## My experience in living TA

Last year I gave myself a lovely present. On the evening of my 25th birthday I made a contract to live for 3 months in the therapeutic community which is Jacqui Schiff's home in Alamo, California.

I made the contract at the weekly Family Group meeting, saying that I wanted to be there to work on problems around closeness. Someone asked me for some more detail about the problems and I talked about my fear of not being in control in every situation, my unwillingness to ask for things I needed, my fear of being near someone else and the consequent loneliness I experienced. The response was that, although people had not had time to get to know me, they were willing for me to join the community. I was impressed by the warmth and thoughtfulness of the meeting. I felt a mixture of fear, excitement and joy. I knew I was going into a situation where there would be pain and discomfort. I knew, too, from the brief contact I had had with Jacqui and the community that there was a lot of warmth and support for people who were doing what they needed to do in order to become well and whole. And I knew I needed to work on problems and felt good about having got myself to a safe place to do that.

The therapeutic community consists (or did while I was there - numbers changed soon after I left) of Jacqui, her 16 year old natural son (who attended the local high school), and 7 'kids' - that is people who are in treatment at the Cathexis Institute and most of whom have reparenting contracts with Jacqui.\* They were all people who were or had been psychotic-third degree game players - different stages of treatment. The little experience I had of psychotic patients in orthodox psychiatric hospitals led me to fear living with this group and I expected to see a lot of weird and passive behaviour. When I first moved out to the community - after a week at the Institute in Oakland - I realised that I was behaving strangely. I was withdrawn, agitated and over adapted while the people around me were functioning well. They were open, active and alert. Part of the Cathexis philosophy is that patients can be responsible and we were expected not to go round acting crazy but to set up situations by contract when we identified a need to work through craziness. An example of this was the time when Denise was struggling with impulses to run away. She asked for support to work on these feelings because she knew that leaving would be destructive for her. One afternoon when everyone was home we gathered in the living room and encouraged Denise to do what she needed to do. She made a dash for the front door. Within seconds she was stopped and brought carefully onto her back on the floor where she was 'restrained'. Eight people helped to hold Denise in the way we were all taught to do it without hurting her or ourselves. She thrashed around for nearly an hour expressing a great deal of anger. I was overwhelmed by the support and caring of the group helping her - the commitment to her and her needs and the willingness of the whole community to put energy into her work.

Cathexis Institute is the school, directed by Jacqui Schiff which offers treatment and training in the methods that have been developed by the Schiffs and their co-workers. Each workday afternoon those of us who lived in the community went into the school to participate in the Drop-in programme. This consisted of two 'classes' each day which ranged from verbal skills and guitar classes to a sexual issues group and the 'game' (a group which was based on the Asklerpeon adaptation of the Synanon attack therapy Model).

I was a member of the Character Disorder Group which had been set up with a special programme alongside 'Drop-in'. Nine of us met three times a week with two therapists and once on a peer-led basis.

Each day about 30 people attend the classes on an 'out-patient' basis. Mostly they live in apartments or Board and Care Homes in Oakland. There is flexibality of overlap between 'staff' and 'patients' at the school. One 'patient' had passed the clinical membership exams of ITAA and worked as a co-leader in some Drop-in groups. The therapist in one group might well be a patient in the next. I liked that and was impressed with the way in which everyone there was expected to be involved in her/his own treatment issues

Participation in the school programme and living in the community required commitment to two basic contracts.

Firstly a contract to confront and be confronted from a caring position. Much thought and energy went into ensuring that a reactive environment was created so that people were getting and giving feedback to each other on a on-going basis.

People said things to me that I had not heard before from my family or friends. I sometimes thought 'Hell - someone must have noticed me doing that before - why didn't they let me know!' I found it threatening and uncomfortable but experienced immense relief that at last bits of myself that I had struggled to hide, disown and discount were in the open. Having 'owned' them, there was a good chance that I would be able to change them.

There was also a contract to be active rather than passive. Passivity in feeling, thinking and doing is confronted because it is seen as disrupting the balance of social functioning and resulting in internal distress or behaviour disorders. It is assumed that a healthy person is active and we were encouraged to be involved, to relate actively and to do things.

During my first few days in the community my favourite time was at 11.30 p.m. I had been put on 'Living Room Supervision' after the first day during which I was withdrawn and avoiding contact with people. I was restricted to the living room/kitchen in Jacqui's house with a contract to relate actively to people around me. Whenever I needed to leave that area (to go into the school or to the lavatory) I had to ask someone to supervise me. It focussed my difficulty in asking for what I needed. I

started off being nasty and resentful of having to depend on others so much.

At 11.30 p.m. I was allowed to walk alone, without supervision. through the garden into the adjoining property where the second communal house stood. It was a beautiful time - the dark California sky was usually studded with stars, often there was a bright clear moon. It was still and peaceful - a magical private time for me.

After some time, however, I found that I was doing that short walk with other people and enjoying sharing that quiet and beauty, with them. That symbolised for me the changes I was making. I was exploring new bits of myself and other people and allowing myself to share pleasure and closeness.

It was a community rule designed to prevent people from withdrawing, that we weren't allowed to go to bed earlier than midnight (or after 1 a.m.) At 8 a.m. we had a 'parenting' group around Jacqui's bed. That was a chance for us to get information and good Parent messages on any problem or issue that we were concerned about. We talked about how to deal with sexual relationships, how to make effective confrontations, how to handle money, how to feed, dress and care for ourselves.

Jacqui would also hold people in the early morning and one 'kid' had a bottle each day as part of his work on nurturing. I found the 'Parenting' very useful. Although I have some good Parent messages and information about some of the issues we discussed - I got a whole lot of new information and permissions.

After the group, we fixed our own breakfast and then started on the daily work schedule. We all had different tasks including cooking, cleaning and the general maintenance of the communal houses and gardens. We usually managed to intersperse the work with lots of play - there would often be a game of cards or backgammon going on while the room was being vacuumed and the dinner prepared. Sometimes in addition to all this there would be someone to be supervised in the 'corner'. People were sent to stand in the corner when they had done something not-OK at a significant level. This usually meant something which was closely connected with the individual's pathology and was damaging to other people. I went to the corner for not using responsibly information that I had been given when I was left in charge one day. I knew that what I had done was not-OK and that I had to deal with that. What I didn't realise at the time was how central an issue it was for me and how important the time to think about it in the corner was in terms of my decision to change. While I was in the corner I wished that the people supervising me would go away and leave me to 'my misery'. I tried several hysterical ploys thinking they would be so disgusted with me that they would leave me alone. But they didn't - they were there, actively involved with me all the time and that was important experience for me.

Living in the community - I learnt that it was OK to ask for what I needed and I had some practice at doing that. I learnt to use my anger more constructively and less nastily. I learnt to define myself more clearly and to do something about it when I was uncomfortable. What felt best of all was knowing that there were people there who

cared about me and that I had allowed myself to absorb and respond to that caring. Having experienced before that I was frightened almost all the time, I learnt to distinguish between racket fear and times when I was frightened of something real. I gained courage - I knew how to do something to take care of my real fears and how to stop scaring myself in order to avoid closeness.

I returned to London exactly 3 months ago. I went back to my job as a community worker with a Local Authority Social Services Department. I feel really good about what I got and did for myself. Since I returned I have had good times and bad times. I have been aware of slipping back into old patterns and games. but I have also grown more sure of and comfortable with the new ways I learned. I enjoyed using my new potency and am aware of being a more effective worker. I like it that I am getting more of my needs met. Instead of suffering or holding on to feeling uncomfortable - I am now more active and take more responsibility for myself. I feel generally more clear and relaxed and allow myself more enjoyment and pleasure

It is the best birthday present I've ever given myself.

## Reference

\*As I have been asked to write about my experience, I am giving no details about the treatment methods that the Schiff family has evolved. However, I encourage readers to refer to two books: 'All My Children', Jacqui Lee Schiff and Beth Day (New York: M. Evans and Publishing Co. Inc., 1970) and 'Cathexis Reader - Transactional Analysis Treatment of Psychosis', Jacqui Lee Schiff et all (New York: Harper & Row, Publishers Inc., 1975).

## Margaret Turpin

## Outline of the training in Transactional Analysis

There are three levels of training in ascending order of depth and experience.

REGULAR MEMBERSHIP (basic)

ADVANCED MEMBERSHIP (application) TEACHING MEMBERSHIP

MEMBERSHIP applies to membership of the International Transactional Analysis Association (ITAA), a non-profit Educational Organization.

Beyond Regular Membership there are two categories of training - Clinical and Special Fields.