**Nurturing an ‘Integrating-Integrated Adult’**

By Linda Finlay

A common goal of psychotherapy drawing on transactional analysis is to ‘strengthen the Adult’: to develop a thinking, analytical part of Self that can manage overwhelming, problematic emotions. However, this understanding misses the layered complexity of what the Adult ego state offers and can also promote an unhelpful dissociation in the client which counters our integrative psychotherapy project. In this short paper, I suggest that a better way of conceptualising our work with the Adult ego state is nurturing a client’s *Integrating-Integrated Adult.*

The term ‘Integrating-Integrated’ deliberately highlights the involvement of dynamic movement towards (greater or lesser) integration. With the integrating/integrated Adult ego state more to the fore, clients are better able to solve problems in the here and now, respond to life situations more effectively and access greater choice when making decisions.

# Clarifying what is meant by ‘Adult’

Transactional analysis (TA) theory is frequently reduced to simplistic soundbites, with the Adult ego state caricatured as a logically minded, rational controller who, devoid of feelings, acts like Spock in Star Trek. A better way to conceptualise the ideal Adult ego state might be as a cohesive, ‘grown-up’ part of our *thinking-feeling-experiencing* self in the here-and-now, relatively free of contaminations from old Parent and Child scripts. In Berne’s (1961/1986) terms, the integrated Adult arises in a biologically mature person who functions as an adult intellectually and in emotional responsivity, and also in terms of acting on their values, thereby moderating our ability to respond to resources available in our environment (Clarkson, 1992).

In other words, the TA Adult includes our grown-up thoughts *and* feelings. It consists of age-related cognitive and emotional elements along with behaviours, moral reasoning, attitudes, curiosity, ability to be creative or productive, being in loving contact with others, and so forth. Our Adult symbolises that part which offers us grown up resources to think-feel, analyse, evaluate, make decisions and systematically work through problems. Head and heart are connected; the Adult is not a dissociated ‘computer’.

The ideal Adult comes from a relatively (though probably never fully) integrated, freed-up place which holds awareness of different parts of our selves/ego states. Here, the feelings/thoughts of the Parent, Adult and Child are taken into account (Berne, 1961/1986; 1964). This Adult works out how to ‘be’ in the here-and-now while remaining aware of how the Child ego state can satisfy its needs and/or acknowledging that the Parent says what ‘should’ be done. Summers and Tudor (2005, p.2) offer a benchmark definition of what they term the ‘integrating Adult’: “a set of feelings, attitudes and behaviours that are present-centred, integrating but not controlled by past influences and experiences.”

# ‘Strengthening the Adult’ in therapy

In integrative psychotherapy, we aim to bring about client’s integration by working with them holistically, thereby enabling them to hold polarities and make meaningful connections with previously disowned parts of self (Erskine & Moursund, 1988). We facilitate self-awareness, self-compassion and insight towards helping the client to feel more comfortable with their own self (or parts thereof) and with others in part through developing a stronger, less contaminated, more autonomous Adult. The integrative function displayed by this ego state is to mindfully ‘own’ the disparate parts of self and to mediate between their contradictory needs and values.

Sometimes a client’s Child or Parent ego state can dominate or overwhelm that person’s way of being. For instance, fuelled by their Child ego state, the client might be emotionally overly reactive, with little capacity to analyse a situation before responding. In extreme cases, it can be hard to detect the presence of any Adult thinking-feeling. Alternatively, a client might be overly repressed/oppressed and oppressive to others, indicating in turn dominant critical injunctions from a Critical Parent. The Parent ego state may also represent the actual parent’s own vulnerability where their Adult is similarly driven by Parent or Child needs – a dynamic that may be replicated in a transgenerational field.

At a less extreme level, we may find Child or Parent ways of being leaking into the client’s Adult. If, out of the client’s awareness, unhelpful Child neediness and/or Parent judgements creep into Adult reasoning, we say the Adult is ‘contaminated’ by Child or Parent. For instance, the view that “I can’t write academic essays” may be spoken from Child or Parent shame, while “We’ll be happy once we have a baby” could be said to indicate Child ‘*magical thinking*’. Similarly, it is possible that apparently ‘rational’ statements such as “immigrants can’t be trusted” or “I have to support Islamic State as I believe in Islam” may contain some Parent prejudice and Child fear. As they grew up, perhaps with little experience to go by, clients may have believed these various social (and perhaps inter-generational) messages, which they now see as ‘fact’.

Given the way the Adult mediates between Child needs and Parent demands, strengthening the client’s Adult is useful as a central therapeutic strategy. Here the boundaries between the ego states are clarified, including separating the Adult from introjected Parent and/or archaic Child ego states (Tudor, 2011). The goal is to facilitate and empower the person to engage their Adult ego state so that it can choose the ego state most appropriate to any given situation. But how exactly do we help clients achieve this?

Following Berne (1961/1986) and others, I find it useful to think of a three-pronged (often sequential) approach: 1) decontaminating the Adult from Parent prejudices; 2) deconfusing the Child ego state through the transferential therapeutic relationship; and 3) nourishing the Integrating-Integrated Adult. (See figure 1).

Figure 1 Three ways to work with the Adult ego state

## Decontaminating the Adult from Parent prejudices

## The process of decontaminating the Adult involves cleaning up and strengthening any indistinct or fragile boundaries to minimise intrusion by critical injunctions and restraining parental scripts. Therapists often play a significant role in giving clients permission to think, feel and behave in ways that counter archaic messages. We do this when we say (for instance) “It’s okay to cry; it’s not a sign of weakness” or “Does that mean you must never make a mistake? Whose voice is that?” Here therapists can highlight those Critical Parent messages apparent in clients who habitually put themselves down in shame and self-loathing. For instance, I talk with clients about “turning down the volume” of those critical voices or “getting a distance” from them.

## Deconfusion of the Child ego state through the transferential therapeutic relationship

## While decontamination work with the Adult is largely cognitive, work on Child deconfusion is fundamentally relational and transferential (Hargaden & Sills, 2002). With a more explicitly developmental focus, therapy here involves clarifying and exploring the unmet needs and longings of the Child, along with some ‘re-parenting’. During this process, the therapist attunes to the developmental level of the Child by acknowledging, mirroring, validating and normalising. It’s about witnessing the Child’s experience and helping to find the Child’s voice.

During deconfusion, unsatisfied needs may be projected onto the therapist. This occurs when the therapist is experienced by the client as the source of possible satisfaction of the need (positive transference) and, also its frustration (negative transference) (Erskine, 1991). Through this transferential ‘re-parenting’ relationship, the client can be supported to regress, allowing both therapist and client to re-examine old patterns and access old wounds towards the goal of healing them. Hargaden & Sills (2002) discuss the value of ‘holding’ the client’s Child when 1) the client is regressed to being totally dependent; 2) anything other than affirming empathic mirroring would be experienced as persecutory; and 3) the client connects with their Critical Parent in rage and hatred, against either themselves or the therapist.

An implicit goal of the deconfusion process is to enhance the client’s Adult so they can give their Child the care and compassion it yearns for. This enables a nurturing, self-compassionate self to emerge which engages a critically important self-parenting process. Healing is achieved over time partly as the client internalises the therapist’s empathy and compassion.

## Nourishing the Integrating-Integrated Adult

## The process of strengthening the Integrating-Integrated Adult seeks to expand the client’s Adult capacity so as to experience and manage feelings/needs in the present moment in a cohesive, balanced way. In this more connected place, previously repressed or disowned feelings, needs or desires are reduced, along with the compulsion to use Parent and Child defences at times of stress. Contact with the Adult is important to clarify the client’s life choices/goals. Such contact also serves as an observing ally when working with the Child or Parent (Erskine, 1991).

In therapy, we can facilitate this growth in four main ways:

1. **Awareness-raising:** Perhaps the most important thing we offer beyond the therapeutic relationship is space for the client to cultivate self-awareness. Here, sharing basic TA theory (which is relatively accessible) with clients can be particularly helpful, enabling them to notice and understand their responses and perhaps choose to act differently. The key to raising a client’s self-awareness is helping them recognise those times when they may be responding compulsively, from Parent or Child, in damaging or limiting ways.

Good therapy questions tap into here and now experiencing and awareness: “What part of you is talking now?” or “How are you experiencing this in your body?” or “What does that mean to you?” Such interventions help the client recognise the feelings, thoughts, and behavioural impulses arising from different subjectivities and ego positions. They can then begin to make sense of their needs and relational patterns, and will find themselves better placed to be less impulsively reactive and more choice-full.

1. **Exploring and enjoying the Adult -** In practice, we invite the client’s Adult to be present by being ‘in Adult’ ourselves. If we want to nurture a client’s Adult, we need to be aware of (and try to resist) invitations to respond from our own Parent or Child place. If we respond to the Child of a hurt, vulnerable client from an overly controlling or nurturing Parent position, then we shouldn’t be surprised if their Child gets activated.

Revelling in Adult to Adult transactions can prove nourishing for both client and therapist. Here both might have stimulating intellectual debate or humorous exchanges – perhaps about the games we play when dealing with recalcitrant children, difficult partners or uncooperative computer technology.

1. **Engaging relationally with different parts of self -** Perhaps the most important step when working strategically with parts of self is to help the client come into contact with their different parts, rather than ignoring or disowning them. Such contact allows the person’s relationship with ‘themselves’ to be nurtured, strengthening their sense of self and identity.

The process of learning to look after our own inner Child can also be healing. It involves the emergence of self-love and compassion, realised in part by internalising the therapist’s love and compassion. At a theoretical level, we might see this as the strengthening of the presence of a Nurturing Parent ego state and a distancing from a Critical Parent voice.

1. **Helping the client reclaim their heritage -** With the integrative project being to encourage the owning of unknown and disowned parts, our broader family, community and cultural heritage must be a part of that process, beyond any intrapsychic awareness-raising. Is there space for the client to claim any positive aspects – both of their legacy and current social location?

To enable these wider integrative linkages, the therapist might some respect and/or compassion for the specific parents involved. I have witnessed the extraordinarily healing and transformative results achieved by the use of a *Parent Interview* (McNeel, 1976; Erskine & Moursund, 1988; Zaletel, Potočnik & Jalen, 2012; Finlay & Evans, 2016). Here the therapist offers therapy to the internalised parent (Parent ego state) to help decommission toxic components of the ‘Child in the Parent’ or the ‘Parent in the Child’.

Awareness of inter-generational trauma can also enable new perspectives and renewed healing. Here active role-play, enactments or ritual ceremonies (as seen in the fields of gestalt, Constellations and drama therapy) offer the opportunity to symbolically complete unfinished business. Clients may come to view traumatic past experiences as something that happened to them (or to previous generations) *then* and as not representing who they are *now*.

# Conclusion

I have emphasised the practice of bringing parts of self explicitly to the fore and have suggested ways in which therapists might nurture a client’s Integrating-Integrated Adult: the ‘grown-up’ part of the thinking-feeling-experiencing self that is in the here and now, relatively free from contamination by Parent and/or Child.

Three therapeutic processes or strategies have been highlighted: decontaminating the Adult, deconfusing the Child, and explicitly working with the Integrating-Integrated Adult. Awareness raising; exploring and enjoying the Adult; engaging relationally with different parts of self; and helping the client reclaim their heritage offer four ways of fostering the process of engaging the Adult. Through these processes, the therapeutic relationship can offer a transition space – a threshold – between old protective script-led patterns of being and new ways of relating (Erskine, Moursund & Trautmann, 1999, p.239).

Integrative work involves a layered awareness and responsiveness in the therapist. Our attention here requires a dual focus: on the client’s awareness of, and relationship, with parts of themselves, *and* on the client’s wider relationship with their social world. I would argue that such a shift away from clients’ inner worlds towards the interpersonal-social life world of work, relationships, community and cultural heritage is essential if fuller integration is to be truly owned.

# References

Berne, E. (1964). *Games people play: The psychology of human relationships*. Harmondsworth, Middlesex, England: Penguin.

Berne, E. (1986). *Transactional analysis in psychotherapy*, London: Souvenir Press. (First published in 1961, New York: Grove Press.)

Clarkson, P. (1992). *Transactional analysis psychotherapy: An integrated approach.* London:Tavistock/Routledge.

Erskine, R.G. (1991). Transference and transactions: Critique from an intrapsychic and integrative perspective. *Transactional Analysis Journal, 21*(2), 63-76.

Erskine, R.G. and Moursund, J. (1988). *Integrative psychotherapy in action.* Newbury Park, CA: Sage.

Finlay, L. (2016). *Relational integrative psychotherapy: Engaging process and theory in practice,* Chichester, Sussex, England: Wiley Blackwell.

Finlay, L. and Evans, K. (2009). *Relational-centred research for therapists.: Exploring meanings and experience.* Chichester, Sussex: Wiley Blackwell.

Hargaden, H. and Sills, C. (2002). *Transactional analysis: A relational perspective*, London: Routledge.

Summers, G. and K. Tudor (2005). [Introducing Co-creative TA](http://www.co-creativecoaching.co.uk/admin/uploads/Introducing%20Co-creative%20TA.pdf), accessed August 2016 from [www.co-creativity.com](http://www.co-creativity.com).

# Tudor, K. (2011). Empathy: A Cocreative Perspective, *Transactional Analysis Journal*, *vol. 41*(4), 322-335.

Zaletel, M., Potočnik, P. and Jalen, A. (2012). Psychotherapy with the Parent Ego State, *International Journal of Integrative Psychotherapy*, Vol. 3, No. 1, 15-41.