into violent arguments with him (once, at least, ending in physical assault), generally in the presence of heavy drinking.

It is interesting that, in the TAT, aggression appears as the dominant emotion, whereas in the Ladder, depression is the norm. The relationship between depression and aggression is believed to be important in the explanation of the Alcoholic Game. If it is accepted that the TAT measures more long-term characteristics, while the Ladder is responsible for indicating more recent phenomena, then it may be argued that, as long as William had his emotional outlet (his wife), aggression was forthcoming. When he was divorced, he lost this outlet for he was reluctant to show his feelings socially. As a person who tends to keep things to himself (see card 2), the frustrated aggression became internalized as depression.

Point five: It is apparent that William rejects Rescuers, and welcomes a Persecutor in a co-gamester. He, himself, does not appear to desire playing the Rescuer, but will elicit another as a Patsy. This is in line with his existential position and script.

Hypothesis: By drinking, William is able to accomplish two major goals:

- (i) As a drug, alcohol presents him with a secondary benefit of relaxation. This enables him to "forget problems .. feel friendlier and mix better with others .. feel accepted".
- (ii) By drinking, William is able to substantiate his existential view of the world. This forms the primary benefit of alcoholism. William's anger, which emanates from his (perceived) rejection of others, demands an outlet. This is apparent in the manner in which he transacted with the co-gamesters in the TAT. However, he must still meet the injunctions of a Controlling Parent – the avoidance of an "open" display of emotion.

He fears the rejection and disapproval of peers, a script handed down to him by his father.

William has a negative view of drinking. He feels great antagonism for the way in which alcohol came to disrupt his childhood; owing to the alcoholism of both his parents, his childhood memories are of constant drunken arguments - which resulted in withheld attention. Foremost in his anticipation of the consequences of drinking is that "people lose respect for you ... people reject you..".

By drinking too much, William accomplished (i) the attainment of a feeling of rejection, i.e. if alcohol abuse is bad, and if he abuses alcohol, then he must be bad. However, as William tends to project his own failures onto others, then he may develop his own hypothesis that they are against him. (ii) Because he avoids the expression of aggression amongst his peers, he must find a substitute object. Like his father, he chose his wife. The wife, as co-gamster, meets two requirements: firstly, she is "tied" to him and cannot reject him (leave him). Further, he can keep his aggressive display in the home and away from his peers; secondly, like his mother, his wife had a volatile temper and would enter into arguments readily. Importantly, she provided an excuse for his display. Like his mother, his wife was the object for suspicion of infidelity. She could be accused. She would retaliate - and take the blame for starting the argument. Or she may be manipulated into accosting him over his excessive drinking - again, by rejecting him, she vindicates his view that people are against him and is given the opportunity to express, guilt-free, his underlying aggression. It is significant that William rejects a co-gamster who attempts to rescue him - they do not facilitate anger. On the other hand, a Patsy enables him also to "prove" that the co-gamster is "not-OK" and, consequently, that he is better than she.

(d) Roles: William generally plays Victim, but this changes to Persecutor when the co-gamster accepts being a Patsy (then a Victim).

(e) Social Paradigm: The common interaction was that between William and his wife. In this case, the game of "Rapo" (re: card 13MF) appears to be representative of the transaction.

- William (Adult) : Overtly expressing anger but projecting guilt, he may say, "I'm sorry if I went further than you intended me to".
- Wife (Adult) : "You have violated me and must pay the full penalty". (Berne, 1967, p.112) (Persecutor), or "OK, I believe you" (Patsy).

Psychological Paradigm: Here William obtains covert gratification as a result of his rejection.

- William (Child) : "I was bad and you could not stop me, ha, ha".
- Wife (Parent) : "You were bad and I am justified in punishing you" (Persecutor) or "You were bad and I will forgive you" (Patsy). It must be pointed out that the Patsy will probably only be accepted by William if no Persecutor is forthcoming. This role may be assumed by the therapist.

- (f) Advantages:
- 1) Internal Psychological - the game contributes to internal psychic stability by facilitating the expression of anger.
 - 2) External Psychological - the game avoids the anxiety-arousing situation of having to take responsibility (blame) for anger.
 - 3) Internal Social - the characteristic phrase possibly used by William toward his wife was "Now I've Got You, You Son of a Bitch" (re cards 7BM, 12M).
 - 4) External Social - the characteristic phrase used by William in less intimate circles is "I don't know. I was foolish". (Cards 12M, 18BM), i.e. eliciting the other as Patsy.
 - 5) Biological - the game offers positive strokes from drinking companions and Patsy; negative strokes from Persecutor; belligerent exchanges.
 - 6) Existential - the presentiment that the game appears to be "I am blameless" and "Everybody tries to tell me what to do".

Diagnostic Comparisons(a) from Clinical Psychologist:

Formulation: "Primary alcoholism in a man with strong hereditary/familial/predisposition to use drink as a means of coping, who has recently become sufficiently motivated to endure the discomforts of abstaining".

Attitude to therapy: "motivated"

Prognosis: "guarded".

(b) from Occupational Therapist:

"William gave the initial impression of being a reserved and timid man. He did not communicate spontaneously and had limited interaction with the other patients. He had obvious problems with his interpersonal relationships with others.

His insight was fairly good. He recognized that his self-esteem and self-confidence were extremely low and that this hindered his relationships with others. He acknowledged that he is unassertive and is thus "used" by others for their convenience.

William's motivation to stop drinking is good. His main problem will be one of unemployment .. He recognized the danger that ... this will probably depress him and lead to his drinking again.

William did show some progress at WSH. He appeared to be more spontaneous in speech and interacted more freely with the patients and staff".

IV

Subject: George
Age: 47 years
Occupation: presently unemployed
Marital Status: married
Referred by the Psychiatric Social Worker at Groote Schuur Hospital.

ALCOHOLIC HISTORY

George first drank alcoholic beverages at the age of 18 years. By 23, he was a regular, but not a problem drinker, generally frequenting pubs after work. At the age of 29 years he "became a Christian" and stopped drinking altogether for the following 8 years. During this period he married, had children and socialized reasonably well. When he began drinking again, it was to a distinct Gamma pattern, i.e. drinking until he either passed out or vomited. George felt that this started from a "personal urge". At the same time he discontinued his religious contacts. He also lost his job and this began a pattern of irregular employment alternating with drinking bouts. Over the past 5 years he has had dry periods which range from 3 months to 1 year.

Mood: George said that he drinks to forget his worries (usually his debts), and loses all fear when drunk: "to hell with it all". Generally he is quiet.

FAMILY HISTORY

Father: Father deceased 1956. A heavy drinker, he drank on top of an ulcer, and died. Father and mother argued often, and he left home permanently to live with his own mother at the beginning of World War II (1939). Father was an absent figure who was not involved in the family. As father left when George was only 7 years at the time, he remembers him only as a person with whom he had a poor relationship. Particularly with regard to George being unable to express anger ("dare not").

Mother: Died in 1957 (6 months after husband): A "soft" person, George

felt very close to her. He felt that he could always get his own way with her because she rarely punished him.

Home Atmosphere: Other than the tension that remained between his parents, George described a very unsettled home existence. He felt "we weren't really a family - what with father and brothers going off to war and father never returning". After father left, he was "shunted around to so many different places I can't even remember them all".

Siblings: George was the youngest of 7 sons. He was closest to the 4th, 3rd and eldest ("they showed an interest in me"), and got on poorly with the second eldest ("he picked on me, kept telling me what to do"). While he feels that there was no sibling rivalry, today they have no contact with George and have no knowledge of his present predicament.

PERSONAL HISTORY

George did not have any debilitating childhood illnesses. He felt he was a planned and wanted child. He obtained his Std. 6 at 15 years, and left school for financial reasons (to support mother). He described his early peer relationships as difficult - he always felt unwanted and inferior (especially with girls). He saw himself as a follower, vulnerable to group opinion. George prefers to avoid groups and arguing. Sexual education came from peers (parents were "secretive about sex"). He began masturbating at 12 and experienced no guilt. His first sexual encounter was with a prostitute at the age of 17: "a let down, I expected it to be better". Although shy of girls, he clearly remembered a girl who felt disgusted at the idea of kissing him. He then decided to prove himself, and set about making conquests. He has had a number of extra-marital affairs, and has been impotent "from guilt". Similarly, impotence at times with wife "from guilt". He had been impotent for the past 3 months.

George's wife has had previous treatment at WGH for alcoholism. She was described as supportive and dependent wife, anxious, unsure of herself, and highly strung as a personality. More recently she has become more assertive and does not stand "for his nonsense". They have been married for 14 years.

George is 11 years older than her. They have 3 children, two boys (13 and 12) and a girl (11 years). Both parents have been accused of child neglect, and at one stage they feared that the children would be legally removed. George has left home to seek work, but recently has simply sold his own furniture to support the family. George's occupational history, following school, reflects his unhappiness with unskilled employment: he worked as a cable joiner in the Post Office twice (3 years and 4 years), as a steward on the Railways twice (5 years and 3 years), and with the Automobile Association. He has been fired from this last job for drunken driving but has been reappointed. He has been unemployed since 1976 despite his attempts to work, as his final discharge from A.A. has made this difficult.

During the interview, George presented as a dependent, somewhat agitated, and immature person. He was likeable and of average intelligence. He tended to control his emotionality and, when asked whether he found it difficult to express himself, said: "I'm not an aggressive person. I never have been. But lately I've noticed a change. When I'm drunk, I've been getting - I admit it - even violent. Not toward my children, but toward my wife".

THEMATIC APPERCEPTION TEST

Card 2

Response time: 34 seconds

Well, first of all I see beauty in it as far as the hills and mountains are concerned, the hills and koppies. I see this woman here has got books - looks like a bible or she looks like a school-teacher or something of that sort. I see aloofness in her and yet a sorrow as well. The woman on the right, I see as just being stern. Stern and she's got a smile on her face - as if to think to herself "that's what I like, being in charge, as it were, watching my labourers". That's a slave, I think - it looks like a slave to me. Maybe a farm labourer. But he gives me more of the impression of the slave era. This is a slave with a horse ploughing the soil. I see strength and character and power in character and, yet .. one would think, looking at this picture, Derek, that .. he's just going on daily with his job - there's no escape for him .. and, yet, mind you, I'd like to ... strange, I like this picture because I've always liked open land - there's so much to be read in this picture

(Enquiry: What do you think this story's about? What's going on?)

Well, to me, it gives me the idea that this is the time of the slave period. This woman on the right is actually sent to watch over the slaves - otherwise she has nothing to do but actually stand there and smirk, as it were, because

they've got the farm, they've got the labourers, the slaves, to work under them. This woman (on the left), I'm very impressed with her. Because though she ... when I first looked at it, I thought of course that she was like the woman on the right, but looking deeper at her, you can see sorrow in her, and a loneliness, and a longingness of this ... as if she'd really like that period to end - no more slaves. That's what I see in her. She has a look that says "when will this all end? When will there be no more slaves? When will it be all nice and peaceful again?" It's a beautiful picture of them all. But it's deep, deep sorrow in her.

(Enquiry: What do you think is going on between the people?).

There doesn't seem to be, actually, any communication between these two women. I think that they are entirely different, on a different level of feeling and emotion. The woman with the books in her hand - she seems to be a woman, as I've said, who's got deep sorrow in her life, not that it happened, but in her thoughts. She's got thoughts of sorrow and longingness. Whereas the woman on the right, again, she seems to be just contented with her lot. The slave, he gives me the impression - only looking at his back - that he's given up his lot and he just has to be satisfied with his lot' "I'm a slave, and here I am, and here I'm going to remain".

(Enquiry: Let's say, for the sake of the story, that these two women met. What would happen?)

I think there'd be words said. Harsh words ... Mind you, it's strange, I think this woman on the left would start first, because I don't think her principles are like those of the woman on the right. The woman on the right will just sit down smirkly, and just have a conversation with this woman. And her thoughts and feelings when she voices will be in contrast to the thoughts and feelings of the woman on the left. She's domineering. The woman on the left is gentle. Though she's been brought up in this environment, perhaps her parents ... it's strange, but just for a moment I don't think they are related to each other - I think this woman's passing by; I don't think she's related to that woman at all. Mind you, if this woman on the right got into a conversation with the woman on the left, I think she'd want to dominate this woman on the left. She's big and domineering, and this one is slender and gentle of spirit.

(Enquiry: How does the man fit into this?)

He just seems to be there; that's his lot, and that's all. I don't think he would talk to the others without being spoken to first - he's a slave, and you aren't supposed to speak to your superiors. And even then, it's a 'yes' or 'no'. So he would never raise his voice or lift his voice or even voice his opinion unless he was asked for it.

Identification: The subject chose both the girl's (left) description (sorrowful) and figure as being closest to himself.

Card 4

Response time: 13 seconds

Well, the first impression I got as you gave it to me, was one of pleadingness: the wife's pleading with her husband, and he seems to be fighting a battle with himself - he wants to agree with her, he wants to yield to her pleadings, but he's got an inward struggle in his mind. There's an emotional struggle: he wants to yield - I think that .. she's pleading with him to do something, and he's finding it very hard to do. And though he's wild, in his eyes I see, as if he's wanting to with all his heart, to do what she's asking. But he's not finding the power to do it, and that's

why I see sorrow in his eyes as well. There's a pleadingness in her eyes - a loving pleadingness - but there's a sorrowful hurt in his eyes, as if he can't do what she wants him to do. As if he seems not to be able to do what she wants him to do. That's what the impression I get is: he wants to do it, but he is not able to do it - he hasn't got the inner power and will to do it. And, yet, deep down inside his heart, he wants to yield to her, and he looks away from her as if thinking in his own heart and mind "it's an impossible thing you're asking me to do".

(Enquiry: What do you think she's asked him to do?)

It's difficult to tell, Derek. Of course this is a married couple. It must be the way they are tenderly embraced here. She's asking him to do something. Must be a married couple. Let's say, I think she's probably asking him .. huh, it's funny I should say this, but perhaps maybe it's the drink. She's maybe asking him to give up drinking and think of his family. She's pleading: "why don't you give up drink and think of me and my family?" And he just seems to look away as if to say "well, I can't".

Identification: The subject chose both the man's description (gentle) and figure as being closest to himself.

Card 6BM

Response time: 15 seconds

I don't like this picture at all. To me it seems that they're both dominating and self-willed people. Not one wanting to yield to the other. That's the mother, obviously, I'm sure. The impression I get is that she's just turned away as if to say "well, that's that. The ball's in your court now. I've said what I want to say". And he's just as much, just like his mother, I mean. I think he's got the same will as his mother. He doesn't want to yield up to her will; he won't be dominated by her will - he's self-willed. Strong-willed and self-willed. I don't like this picture at all, mind you. It gives me no emotional effect, whatsoever. (Enquiry: What do you think's happening between the two of them, what's led up to this situation?)

I think he wants to leave home, or something. He wants some portion of his inheritance, he wants to go out, leave home. And she's - the mother - I don't think she wants to let go of this son. She knows that if she gave him money, he'll go. And he's determined, he's determined he wants to go. And she's just as determined that he's not going to go, or if he does go, he'll go without the money. But he won't ask her in a pleading way, he's just domineering too. He's said his piece and he's not going to show any emotion whatsoever.

Identification: Identification is unsubstantiated - the subject accepts the man's description as closest to his own (i.e. self-willed), but feels closest to the female (mother figure).

Card 7BM

Response time: 16 seconds

He's very .. the son - it's obviously a father and son here - the son is very domineering. He's got a very dominating personality about him. And a smugness. Obviously, he's been well educated, well brought up, and he's got an aloofness and smugness about him. I think he takes after his father, because his father gives me that impression too ..

(Enquiry: What's going on between them?)

I think the father is telling the son that he mustn't live the way he is. I think the father's picked the son out because he's squandering money too much. And the son is just like his father: strong-willed and ... he's got that .. smirk on his face, as if to say "well, this is my due, so I'll make the best of it. I wasn't asked to be born into this family. And, of course, if I was born into a family with money in it, why shouldn't I make use of it?" And he's resenting his father picking him out. He seems to be resenting it. And I think that what the father's saying is not making any impression on the son whatsoever. I don't think it ever will. 'Cause the son seems to have a will of his own. No matter what his father says, he's not caring. So he's just thinking "well, you just go on battling; I'm not even listening to what you're saying". I think he wants to get away from there; he can't wait to get out, to get away from his father. He isn't at all worried what his father says.

(Enquiry: Is he going to say anything back to his father?)

I think he'll answer his father back, yes. I think there's a clash of two strong wills ... I think he'll be curt - I don't think he'll be angry with his father, and raise his voice. But he won't give one inch, either.

(Enquiry: But he feels angry ..)

Oh, he .. he feels inside, yes. But he won't raise his voice. Perhaps he's frightened his father won't leave him an inheritance. but then again,.. for a moment I thought, you know, he'd raise his voice - by looking closer - I thought he'd answer his father back. But I don't think he will. I think he'll suppress his anger.

Identification: Subject identifies with son (figure) and description (domineering).

Card 12M

Response time: 55 seconds

It's strange, but this one, there's quite a lot here. It's quite hard - I feel more than I can express. First of all, it gives me the idea it's almost .. in an attic room. And yet, I see poverty here and yet, I see something else besides that. This is definitely a father and son. And the son is resting - he is not sick, otherwise he'd be covered up. He seems resting. And though he's well dressed - he's quite nicely dressed - there still seems to be all the time in the background poverty: you can see the father's got old clothes on, and there's a longingness between the father and the son. The father, almost, wants to embrace his son, comfort his son. But he's hesitant to do so. I don't know why. Again I see loneliness, but this time I see it in the father ...

(Enquiry: Why can't the father embrace his son?)

I don't know. It's almost as if there's a barrier between them, or something. The son has lifted himself up, and the father hasn't .. the father gives me the impression of a hobo .. and he doesn't seem to be able to comfort his son because he isn't capable of doing it...

(Enquiry: What's going on between them?)

You know, for a moment I get the impression tht the son stays here; the father doesn't. And the father's found out where his son stays and he's come up to his room. And he's reaching out to his son while his son is sleeping, as though he's lost contact with his son, or his son with him. As I said he's a hobo - he's found out where his son stays. And he's quietly come into the room and he's hesitating to put his hand on his son's brow - as if

through his drink, he's lost contact with his son. And now he's finally making the decision to come up to his son's room and he's reaching out, trying to press his hand on his son's brow. But he's frightened, he's scared. Hesitant. I don't think his son's aware of his father at all in this picture.

Identification: Subject identifies with father (figure) and description (drunkard).

Card 13MF Response time: 15 seconds

Great sorrow in this one ... utter loneliness. All these pictures, most of these pictures seem to be pictures of loneliness, and poverty. Although, of course, there's a bit of respectability about the man here, and of course the woman .. is dead. Utter grief ... Here, again, his wife has left him all alone. There are no children involved here - otherwise they'd be with them. They're too young to have any children, so I don't think there are any children. So there's just him and his wife - and she's died. One might almost get the impression that he's .. not too badly dressed, he still hasn't got money because there's no doctor. She's died all alone with him ... his face seems a bit spiritual, religious Why do I always get the impression that these pictures, etches, are drawn of upper rooms? As if they could only afford that room. I always get the impression that they're upper rooms ...

(Enquiry: What was their relationship like?)

I think they were legally married. I think they were in love with each other. And now the only love that he had has gone. And now he's grieving beyond words. He's grieving very much ...

Identification: Identification is unsubstantiated - the subject accepts the woman's description (loving), but recognises the man's figure (described as 'working-class').

Card 18M Response time: 25 seconds

This guy's given everything up. He's just abandoned ship, as it were. He's just got an attitude of, well .. obviously you can see he's drunk there. But he's in such a state that he doesn't care. It's just as if to say "Well, do what you must do". It seems, almost, that he's up straight. I would think that those arms are the arms of the police. But looking closer, I don't think they are. My first impression was that of the police .. He's utterly dejected. He seems a drunkard here too... I thought this was a fight here. The first impression I got was that he had been arrested. But now, looking closer, I think perhaps he's getting some support from friends. But he's in such a drunken state that he doesn't realise he's getting help.

Identification: Subject identifies with the man (figure) and description (outcast).

LADDERING PROCEDUREElicitation of constructs

Five TAT-derived constructs were completed by the subject. These were based upon the subject's description of the hero in each story. In each case, this description was supported by the subject's self-concept, and affirmation of hero-as-self when presented with the card. Heros not supported in this way were disregarded for laddering.

The constructs retained were (with self-description indicated by an asterisk):

- Card 2 : Sorrowful (*) - Happy.
- Card 4 : Gentle (*) - Arrogant.
- Card 7BM : Dominating (*) - Tender.
- Card 12M : Drink too much (*) - Abstemious.
- Card 18BM : Outcast (*) - Respected.

In cards 6 and 13MF, the hero was substantiated. The construct pole, "Drunkard"(*), in card 12M coincided with the presenting problem (which was to be included as a provided construct pole). The construct "Drink too much - Abstemious" was satisfactorily accepted.

Laddering Protocols(1) "Sorrowful - Happy"(A) (a1) Sorrowful (*)

(P)

(B) (b1) I feel more at home
when sorrowful.I am able to share my
feelings with others.I get strength and
support from others.

Feel more at ease.

(a2) Happy

(NP)

(b2) Wouldn't feel at ease
with others.Wouldn't feel welcomed
by them.

I would be laughed at.

Feel depressed.

Would like to cry (but I
don't).

Take a drink.

(C) (c1) Feel lonely even when
you are with others.There's too much pain
and heartache.

Can't bear it.

Drink.

(c2) Can share with others.

Feel as I am helping
and am accepted.2. "Gentle - Arrogant"(A) (a1) Gentle (*)

(P)

(B) (b1) You are loved by others.

You know you are needed
by others, others look
to you for love.

Can help people.

Can share with others.

Feel happy.

(a2) Arrogant

(NP)

(b2) Such people have too
much self-assurance --
snobbish.

You are not liked.

(C) (c1) You need to please other
other people the whole time.(c2) You can have status, a
good job.

You are easily hurt.
Feel sad.

Can give the family
what they want.
Feel happy.

(3) "Dominating - Weakwilled"

(A) (a1) Dominating (*)
(P)

(a2) Weakwilled
(NP)

(B) (b1) You are not influenced
by others.

You can choose your own
way of life.

(b2) You are easily influenced
by others.

You feel frustrated.

(C) (c1) You are disliked by
others.

Feel upset, regret.

(c2) Easily influenced by
others.

But you are liked.

(4) "Drink too much - Abstemious"

(A) (a1) Abstemious

You are respected by
others.

You are liked by others.

Feel happy.

(a2) Drink too much (*)

(b2) You lose the love and
respect of your family.

There is no communication.

Feel at a loss.

Feel lonely and sad.

(C) (c1) You don't have something
to run to in time of
trouble.

Feel at a loss.

Feel hurt and sad.

(c2) You can drown your sorrows.

You forget the hurt and
have peace of mind.

No cares.

Drink.

(5) "Outcast - Respected"

(A) (a1) Respected
(P)

(a2) Outcast (*)
(NP)

(B) (b1) You are liked by others
and respected by your
family.

(b2) Feel lonely as there is no
one to turn to.

(C) (c1) You can't drink (see above).

(c2) You can get drunk (see above).

(That's what is expected so I'll do it).

Preliminary scrutiny of TAT

The manner in which George complied with instructions tended to indicate that he was more aware of the feelings and thoughts of the actors than their behaviours and actions. The plot, leading-up events, and outcome, unless asked for by the interviewer, were left implied. It is felt that this feature is indicative of a person highly sensitive to or cognizant of another's expectations of himself. In other words, one who will react consistently from a Child ego state. Therefore, a recognizable Life Game and Script should be found.

His perceptual compliance appeared to be good: absent were any omissions and distortions of characters, i.e. he did not mask sexual identities by referring to the actors as "they". On the other hand, George tended to imply situations or identities from the cards. For example, the "elderly woman" in card 6BM was assumed to be the "mother". This, allied to the subject's empathic relationship with the cards - he really did appear willing to use the test as a method of projecting himself, of talking about his feelings. He would begin by saying "mind you, it's strange, but ..", or "for a moment I thought ..". Furthermore, in the two instances (out of seven) that a hero was not substantiated, he pointed out his dislike for the card in question.

While not spontaneous, his reaction times were fast enough to suggest that George has a tendency to be impulsive. Cards 2 and 12M recorded the highest times; however, it must be pointed out that these were, respectively, the first cards presented in two periods of testing divided by a tea-break. Card 18BM, on the other hand, tended to be longer than the others. This dealt with the topic of alcoholism.

The hero was established comfortably in all cards excepting 6BM and 13MF.

Interestingly, both these cards involve some interaction between a male and female figure. This may indicate conflict centering around the marital relationship, where feelings for the Primal Mother are involved.

Transactional analysis

Card 2

(a) Situation: A country scene where a slave or farm labourer is being supervised by the older woman; the young girl is desirous of emancipation of the slave(s).

(b) Implications: George identified with the hero, the young girl, whom he saw as "sorrowful". In the Ladder (1), he preferred the advantages of "sorrowful" to those of the contrasting pole "happy". He felt that, in the former, he is able to remain passive ("I get strength and support from others") and it is in this dependent role that he is able to communicate and share with others ("I am able to share my feelings with others"). He then feels more secure and relaxed, ("I feel at home when sorrowful"). He appears to fear rejection (Re: "happy", disadvantages - "Wouldn't feel at ease with others .. wouldn't feel welcomed by them .. I would be laughed at"), but is caught in a double-bind for the disadvantages of being sorrowful also engender social isolation ("feel lonely even when you are with others .. there's too much pain and heartache" and "feel depressed .."). He tends to avoid openly expressing emotion (i.e. in line with allowing others to come to him), and suppresses his psychic pain ("would like to cry - but I don't"). This leads to drinking.

It appears that George desires the presence of Rescuers. Just how he elicits and perceives a Rescuer may be expressed by the hero.

(c) Structural analysis: Socially, the hero interacts from an Adult ego state ("When will this all end? When will there be no more slaves?"). However, it is apparent that his Adult is contaminated by his Child: "When will it all be nice and peaceful again?" Thus, psychologically, the hero transacts at a Child level. This is reinforced by such statements as "..

it's strange, I like this picture".

In contrast, the co-gamester (other woman) maintains a (Controlling) Parent ego state throughout ("that's what I like, being in charge").

(d) Roles: During the initial and final stages of the story, the hero is cast as a Victim (i.e. longing and sorrowful), a product of the slave era he lives in. In these instances the hero does not have a relationship with a Rescuer (because George does not invent one). This serves to introduce the theory that George does not really want a Rescuer, but is happy (content) to remain in the one-down position. In the middle of the story, however, the hero strives to overcome this situation, and himself becomes the Rescuer. In the ladder during the advantages of the non-preferred pole, "happy", George stated that he "can share with others .. feel as if I am helping and am accepted". This serves to reinforce the above hypothesis for George is, apparently, attempting to ally himself with the slave-Victim.

The co-gamester is perceived as a Persecutor.

(e) Transactional analysis: The game that appears to be completed herein is that of "Ain't it Awful" (see Berne, 1967, p.97). This is suggested by the way in which the hero acts out a drama where he, like Atlas, carries the weight of the world on his back. In this case, the hero is portrayed as "you can see sorrow in her, and a loneliness, and a longingness of this .. as if she's really like that (slave) period to end ..". In other words, the pain and sorrow that the hero feels is bound up in external figures. At the same time, the hero, in being the Rescuer, himself, actually prevents the appearance of other Rescuers. Therefore, it is argued, he rejects rescue. The aim of the game is the maintenance of a Victim role and provoking of sympathy. Further, intimate relationships are avoided (as indicated by the Ladder). Yet there is a fair measure of controlled or suppressed aggression apparent in the way the hero is willing to begin arguing with the co-gamester ("harsh words .. I think the woman on the left would start first") who is perceived as "domineering", who will "sit down smirky". The hero attains covert gratification "at the prospect of the satisfaction he can wring from his misfortune" (Berne, *ibid*, p.98).

Card 4

(a) Situation: A husband-wife scene, where the wife attempts to rescue the husband but is rejected.

(b) Implications: The "gentle" hero indicates his central need, to be "loved by others" (Ladder 2). Like ladder 1, George places the emphasis in social relationships upon the other person coming to him (rather than he approaching the other): "You know you are needed by others, others look to you for love". He would like to "help people" but fears, like before, rejection. This ensues because "you need to please other people the whole time". The contrasting pole "arrogant" evidences the same predicament: "such people .. are not liked" (i.e. one can avoid intimate relationships), but "you can have status, a good job" (i.e. people will respect you ..).

(c) Structural analysis: The hero moves from a Child ego state ("he wants to agree") to a Parental ego state ("It's an impossible thing you're asking me to do"). The co-gamester is portrayed as a Parent ("Why don't you give up drinking?").

(d) Roles: Outwardly, the hero is depicted as a Victim, while the co-gamester is cast as an impotent Rescuer. However, because the hero is at all times in control of the situation (while the co-gamester is not), he may be viewed in a Persecutor-like role. Thus the co-gamester is made into a Patsy. It is important that she is portrayed as the initiator of all action, while he merely strings her along (but appears grateful).

(e) Transactional analysis: The game played is "Why Don't you - Yes, But" (see Berne, 1967, pp.10.-107). The thesis of this game is "See if you can present a solution I can't find fault with" (Berne, *ibid*). Briefly, the co-gamester (wife) asks "Why don't you (give up drinking)?" and the hero (husband) replies "Yes, (I would like to), But (I can't)". As Berne (*ibid*, p.102) states, "YDYB is not played for its ostensible purpose (an Adult quest for information or solutions), but to reassure and gratify the Child".

The game proceeds reasonably smoothly because the roles assumed are complementary. At the social level, they are either Adult-Adult or Parent-

Parent, with Parent to Child stimulus ("Why don't you ..) eliciting Child to Parent response ("Yes, but .."). Thus the procrastination serves to structure time and ward off action. It is this latter aspect that is reinforced by the Implications above.

Card 6BM

As no definite hero is substantiated, only an Item Analysis shall be attempted.

Card 7BM

(a) Situation: The hero is offered advice by the co-gamester (his father) but rejects it.

(b) Implications: In the "dominating" hero, George reveals his dislike of passivity (Ladder 3). He prefers "not (to be) influenced by others .. you (are able) to choose your own way of life". He prefers not to be "weak-willed" for this implies being "easily influenced by others". This leads to frustration. While at first impression this description does not appear representative of George's behaviour (according to the previous cards), it does describe the action of the hero in the card - specifically as a rebellious child who, in reaction to a Controlling Parent, displays the hall-marks of the Adapted Child. This is further apparent in the ambivalence for the depicted roles for, in the advantages to c1, he remarked "you are disliked by others" (i.e. this role reinforces a one-down position). Added to which, in the disadvantages of c2 being "easily influenced by others" leads to being "liked". George appears to be caught in a double-bind of needing to be dependent but resenting it.

(c) Structural analysis: The hero appears to alternate between his Parental ego state (".. if I was born into a family with money in it, why shouldn't I make use of it?") and (Rebellious) Child ego state "(No matter what the father's saying, he's not caring)". The co-gamester maintains a (Controlling) Parent ego state ("The father is telling the son he mustn't live the way he is").

(d) Roles: While the father tends to be a Persecutor throughout the story ("he's resenting his father picking him out"), the hero is seen to switch from Victim to Persecutor.

(e) Transactional analysis: While this game seems to be a resumption of YDYB (card 4), where the co-gamester asks "Why don't you (stop spending so much money)?" and the hero replies "Yes, but (it's my due)", this transaction does not evidence the complementarity of the above game. The passive-aggression of the hero is evident in "I'm not even listening to what you are saying".

The appearance of Victim without Rescuer present indicates the ulterior motive - a desire for the one-down position (i.e. as depicted in the Implications - re: disadvantages of self-descriptive people). What lies beyond the motive (i.e. what is the advantage of being "disliked by others" - Ladder)?

The game is evidenced as "Now I've Got You, You Son of a Bitch". It is evident that the hero is desirous of venting pent-up anger. However, because he avoids expressing it openly (Implications, card 2), he must feel justified in doing so. The hero substantiates his reason to be angry by pointing out the unreasonableness of the co-gamester. In other words, placing the blame upon the shoulders of the other.

In the end, however, the hero avoids completing the game (expressing anger) - "I think he'll suppress his anger" - but it is clear that he would like to ("for a moment I thought, you know, he'd raise his voice").

Card 12M

(a) Situation: Against a background of poverty, a father (the hero) comes to visit his son. As the son is asleep at the time, they fail to form any communicative bond.

(b) Implications: The hero was described as a "drunkard". Like the unhappy father in the story, George perceives the disadvantages of "drink too

much" (Ladder 4) as "You lose the love and respect of your family .. there is no communication .. feel at a loss .. feel lonely and sad". Against the depressive picture, George contrasts the advantages of "abstinent". As in previous ladders, the theme centres around his extratensiveness: "You are respected by others". The depressive element is again evident in the advantages of "drinking too much": "You can drown your sorrows .. you forget the hurt". While this area shall be explored in greater depth in the Item Analysis, the interpersonal strategies may be proposed here.

(c) Structural analysis: The hero's Child ego state is evident throughout the story (e.g. "I can feel more than I can express"). He appears to be seeking a Nurturing Parent ("The father .. wants to embrace his son, comfort his son"). (The hero as Nurturing Parent, himself, is rejected because of the needs to take rather than give, that are stressed). It may be hypothesized that, as the co-gamester does not react, George has grown up among Controlling Parents.

(d) Roles: The hero is cast into a Victim role when the co-gamester fails to stroke (Rescue) him.

(e) Transactional analysis: Joyless scripts often tend to be played out in games such as "Do me something", where the player acts like a Victim. According to Steiner (1975, p.218) this person "spends a lot of time complaining about how awful things are and trying to get others to do something about it". Furthermore, this person tends "to keep proving that (they're) a Victim by setting up situations in which (they) first manipulate people into doing things for (them) that they don't really want to do, then getting persecuted by them when they feel resentful toward (him)". Allied games are "Ain't it Awful" and "Why Don't You, Yes, But". A final similarity is that between "(He) learns that (he) can get things more easily if (he) tells people about (his) troubles and thus becomes invested in not giving up that self-image" (Steiner, *ibid*), and "I feel more at home when sorrowful (Ladder 1).

Card 13MF

As no definite hero is substantiated, only the Item Analysis shall be attempted.

Card 188M

(a) Situation: The drunken hero, incapacitated and dejected, is given a helping hand by some of his friends.

(b) Implications: Two Ladders may be included here - that depicting the hero's description ("outcast", Ladder 5) and that depicting his behaviour ("drink too much", Ladder 4). On examination, they are to be seen as describing identical advantages and disadvantages. Therefore see card 12M.

A point of note is the similarity above. It follows, theoretically, that the goal of "drinking too much" may be a deliberate attempt at being "outcast". This is indicated by the advantage of "outcast" (the self-descriptive position) "You can get drunk". George adds, as if completing a self-fulfilling prophesy (i.e. script), "That's what is expected, so I'll do it". Again the theme of passive-aggression.

This story, then, may indicate the interpersonal strategies that he adopts in order to obtain the desired form of stroking.

(c) Structural analysis: The hero is portrayed as an Adapted Child ("well, do what you must"), who has given up the fight.

(d) Roles: The hero is a Victim, who is Rescued by friends.

(e) Transactional analysis: In line with the Implications above, it is hypothesized that the hero actually desires rejection and/or punishment. This is supported by the hero's (George's) first perception of the co-gamemaster(s), their being Persecutors: "My first impression was that of the police"; and then again, "I thought this was a fight here ..". The need for rejection may play a central role in the maintenance of his drinking and in his script.

The game that describes these features is one of "Cops and Robbers". It is "much like a children's game of 'hide-and-peek', in which the 'robber' hides but gets the real payoff by acting chagrined when caught ... The 'robber' is indulging Child feelings and compulsion to lose by venting anger and provoking

the cops in order to get caught" (James and Jongeward, 1978, pp 230-231). The anger depicted in this game is present in the passive-aggression noted by George (above). Further, according to card 2, the need to remain dependent actually provides him with the excuse to get angry (vent underlying anger). This game, "Cops and Robbers", tends to provide the same payoffs as that of "Ain't it Awful", continued dependency which also allows the player to project the blame for his anger onto the co-gamemaster.

Item Analysis

Card 2

".. conceptions of family relationships and attitudes toward the environment generally as giving, supportive, versus barren, depriving" (Rapaport, et al, 1968, p.487).

The first aspect of note is that the expected family unit in the story does not exist. Instead, the hero is depicted as an outsider from the woman and slave. With regard to his own family, George pointed out that he had experienced "a very unsettled home existence" with father absent, parental conflict, and he being the youngest of 7 children. It would be no surprise for him to view the environment as depriving. This is indicated by early childhood relationships: he generally felt inferior and unwanted by his peers; tended to respond to siblings that "showed an interest" in him, while rejecting those that "picked" on him.

The woman (overseer) was the main co-gamemaster. As the expected mother, she is seen to be domineering, "contented with her lot". Her relationship with the hero is strained, largely from the hero's side. This does not appear to describe George's relationship or feeling for his mother (who was seen as "soft"). However, it can be argued that, because the hero is an outsider, the major confrontation is between that of woman (mother) and slave (father). In other words, this may describe the marital friction of his parents. The reason for George's father leaving home may have been due to his wife dominating him. Unfortunately, it is risky drawing hypotheses about their relationship without corroborating evidence. Nevertheless, he may have been treated like the slave - devoid of the right to self-expression. If so, and especially because the hero takes the slave's part, George may view his mother /

females/authority figures as dominating, Controlling Parents. His rejection of such a person may have support for (i) he may hold her responsible for breaking up the home, and (ii) George pointed out that he could "get his own way with her because she rarely punished him" i.e. he may have contempt for the Controlling Parent (like the brother that he rejected - "Kept telling me what to do").

The hero's attempt at rescuing the slave casts the slave into the role of a secondary hero. In other words, George sees himself, perhaps in his own marriage (as well as his family) as trapped into a Victim role.

Lastly, the centrality of the male-female conflict was indicated in the Preliminary Scrutiny. Cards 4, 6BM and 13MF can, therefore, be aligned with this card.

Card 4

".. male-female conflict, fostering expression of attitudes toward feminine demands and masculine wishes not to be tied down or problems of controlling impulses. In general a good picture for learning about conceptions of male and female roles, as well as sexual roles" (ibid, pp. 487-488).

The hero (George) and the co-gamster (wife?) are portrayed as a married couple, "tenderly embraced". The hero is involved in "an inward struggle in his mind .. an emotional struggle" while his wife is "pleading with him to do something". The hero's problem is that of alcoholism, but it is something he finds that he cannot put aside.

This story tends to be representative of George's relationship with his wife. She tends to be supportive and he tends to wait for or need other people to support him. In this story the wife's needs are being ignored (although the nature of the game, YDYB, is complementary). The reason for this is not obvious, but in line with the above game it appears that the hero, by remaining a Victim, continues his dependency and assurance of his wife's concern and attention. However, the hero is, at the same time, rejecting her help. Thus it is the Victim position that appears to be the

primary need; rescue is not indicated. It is necessary to pinpoint the aim of being a Victim. One apparent aim is that it enables George to drink (an excuse).

Card 6BM

".. permits expression of the subject's attitude toward the mother figure (guilt feelings, dependence versus independence, overprotectiveness) and of strong attachment of either toward the other" (ibid, p.488).

The hero was not defined in this card. The son, described as "self-willed", is a secondary hero. In line with the hypothesis of card 2, the mother is seen here to be "dominating and self-willed". It may be that George fails to qualify this card as he feels guilty about rejecting his own mother, a person to whom he said he felt close as a child.

The son, George, expresses a need to "get out, leave home". Again, there is the impression of viewing the world/family as depriving, and females as demanding. Further, the mother is attempting to hold the son back (from leaving) - i.e. Controlling, domineering. Yet, again, the hero does not actually make a move by himself and appears content to maintain in a situation where he may feel dominated and restricted (i.e. Victim), and, at the same time, reject the other.

It appears that George may be involved in a game such as "Ain't it Awful", where the manipulated dependency enables him to, guilt-free, express his underlying aggression and frustration. This forms a further aim of being a Victim. The question that desires answer is "what is the cause of his frustration/anger?"

Card 7BM

".. frequently yields information about the subject's attitudes toward his own father and authority in general (dependence, compliance, rejection, defiance)" (ibid, p.488).

The son in this story is described as "domineering .. smug .. well educated, well brought up". This does not appear representative of George. The Implications indicated the presence of a dependency-independency double-bind. It suggested that George is attempting to (or desires to) rebel against the constraints meted out by a Controlling Parent. His own father was such a person - George had a poor relationship with him and, in particular, could not express any anger towards him. Therefore, the aggression displayed by the hero may be seen to be (i) indicative of his anger towards his father (and/or authority figures), or (ii) desired (i.e. wishfulfilment) expression towards such figure(s).

An interesting theory regarding the nature of George's father's game strategy is possible from the statement "he drank on top of an ulcer and died" (from Family History). This suggests that he was involved in the marital game "Look How Hard I Was Trying" (see Berne, 1967, pp.91-94). This is often played by a spouse who wants a divorce but, attempting to evade his domestic responsibilities, elicits belligerent exchanges to have freedom from the guilt of his aggression. He maintains "I am helpless (I am blameless)". George's father's game was played in the third degree - he continues until he, one day, collapses and is found dead. It is too late to obtain the admiration he desired from his family, but he leaves his wife with the guilt of responsibility. During this time, and prior to his death, he remains frustrated and resentful that her attention is motivated more by guilt than love. However, he controls his anger, and displays it passively. It is believed that there is much of a parallel between this hypothesized game and the father's marriage.

There are indications that George recognizes that he is completing a (family?) script that has been handed down by his father: the hero, the son, "is just like his father".

As with his own father, the hero controls and suppresses his anger. In other words, George's passive-aggression comes to the fore. It is expressed, too, in the following statement: "well you go on battling; I'm not even listening to what you are saying". George makes no move here to express his anger openly; he is, on the other hand, rewarded by the knowledge that other people are "Not-OK".

Card 12M

".. allows the subject to express his feelings and hopes about therapy; at times the attitude toward passive dependence is also strikingly shown by it" (ibid, p.488).

As an expression of his feelings for therapy, that (i) George likes the card, (ii) as the hero, attempts to reach out for the co-gamster, and (iii) that he is able to recognize the dilemma of the hero, indicates a strong desire on the part of George to involve himself in therapy. However there are, at the same time, a number of signs that suggest that George will have great difficulty in actually involving himself.

George recognizes that his drinking has been helpful in stimulating interpersonal contact, but he also sees that it has made things more difficult for him too. For example, "(the hero's) lost contact with his son" (i.e. George has lost contact with his brothers). Essentially, then, George does not know how to approach the therapeutic situation from an interpersonal stance. In other words, his problem centres around (mis)communication. From his attempts here to approach the co-gamster (which resemble an approach-avoidance conflict), and where in card 2 he attempted to Rescue the Victim, George may attempt to ingratiate himself with either group members or therapist (by outward compliance). But the prognosis can be seen in a more positive light from "and he's finally made the decision to come up to his son's room and he's reaching out ..". At the same time, George's conflict must be recognized: "But he's frightened, he's scared. Hesitant". Further, George is unsure of the therapist's fellow group members' empathy for him: "I don't think his son's aware of his father .."

It is interesting that George did not assume the role held by the co-gamster, one that supports passive-dependency. This tends to reinforce the hypothesis that he does not really want to be dependent, that there is some other motive involved in the dependency relationship he has with his wife.

Card 13MF

".. usually elicits the subject's attitude toward and conception of sexuality and sex partners" (ibid, p.489).

"Great sorrow in this one .. utter loneliness". It has been pointed out that George's relationship with his wife is not a satisfactory one. That he, as a person is dependent and insecure, and desiring of the presence (at least) of a Rescuer, is reflected by the manner in which he perceives the relationship in this story. His wife, who up till recently has provided him with a "mother-substitute" role, is no longer prepared to carry on supporting him. Thus the wife in the story ".. is dead". Or, her death may be seen in terms of a more long-term denial. Either way, George perceives his marital relationship as depriving. This may be the setting for his frustration.

The reference to "I don't think there are any children" may symbolize his present impotency; or, it may indicate a desire to exclude his own children as they tend to usurp his wife's attention (Re: record of child abandonment).

"He still hasn't got any money" is valid. That "there's no doctor" as a result of limited funds suggests that George is perhaps feeling much guilt (i.e. a reason why this card is defended) over his inability to assume the male role of provider.

"Why do I get the impression .. of upper rooms" seems to infer that George tends to intellectualize or rationalize, or simply get over-involved at the cognitive level - he avoids actually feeling by rationalizing, perhaps cutting off the "grief" by drinking.

Card 18BM

".. usually elicits stereotyped stories of robbery or drunkenness; intense aggressions or attitudes toward addition may also be expressed" (ibid, p.489).

"This guy's given everything up. He's just abandoned ship ..". From the very first statement, George offers some evidence as to why he wishes to be seen as an "outcast" (see ladder 4). In line with the game of Cops and Robbers, it appears that George is willing to go to serious lengths to (i) attain the attention he craves. By drinking to the point of stupor, George

cannot take care of himself and, thus, delegates the responsibility to another (e.g. his wife). (ii) By drinking, he finds himself becoming overtly aggressive. In this story the co-gamester (Controlling Parents initially, Rescuers finally) come to his aid, but his first reaction is to reject them ("Well, do what you must do"). His previous attempts at rejecting Rescuers suggest that George, by placing the responsibility for care in the hands of another, also places the burden of responsibility for subsequent belligerent exchanges upon another. In other words, a one-down (Victim) position is necessary so that the co-gamester may be construed as a Persecutor (instead of a Rescuer) and, thus, verify the "not-OK-ness" of others. This substantiates his anger towards others and provides an excuse to drink.

Conclusion

- (a) Titles Used:
- | | | |
|-----------|---|--|
| Card 2 | : | "Ain't it Awful". |
| Card 4 | : | "Why Don't You - Yes, But". |
| Card 6BM | : | analysis of game not attempted in Transactional analysis, but evidences as "Ain't it Awful" in Item Analysis. |
| Card 7BM | : | "Now I've Got You, You Son of a Bitch" (George in Transactional analysis", and "Look How Hard I Was Trying" (in Item Analysis - father's scripted game). |
| Card 12M | - | "Do Me Something". |
| Card 13MF | : | analysis of game not attempted in either Transactional analysis or Item Analysis. |
| Card 18BM | : | "Cops and Robbers". |

(b) Thesis: Of the cards in which the hero was discernable (cards 2, 4, 7BM, 12M and 18BM), the psychological level Child is dominant - indicating strongly the presence of a Life Game. In cards 12 and 18BM the hero is portrayed as a Victim desiring Rescue (but which fails to be given in the manner expected). This suggests a negative view of the self, "I'm not-OK", but doesn't clarify the view of others (which does tend to be better than that of self, however). In cards 2, 4 and 7BM (notably stories dealing with the family or marital relationships), the hero again is the Victim, but

combines with it an additional role: In card 2, he attempts to be a Rescuer but ends as a Persecutor. In cards 4 and 7BM, he turns from Victim to Persecutor. This indicates a negative view of others, "You're not-OK". The element of switching roles in the presence of a Parental co-gamester (i.e. one who is "one-up"), indicates that the view of others is "You're OK (ha, ha)".

The common trend running through the games (depicted above) is that in each case the player attempts to manipulate the co-gamester into a position where the hero is forced to remain subservient to the co-gamester, but where he obtains the opportunity to express suppressed anger in such a way that he does not appear to have initiated the confrontation. In George's case, however, excepting for card 2, he does not actually vent his aggression. Instead, he continues to check it, control it. It appears, then, that the vindication of an existential view may be dominant over the feeling of anger it elicits.

The thesis indicated is "I'm bad, You're good (ha, ha)".

(c) Dynamics and Aim: George appears to support many of Steiner's contentions for the "Drunk and Proud" player in the game of Alcoholic. There is, however, a shift of emphasis upon the dynamics of control and the expression of anger. For example, there is less overt and more covert aggression than Steiner suggests.

Point one: George presented as an inadequate, dependent, yet passive-aggressive person who would very much like to improve his position in life and command respect from others. He would like to rebel against the restrictions in force, but always returns to a one-down position.

It is possible to trace the origins of this script to his family upbringing. His father was largely an absent figure in a family that was very unsettled owing to poor finances and the war. Although not much is known about him, what was appears to have been adopted by George. In card 2 he is portrayed as a slave, dominated and without freedom of complaint. In card 7BM he adopts the role of Controlling Parent and Persecutor. The latter indicates his relationship with George - the apparent friction is qualified in the History: George felt that he was never able to express any anger towards

his father.

The former card indicates his relationship with his wife. It is significant that the Item Analysis of card 7BM reveals the presence of third degree "Look How Hard I Was Trying". This game reinforces the theory of a dominant mother and passive-aggressive father (or at least - and this is more important - this is how George perceived them). George recognizes his father in himself. In card 7BM he states: "(the hero) is just like his father".

Like his father, George tends to involve himself in relationships where he

- (i) assumes a one-down position, where he is dominated (e.g. with mother and wife) or is a follower (e.g. with peers, and with siblings - note birth order: youngest of 7) rather than leader.
- (ii) This situation evokes great frustration, but feelings of rebellion and aggression are checked and left to smoulder. (Father eventually escaped by leaving the family. However, he left only to return to his own mother).

Point two: George tends to view co-gamesters as Controlling Parents, but also appears to hold them up as being "not-OK".

George's mother was his major parental figure. Their relationship was good, but George noted that she was a "softy", and that she rarely punished him - he could "always get his own way". That she probably dominated his father, and was seen arguing with him, may have been a factor in George's decision to view authority figures with some scepticism. Allied to this is the fact that his relationship with his siblings seemed to depend upon whether "they showed an interest in me" or whether "he picked on me, kept telling me what to do". In other words, the combined effect of mother and latter brother (2nd eldest) may have served to reinforce a growing distrust of Parental figures (and Rescuers).

Point three: At the same time, George remained an inadequate and dependent person.

This is understandable in terms of his unstable upbringing: the parental discord, financial insecurity, and nomadic home life. As a child and adolescent, George felt inferior and unwanted by his peers; he preferred being a follower of group opinion than an instigator of action. He would avoid any behaviour (e.g. expression of anger) that may have engendered rejection.

Yet he still refused to see others as "better than he". This is clear in his early sexual relationships where he desired to make "conquests", to prove himself better than they. He went on, after he was married, to extra-marital affairs.

In cards where dependent relationships might be expected, for example, those that involve female co-gamesters, George rejects their attempts at mothering (Rescue) in cards 2 and 4, indicates his need to end their domination of him (but does nothing about it) in card 6BM, and portrays both guilt and sorrow over the loss of his wife in card 13MF. George appears to be caught in a dependency-independency double-bind. In his case the advantages of being dependent enable him to both attain security and to evolve a situation where he may feel one-down. Independency may denote his attempt to express underlying frustration and his "not-OK" view of others.

Point four: There seems to be a relationship between drinking, his marital relationship, and the expression of covert frustration.

George's wife appears to have assumed much the same role for him as his mother did for his father: she tended to Rescue him but, eventually has ended up rejecting him by taking a stronger line. She has become the dominant partner. Like his father, George perceives his wife as depriving. Further, it seems that he would like to play his father's game ("Look How Hard I Was Trying") for "Why Don't You, Yes, But" (card 4), the marital card, shows great similarity: the hero desires making good, but there is always a reason why he can't do better. Further, the husband rejects the Rescue (i.e. dominating) attempts on the part of the wife. There is great frustration evident in George, and it seems to be aimed at his wife. This concurs with his statement, in the History, that he recently began to show violence towards his wife.

Drinking produces two outcomes: firstly, according to the Ladder, it engenders rejection by others. One is "outcast". Secondly, according to the TAT, there is an opposite yet complementary reaction: one is Rescued by others if you are incapacitated. This may be seen to re-introduce the dependency-independency double-bind from point three. Importantly, George's aggression and frustration seem most apparent when he is or has been drinking ("Is: "feel at a loss " - ladder; Has been: "To hell with it all" - History, "When I'm drunk, I've been getting violent .. towards my wife - History").

Hypothesis: By drinking George is able to accomplish two major goals:

- (i) As a drug, alcohol presents him with the secondary benefit of suppressing presently painful thoughts. George tends to be very aware of his joblessness and poor social image. Alcohol enables him to "forget the hurt and have peace of mind". However, this must be seen as secondary for he tends to drink himself into a stupor, where he, once again, loses face (see card 4, Item Analysis).
- (ii) By drinking, George is able to substantiate his existential view of the world. This forms the primary benefit of alcoholism for him.

George appears to view other people as "not-OK". He perceives that other people see him as "not-OK" and resents this. He tends to be caught between wanting to reject people who come to his rescue and manoeuvring himself into a position where rescue is demanded. This is in line with his childhood memories of his father who, like the child he himself was, tended to be dominated and looked down upon by others. In reaction, George desires the conquest of these people. At the same time, however, he appears dependent upon others for financial and emotional support. It seems most likely that, during his childhood, George learned to use the (apparent) one-down position as a platform from which he could prove his superiority. This is suggested by his relationship with his non-punishing mother.

By drinking too much, George appears to challenge others to stop him - as apparent from the game of "Cops and Robbers" indicated in card 18BM, the drinking-dynamic card. According to the Implications in the Ladder (4 and 5),

by drinking too much George becomes an outcast. However, he also drinks so much that, as he winds up incapacitated, someone is forced to rescue him. This is obviously his wife as she is, firstly, closest to him and, secondly, the target of his frustration. By becoming the Victim, George maintains the presence of his wife, the Rescuer. He has now achieved the first objective: by being Rescued, he becomes dependent. George desires independence (like his father) and views Rescuers as Controlling Parents. Thus he is able to feel anger towards the Rescuer and wish to reject her. But he does not express his anger openly: he still functions under a Contaminating Child, which has its expression in resentful compliance and procrastination. Therefore he engages the co-gamester, his wife, in games that maintain her presence (and his domination) but enable him to positively elicit anger in her. Games such as "Ain't it Awful" and "Why Don;t You- Yes, But" allow him to vindicate his view of the co-gamester as an impotent Rescuer and, thus, as "not-OK". Lately, however, his anger has been becoming more dominant, George having less control over its suppression. He has started to overtly be aggressive with his wife. In line with this, his drinking has become worse. The relationship between Loss of Control states - drinking and emotive- is noted.

(d) Roles: George generally plays Victim, but can change this to Persecutor when the co-gamester plays his game and ends up Victim herself.

(e) Social Paradigm: The common interaction indicated is that between George and his wife. In this case, the game of "Why Don't You- Yes, But" (card 4) is believed to be representative of the transaction.

George (Adult)	:	"I just can't seem to get myself a job" (This statement sets out George's problem and hooks his wife into the game).
Wife (Adult)	:	"Why don't you give up drinking?"
George (Adult)	:	"Yes, but I can't. It's an impossible thing you're asking me to do" (from card 4).

Psychologicay Paradigm: Here George obtains the covert gratification of the co-gamester being revealed as impotent.

- Wife (Parent) : "You've got a problem. I can make you grateful for my help" (This reflects the wife's own needs and insecurity)(attempts to be the Rescuer).
- George (Child) : "I've got a problem. Just try to tell me the answer. I won't let you" (rejects Rescuer).

(f) Advantages: (1) Internal Psychological - the game contributes to internal psychic stability by facilitating frustration and consequently expression of aggression.

(2) External Psychological - the game avoids the anxiety-arousing situation of having to take the responsibility (blame) for anger.

(3) Internal Social - the characteristic phrase possibly used by George toward his wife is "Yes, but ..."

(4) External Social - the characteristic phrase used by George in less intimate circles is "Well, do what you must do" (card 18BM).

(5) Biological - the game offers positive strokes from drinking companions, negative strokes from Persecutor (co-gamemaster following the rejection of Rescuer).

(6) Existential - "Everybody wants to dominate me".

Diagnostic comparisons

(a) from Social Worker

Basic Personality: "Patient's basic personality appears to be highly related to environmental factors. We have passivity and dependency correlating with a very involved, independence negating mothering experience.. his low self-esteem can be related to his financially deprived background, to his broken home, to introjecting social evaluations. The patient appears to be motivated by negative aggression build up through an environmental relationship with his mother (inhibiting his drive to independence) and broken parental marriage. Aggression is rarely expressed directly. There appears to be resentment of superior people, and he withdraws from them. He seems to need to prove himself".

(b) from Occupational Therapist:

"Initially, George presented as extremely anxious. He was very verbose - procrastinated and made excuses for not participating in activities. He presented with a low self-esteem, was fairly attention-seeking and very superficial. He tried to take over leadership role in groups and appeared quite manipulative.

George formed superficial relationships with others, was always smiling and pleasant - paying a lot of compliments to curry favour. He avoided a lot of O.T. activities, tending to slide his way out. George did little work on himself - always tending to assist others and he had difficulty in expressing his emotions. Judgement and insight were low. George showed little sign of change".

CHAPTER SEVEN

DISCUSSION AND CONCLUSIONS

This chapter shall evaluate the results, the case studies, as they relate to the Alcoholic Game hypothesis proposed by Steiner. Discussion shall focus upon the contribution of games analysis to the understanding of mechanisms of alcoholic maintenance and adaptation, and the concept Loss of Control. Statements concerning the significance of these findings for therapy shall be included. Lastly, comments shall be offered regarding the use of the TAT, Laddering Procedure, and Life History in the explication of Transactional Analysis material.

In the previous chapter, each case was presented and organized separately as a unit. This was in line with the "general proposition", and it served to illuminate the dynamics of each subject's script, and demonstrate the relationship between the existential view and the benefit which issues out of drinking.

It is clear, within the confines of this theory, that a number of similarities are apparent: each subject perceived his childhood environment as unsatisfactory. In each case, the way in which he experienced his parent-child relationship appears to have paralleled the manner in which he reacted to present environmental figures. Needs, fears, and control mechanisms are traceable to early parental injunctions. Resulting scripts and existential positions did appear to play an important role in the maintenance of the drinking pattern. Therefore the basic hypothesis of this investigation was accepted.

Differences between subjects indicate the importance of treating alcoholism as an heterogeneous entity - each subject developed his script in a unique and personal manner. Nevertheless, diverging themes between these delta and gamma groups were noticeable and provide one direction for validating research in the future. Essentially, the major difference lay in the way the subjects handled their aggressive feelings. Both groups indicated an angry disposition toward the environment. However, the gamma subjects were able to express this more openly with their partners, while the delta

subjects tended to suppress it or express it passively.

It must be pointed out that, without a holistic picture of each subject, the meaning of the alcoholic game falls away. What is left is a common ending, either a need to maintain the presence of a Rescuer - without actually being rescued - as in the case of these deltas, or the facilitation of angry outbursts, as in the case of these gammas. This does not provide an accurate reflection of diverging game themes. Nor does it accurately reflect the dynamics which maintain alcoholic behaviour. It is apparent, when case comparisons are made, much of the flavour, the complexity, and the intrigue surrounding each person must be lost. This is certainly a consequence which follows the attempt to establish drinking pattern trends (see "The Alcoholic game themes", below).

I. Transactional Analysis and Alcoholism

The Alcoholic game themes

According to Steiner, the Alcoholic game has three distinct themes - "Drunk and Proud", "Lush", and "Wino". This sub-section shall attempt to examine the validity of this postulate among the subjects of this investigation. As sample size was small, the conclusions derived cannot validate/invalidate a particular typology, per se; however, the data may facilitate the development of an "aggregate proposition".

(a) Drunk and Proud (D&P)

The D&P player is likely to be a gamma pattern drinker. He tends to play an aggressive game with the thesis "You're good, I'm bad (try and stop me)(ha, ha)". A manipulative person, he is at home playing the role of Victim or Persecutor. He rejects a rescuing co-gamster, but actively seeks out a Patsy (Steiner, 1969, 1971).

As gamma pattern drinkers, George and William may be expected to support the D&P thesis.

George and William tended to play aggressive games, both indicating either

frequent (William) or occasional (George) physical violence as the extreme means of emotive expression. In each case, the wife assumed the role of co-gamester. In line with this, both these gamma subjects expressed the existential view "I'm bad, You're good (ha, ha)". Developmentally, neither indicated an injunction against male-female aggression, although there tended to be an injunction against male-male aggression. Both portrayed either Victim or Persecutor roles; neither was a Rescuer. Co-gamesters were indicated as Persecutors, (impotent) Rescuers, or Patsy.

According to these factors, the D&P thesis, as hypothesized by Steiner, and its relationship with the gamma drinking pattern, was accepted.

(b) Lush

The Lush player is likely to be a delta pattern drinker. He tends to play a depressive game with the thesis "I'm crazy (depressed), You can make me feel better (cure me) (ha, ha)". The Lush tends to assume the role of Victim in order that he may entice a Rescuer; however, as he demands a reason to be Victim, the co-gamester is often portrayed as a Persecutor. The game is generally played with a wife - the Lush feels deprived of sexual strokes and aims at their procurement (Steiner, 1969, 1971).

As delta pattern drinkers, John and Karl may be expected to support the Lush thesis.

John approximated this picture more closely than did Karl. One of the reasons for this may have been that Karl was not married. This is important from the point of view that there was no consistent co-gamester against whom his games could be determined. His anger, consequentially, was more free-floating and did not have the direction of the other subjects (deltas and gammas inclusive). This suggests that marital partners - whom Steiner depicted as the main co-gamesters - are chosen as targets simply because they are present. While this view does not exclude the importance of the transference relationship, it does underline the centrality of the script and existential position. Bearing in mind the relationship between John and Karl, it may be that Karl's game has as yet to unfold.

Upon close inspection, John and Karl reveal a number of important similarities. For example, where John's thesis was "I'm vulnerable and insecure, You can make me feel better (ha, ha)", Karl indicated "I'm not good enough, You can show me how (ha, ha)". In each case there is a desire that a Rescuer be present (especially so with regard to John), although Karl avoids an open request - this is understandable in the light of a parental injunction against revealing weaknesses. Both held Rescuers at a safe distance. Each appeared to be caught up in a dependency-independency double-bind. Both presented scripts wherein aggressive feeling was controlled and prevented from overt expression, i.e. injunctions against male-male and male-female anger.

According to these factors, the Lush thesis, as described by Steiner, was not accepted. Recommendations shall be discussed shortly. However, there does appear to be a relationship between the delta drinking pattern and a Lush theme.

(c) Wino

The Wino player is likely to be a delta pattern drinker. He tends to play a self-destructive script with the thesis "I'm sick (try and avoid that), You're well (ha, ha)". Generally depicted as the Skid Row down-and-out, the Wino obtains strokes by making himself ill and, thereby, forcing others to take care of him (e.g. the nurse, or the soup kitchen). As he has no place to live, the policeman, too, becomes a Connection - in gaol he has, at least, a roof over his head. As the Wino has no will to be sober and no desire for therapy, it is unlikely that he will be found in a hospital setting such as William Slater (Steiner, 1969, 1971).

Neither the delta nor the gamma subjects examined were believed to be descriptive of the Wino thesis. Although this means that this category cannot be confirmed, there is some support for its inclusion merely by its absence.

Comment: Both D&P and Lush players express aggressive themes. Steiner portrays the Lush, however, as a depressive. This is so, but must be seen

in the context of suppressed aggression, a consequence of their desire for the one-down or Victim role (where they may solicit a Rescuer). The Lush appears to manoeuvre the co-gamester into rejecting him, does not fight back openly, and is stroked by the feeling of failure itself. In other words, he is a depressive at heart. The anger encountered is a function of his desire to avoid self-confrontation (of own weaknesses) and the transference of the identified rejecting primal parent(s) onto current environmental figures (e.g. his wife). Thus it is their (the co-gamester's) fault that he must remain a dependent and frustrated invalid. Rescuers are rejected, but their presence is maintained. This may indicate, in terms of the aggressive content, a desire to "prove" the co-gamester as impotent, i.e. "I'm OK, You're not-OK".

On the other hand, the anger of the D&P is portrayed openly. He, too, desires rejection, but this enables him to express, guilt-free, his own underlying frustrations (these vary - see case studies). In this way, he, too, avoids self-confrontation.

Loss of Control and the drinking pattern

Rittman and Snyder (1962) and Walton (1968) have pointed out that delta and gamma alcoholism appears to be related to cultural teachings. For example, the trend in France - a country which tends to encourage regular wine drinking - is towards the delta pattern, while in Anglo-Saxon countries there appear to be a greater number of gamma drinkers. At a more immediate level, it is important that the relationship between drinking pattern and familial teachings be examined.

More apparent, however, is the influence of familial teachings upon the personality make-up of the individual. The significance of the alcoholic's developing script, nevertheless, still demands clarification. Delta pattern drinkers have been found to be introverted, tend to drink at home, and are less impulsive than gamma pattern drinkers, who are more aggressive, tend to be extroverted and drink socially.

It has been suggested (re: Chapter One, "Delta and Gamma Alcoholism") that the drinking pattern is bound up in some interpersonal strategy, the delta conforming to Horney's Inhibited Neurotic style, and the gamma approaching Horney's Aggressive Neurotic asocial style (re: Chapter Three, "Rationale"). The present study indicates support for this view. In this light, changes in personality before and after drinking may add substance to statements regarding the drinking pattern. Loebenstein (1978) recently concluded that delta alcoholics, while in the sober state are significantly more anxious and unassertive than gamma alcoholics, tend to reveal a greater increase in extraversion and assertion following the ingestion of a moderate dose of alcohol. Further, gamma alcoholics do not appear to exhibit as great a decrease in their neurotic scores (upon the EPI) as do delta alcoholics.

These three areas appear to have a common denominator which is clarified following the analyses of the case study material.¹

It must be pointed out, firstly, that both delta and gamma subjects revealed a great deal of aggressive feeling which was directed at the environment and co-gamesters. Importantly, it was the manner in which these feelings were expressed that differentiated these two groups. Both delta subjects tended to function according to a paternal injunction not to lose control - each had a father who was noted for his temper and who maintained a position dominant or superior to that of his son (and his wife). As John described the relationship, it was a case of his being unable to stand up to his father. This appears to be representative of Karl's upbringing, too. In the TAT, neither subject was able to go through with the violence he desired. For example, Karl (in card 12M), although presenting a story in which a passive female was assaulted by a male intruder, failed to identify with the attacker yet suggested that this is what he would like to do. Both John and Karl tended to express their underlying frustration in a passive-aggressive manner. For example, in games such as "Ain't it Awful" (John) or "Now I've Got You, You Son of a Bitch" (Karl).

On the other hand, both gamma subjects tended to function according to a

1. Again it must be emphasized that the following hypotheses are based upon a small sample and, as a result, are merely indicators for future validating studies.

parental injunction to lose control. In addition, as they also share an injunction not to assume responsibility for initiating an argument, both George and William were able to express their anger openly as long as the co-gamester could be manoeuvred into the Persecutor role. This was in line with their own parents' game and, thus, indicated that no injunction prevented male-female aggression - in fact, it legislated for such behaviour. Conversely, neither of the gamma subjects indicated overt aggression toward a male co-gamester; in these cases aggression was suppressed or expressed passively. George tended to involve the co-gamester in "Why Don't You - Yes, But"¹, while William played "Uproar" or "Rapo".

The second point of note appears to parallel the above; these delta alcoholics revealed a certain amount of control over their drinking. Neither resorted to a binge in order to get drunk; neither drank while they worked, although both drank during working hours. Both felt a great responsibility to the upholding of their professional status - neither drank to the extent that alcohol affected their ability to cope; instead both tended to drink in order that they could "prop themselves up" emotionally. The greater part of their drinking was done after working hours and at home.

On the other hand, the two gamma alcoholics herein revealed no such control. In the drinking pattern, they experienced total Loss of Control, drinking themselves into a stupor. That this form of alcoholism takes the form of a binge - which may take place over a consecutive period of days (e.g. William's 19 day bender) - the individual's ability to hold down a job must suffer (both George and William were unemployed at the time of referral). In other words, they did not exhibit the degree of Parental control as did the delta subjects.

Thus it appears that the relationship between degree of alcoholic Loss of Control and ability to control aggression may play a significant role in the alcoholic's adherence to a particular drinking pattern.

In line with this theory, the factor of cultural influence may be viewed along with familial injunctions regarding the way in which emotional control

1. Note - this is a passive-aggressive game, but George did indicate in the interview that he was developing overt expression of his anger.

may be sustained. Allied to this is the family (and cultural) injunction for or against the abuse of alcoholic beverages. It is noted that, whereas these gamma subjects both came from families whose members drank heavily - and, importantly, this was associated with lessened emotional control (rather than, simply, behavioural modelling of drinking abuse) - the delta subjects had no such experience. In other words, they did not have the opportunity to develop this association.

An interpretation of Loebenstein's (ibid) results is now offered. Alcohol, or rather intoxication, tends to enable the delta drinker to suppress the injunction to control - hence the increase in extraversion and assertion. Nevertheless, sufficient control remains to prevent the development of a bender and maintenance of continuous drinking. Sufficient control remains, too, to prevent the overt expression of underlying anger. The higher neuroticism scores of the gamma tend to reflect his greater impulsivity and compulsivity (Eysenck and Eysenck, 1964), factors which align with his lessened emotional control. With more "free-floating" aggression, gamma alcoholics may not have the control (injunction) to end sustained drinking. This is in line with Jellinek's (1960) belief that gamma alcoholics appear (i.e. overtly) to have a greater tolerance to alcohol, thus needing a greater dose to facilitate drinking benefits (these are explored below).

Mechanisms of adaptation and maintenance

The concepts "adaptation" and "maintenance" are here viewed as part of the same phenomenon. Adaptation refers to the manner in which an individual adjusts to his (new) environment. Maintenance refers to the factors which encourage the alcoholic to continue drinking, or those which prevent him from abstaining. Seen together, these concepts refer to the factors which encourage alcoholism as a way of life. This is most clearly seen in the theory of Transactional Analysis.

Following on from the last subsection, the diverging patterns of emotional control between these groups have significant inferences for alcoholic theory. This relates to the appearance of transference reactions.

The central tenet of the Alcoholic game is that the player chooses a role on the basis of the manner in which he perceives it facilitating the gratification of a central need. The superordinacy of these needs follow the lines of his chosen script.

Berne (1973a, p.118) wrote:

"In any given social situation .. this script .. must be compromised in accordance with the possible realities. This compromise is technically called the adaptation, and the adaptation is what the patient actually tries to play out in real life by the manipulation of people around him".

The case studies indicated the presence of two separate scripts, delta and gamma subject groups being differentiable.

Both the delta alcoholics came from financially sound families where father dominated mother. Thus both John and Karl came to assume paternally-influenced scripts which called for compliance and achievement. Both fathers were identified as Controlling Parents and mothers as Nurturing Parents (but weak - impotent - and dominated by father). In attempting to fulfil these scripts, both John and Karl indicated that they felt insecure and inadequate. Dominant was the need to prove their masculinity. Yet, at the same time, they maintained a great need for stroking, notably from the (impotent) primal mother. These incompatible needs, dependence vs independence, are visible in their frustration and passive-aggression.

The gamma subjects, George and William, had quite the opposite upbringing. Neither family was financially stable, both subjects had largely absent fathers, both had mothers who were able to dominate (get the better of) father. Both fathers encouraged good (controlled) social masks. Both George and William appear to have accepted their father's scripts - to obtain social acceptance - but are contaminated by their mothers' scripts as well: there is a fear of social rejection, with aggression being confined to the home.

All four subjects indicated that the decision taken in childhood was "I'm not-OK, You're OK". In John's case, illness enabled him to feel secure in

the role of patient; Karl felt guilty as his parents would not condone his inadequacy; both George and William escaped punishment as their mothers either "didn't bear a brudge" (William) or "rarely punished" (George). These early existential decisions appear to have been given added impetus by each player's central co-gamester. This contributed to the developing script and existential positions as held presently.

With the gamma subjects, each may have chosen, following the lack of limit setting by their mothers, to attempt to win from the one-down position, i.e. they became determined to get the better of others (whom they perceived as Persecutors - like mother for father) and so turn their own role (Victim) around. This resulted in the projection of cause for failure onto others thus: "I'm bad, You're good (ha, ha)". The co-gamester (Patsy and Victim) nominated in the TAT was the wife. Both George and William indicated that the primary benefit of drinking was the substantiation of their existential view. It may also be seen as the following of a script written and played by each of their fathers. Following each binge, the players entered into aggressive games with their wives. The nature of these games enabled the player to feel blameless. The co-gamester became an impotent Rescuer ("Why Don't You - Yes, But") or Persecutor ("Uproar", "Rapo", "Now I've Got You, You Son of a Bitch", and "Do Me Something"). In this way they were able to "prove" that the co-gamester (primal mother ?) was not as superior as she thought. Lastly it must be pointed out that each player actively sought out the above transactions (i.e. desired involvement as indicated). This is borne out by the games "Cops and Robbers" (George) and "Drunk and Proud" (William) presented in card 18BM, the drink-related card.

The delta subjects appear to have been influenced more clearly. John, although nursed by his mother, perceived his relationship with her as deprived - she failed to understand him. His anger toward her became expressed thus: "I'm vulnerable and insecure, You can make me feel better (ha, ha)". Later, with his wife, John was able to express, passively, his continued frustration with a female co-gamester who failed to empathize with his pain. Card 18BM indicated that John played "Lush" and "Kick Me". In other words, the primary benefit of drinking was the verification of this existential position; he manoeuvred himself into a position where he feels

defenceless, where his wife must come to his rescue (nurse him). As she cannot rescue him to his level of expectation, she comes to be regarded as a failure like his mother. He is able to reveal that she is incapable (by his continued drinking) and that she must try harder next time (thus holding on to her).

Karl came to reject his mother for the same reasons as John - an inability to be nurtured to his satisfaction. However his major influence appears to have been provided by expectations of a dominating father. Attempting to fulfil the injunction to achieve and comply, Karl felt further rejected (i.e. one-down) knowing that he was an unwanted child. In reaction, his existential position changed thus: "I'm not good enough, You can show me how (ha, ha)". Card 18BM indicated "Happy to Help". This is synonymous of Karl's primary benefit of drinking: the constant need to present a good face to the world, the need to be seen to be competitive and helpful. These follow from the need to avoid noncompliance with father's script, and parental injunctions such as "Don't admit weaknesses". Drinking, thus, facilitates his mask. His need for mothering is indicated by the game of "Kick Me" (in card 6BM, the "mother" card), which also indicates his expectancy of rejection. Again the "sex" card, card 13MF, which is notable in the light of Karl's recent break-up with his fiancée, evidences the same outcome: "Why Does This Always Happen To Me?". The inevitable consequence of drinking was the realisation that he had lost control both of his drinking and his script. Once again, he has let his parents down. He is allowed to feel unwanted.

If these analyses are accurate - and not just a theorist's over-zealous pursuit of the payoff motive - then it is clear that more is involved in the alcoholic's drinking than the elicitation of the physical relaxation that alcohol, as a drug, may provide. This conclusion is not simply a return to "alcoholism is a symptom of some underlying emotional problem"; alcoholism appears to reveal, in a microcosm, a dysfunctional life style.

To summarise, the subjects studied in this investigation indicate that alcoholism may, itself, be a game which aims at the verification of an existential decision about oneself taken in childhood.

As such, it does not necessarily have to be part of the script, but may be

adopted if the individual finds that it facilitates strokes more directly.

II. Implications for therapy

This investigation has attempted to stress those factors which appear to be foremost contributors to the alcoholic's continuing alcoholism. Centrally, maintenance and adaptation have been discussed in the light of the alcoholic's life style or script, and the games by which he verifies his existential position.

Analyses indicate that each subject tends to be involved in validating some personal viewpoint through his game-style. Importantly, his Alcoholic game may be demonstrated as originating in childhood (via the script).

Therapy with the alcoholic is largely unrewarding: success rates are low, and relapse rates are high. Prognosis is, thus, poor in most cases. This section attempts to gain some insight into the reason for this state of affairs, and offer some advice for future therapeutic intervention.

The Ladder protocols provided additional support that a double-bind situation occurs within the drinking context that parallels the alcoholic's script.

In each case, the subject's disadvantages of "Drink too much" equated the disadvantages of "Abstain". In other words, whether drunk or sober, the alcoholic is expectant of certain negative responses: Both gamma subjects revealed a fear of social or familial rejection, a rising feeling of impotency, increasing depression, and a need to drink. Similarly, John (delta) reported that he feared the loss of his wife's love, an inability to assert himself, and rising tension and frustration again leading to drinking. Karl (delta) indicated his low self-esteem, a factor which elicited additional anxiety and craving for alcohol. Interestingly, these reports all indicate that abstinence shall lead to drinking: While this may appear simplistic, the fact appears that neither drinking nor abstinence serves to overcome the alcoholic's "problem" in the long-term.

In this light, it becomes apparent that therapy with the alcoholic patient cannot simply aim at the prevention of drinking (e.g. Antabuse therapy in

the absence of any psychotherapy; even "group sessions" which monitor drink-free behaviour may be included here). While abstinence, supported in this manner, may encourage the "de-conditioning" of the central alcoholic game, unless the script, itself, undergoes change it is likely that the patient shall turn to some alternative but equally destructive game.

Transactional Analysis offers a valuable model for motivating the alcoholic's involvement in therapy and self-exploration of his dysfunctional life style. This is aided by the following two aspects:

- (i) Communication between therapist and patient is of prime importance. The language of TA offers a simplified, yet complete, theoretical medium devoid of technical complexity. The use of common terminology enables the patient to participate in the elucidation of his script and game plays, thus accruing valuable insight into his problem.
- (ii) Related to this factor is the value afforded by the depiction of the alcoholic's games, and the manner in which they may be demonstrated as developing in childhood yet continuing through adulthood.

Once the alcoholic patient comes to accept that his problem is all-encompassing and not, as he may argue, a consequence of situation, circumstance, or environmental conditions, the prognosis becomes more positive.

III. Assessment and Methodology: some comments

Notable features of this investigation were the use of (i) case studies, and (ii) the Thematic Apperception Test, Laddering Procedure, and Life History. Indications of reliability and validity are discussed.

Assessment aimed at the elicitation of each subject's script, existential position, and game style. The script may be described as the pattern each person plays out during his life and it is assumed to be decided in the first few years of childhood. Therefore the important areas for assessment were believed to be the subject's relationship with his father (card 7BM), his mother (card 6BM) and his home environment (card 2). The decisions

taken then were expected to parallel the subject's relationship with significant others of adulthood: the wife or girlfriend (cards 4 and 13MF) and therapist or authority figure (card 12M). Card 188M may indicate drink-related games, and important roles played.

The Life History was included in order that the hypotheses generated in the Transactional analyses and Item analyses (TAT) could be validated. The Ladder was included as an additional means of validation: anticipating game styles in the TAT, and establishing the hero.

Without exception the needs, fears, strivings, games, and existential position could be traced to early childhood. There appeared to be a close relationship between the co-gamester, as depicted in the TAT, and those indicated by the Life History. In other words, the methodology used appears to have successfully provided a window into the subject's inner world. It was possible to understand how each individual's script developed, who the central actors were, what their relationship with the subject was, and how this affected his changing existential view.

Such was the parallel between the perception of childhood figures (e.g. father or mother) and present adult figures (e.g. wife or girlfriend), that a shortened version - for quick assessment - is indicated by card 2. This allows for assessment of family environment and relationships with father and mother, thus deriving hypotheses for use in therapy, ward-round discussions, etc.

For future research, however, the amount of data collected by the Life History must be increased. The limitations became more and more clear as hypotheses were generated in the TAT. There were sufficient facts to establish concepts like the script, but if future research is to investigate causal features of the Alcoholic Game, it is suggested that a detailed history of the patient's childhood, his parents, and even his grandparents be obtained. This will clarify the presence and significance of family (or cultural) scripting. Further, for the in-depth investigation, historical features may be provided by family members, friends and employers - besides the patient.

The advantage in arriving at such a holistic assessment may be observed in a comparison of the conclusions derived from the TAT and those offered by the therapists ("Diagnostic Comparisons")¹. While these compared favourably (i.e. there appeared to be a mutual validation of conclusions reached), the formulations of the latter were observed to be oversimplistic and superficial in the light of previously recorded games. This is not a criticism of the reports, however, but simply an illustration of the limits of diagnosing a problem area without illuminating the underlying dynamics - especially so when diagnosis is reached from a single source. A holistic conception of the patient's world is, therefore, a more reliable and functional assessment.

A final measure of the usefulness of the TAT in this research can be made against a previously mentioned criticism of projective techniques in alcoholic research - can it differentiate between alcoholic types? In this thesis the TAT was expected to distinguish scripts, games, etc. This appeared to be successfully completed. In other words, common delta and gamma attributes were noted. For example, delta and gamma subjects were differentiable according to mechanisms of emotional control, and roles of hero and co-gamemaster portrayed. In effect, delta subjects tended to play "Lush", while gamma subjects tended to play "Drunk and Proud". If differentiation were made according to the attributed features of these diverging themes, then the TAT may be seen to be a useful instrument.

1. It must be pointed out that these formulations were obtained after the analyses of each subject was made - they in no way influenced the conclusions and hypotheses reached.

BIBLIOGRAPHY

- ABELSOHN, D.S. The Age Variable in Alcoholism. Unpublished Master's Thesis, University of Cape Town, 1973.
- ABRAHAM, K. The Psychological Relations between Sexuality and Alcoholism. Selected Papers. Hogarth Press, London, 1927 (1908).
- ADLER, A. The Practice and Theory of Individual Psychology. Harcourt, N.Y., 1927.
- ALLPORT, G.W. Personality and Social Encounter. The Person in Psychology : Selected Essays. Beacon Press, Boston, Mass., 1960.
- ANGELL, R.C. and FREEMAN, R. The use of documents, records, census materials and indices. In FESTINGER, L. and KATZ, D. (eds), Research Methods in the Behavioural Sciences. Dryden Press, N.Y., 1953.
- ANGYAL, A. Neurosis and Treatment : A Holistic Theory. John Wiley & Sons, Inc., N.Y., 1965.
- ANSBACHER, H.L. and ROWENA, R. (eds). The Individual Psychology of Alfred Adler. Basic Books, N.Y., 1956.
- APFELDORF, M.D. and HUNLEY, P.J. Application of MMPI scales to alcoholics and problem drinkers. J. Stud. Alc., 1975, 36, 645-653.
- ARNOLD, M.B. The TAT as a projective method, in SEMEONOF, B. (ed), Personality Assessment. Penguin Books Ltd., England 1966 (1962).
- BACON, S.D. Social Settings Conducive to Alcoholism. J. Amer. Med. Assoc., 1957, 164, 177-181.
- BACON, S.D. On the prevention of alcohol problems and alcoholism. J. Stud. Alc., 1978, 39, 1125-1147.
- BAILEY, M.B. and STEWART, J. Normal drinking by persons reporting previous problem drinking. Quart J. Stud. Alc., 1967, 28, 305-315.
- BALES, R.F. Cultural differences in rates of alcoholism. J. Stud. Alc., 1946, 6, 480-499.
- BANNISTER, D. Psychological theories as ways of relating to people. Br. J. Med. psychol., 1970, 43, 241-244.
- BANNISTER, D. and MAIR, J.M.M. The Evaluation of Personal Constructs. Academic Press, London and New York, 1968.
- BEAN, K.L. and KARASIEVICH, G.O. Psychological test results at three stages of inpatient alcoholism treatment. J. Stud. Alc., 1975, 36, 838-852.
- BECKER, H.S. Outsiders : studies in the sociology of deviance. Free Press, N.Y. 1963.
- BELLAK, L. The TAT, CAT and SAT in clinical use. Third Edition. Grune and Stratton, N.Y., 1975.

- BENNETT, A.E. Treatment of brain damage in alcoholism. Curr. Psychiat. Therapy, 1967, 7, 142-146.
- BERNE, E. The Structure and Dynamics of Organizations and Groups. J.B. Lippincott, Philadelphia, 1963.
- BERNE, E. Games People Play. Penguin Books, Great Britain, 1967.
- BERNE, E. Transactional Analysis in Psychotherapy. Ballantine Books, N.Y., 1973 (a).
- BERNE, E. Sex in Human Loving. Penguin Books, Great Britain, 1973 (b).
- BERNE, E. What Do You Say After You Say Hello? Corgi Books, Transworld Publishers Ltd., London, 1975.
- BLATT, S.J. The validity of projective techniques and their research and clinical contribution. J. Pers. Assess., 1975, 39, 327-343.
- BLUM, E.M. Psychoanalytic views of alcoholism : a review. Quart J. Stud. Alc., 1966, 27, 259-299.
- BLUME, S.B. and SHEPPARD, C. The changing effects of drinking on the changing personalities of alcoholics. Quart.J. Stud. Alc., 1967, 28, 436-443.
- BOLGAR H. The Case Study Method, in WOLMAN, B.B. (ed), Handbook of Clinical Psychology. McGraw-Hill Book Company, N.Y. 1965.
- BOROWITZ, G.H. Some ego aspects of alcoholism. Br.J. Med. Psychol., 1964, 37, 257-263.
- BRANDSMA, J.W. Alcoholismic dysbehaviourism revisited : a reply to Keller. J. Stud. Alc., 1977, 38, 1836-18 42.
- BREWER, C. and PERRET, L. Brain damage due to alcohol consumption; an air-encephalographic, psychometric, and electroencephalographic study. Br. J. Addict., 1971, 66, 170-182.
- BROWN, S. and YALOM, I.D. Interactional group therapy with alcoholics. J. Stud. Alc., 1977, 38, 426-456.
- BUHLER, C. From birth to maturity : an outline of the psychological development of the child. Kegan Paul, Trench, Trubner & Co., London, 1935.
- BUHLER, C. Rorschach studies on alcoholism. Amer. Psychol., 1947, 2, 405-406.
- BUTTON, A.D. A study of alcoholics with the Minnesota Multiphasic Personality Inventory. Quart. J. Stud. Alc., 1956, 17, 263-281.
- CAIN, A.H. The Cured Alcoholic. John Day Press, N.Y., 1964.

- CAINE, T.H. and SMITH, D.J. Personal relevance and the choice of constructs for the Repertory Grid Technique. Brit. J. Psychiat., 1967, 113, 517-520.
- CALDWELL, R.G. Criminology. Ronald Press Company, N.Y., 1965.
- CAPPEL, H. and HERMAN, C.P. Alcohol and Tension Reduction : a review. Quart J. Stud. Alc., 1972, 33, 33-64.
- CATTELL, R.B.; EBER, H.W. and TATSUOKA, N.M. Handbook for the Sixteen Personality Factor Questionnaire (16PF) in Clinical, Educational, Industrial and Research Psychology. Institute for Personality and Ability Testing. Champaign, Ill., 1970.
- CLARK, W. Operational definitions of drinking problems and associated prevalence rates. Quart. J. Stud. Alc., 1966, 27, 648-668.
- CLINEBELL, H.J. (Jnr). Understanding and Counseling the Alcoholic. Abington Press, N.Y. 1956.
- CLOPTON, J.R. Alcoholism and the MMPI : a review. J. Stud. Alc., 1978, 39, 1540-1558.
- COHEN, L.D. An Investigation into the extent of Personality Change attributable to group therapy among out-patient alcoholics. Unpublished Honours Dissertation, University of Cape Town, 1977.
- Comment on "The Alcoholic Game" : some A.A. viewpoints. Quart J. Stud. Alc., 1970, 31, A & B, 180-187.
- CONGER, J.J. The effects of alcohol on conflict behaviour in the albino rat. Quart. J. Stud. Alc., 1951, 12, 1-29.
- CONGER, J.J. Reinforcement theory and the Dynamics of Alcoholism. Quart.J. Stud. Alc., 1956, 17, 296-305.
- COSTELLO, R.M.; LAWLIS, G.F.; MANDERS, K.R. and DELISTINO, J.F. Empirical derivation of a partial personality typology of alcoholics. J. Stud. Alc., 1978, 39, 1258-1266.
- CURLEE, J. Alcoholic Blackouts : some conflicting evidence. Quart.J. Stud. Alc., 1973, 34, 409-413.
- DAVIES, D.L. Normal drinking in recovered alcohol addicts. Quart. J. Stud. Alc., 1962, 23, 94-104.
- DOLLARD, J. and MILLER, N.E. Personality and Psychotherapy : an Analysis in Terms of Learning, Thinking and Culture. McGraw-Hill, N.Y., 1950.
- DORESHOV, B.J. Therapy for the Nondiseased : Comment on "The Alcoholic Game". Quart.J. Stud. Alc., 1969, 30, 939-941.
- DREWERY, J. and RAE, J.B. A group comparison of Alcoholic and non-Alcoholic marriages using the Interpersonal Perception Technique. Brit. J. Psychiat., 1969, 115, 287-300.

- EDWARDS, G. Comment on "The Alcoholic Game". Quart. J. Stud. Alc., 1969, 30, 948-951.
- EDWARDS, P.; HARVEY, C. and WHITEHEAD, P. Wives of alcoholics : a critical review and analysis. Quart. J. Stud. Alc., 1973, 34, 112-132.
- ELLIS, A. Reason and Emotion in Psychotherapy. Lyle Stuart, Inc., N.Y., 1962.
- ELLIS, A. Humanistic Psychotherapy : The Rational-Emotive Approach. The Julian Press, Inc., N.Y., 1973.
- ERIKSON, E.H. Identity : Youth and Crisis. W.W. Norton, N.Y., 1968.
- ERIKSON, E.H. Childhood and Society. Triad/Paladin, England, 1977.
- EWING, J.A. Is there a relationship between type of alcoholism and prognosis? in KESSEL, N.; HAWKER, A. and CHALKE, H. (eds), Alcoholism : a medical profile. B. Edsall and Co., Ltd., London, 1974.
- EYSENCK, H.J. and EYSENCK, S.B.G. Manual of the Eysenck Personality Inventory. University of London Press, 1964.
- FEDERN, P. Ego Psychology and the Psychoses. Basic Books, N.Y., 1952.
- FENICHEL, O. The Psychoanalytic Theory of Neurosis. Norton, N.Y. 1945.
- FINNEY, J.C.; SMITH, D.F.; SKEETERS, D.E. and AUVENSHINE, C.D. MMPI Alcoholism Scales : Factor structure and content analysis. Quart. J. Stud. Alc., 1971, 32, 1055-1060.
- FISHER, S. and FISHER R.L. Application of rigidity principles to the measurement of personality disturbances. J. Pers., 1955, 24, 86-93.
- FITZHUGH, L.C.; FITZHUGH, K.B. and REITEN, R.M. Adaptive abilities and intellectual functioning in hospitalized alcoholics. In ELLIS, N.R. (ed), International Review of Research in Mental Retardation, Vol.1., Academic, N.Y., 1960.
- FORDHAM, F. An Introduction to Jung's Psychology. Penguin Books, England, 1953.
- FREED, E.X. Alcoholism and the Rorschach Test. J. Stud. Alc., 1976, 37, 1933-1954.
- FREEDMAN, A.M.; KAPLAN, H.I. and SADOCK, B.J. Comprehensive Textbook of Psychiatry/II. Second edition. The Williams and Williams Co., Baltimore, 1976.
- FREUD, S. The Standard Edition of the Complete Psychological Works (J. Strachey translation). Hogarth, London, 1953-55.
- FREUD, S. Sexuality in the Aetiology of the Neuroses. Standard Edition 3. (1898).
- FREUD, S. Jokes and their Relations to the Unconscious. Standard Edition 8. (1905).

- FREUD, S. Contributions to the Psychology of Love, II. Standard Edition II (1910).
- FREUD, S. Beyond the Pleasure Principle. Standard Edition 18 (1920).
- FREUD, S. Fragment of an Analysis in a Case of Hysteria. Standard Edition 3 (1925a).
- FREUD, S. Notes upon a Case of Obsessional Neuroses. Standard Edition 3 (1925b).
- FREUD, S. Psychoanalytic notes upon an autobiographical account of a case of paranoia (dementia paranoides). Standard Edition 3 (1925c).
- FREUD, S. From the history of an infantile neuroses. Standard Edition 3 (1925d).
- FREUD, S. Dostoyevsky and Parricide. Standard Edition 21 (1938).
- FROSCH, W.A. Psychoanalytic evaluation of addiction and habitation. J. Amer. Psychoanalytic Assoc., 1970, 18, 209-218.
- GARRATY, J.A. The Nature of Biography. Kropf, N.Y., 1957.
- GESELL, A. The Mental Growth of the Pre-School Child. N.Y., 1925.
- GIBBONS, R.J.; KALANT, H.; LE BLANC, A.E. and CLARK, J.W. The effects of chronic administration of ethanol on startle thresholds in rats. Psychopharmacologia, 1971, 19, 95.
- GILLIS, L.S. and KEET, M. Prognostic factors and treatment results in hospitalized alcoholics. Quart. J. Stud. Alc., 1969, 30, 426-437.
- GLAD, D.D. Attitudes and experiences of American-Jewish and American-Irish male youth as related to differences in adult rates of inebriaty. Quart. J. Stud. Alc., 1947, 8, 406-472.
- GLATT, M.M. Drugs, Society and Man : A Guide to Drug Addiction. Medical and Technical Publishing Company, Lancaster, 1973.
- GOLDMAN, L. A Revolution in Counseling Research. J. Counsel. Psychol., 1976, 23, 543-552.
- GOLDSTEIN, G. and SHELLY, C.H. Field dependence and cognitive perceptual and motor skills in alcoholics; a factor analytic study. Quart J. Stud. Alc., 1971, 32, 29-40.
- GOODWIN, D.N.; SCHULSINGER, F.; HERMANSEN, L.; GUZE, S.B. and WINOKUR, G. Alcohol problems in adoptees raised apart from alcoholic biological parents. Arch. Gen. Psychiat., 1973, 28, 238-243.
- GOODWIN, D.W. Alcoholic blackout and state-dependent learning. Federal Proceedings, 1974, 33, 1833-1835.
- GORAD, S.L. Communicational styles and interaction of alcoholics and their wives. Fam. Process, 1971, 10, 475-489.

- GOTTHEIL, D.; ALTERMAN, A.I.; SKOLODA, T.E. and MURPHY, B.f. Alcoholics' patterns of controlled drinking. Am. J. Psychiat., 1973, 130, 418-422.
- HALEY, J. Strategies of Psychotherapy. Grune and Stratton, N.Y. 1963.
- HALEY, J.G.; DRAGUNS, E.M. and PHILLIPS, L. Studies of Rorschach Content: A review of research literature. Part III : Theoretical formulations. J. Proj. Tech. Pers. Assess., 1968, 32, 16-32.
- HALPERN, F. Studies of compulsive drinkers, psychological test results. Quart. J. Stud. Alc., 1945, 6, 468-479.
- HAMBURG, S. Behaviour Therapy in alcoholism : a critical view of broad-spectrum approaches. J. Stud. Alc., 1975, 36, 69-87.
- HAMPTON, P.J. The development of a personality questionnaire for drinkers. Genet. Psychol. Monogr., 1953, 48, 55-115.
- HARRIS, T.A. I'm OK - You're OK. Pan Books Ltd., London, 1973.
- HARRISON, R. Thematic Apperceptive Methods. In WOLMAN, B.B. (ed), Handbook of Clinical Psychology. McGraw-Hill Book Company, N.Y., 1965.
- HAYMAN, M. The myth of social drinking. Amer. J. Psychiat., 1967, 124, 39-48.
- HEILBRUN, A.B. (Jnr). The influence of defensive styles upon the predictive validity of the thematic apperception test. J. Pers. Assess, 1977, 41 486-491.
- HERSON, H.I. Alcoholism, Physical Dependence and Disease; Comment on "The Alcoholist's Addiction". Quart. J. Stud. Alc., 1973, 34, 505-508.
- HINKLE, D.N. The Change of Personal Constructs from the Viewpoint of a Theory of Implications. Unpublished Ph.D. Thesis, Ohio State University, 1965.
- HINKLE, D.N. The game of personal constructs. In BANNISTER, D. (ed), Perspectives in Personal Construct Theory. Academic Press, London, 1970.
- HODO, G.L. and FOWLER, R.D. Frequency of MMPI two-point codes in large alcoholic samples. J. Clin. Psychol., 1976, 32, 487-489.
- HOKANSON, J.E. and GORDON, J.E. The expression and inhibition of hostility in imaginative and overt behaviour. J. Abnorm. Soc. Psychol., 1958, 57, 327-333.
- HOLMES, D.S. Dimensions of projection. Psychol. Bull., 1968, 69, 248-268.
- HOLT, R.R. The nature of TAT stories as cognitive products : a psychoanalytic approach. In KAGEN, J. and LESSER, G.S. (eds), Contemporary issues in thematic apperceptive methods. Charles C. Thomas, Springfield, Ill., 1961.
- HOLT, R.R. Experimental methods in clinical psychology. In WOLMAN, B.B. (ed), Handbook of Clinical Psychology. McGraw-Hill Book Company, N.Y., 1965.

- HOLT, R.R. Editor's Foreword in RAPAPORT, D.; GILL, M.M. and SCHAFER, R. Diagnostic Psychological Testing. International Universities Press, N.Y., 1968.
- HORNEY, K. Neurotic Personality of our times. Norton, N.Y., 1937.
- HORNEY, K. Our Inner Conflicts. Norton, N.Y., 1945.
- HORNEY, K. Neurosis and Human Growth. Norton, N.Y., 1950.
- HORTON, D.L. The function of alcohol in primitive societies : a cross-cultural study. Quart. J. Stud. Alc., 1943, 4, 199.
- HOYT, D.P. and SEDLACEK, G.M. Differentiating alcoholics from normals and abnormals with the MMPI. J. Clin. Psychol., 1958, 14, 69-74.
- HUBER, N.A. and DANAHY, S. Use of the MMPI in predicting completion and evaluating changes in a long-term alcoholism treatment programme. J. Stud. Alc., 1975, 36, 1230-1237.
- HULL, C.L. Principles of Behaviour. Appleton-Century-Crofts, N.Y., 1943.
- ISBELL, H. Craving for Alcohol. Quart. J. Stud. Alc., 1955, 16, 38-42.
- ISBELL, H.; FRASER, H.F.; WIKLER, A.; BELLEVILLE, R.E. and EISENMAN, A.J. An experimental study of the etiology of "rum fits" in delirium tremens. Quart. J. Stud. Alc., 1955, 16, 1.
- ISRAEL, Y. and MARDONES, J. Biological Basis of Alcoholism. Wiley-Interscience, N.Y., 1971.
- JACOB, T.; FAVORINI, A.; MEISEL, S.S. and ANDERSON, C.M. The Alcoholic's spouse, children and family interactions. J. Stud. Alc., 1978, 39, 1231-1251.
- JAMES, M. Techniques in Transactional Analysis. Addison-Wesley Publishing Co. Inc., Mass., 1977.
- JAMES, M. and JONGEWARD, D. Born to Win : Transactional Analysis with Gestalt experiments. Signet Books, Chicago, 1978.
- JELLINEK, E.M. (ed). Alcohol Addiction and Chronic Alcoholism. Yale University Press, New Haven, 1942.
- JELLINEK, E.M. The Disease Concept of Alcoholism. Hillhouse Press, New Haven, 1960.
- JENSEN, S.M. and GALLANT, D.M. Therapeutic use of the psychological report on an alcoholism treatment service. Quart. J. Stud. Alc., 1966, 27, 717-720.
- JESSOR, R. and JESSOR, S.L. Adolescent development and the onset of drinking. J. Stud. Alc., 1975, 36, 27-51.
- JESSOR, R. and JESSOR, S.T. Problem behaviour and psychological development: a longitudinal study of youth. Academic Press, N.Y., 1977.

- JONES, B. and PARSONS, O.A. Impaired abstracting ability in chronic alcoholism. Arch. Gen. Psychiat., 1971, 24, 71-75.
- KAIJ, L. Alcoholism in Twins : Studies on the Aetiology and Sequel of Abuse of Aocohol. Stockholm, 1960.
- KALIN, R. and McCLELLAND, D.C. The effects of male social drinking on fantasy. J. Pers. Soc. Psychol., 1963, 1, 441-452.
- KARLAN, S.C. and HALLER, E. Chronic alcoholism; psychiatric and Rorschach evaluation. J. Clin. Psychopathol., 1946, 8, 291-300.
- KARPMAN, S.B. Script Drama Analysis. Transactional Analysis Bull., 1968, 7, 39-43.
- KELLER, M. On the Loss of Control phenomenon in alcoholism. Br. J. Addict., 1972, 67, 153-166.
- KELLER, M. The disease concept of alcoholism revisited. J. Stud. Alc., 1976, 37, 1694-1717.
- KELLER, M. and McCORMICK, M. A dictionary of words about alcohol. Rutgers Centre of Alcoholic Studies, New Brunswick, N.J., 1968.
- KELLY, G.A. The Psychology of Personal Constructs. Vols. I and II. Norton, 1955.
- KELLY, G.A. Look who's talking : a review of "Transactional Analysis in Psychotherapy". Contemp. Psychol., 1963, 8, 189-190.
- KENDALL, R.E. Normal drinking by former alcohol addicts. Quart J. Stud. Alc., 1965, 26, 247-257.
- KISSIN, B. The pharmacodynamics and natural history of alcoholism, in KISSIN, B. and BERGLEISTER, H. (eds), Biology of Alcoholism. Plenum, N.Y., 1974.
- KLEBANOFF, S.G. Personality factors in symptomatic chronic alcoholism as indicated by the Thematic Apperception Test. J. Consult. Psychol., 1947, 11, 111-119.
- KNEHR, C.A.; VICKERY, A. and GUY, M. Problem-action responses and emotions in TAT stories recounted by alcoholic patients. J. Psychol., 1953, 35, 201-226.
- KNIGHT, R.P. The psychodynamics of chronic alcoholism. J. Nerv. Ment. Dis., 1937, 86, 538-548.
- KNUPFER, G. and ROOM, R. Abstainers in a metropolitan Community. Quart. J. Stud. Alc., 1970, 31, 108-131.
- LAING, R.D.; PHILLIPSON, H. and LEE, A.R. Interpersonal Perception. Tavistock Publications, London, 1966.
- LANDFIELD, A.W. Personal Construct Systems in Psychotherapy. Rand McNally, Chicago, 1971.
- LANDIS, C. Theories of the alcoholic personality, in Alcohol, Science, and Society. Quart J. Stud. Alc., 1945.

- LAWLIS, C.F. and RUBIN, S.E. 16-PF study of personality patterns in alcoholics. Quart. J. Stud. Alc., 1971, 32, 318-327.
- LAZARUS, R.S. A substitute-defensive conception of apperceptive fantasy, in KAGAN, J. and LESSER, G.S. Contemporary Issues in Thematic Apperception Methods. Charles C. Thomas, publisher, Ill., 1961.
- LAMERE, F. The nature and significance of brain damage from alcoholism. Amer.J. Psychiat., 1956, 113, 361-362.
- LEMERT, E.M. Alcoholism and the sociocultural situation. Quart J. Stud. Alc., 1956, 17, 306-317.
- LESTER, D. and GREENBERG, L. Nutrition and the etiology of alcoholism. The effect of sucrose, saccharin and fat on the self-selection of ethyl alcohol on rats. Quart J. Stud. Alc., 1952, 13, 553.
- LEVINE, J. and ZIGLER, E. The essential-reactive distinction in alcoholism; a developmental approach. Special reprint from West Haven Veterans Administration Hospital, West Haven, Conn.
- LEVINSON, T. and SERENY, G. An experimental evaluation of "insight therapy" for the chronic alcoholic. Canad. Psychiat. Ass. J. 1969, 14, 143-146.
- LINDZEY, G. Thematic Apperception Test : Interpretative Assumptions and Related Empirical Evidence, in JACKSON, D.N. and MESSICK, S. (eds), Problems in Human Assessment. McGraw-Hill Book Company, N.Y., 1967.
- LINDSEY, G. and KALNINS, D. Thematic apperception test : some evidence bearing on the "hero assumption". J. Abnorm. Soc. Psychol., 1958, 57, 76-83.
- LOEBENSTEIN, L. An Investigation of the Psychological, Physiological and Endocrinological factors underlying two types of alcoholism. Unpublished M.Sc. (Clin. Psych) Thesis, University of Cape Town, 1978.
- LOLLI, G. The use of wine and other alcoholic beverages by a group of Italans and Americans of Italian extraction. Quart. J. Stud.Alc., 1952, 13, 27-48.
- LOWE, W.C. and THOMAS S.D. Assessing alcoholism treatment effectiveness; a comparison of three evaluative measures. J. Stud. Alc., 1976, 37, 883-889.

- LUDWIG, A.M. and WIKLER, A. "Craving" and relapse to drink. Quart. J. Stud. Alc., 1974, 35, 108-130.
- LUDWIG, A.M.; WIKLER, A.; STARK, L.H. and LEXINGTON, K. The first drink : psychobiological aspect of craving. Arch. Gen. Psychiat. 1974, 30, 539-547.
- LUDWIG, A.M. and STARK, L.H. Alcohol craving; subjective and situational aspects. Quart. J. Stud. Alc., 1974, 35, 899-905.
- MACANDREW, C. The differentiation of male alcoholic outpatients from non-alcoholic psychiatric outpatients by means of the MMPI. Quart J. Stud. Alc., 1965, 26, 238-246.
- MACANDREW C. and GEERTSMA, R.H.A. A critique of alcoholism scales derived from the MMPI. Quart J. Stud. Alc., 1964, 25, 58-76.
- MACHOVER, S. Comment on "The Alcoholic Game". Quart J. Stud. Alc., 1969, 30, 941-944.
- MACHOVER, S.; PUZZO, F.S.; MACHOVER, K. and PLUMEAU, F. An objective study of homosexuality in alcoholism. Quart. J. Study Alc., 1959, 20, 528-542.
- MADDEN, J.S. On defining alcoholism. Br. J. Addict., 1977, 71, 145-148.
- MAHER, B. Clinical Psychology and Personality: The Selected Papers of George Kelly. John Wiley & Sons Inc., N.Y. 1969.
- MAIR, J.M.M. Experimenting with individuals. Br. J. Med. Psychol., 1970, 43, 245-256.
- MAIR, J.M.M. and CRISP, A.H. Estimating psychological organization, meaning and change in relation to clinical practice. Br. J. Med. Psychol., 1968, 41, 15-29.
- MANBER, M.M. Social setting held decisive in alcoholics craving behaviour. Psychiat. News, 16 Feb., 1972, 22.

- MARDONES, R.J. On the relationship between deficiency of B vitamins and alcohol intake in rats. Quart. J. Stud. Alc., 1951, 12, 563-575.
- MARLATT, G.A.; DEMMING, B.M. and REID, J.B. Loss of Control drinking in alcoholics; an experimental analogue. J. Abnorm. Psychol., 1973, 81, 233-241.
- MASSERMAN, J.H. and YUM, K.S. An analysis of the influence of alcohol on experimental neurosis in cats. Psychosomatic Medicine, 1946, 8, 36-52.
- MAYER-GROSS, W.; SLATER, E. and ROTH, M. Clinical Psychiatry, Third Edition. Bailliere Tindale, London, 1977.
- McCLELLAND, D.C.; ATKINSON, J.W.; CLARK, R.A. and LOWELL, E.L. The Achievement Motive. Appleton-Century-Crofts, N.Y., 1953.
- McCORD, W.; McCORD, J. and GUDEMAN, J. Some current theories of alcoholism: a longitudinal evaluation. Quart. J. Stud. Alc., 1959, 20, 729-749.
- MEKETON, B.W.; GRIFFITH, R.M.; TAYLOR, V.H. and WIEDEMAN, J.S. Rorschach homosexual signs in paranoid schizophrenics. J. Abnorm. Psychol., 1962, 65, 280-284.
- MELLO, N.K. and MENDELSON, J.H. Operant analysis of patterns of chronic alcoholism. Nature, London, 1965, 206, 43-46.
- MELLO, N.K. Behavioural studies of alcoholism, in KISSIN, B. and BERGLETTTER, H. (eds), Biology of Alcoholism, Vol. II. Plenum, N.Y., 1972.
- MENDELSON, J.H. (ed). Experimentally induced chronic intoxication and withdrawal in alcoholics. Quart. J. Stud. Alc., 1964, Suppl. 2.
- MERRY, J. The "Loss of Control" myth. Lancet, 1966, 1, 1257-1258.
- MOGAR, R.E.; WILSON, W.M. and HELM, S.T. Personality subtypes of male and female alcoholic patients. Int. J. Addict., 1970, 5, 99-113.
- MORGAN, C.D. and MURRAY, H.A. A method for investigating fantasy. The Thematic Apperception Test. Arch. Neurol. Psychiat., 1945, 34, 289-306.
- MURRAY, H.A. Thematic Apperception Test Manual. Harvard University Press, Cambridge, Mass., 1943.
- NERVIANO, V.J. and GROSS, W.F. A multivariate delineation of two alcoholic profile types in the 16PF. J. Clin. Psychol., 1973, 29, 371-374.
- OSMOND, H. Blood Sports? Comment on "The Alcoholic Game". Quart. J. Stud. Alc., 1969, 30, 945-948.
- OTIS, L.S. Dissociation and recovery of a response learned under the influence of chlorpromazine or saline. Science, 1964, 143, 1347-1348.
- OVERTON, D.A. State-dependent or "dissociated" learning produced with phenobarbital. J. Comp. Physiol. Psychol., 1964, 57, 3-12.
- PARTANEM, J.; BRUUN, K. and MARKANEN, T. Inheritance of Drinking Behaviour. Helsinki, 1966.

- PATTISON, E.M.; HEADLEY, E.M.; GLESER, G.C. and GOTTSCHALK, L.A. Abstinence and normal drinking: an assessment of changes in drinking patterns in alcoholics after treatment. Quart. J. Stud. Alc., 1965, 29, 610-633.
- PERLS, F.S. Gestalt Therapy Verbatim. Real People Press, Calif., 1969.
- PERVIN, L.A. Personality : Theory, Assessment and Research. John Wiley & Sons, Inc., N.Y. 1970.
- PIAGET, J. The origins of intelligence in children. International Universities Press, N.Y., 1952.
- PIAGET, J. Logic and Psychology. Basic Books, N.Y., 1957.
- PIOTROWSKI, Z.A. A new evaluation of the Thematic Apperception Test. Psychoanalytic Rev., 1950, 37, 101-127.
- PITTMAN, D.J. and SNYDER, C.R. Society, Culture and Drinking Patterns. John Wiley, N.Y., 1962.
- PLAUT, A. Transference phenomena in alcoholism. Br. J. Med. Psychol., 1969, 42, 318-322.
- POPHAM, R.E. A critique of the genetrotrophic theory of the etiology of alcoholism. Quart. J. Stud. Alc., 1953, 14, 228-237.
- PREYER, W. Die Séele des Kindes. 1898.
- RABIN, A.I. Projective techniques in personality assessment. Springer, N.Y., 1968.
- RADO, S. The psychic effects of intoxicants : an attempt to evolve a psychoanalytical theory of morbid cravings. Int. J. Psychoanal., 1926, 7, 396-413.
- RAPAPORT, D.; GILL, M.M. and SCHAFER, R. Diagnostic Psychological Testing. University of London Press, London, 1968.
- ROHAN, W.P. MMPI changes in hospitalized alcoholics; a second study. Quart. J. Stud. Alc., 1972, 33, 65-76.
- ROHAN, W.P. Comment on the "NCA" criteria for the diagnosis of alcoholism; an empirical evaluation study. J. Stud. Alc., 1978, 39, 211-218.
- ROSEN, A.C. A comparative study of alcoholic and psychiatric patients with the MMPI. Quart. J. Stud. Alc., 1960, 21, 253-266.
- RUFF, C.F.; AYERS, J. and TEMPLER, D.I. Alcoholic's and criminal's similarity of scores on the McAndrew Alcoholism Scale. Psychol. Rep., 1975, 36, 921-922.
- RYCHLAK, J.F. The human person in modern psychological science. Br. J. Med. Psychol., 1970, 43, 233-240.
- SANFORD, R.N. The effect of abstinence from food upon imaginal processes: a preliminary experiment. J. Psychol., 1936, 2, 1929-1936.

- SANFORD, R.N. The effect of abstinence from food upon imaginal processes : a further experiment. J. Psychol., 1937, 3, 145-149.
- SCHAFER, R. Projective Testing and Psychoanalysis. International University Press, N.Y., 1967.
- SCHUCKITT, M.; RIMMER, J.; REICH, T. and WINOKUR, G. The Bender Alcoholics. Br. J. Psychiat., 1971, 118, 183-184.
- SCHUCKIT, M.A.; GOODWIN, D.W. and WINOKUR, G. A study of alcoholism in half siblings. Amer. J. Psychiat., 1972, 128, 122-126.
- SEGOVIA-RIQUELME, N.; HEDERRA, A.; ANEX, M.; BARNIER, O.; FIGUEROLA-CAMPS, I.; CAMPOS-HOPPE, I.; JARRA, N. and MARDONES, J. Nutritional and genetic factors in the appetite for alcohol, in POPHAM, R.E. (ed), Alcohol and Alcoholism. University of Toronto Press, 1970.
- SCHAEFER, E.S. Personality structure of alcoholics in out-patient psychotherapy. Quart. J. Stud. Alc., 1954, 15, 304-319.
- SHAPIRO, M.,B. The single case in clinical-psychological research. J. Gen. Psychol., 1966, 74, 3-23.
- SHAPIRO, S.A. Critique of Eric Berne's contribution to subself theory. Psychol. Rep., 1969, 25, 283-296.
- SIMMEL, E. Psychoanalytic treatment in a sanatorium. Int. J. Psychoanal., 1929, 10, 70-89.
- SIMMEL, E. Alcoholism and Addiction. Psychoanalytic Quart., 1948, 17, 6-31.
- SIMON, J. Research in Psychoanalysis : experimental studies. J. Amer. Psychoanal. Assoc., 1970, 19, 644-654.
- SINGER, E. Personality structure of chronic alcoholics. Amer. Psychol., 1950, 5, 323.
- SIRNES, T.B. Voluntary consumption of alcohol in rats with cirrhosis of the liver. A preliminary report. Quart. J. Stud. Alc., 1953, 14,
- SKINNER, H.A.; JACKSON, D.N. and HOFFMAN, H. Alcoholic personality types; identification and correlates. J. Abnorm. Psychol., 1974, 83, 658-666.
- SLATER, P. The use of the repertory grid technique in the individual case. Br. J. Psychiat., 1965, 111, 965-975.
- SMITH, J.J. a medical approach to problem drinking. Quart. J. Stud. Alc., 1949, 10, 251-255.
- SMITH, J.W.; BURT, D.W. and CHAPMAN, R.F. Intelligence and brain damage in alcoholics. Quart. J. Stud. Alc., 1973, 34, 414-422.
- SNYDER, C.R. and LANDMAN, R.h. Studies of drinking in tije Jewish Culture. II. Prospectus for sociological research on drinking patterns. Quart. J. Stud. Alc., 1951, 12, 451-474.

- SNYDER, C.R. IV. Culture and Sobriety : A study of drinking patterns and sociological factors related to sobriety among Jews. Quart.J. Stud. Alc., 1956, 17, 124-143.
- SPIEGEL, D.; HADLEY, P.A. and HADLEY, R.G. Personality test patterns of rehabilitation centre alcoholics, psychiatric patients and normals. J. Clin. Psychol., 1970, 26, 366-371.
- STEIN, L.I.; NILES, D. and LUDWIG, A.M. The Loss of Control phenomenon in alcoholism. Quart.J. Stud. Alc., 1968, 20, 598, 602.
- STEINER, C.M. The Alcoholic Game. Quart J. Stud. Alc., 1969, 30, A & B, 920-938.
- STEINER, C.M. Games Alcoholics Play. Grove Press, N.Y., 1971.
- STEINER, C.M. Scripts People Live. Grove Press Inc., N.Y., 1974.
- STORM, T. and SMART, R.G. Dissociations : A possible explanation of some features of alcoholism, and implications for its treatment. Quart. J. Stud., A.c., 1965, 26, 111-115.
- SUGERMAN, A.A.,; REILLY, D. and ALBAHARY, R.S. Social Competence and the essential-reactive distinction in alcoholism. Arch. Gen. Psychol., 1965, 12, 552-556.
- SUTHERLAND, E.H.; SCHROEDER, H.G. and TORDELLA, C.L. Personality traits and the alcoholic. Quart J. Stud. Alc., 1950, 11, 547-561.
- SYME, L. Personality characteristics and the alcoholic; a critique of current studies. Quart J. Stud. Alc., 1957, 18, 288-302.
- THE EXPERT COMMITTEE ON MENTAL HEALTH, ALCOHOLISM SUB-COMMITTEE. Second Report. WHO Tech. Rep. Ser. No. 48, August 1952.
- TOMSOVIC, M. "Binge" and Continuous drinkers' characteristics and treatment following. Quart, J. Stud. Alc., 1974, 35, 558-564.
- TSCHUDI, F. Loaded and honest questions : A Construct Theory of symptoms and therapy, in BANNISTER, D.(ed), New Perspectives in Personal Construct Theory. Academic Press, London, 1977.
- TUMARKIN, G.; WILSON, J.D. and SNYDER, G. Cerebral atrophy due to alcoholism in young adults. U.S. Armed Forces Med. J., 1955, 6, 67-74.
- VAN DER SPUY, H.I.J. The influence of alcohol on the mood of the alcoholic. Br.J. Addict., 1972, 67, 255-265.
- VOGEL, M.D. The relationship of personality factors to drinking patterns of alcoholics : an exploratory study. Quart.J. Stud. Alc., 1961, 22, 394-400.
- VORSTER, C. Alcoholism : a way of handling a relationship. Psychotherapeia, 1979, 6(2), 13-17.
- WALTON, J. Personality as a determinant of the form of alcoholism. Br. J. Psychiat., 1968, 114, 761-766.

- WEISS, E. Principles of Psychodynamics. Grune and Stratton, N.Y., 1950.
- WEXBERG, L.E. A critique of physiopathological theories of alcoholism. Quart. J. Stud. Alc., 1950, 11, 113-118.
- WILLIAMS, A.F.; McCOURT, W.F. and SCHNEIDER, L. Personality self-descriptions of alcoholics. Quart.J. Stud. Alc., 1971, 32, 310-317.
- WILLIAMS, R.J. The etiology of alcoholism: a working hypothesis involving the interplay of hereditary and environmental factors. Quart. J. Stud. Alc., 1947, 7, 567-587.
- WILLIAMS, R.J.; BERRY, L.J. and BEERSTECHEER, E. (Jnr). Biochemical individuality III. Genetrotrophic factors in the etiology of alcoholism. Arch. Biochem., 1949, 23, 275-290.
- WILSON, C. and ORFORD, J. Children of Alcoholics. J. Stud. Alc., 1978, 39, 121-142.
- WINOKUR, G.; RIMMER, J. and REICH, T. Alcoholism IV : Is there more than one type of alcoholism? Brit. J. Psychiat., 1971, 118, 525-531.
- WOLFSON, R. Psychological testing of the alcoholic in a group centered rehabilitation service, in MULLAN, H. and SANGUILIANO, I. Alcoholism; Group psychology and rehabilitation. Thomas, Springfield, Ill., 1966.
- WORLD HEALTH ORGANIZATION, EXPERT COMMITTEE ON ADDICTION-PRODUCING DRUGS. WHO Tech. Rep. Ser.No. 116, Geneva, 1957.
- WORLD HEALTH ORGANIZATION. Yough and Drugs: report of a WHO study group. WHO Tech. Rep. Ser. No. 516, Geneva, 1973.
- WHO and a new perspective on alcoholism. Lancet, 1977, 1, 1087-1088.
- WRIGHT, K.J.T. Exploring the uniqueness of Common Complaints. Br. J. Med. Psychol., 1970, 43, 221-232.
- WÜRTHRICH, P. Social problems of alcoholics. J. Stud. Alc., 1977, 38, 881-890.
- YORKE, C. A critical review of some psychoanalytic literature on drug addiction. Br.J. Med. Psychol., 1970, 43, 141-159.
- ZUCKERMAN, M. The development of an Adjective Check List for the measurement of anxiety. J. Consult. Psychol., 1960, 24, 457-462.

