Abstract

This case study describes a transactional analysis model based on the strain of a single mother with an adult son suffering from Bipolar 1 disorder. The study examines interaction patterns within the clinical setting; the therapeutic view examines contextual factors that affect these clients through assessment and recovery with Transactional Analysis therapy. The therapeutic experience of a client and his mother are presented. The subjects in this case study were administered the Sixteen Personality Factor Questionnaire (16PF) assessment tool. There was a significant change from pretest to posttest regarding emotional stability, rule-consciousness, sensitivity, apprehension, privativeness, and self-control. Keywords: Transactional Analysis, 16PF, Bipolar Disorder

Introduction

Bipolar disorders are devastating mental health conditions that can virtually affect anyone. To date, little research has explored the influence between caregiver strain and their adult-child’s recovery from Bipolar 1 disorder. Almost 6 million American adults, or about 2.6% of the U.S. population 18 and older suffer from a bipolar disorder. In clinical samples, about 80% of persons with a bipolar disorder were found to have a history of contemplating suicide and 50% attempted suicide. Clients with an immediate family member who has a chronic and persistent mental illness falls on the parents, and research has shown that caregivers experience a severe disruption in their lifestyles (Hinshaw, 2011). Transactional Analysis and the 16PF can liberate this population (James, M. 1977; Karson & O’Dell, 1976).

Methods

Steps for the Transactional Model.

Step 1: Alliance, Assessment, and Contract. The therapist conducted a genogram and a detailed intake assessment with both Jack and Betty. The 16PF was administered to both parties and they were informed that the results of the test would be shared at the following session.

Step 2: Structural Analysis. Structural analysis is the exploration of the Parent, Adult, and Child ego states which encompasses the client’s script and is the foundation of every interaction.

Step 3: Script Analysis. Injunctions are both negative and positive messages that children receive from their parents and other parent figures. Because the childhood decisions made from these messages often interfere with autonomy, the goal for Betty and Jack is to modify them through a process of resolution.

Step 4: Game Analysis. Games are a time consuming interaction between people in which one player wins a payoff at the expense of another. Therefore, a game is a failed method of obtaining healthy strokes. Betty and Jack were able to look at their own games.

Step 5: Transactional restructuring. The behavior between two people, like Jack and Betty, is best understood if examined in terms of transactions (Steiner, 1990). This will help carve out new pathways from the Parent, Adult and Child and explore with the client and his mother their life events.

Results and Discussion

16PF Results: Betty’s scores on warmth (A=7) and rule-consciousness (G=8) represents a woman who is good natured, warm hearted, determined, attentive to people, generous, and cooperative. Her social boldness score (H=8) complements her previous scores with being carefree, emotional, and friendly, but can also lead to impulsive behavior and failure to see danger signals. This mother’s profile also indicates that she has very low emotional stability (C=2), which can result in becoming emotionally changeable when frustrated and avoiding responsibility when overwhelmed. Guilt proneness is also remarkably high (O=9), indicating that she is a constant worrier. The Q3 of 3 suggests that she has limited ability to use coping mechanisms to address stress. And there is a naive quality about her (N=3) as reflected by her continual blaming her son out of trouble and believing that this enabling behavior will eventually motivate him to become more self-sufficient. The interpretation of the son’s 16 PF reveals that he is very emotionally sensitive (I=9) resulting in a strong mother-figure identification. High I scores are believed to stem from an overprotected early childhood in which there has not been much interaction with one’s peer group, or much participation in the rough and tumble of everyday life. In addition, the comparatively low score on tough-mindedness (TM=3), combined with a Q3 of 2, implies relatively few effective cognitive controls and strong identity problems. His response patterns appear to be largely determined by idiosyncratic and personal considerations. He is more prone to make rapid impulsive judgments, rather than well thought out accurate cognitive decisions when necessary. Individuals with a very low rule-consciousness score like Jack (G=1) will have a high punitive Critical Parent to keep them aware. However, Jack’s ego state does not serve to self-regulate when he makes bad decisions. When he behaves in unconventional ways he will blame others for his actions and avoid responsibility (C=2). This lack of responsibility encourages his mother to approach him from her Critical Parent. I noticed that his very low score on rule consciousness is accompanied by a high score of 8 on liveliness and this indicates someone who tends to dissociate and has an active fantasy life. His score on ego strengths is so low as to suggest that his ego defense organization does not possess sufficient emotional stability to face the hardships of everyday life. Jack’s score on abstractness (M=9) describes his way of thinking that often cause him to get lost in his thoughts and miss important things and lose track of time. In addition, Jack is very guarded and has a high score on privativeness (N=8). He keeps problems to himself that he has no choice but to ask his mother for help. Particularly troublesome was his low score of 1 on self-control. He can be unrestrained and follows his urges without looking at the long term consequences of his actions.

Sessions 1-3: Step 1 was addressed in the first session consisted of the initial assessment, including a genogram of the family, education, and observing interactive patterns of behavior. Through out the sessions the therapist considered the following questions: What ego states does Betty and Jack engage in? What ego states in each other are they trying to hook? What scripts or games seem to emerge? The results of the 16PF was discussed in terms of the similarities, differences, and factors that would be addressed in therapy and a contract was developed and signed. Betty developed a social contract designed to change behavior that interferes with satisfying social relationships. The 16PF factors addressed by this contract included emotional stability, apprehension, and privativeness. Jack developed an autonomy contract designed to restructure personality to have more freedom to choose options available and to experience independence. His contract factors include self-control, sensitivity, emotional stability, and rule-consciousness.

Sessions 4-6: Step 2 and structural analysis. When Jack entered therapy and interacted with his mother it became obvious that he was engaging in a Child to Parent structure. When he was discounted by peers in the community he would say to himself, “That proves that I can only count on my mother for support” and his Parent will answer, “That’s my good little boy!” During these sessions this internal transaction was replaced with a more independent value, and at the same time supported his mothers Adult position with Jack.

Sessions 7-9: Sessions concentrated on Step 3 and script analysis. Betty and Jack completed the 12 Script Injunction Form and worked on the following injunctions. Jack addressed the following in therapy: Take Care of Yourself First, Don’t Belong, and Don’t Grow Up. His mother worked on injunctions of Follow the Rules, Sacrifice for Others, and Don’t Take Credit. She was able to ask for what she wanted and to say No when she was sacrificing her needs for the needs of others.

Sessions 10-12: Step 4 was explored with a list of possible games and their examples from the book, Games People Play by Berne, (1971). The games that Jack explored in therapy included: Look What You Made Me Do, Push-Pull, If It Weren’t for You, and Yes, But. Games worked through by his mother were I’m Only Trying to Help You, Look How Hard I’m Trying, and Kick Me. These games reinforced Jack’s high sensitivity and both of their low perfectionistic tendencies. In I’m Only Trying to Help You Betty gives Jack some “well meaning” advice and Jack appears to take the advice. Later messed up in some way, then returns to blame his mother because things did not turn out, increasing his sensitivity and playing a complementary game of Look What You Made Me Do. They were able to redirect their scripts to avoid these games.

Sessions 13-15: To address these games the two engaged in Step 5 and explored what they had learned during their counseling session from the previous four steps and completed the16PF post-test. The final session involved Jack and Betty receiving the results of the 16PF and the differences in scores, with transactional restructuring and maintenance. Betty and Jack learned that their transactions become contaminated when a desired response to a previous message interrupts communication and results in a crossed interaction. For example, Betty began exploring with Jack problem solving skills from the Adult. At the end both felt confident that they could continue on with their contracts after therapy. A follow up session is scheduled for six months from now.

Conclusions

After therapy Jack raise the sten scores on the 16PF from the pre-test scores on self-control from a 1 to 3 and on rule-consciousness from a 1 to 4. He also lowered his score on sensitivity from a 9 to 7 and abstractedness from a 9 to 6. Both he and his mother raised their pre-test score on emotional stability from a 2 to 4 and 3 respectively. These changes in scores were consistent with the changes observed during the final four session where both mother and son were listening and responding more from the Adult and less from the Critical Parent and Adaptive Child.

References

