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Integrative approach in transactional analysis as a theory and working tool in psychotherapy

Abstract

The aim of this article is to analyze the integrative approach in transactional analysis (TA) as both a theory and method in psychotherapy. The contemporary integrative approach in TA expands traditional theoretical frameworks by incorporating elements from other schools of psychotherapy. This article discusses the core concepts of transactional analysis such as Ego states and life scripts within the integrative perspective, while also presenting specific to this approach concepts and methods in therapeutic practice. Particular attention is given to the dimensions of contact and relational dynamics within therapy.

Keywords: transactional analysis, integrative approach, psychotherapy, interpersonal relationships, relational needs.

Introduction

Developed in the late 1950s and early 1960s, transactional analysis has gradually changed over time. Social transformations in the 1970s and 1980s (civil rights movements, the gradual normalization of conversations about mental health or the growing interest in mental health) as well as the development of psychoanalytic theories and new psychotherapeutic currents also contributed to the evolu-

tion of transactional analysis (Gregoire, 2007). This is because the original assumptions of transactional analysis began to be seen as too rigid and oversimplified, especially in the context of working with more complex mental problems.

Transactional analysts began to successfully incorporate elements of other modalities into their work (such as the Gestalt techniques of the school of redecision (Christoph-Lemke,1999 p. 200). Gradually, a approach in transactional analysis began to emerge, called integrative, pioneered by Richard Erskine and Rebecca Trautmann. Beginning in the mid-1970s and with the publication of the article *The ABC's of effective* psychotherapy (Erskine, 1975), attention began to be drawn to the importance of integrating in psychotherapy in transactional analysis not only theoretical elements but also different dimensions of human functioning (behavioral, affective, cognitive and physiological. (Erskine, 1980, O'Reilly-Knapp, Erskine, 2003). This found expression in subsequent works and concepts such as the script system (Erskine, Zalcman, 1979,), which became a permanent part of transactional analysis psychotherapy practice and for which the authors were honored with the Berne Award (1982, https://membersarea.itaaworld.com/sites/default/files/itaa-pdfs/award-procedures/EBMA%20 WINNERS%20AS%20OF%2010-23.pdf).

The term "integrative" began to be interpreted in several ways. On the one hand, integrative referred to the integration of the client's personality. Taking elements of the personality that had been separated due to trauma, unresolved internal conflicts and integrating them into a fully integrated personality. The integration of the aforementioned dimensions of the client's functioning with the awareness of the social and transpersonal systems existing around the patient was emphasized (Erskine, Trautmann 1996, https://integrativeassociation.com/what-is-integrative-psychotherapy/, https://www.integrativetherapy.com/en/integrative-psychotherapy.php).

Integration also concerned the way theories were combined. Authors working in the integrative approach built on the work of Eric Berne (O'Reilly-Knapp, Erskine 2003), they critically analyzed and supplemented it. The theoretical foundations drawn from transactional analysis were supplemented by other approaches, such as "psychodynamic, client-centered, behaviorist, family therapy, Gestalt therapy, Reichian-influenced body psychotherapy, object relations theories, and psychoanalytic self psychology" (Erskine, Trautmann, 1996, p. 316). At the same time, care was taken not to fall into the trap of eclecticism that was sometimes attributed to transactional analysis (Schlegel 1995, in Christoph-Lemke, 1999 p. 210). This in turn required theoretical consistency, a logically coherent approach where every component or method would be consistent with the rest. (Erskine, Moursund, Trautmann, 1999).

Relationship and values

Based, among other things, on research conducted by the APA on factors influencing the effectiveness of therapy (Lambert, Barley, 2001), it was recognized that the theoretical framework that binds together elements from different approaches is the relationship and the need to be in relationship inherent in every human being (Erskine, Moursund 2022/2004). As a result, "the therapy that emerges uses the therapeutic relationship as the primary vehicle for change and growth" (Erskine, Moursund 2022/2004, p. 11). The importance of the relationship between client and therapist is also made apparent in the following philosophical principles, which form the basis of therapeutic interventions in this approach (Erskine, 2013):
— All people are equally valuable
— All human experience is organized physiologically, affectively and/or cognitively
— All human behavior has meaning in some context
— Internal and external contact is essential for human functioning
— All people are relationship-seeking and interdependent throughout life
— Humans have an innate thrust to grow
— Humans suffer from relational disruptions
— The intersubjective process of psychotherapy is more important than the content of the psychotherapy

The above-mentioned values of the integrative approach clearly indicate that they are rooted in humanistic philosophy, particularly in the concepts of self-actualization and the innate desire of human beings for growth and development. They emphasize the equality of all people, their inherent value and the fundamental need for human relations. Every individual, regardless of his or her behavior or motivations, deserves respect. The therapist's role in this approach is to support the client in building a sense of security by understanding his or her vulnerability and defense mechanisms, and each behavior should be understood in the context of its psychological function, such as stabilization or identity building.

Integrative therapy thus avoids pathologizing behavior, focusing instead on understanding it in a relational context. Thus, it steers toward the salutogenetic model (Cierpiałkowska, 2016, pp. 27-28). The therapeutic process in this approach thus aims to help the client achieve authenticity and function more fully in relationships, reflecting the concept of the natural pursuit of health and development.

Contact

A key concept underpinning the philosophy of work as well as the theories of personality and motivation in the integrative approach described below is the

Gestalt-derived concept of contact (Trautmann, Erskine 1999). Contact, referred to as the "touchstone of relationship" (Erskine, Moursund, Trautmann, 1999, p. IX), is an innate reflex and the main motivation of human behavior (see motivation theory below). It forms the basis for healthy child development. (op.cit. p. 2). Disruption of contact in the relationship, inadequate reactions of the environment prevent the healthy development of a sense of Self (Winnicot 1965 in Erskine, Moursund, Trautmann, 1999, p. 3). Integrative psychotherapy distinguishes between internal and external contact. The two forms of contact are intertwined and are essential to the proper functioning of the individual. Contact involves full awareness of both internal processes (such as feelings, needs and thoughts) and external events recorded by the senses. Proper contact in a relationship allows needs to be met in a natural and healthy way. When contact is disrupted, needs cannot be met. This, in turn, triggers coping mechanisms to deal with the resulting unmet discomfort, which can result in rigid response patterns and contribute to the development of a script (Erskine, 2018/2015). Contact is also crucial in interpersonal relationships, providing the foundation for relationship building and authentic encounters with others. Established patterns of disruption in internal and external contact contribute to a lack of integration in the client's psyche. For this reason, the direction of therapeutic work is therefore to assist the client in the ability to maintain contact with self and others (Erskine, Moursund, Trautmann, 1999, p. IX) . A model to help understand where in the client's intrapsychic world and how ruptures in both internal and external contact occur is the so-called relational system (O'Reilly-Knapp, Erskine 2003). It takes into account the four dimensions of functioning (affective, cognitive, behavioral and physiological) and the interpersonal space in relation to others.

Theoretical framework

Theoretical models were grouped into three categories: theory of motivation, theory of personality and theory of method (O'Reilly-Knapp, Erskine 2003). The goal was to create a distinct yet coherent psychotherapeutic paradigm, providing the foundation for a distinct therapeutic modality.

Theory of Personality

The key concepts that, with regard to personality, the authors of the integrative approach dealt with were Ego states and the script (Trautmann, Erskine, 1999, p.14). The concept of Ego states was analyzed in depth by the authors (Trautmann, Erskine 1981, Erskine 1988) and modified - compared to the models of Ego states accepted in transactional analysis at the time. Based on Berne's work, the integrative approach focuses on the intrapsychic, relational and de-

velopmental aspects of the perception of Ego states (as opposed to the descriptive and behavioral understanding of these states introduced in Berne's later work). (Erskine, 1991). Thus, the concept of Ego states in the integrative psychotherapy defines Ego states as a triad (Erskine 1991, Erskine 1998, Erskine 2003, Gregoire 2007)

1. Archeopsyche (Child, characterized by the fixated experiences of earlier developmental stages, including needs, feelings and defenses against discomfort resulting from unmet needs).
2. Neopsyche (Adult, who integrates past experiences and the influence of important objects from the past on the current situation and, at the same time, is a force for behavior corresponding to the developmental age of the client)
3. Exteropsyche (Parent, understood to be the introjected images, attitudes, behaviors, feelings of real-life significant persons as perceived by the child at the time of introjection (Erskine 1988).

In this view, only the Neopsyche Ego state is in contact with the here-and-now, and comes into contact via non-transferance transactions. This approach, however, has met with criticism from other transactional analysis authors alleging the limitations of such a way of thinking, i.e. ruling out the possibility of being in contact with the here-and-now in the Child or Parent state (Joines 1991).

Script

The integrative approach originally defined scripting as "a life plan based on decisions made at any developmental stage which inhibit spontaneity and limit flexibility in problem solving and in relating to people" (Erskine, 1980, p. 102). The definition was developed to include a relational element and took the form: "Life scripts are a complex set of unconscious relational patterns based on physiological survival reactions, implicit experiential conclusions, explicit decisions, and/or self-stabilizing introjections made under stress, at any developmental age, that inhibit spontaneity and limit flexibility in problem solving, health maintenance, and relationships with people" (Erskine ed. 2018/2010, p.1). The importance of cumulative negative relational experiences (Erskine, 2009), understood as repeated ruptures in relationships with significant others, was emphasized. The theory of script was also developed by emphasizing its multidimensionality, including linking the concept to attachment theory (Erskine 2009) and other aspects of individual functioning (Erskine ed. 2010). The new conceptualization of the script earned R. Erskine another Eric Berne Award for a series of articles (2018, https://membersarea.itaaworld.com/sites/default/files/itaa-pdfs/award-procedures/EBMA%20WINNERS%20AS%20OF%2010-23.pdf).

A model for understanding the course and dynamics of how people implement unconscious and archaic decisions made in childhood on a daily basis is the aforementioned script system (Erskine, Zalcman 1979). This model, understood as the unconscious organization of experience (Erskine 2018/2015, pp. 112–116) takes into account 4 basic areas: 1. primary archaic intrapsychic process of repressed needs and feelings 2. primary beliefs about self, world and others and resulting script decisions, 3. script manifestations (behavioral manifestations of the script: observable repetitive behaviors and physiological reactions, fantasies), and 4. script reinforcing events (present or past as well as the results of fantasies that help consolidate the original beliefs within a closed loop.

Theory of Motivation

Noting that classical transactional analysis does not offer a comprehensive theory of the motivation of an individual's actions, the authors developed Berne's (1961) original concept of hungers. Combining the hungers with one of the basic assumptions in the integrative approach, i.e. the assumption that the need to be in a relationship is one of the main motivators of human functioning (O'Reilly-Knapp, Erskine 2003, p. 172), the authors created the concept of relational needs. These needs arise and are/can only be satisfied in a relationship with another person. (Erskine, Moursund, Trautmann, 1999, p. 122, Erskine, Moursund 2022/2004 p.46). They are related only to interpersonal contact (Erskine 1998). Hargaden and Sills (2002) in their work compare the concept of relational needs to Self-Object needs and locate them in their model of personality at the C_0 level, or primary, "bodily-affected states" (Hargaden & Sills,2002, p. 18). Relational needs, however, do not pertain to the earliest developmental phases, but are present throughout life and are the driving force for interacting with the Other within a relationship. When unmet, they contribute to the reinforcement of script beliefs, which constitute an unconscious "cognitive defense against the against full awareness of the pain of needs not met" (Erskine, Moursund, Trautmann, 1999, p.122.) The authors identified 8 relational needs, stipulating, however, that this is not a limited number given the intersubjective uniqueness of each therapeutic relationship (Erskine, 2018/2015).

Relational Needs (Erskine, Moursund 2022/2004):

— Security: the need to feel safe in a relationship with another, which allows one to expose oneself fully, a "visceral experience of having our vulnerabilities respected" (p. 47)
— Valuing: the need to be validated, to feel important in the relationship
— Acceptance: the need to be respected and accepted by a "reliable, stable and protective person" (p. 47)
— Mutuality: the need to be understood, to have one's experience validated by someone who has experienced the same thing or is able to imagine what it means

— Self-definition: the need to express one's separateness and to be recognized and accepted in that separateness
— Making an impact: the need to be able to influence the other e.g. change in thinking or behavior, create an emotional relationship that will show our importance in the relationship
— Having the other initiate: the need for the other to initiate contact, to reach out first, to show that he or she is involved in the relationship
— Express love: the need for a safe opportunity to express your feelings, admiration, appreciation for the other

Theory of Methods

Psychotherapy in the integrative approach focuses on resolving intrapsychic conflict through deconfusion of the archeopsyche and elimination of introjects from the exteropsyche. The goal of this process is to integrate the entire experience into a neopsyche state (Erskine, 1991, Erskine 2008). This process is accomplished by integrating the dissociated elements of personality and experience in the various levels of functioning (affective, cognitive, physiological and behavioral), which occurs in a respectful and contactful therapeutic relationship.

The methods, or rather multidimensional categories, each of which is a set of methods (Erskine, Trautmann 1996, O'Reilly-Knapp M. 2001) facilitating and supporting the process of integration of the client's personality described above are inquiry, attunement and involvement. These methods are defined as a continuum of therapeutic activities, from the most tangible, teachable, related to skill and techniques (inquiry), through attunement to the most intangible, acquirable related to emotion, attitude, art, (involvement) (Erskine, Moursund, Trautmann, 1999, p. 84). The harmonious and balanced use of all is intended to support the client in integrating the dissociated pieces of inner experience.

Inquiry

Inquiry is a process of empathetic and respectful discovery of the client's subjective phenomenological experience, without imposing ready-made interpretations or judgments. It "involves the therapist being open to discovering the client's perspective while the client simultaneously discovers his or her sense of self." (Erskine, Trautmann 1996, p.318). It is important to create an atmosphere of safety, which makes it possible to enter into contact both on the therapist-client level and in the area of the client's inner contact. This in turn is to support the client in gradually uncovering unmet relational needs, archaic defense mechanisms, fantasies and script beliefs so that they can be integrated.

Attunement

Attunement means the ability to adjust and be sensitive to the client's experience and experiences - both physically and intrapsychically. It is a kind of "synchronizing of therapist and client process" (Erskine, Moursund 2022/2004, p. 104), on the conscious and unconscious levels. It goes beyond empathy and Kohut's "vicarius introspection" invoked by the authors (Kohut 1977, in Erskine, Moursund 2022/2004, p.104) while giving the client a sense of security in the relationship. It is described as a two-part process: involving awareness of what is going on in the client and communicating that awareness coupled with an appropriately attuned response (Erskine, Moursund, Trautmann, 1999). At the same time, attunement requires the therapist to be constantly aware of the boundaries between his own and the client's experience. Communicated both verbally and nonverbally, it is directed at acting reparatively to the client's previous relational experiences. (Erskine, Trautmann, 1996)

Attunement takes place on several levels (Erskine, Moursund, Trautmann, 1999, Gregoire 2007, Erskine 2018/2015)
— cognitive - going beyond simply understanding what the client is thinking, rather understanding the process of the client's internal logic
— affective: an authentic response from the therapist, taking into account the type and intensity of the client's affect, expressed in an adequately reciprocated affection (where the client's individual emotions are accompanied by an adequate response: sadness - compassion, anger – seriousness, joy – vitality, sharing joy, fear – creating a sense of security and protection)
— developmental: recognizing and taking into account from which developmental age the client's regressive response originates (in archeopsyche) and responding appropriately attuned to the developmental needs of the child at that age
— rhythmic: adapting the pace of intervention and the degree of involvement of the therapist to the pace of the client, taking into account the dimension in which the client operates (affective, cognitive and so forth) as well as attention to defensive manifestations (client's false vitality or rhythm)
— to relational needs: identifying a need emerging from the background at a given point in the process and responding accordingly

Involvement

Involvement is a way to build a therapeutic relationship that is safe for the client. It is defined as "the process by which the therapist conveys his or her desire and ability to be in full contact with a client" (Salinger 1996, p. 295). Its components, acknowledgment, validation, normalization, and presence, are de-

signed to increase the sense of security in the relationship and thereby reduce the client's defenses against entering into contact and relationship.

Acknowledgment is a type of therapist activity for which the need emerges very early in the process (Erskine, Moursund 2022/2004). It begins in the therapist's attunement to the client on both emotional and behavioral levels, in order to communicate the validity of the phenomenological experience. It is a kind of "I hear you and I see you, and what you say matters to me" communication. Thus, it allows the client to make a connection between experiences and emotions. Consequently, it is supposed to lead the client to a greater understanding of him/herself and his/her reactions, not only in the phenomenological dimension but also in the relational one. This, in turn, gives access to repressed relational experiences in which communicating needs and emotions was impossible. (Erskine, Moursund, Trautmann, 1999)

Validation is the process of affirming a client's emotions, behaviors, and physical sensations, linking them to significant personal experiences. It helps the client understand the cause-effect relationship in their responses, enhancing the client's acceptance of his / her phenomenological experience.

Normalization involves helping clients reframe their internal experiences or coping behaviors, not as pathological, but as understandable. They are seen as natural defensive reactions to difficult or abnormal situations, adequate to the developmental stage when they appeared. Normalization involves interventions such as e.g. "anyone would cry in such a situation" which is supposed to act as a countermeasure to the potential introjected critical message of the client (e.g. "don't be such a crybaby") . The goal is to reduce self-criticism and promote self-compassion (Erskine, Trautmann, 1996).

The therapist's presence requires him/her to be in contact on both the internal and external levels. This means being both aware of what is going on in the therapist's intrapsychic world, but at the same time, along with this awareness, maintaining focus and willingness to participate in and focus on the client's process. Presence is communicated by maintaining stable, attuned responses to the client's behavior. It "includes the therapist's receptivity to clients' affect-to be impacted by their emotions, to be moved and yet to stay responsive to the impact of their emotions" (Erskine, Trautmann, 1996, p. 325)

Juxtaposition reaction

Therapeutic work based on involvement and attunement also requires the therapist to be attentive to the so-called juxtapostion reaction. This term describes the dichotomy between the client's experience of the past (e.g., lack of attention) and the therapist's response of sensitivity and attentiveness to the client. The contrast between the abundance of the therapeutic relationship in

the here-and-now and the frustration of the past relationship can sometimes be unbearable for the client. The difficulty in integrating what is present with the vivid experience of lack from the past can affect the weakening of commitment to therapy and is a signal to the therapist that the relational work is moving too fast, inadequate to the client's capacity. (Erskine, Moursund 2022/2004)

Summary

Integrative psychotherapy is a profoundly humanistic approach whose foundation in both philosophical and practical terms is relationship. Intersubjectivity plays a key role in the therapeutic process (Stark 1999). Here the process is co-created by the client and the therapist, making each session unique and individual. The quality of the relationship and the involvement of the therapist are crucial to the success of therapy, often outweighing the importance of the theories or methods used.

This approach offers a flexible and multifaceted framework to psychotherapy. By combining various techniques and theories, the therapist can tailor his or her work to the individual needs of the client, allowing for a holistic approach to the therapeutic process. By taking into account cognitive, behavioral, emotional and physiological aspects, the integrative approach supports deep work on understanding internal conflicts and strengthening healthy adaptive mechanisms. With the increasing complexity of psychological problems and the diversity of clients, integrative transactional analysis has become a valuable tool that can support effective and personalized therapeutic intervention.

The development of the integrative approach has played a significant role in the evolution of transactional analysis's view of psychotherapy. It met with criticism from some transactional analysts (Cornell, Bonds-White, 2001), who perceived relational approaches, including the integrative, as relying too much on empathy. This attitude, according to the authors, was a departure from the original assumptions of Berne (who considered the pre-imposition of feelings over thinking to be a psychological game of Greenhouse (Berne 1964)). They also pointed out the risk that too strong a focus on relationship and empathy could lead to "romanticizing and idealizing its curative power." (Cornell, Bonds-White, 2001, p.82). Similarly, an emphasis on intersubjectivity (i.e., the two-person therapy model) could be limiting.

Erskine and Trautmann's work was recognized and honored in 1998 with the Eric Berne Memorial Award, which was given for a series of articles in the category "Comparison and integration of transactional analysis with other theories and approaches" (Leigh, 1999). Over time, the integrative approach has taken its place in transactional analysis. It is now recognized as one of the mainstreams

(along with psychoanalytic, relational or co-creative, among others) (Gregoire 2007), although the popularity that developed in the 1990s and early 2000s has now waned. This may be due to the fact that the integrative psychotherapy approach developed by R. Erskine has moved beyond transactional analysis. A separate association for certification and teaching was established (1991, https://integrativeassociation.com/), along with a separate peer-review journal (International Journal of Integrative Psychotherapy (https://doaj.org/toc/2156-9703). Still, the integrative approach can be the axis of effective therapeutic work.

References

Christoph-Lemke, C. (1999). The contributions of transactional analysis to integrative psychotherapy. *Transactional Analysis Journal*, *29*(3), 198-214. https://doi.org/10.1177/036215379902900305.

Cierpialkowska, L. (2016). *Psychopatologia* (pp. 27–28). Wydawnictwo Naukowe Scholar.

Cornell, W. F., & Bonds-White, F. (2001). Therapeutic relatedness in transactional analysis: The truth of love or the love of truth. *Transactional Analysis Journal*, *31*(1), 71–83. https://doi.org/10.1177/036215370103100108.

Erskine, R. G. (1975). The ABC's of effective psychotherapy. *Transactional Analysis Journal*, *5*(2), 163–165. https://doi.org/10.1177/036215377500500218.

Erskine, R. G. (1980). Script cure: Behavioral, intrapsychic, and physiological. *Transactional Analysis Journal*, *10*(2), 102–106. https://doi.org/10.1177/036215378001000205.

Erskine, R. G. (1988). Ego structure, intrapsychic function, and defense mechanisms: A commentary on Eric Berne's original theoretical concepts. *Transactional Analysis Journal*, *18*(1), 15–19. https://doi.org/10.1177/036215378801800104.

Erskine, R. G. (1991). Transference and transactions: Critique from an intrapsychic and integrative perspective. *Transactional Analysis Journal*, *21*(2), 63–76. https://doi.org/10.1177/036215379102100202.

Erskine, R. G. (1998). The therapeutic relationship: Integrating motivation and personality theories. *Transactional Analysis Journal*, *28*(2), 132–141. https://doi.org/10.1177/036215379802800206.

Erskine, R. G. (2003). Introjection, psychic presence, and parent ego states: Considerations for psychotherapy. In C. Sills & H. Hargaden (Eds.), *Ego states* (Vol. 1, pp. 83–108). Worth Publishing.

Erskine, R. G. (2008). Psychotherapy of unconscious experience. *Transactional Analysis Journal*, *38*(2), 128–138. https://doi.org/10.1177/036215370803800206.

Erskine, R. G. (2009). Life scripts and attachment patterns: Theoretical integration and therapeutic involvement. *Transactional Analysis Journal*, *39*(3), 207–218. https://doi.org/10.1177/036215370903900304.

Erskine, R. G. (2013). Vulnerability, authenticity, and intersubjective contact: Philosophical principles of integrative psychotherapy. *International Journal of Integrative Psychotherapy*, *4*(2).

Erskine, R. G. (2018/2010). *Life scripts: A transactional analysis of unconscious relational patterns*. Routledge.

Erskine, R. G. (2018/2015). *Relational patterns therapeutic presence: Concepts and practice of integrative psychotherapy*. Routledge.

Erskine, R. G. (2019). The life script trilogy: Acceptance speech on receiving the 2018 Eric Berne Memorial Award. *Transactional Analysis Journal*, *49*(1), 7–13. https://doi.org/10.1080/03621537.2019.1544773.

Erskine, R. G., & Moursund, J. P. (2022/2004). *The art and science of relationship*. Phoenix Publishing House.

Erskine, R. G., Moursund, J. P., & Trautmann, R. L. (1999). *Beyond empathy: A therapy of contact-in-relationship*. Brunner/Mazel.

Erskine, R. G., & Trautmann, R. L. (1996). Methods of an integrative psychotherapy. *Transactional Analysis Journal*, *26*(4), 316–328. https://doi.org/10.1177/036215379602600410.

Erskine, R. G., & Zalcman, M. J. (1979). The racket system: A model for racket analysis. *Transactional Analysis Journal*, *9*(1), 51–59. https://doi.org/10.1177/036215377900900112.

Grégoire, J. (2007). *Les orientations récentes de l'analyse transactionnelle*. Les Editions de l'Analyse Transactionnelle.

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

Joines, V. (1991). Transference and transactions: Some additional comments. *Transactional Analysis Journal*, *21*(3), 170–173. https://doi.org/10.1177/036215379102100308.

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, *38*(4), 357–361. https://doi.org/10.1037/0033-3204.38.4.357.

Leigh, E. (1999). Introduction to the 1998 Eric Berne Memorial Awards. *Transactional Analysis Journal*, *29*(1), 9–10. https://doi.org/10.1177/036215379902900104.

O'Reilly-Knapp, M. (2001). Therapeutic love, intellectual truth, and theoretical understandings: A clinical application of the theory and methods of integrative psychotherapy. *Transactional Analysis Journal*, *31*(4), 274–282. https://doi.org/10.1177/036215370103100411.

O'Reilly-Knapp, M., & Erskine, R. G. (2003). Core concepts of an integrative transactional analysis. *Transactional Analysis Journal*, *33*(2), 168–177. https://doi.org/10.1177/036215370303300208.

Salinger, R. A. (1996). Therapeutic involvement: The bull becomes attuned. *Transactional Analysis Journal*, *26*(4), 293–302. http://dx.doi.org/10.1177/036215379602600405.

Stark, M. (1999). *Modes of therapeutic action: Enhancement of knowledge, provision of experience, and engagement in relationship*. Jason Aronson Inc.

Trautmann, R. L., & Erskine, R. G. (1981). Ego state analysis: A comparative view. *Transactional Analysis Journal*, *11*(2), 178–185. https://doi.org/10.1177/036215378101100218.

Trautmann, R. L., & Erskine, R. G. (1999). A matrix of relationships: Acceptance speech for the 1998 Eric Berne Memorial Award. *Transactional Analysis Journal*, *29*(1), 14–17. https://doi.org/10.1177/036215379902900106.

International Integrative Psychotherapy Association. (n.d.). *https://integrative-association.com/* (Accessed October 16, 2024).

International Journal of Integrative Psychotherapy. (n.d.). https://doaj.org/toc/2156-9703 (Accessed October 16, 2024).

What is Integrative Psychotherapy? (n.d.). Downloaded from https://integrativeassociation.com/what-is-integrative-psychotherapy/ (Accessed October 16, 2024).

What is Integrative Psychotherapy? (n.d.). Downloaded from https://www.integrativetherapy.com/en/integrative-psychotherapy.php (Accessed October 16, 2024).

Winners of the Eric Berne Memorial Scientific Award and the Eric Berne Memorial Award. (n.d.). Downloaded from https://membersarea.itaaworld.com/sites/default/files/itaa-pdfs/award-procedures/EBMA%20WINNERS%20AS%20OF%2010-23.pdf (Accessed October 16, 2024).

Podejście integracyjne w analizie transakcyjnej jako teoria i narzędzie pracy w psychoterapii

Streszczenie

Celem tego artykułu jest analiza integracyjnego podejścia w analizie transakcyjnej (AT) zarówno jako teorii, jak i metody w psychoterapii. Współczesne podejście integracyjne w AT rozszerza tradycyjne ramy teoretyczne, włączając elementy z innych szkół psychoterapii. W artykule omówiono kluczowe pojęcia analizy transakcyjnej, takie jak stany Ja oraz scenariusze życiowe, w ujęciu integracyjnym, a także przedstawiono specyficzne dla tego podejścia koncepcje i metody stosowane w praktyce terapeutycznej. Szczególną uwagę poświęcono wymiarom kontaktu oraz dynamice relacyjnej w terapii.

Słowa kluczowe: analiza transakcyjna, podejście integracyjne, psychoterapia, relacje interpersonalne, głody relacyjne.