The Instructor’s Manual accompanies the DVD Transactional Analysis with Mary Goulding, MSW (Institutional/Instructor’s Version). Video available at www.psychotherapy.net.

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Instructor’s Manual for Transactional Analysis with Mary Goulding, MSW

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Instructor’s Manual for

TRANSACTIONAL ANALYSIS
WITH MARY GOULDING, MSW

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. DISCUSSION QUESTIONS
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW
Allow the session to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the session? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Suggestions for Further Readings and Websites prior to viewing. You can also time the video to coincide with other course or training materials on related topics.

5. ASSIGN A REACTION PAPER
See suggestions in Reaction Paper section.

6. ROLE-PLAY IDEAS
After watching the video, organize participants into pairs. Assign each pair to role-play a therapy session using Goulding’s Transactional Analysis/Redecision Therapy approach. The clients may resemble the client in the video, or you can create different scenarios, and you may
have players switch roles if time permits. As a basic instruction, suggest to therapists that begin by establishing a contract with the client and then proceed to assess and understand the client’s blocks. Or they can try guiding the client through an early scene and a different decision. Encourage them to end the session by giving the client an assignment to solidify the work done during the session. See Goulding’s Approach to Transactional Analysis in this manual for a brief review of how she works. After the role-plays, have the groups come together to discuss the exercise. First have the clients share their experiences and then have the therapists talk about their experiences in the session. What did participants find challenging about this way of working? Finally, open up a general discussion on what participants learned about Transactional Analysis and Redecision Therapy.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the entire group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion that explores what does and does not seem effective about Goulding’s approach.

7. WATCH THE EXPERTS SERIES

This video is one in a series portraying leading theories of psychotherapy and their application. Each video in the series presents a master therapist working with a real client who has real problems. By showing several of the videos in this Experts series (See the More Videos section for a complete list of the videos in the series), you can expose viewers to a variety of styles and approaches, allowing them an opportunity to see what fits best for them.

Special Note—More Videos with this Client: In this video, Goulding works with a client named Beverly. Beverly is also featured as a client in another video in this Experts series:
Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD.

It can be particularly enlightening for viewers to watch these two therapists work with the same client to see how their styles, personalities and theoretical orientations play out differently. If you have viewers write a Reaction Paper—see the guidelines in this manual—you can ask them to address what differences they notice in how Goulding and Meichenbaum work with Beverly, and how these differences affect the outcomes of the sessions.

Other videos in the series use different therapeutic models. We can reflect upon the differences among these models by exploring the following questions:

- How does the model explain the therapeutic process?
- What assumptions does the model imply about the purpose of therapy?
- How is theory translated into practice in real-life situations?
- What is the role of the therapist?
- What outcomes are associated with successful therapy?

8. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Therapists may also move more quickly than is typical in everyday practice to demonstrate a technique. The personal style of a therapist is often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master therapists, participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

*A NOTE ON PRIVACY AND CONFIDENTIALITY

Because this video contains an actual therapy session, please take care to protect the privacy and confidentiality of the client who has courageously shared her personal life with us.
Goulding’s Approach to Transactional Analysis

Mary Goulding, MSW, is a contemporary of Eric Berne, MD, the founder of Transactional Analysis. Together with Fritz Perls, Virginia Satir, and Mary’s husband, Bob Goulding, these ground breaking therapists worked in and around Esalen and Carmel, California in the 1960’s and 1970’s.

Berne’s Transactional Analysis is a complex theoretical system that grew out of his training in psychoanalytic theory. His core ideas about the transactions of Child-Parent-Adult self states and the significance of psychological scripts and games entered the cultural milieu in the 1960’s and 70’s and gained popularity as basic psychological concepts for understanding our own selves, and our interactions with others. Currently, Transactional Analysis has many advocates and practitioners in Europe, Australia, Japan and other parts of the world, although interest among professionals in the United States has declined in recent years.

Mary Goulding is a proponent of Redecision Therapy, which is founded on the theoretical principles of Transactional Analysis. The key concept of Redecision Therapy is that children make early decisions about themselves, the important people in their lives, and the world based on their growing up experiences. These decisions affect how they think, feel, and act, and form a self-concept that they carry into their adult lives. Focused on self-reparenting, the reddecision process allows individuals to understand the impact of their early decisions and to free themselves to make autonomous choices in the present rather than be bound by the echoes of the past.

Goulding emphasizes the contract she and her client establish. Early on Goulding asks clients, “What do you want to change about yourself?” She assesses to see what blocks clients from having what they want, and how the blocks got started. Changes are made by reliving childhood and adult scenes, using Gestalt, psychodrama, story telling and reframing techniques. Goulding may ask clients to imagine
and reenter an early scene and in the process of enactment within this scene, she guides them to a different experience, and a different decision about their role in the scene. Having worked through to a rededication, the therapy then focuses on integrating the new aspects of the child-parent-adult ego state structure generated by the early scene process.

Rededication therapy is a goal-focused therapy that can be both a short-term approach to change and part of a focus for ongoing individual or group psychotherapy. Goulding herself typically works within a brief therapy model, usually seeing clients perhaps six times over a period of two months. Between sessions clients are given assignments that solidify the work of the rededication process.
Reaction Paper for Classes and Training

Video: Transactional Analysis with Mary Goulding, MSW

• **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

• **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.

• **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Transactional Analysis and Redecision Therapy? What stands out in how Goulding works?

2. **What I found most helpful:** What was most beneficial to you as a therapist about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/strategies did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working? Explore these questions.

4. **How I would do it differently:** What might you have done differently than Goulding in the therapy session in the video? Be specific in what different approaches, strategies and techniques you might have applied.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?
Suggestions for Further Readings, Websites and Videos

BOOKS


WEB RESOURCES
International Transactional Analysis Association

[www.itaa-net.org](http://www.itaa-net.org)

European Association of Transactional Analysis

[www.eatanews.org](http://www.eatanews.org)

Western Pacific Association of Transactional Analysis


Transactional Analysis Student: Study and Training Aids

[www.tastudent.org.uk](http://www.tastudent.org.uk)
RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Psychodrama in Action
  –Zerka T. Moreno, TEP

Psychotherapy with the Unmotivated Patient
  –Erving Polster, PhD

Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD*

Exploring Narradrama
  –Pamela Dunne, PhD

*additional video featuring the same client working with a therapist who has a different theoretical orientation.
Psychotherapy.net

Discussion Questions

Professors, training directors and facilitators may use a few or all of these discussion questions keyed to certain elements of the video or those issues most relevant to the viewers. On-screen minute markers are noted to highlight related points in the video/transcript.

GOULDING’S APPROACH

1. **Assessment:** (1-20) How do you respond to Goulding’s idea of assessment as a focus on what blocks the client from having what they want, as well as a focus on how these blocks got started? What about the notion of defining therapy as process of finding our way around blocks?

THE PSYCHOTHERAPY SESSION

2. **Contract:** (2-1) How do you understand Goulding’s idea of the contract? What did you think of the contract established between Goulding and Beverly in this session? How do you see the session developing from that contract?

3. **Scene:** (2-4) What reactions did you notice inside yourself when Goulding asked Beverly if she was willing to go into a scene from the past? What do you think about Goulding’s approach with this scene? Do you ever use techniques like scene reenactment in your own practice? If so, what is your experience in working with clients in this way? If not, what keeps you from trying this kind of approach?

4. **Empty Chair Technique:** (2-5) How do you react to bringing in the *empty chair* to facilitate Beverly’s dialogue with her deceased mother? What do you think of Goulding’s suggestions about what Beverly should say to her mother in this scene? If you use the empty chair technique in your work with clients, what do you find useful about it? Are there times when you would avoid using the empty chair technique? If so, when?
5. **Goodbye Scene:** (2-16) What did you notice about the process leading up to Goulding directing Beverly in a goodbye scene with her mother? *Goulding states that the important elements in the goodbye scene are expressions of appreciations as if the person were alive, and then saying “goodbye” and “you’re dead.”* (2-18) How effective do you think this approach is with Beverly? What came up for you watching this part of the session?

6. **Letting Go of Care of Father:** (2-27) What do you think of Goulding’s assessment that the most important issue for Beverly is to let go of her pathological connection to her father? Do you agree that this is such a critical aspect of therapeutic work? If not, what seems more important to you at this point? How do you understand this goal in light of the contract established between Goulding and Beverly?

7. **Reuniting with Child Self:** (2-39) What were your feelings watching Beverly integrate her 13-year-old self? What do you make of Goulding’s becoming less directive in this scene than she had been previously? Does it work well?

8. **Solidifying the Work:** (2-42) Note how Goulding asks Beverly what she needs to do to solidify all the work she’s done in the session. Guided by Goulding, Beverly sets up a scene where nothing would interfere with her pleasure. What do you think of such an assignment which emphasizes pleasure? Does it make sense to you in terms of what you know of Beverly and what this therapy has been about?

**DISCUSSION**

9. **Feeling Good:** (3-3) Goulding indicates that she wants to leave clients feeling good at the end of a session. How well did Goulding meet that goal in her work with Beverly? Any examples of how she did this in the session? What are your thoughts about setting such a goal for therapy?
10. **Clients and Hugs:** *(3-27)* An audience member raises the issue of Goulding’s hugging Beverly and how loaded that can be. How do you react to Goulding responses on when and when not to hug a client? What personal/professional hug guidelines do you use in your work?

11. **Therapeutic Relationship:** What did you think about the alliance Goulding created with Beverly? What was it about Goulding that allowed Beverly to engage in the therapy with her? How would you feel about working with Goulding as your therapist? Do you think she would develop an alliance with you and be an effective therapist?

12. **Redecision Therapy:** *(3-40)* Redecision Therapy is a subset of Transactional Analysis; Goulding suggests that interest in these theories has declined in recent years in favor of modern “feeling-less therapies” which are safer for instructors. What are your reactions to her assessment?
Transcript of
Transactional Analysis with
Mary Goulding, MSW

Note to facilitators: Throughout the transcript below, we indicate on-screen minute markers that correspond with those that appear at the bottom right corner of the DVD on screen. In the transcript of the session itself, use the numbered entries to draw attention to desired points within the dialogue. You will also find chapter markers on the DVD at five-minute intervals so that you may easily skip to desired points in the video.

GOULDING’S APPROACH

1–1

Carlson: Diane, today’s program is going to be on transactional analysis, or what we’ve called T.A. for several years. What do you know about this particular approach to psychotherapy?

Kjos: Well, I think it…I first met it in the early ‘70s and remember the Parent-Adult-Child. But probably the thing that impressed me the most about that was the ability to decide how I was going to respond or what mode I was going to take in responding to somebody.

1–2

Carlson: I think the counselor is supposed to teach the client these different ego states, these Parent-Adult-Child states. The thing that I remember about this is that it’s such a practical approach. It has a very simple vocabulary. It uses things, you know, words like scripts, and games, and things that we can easily identify with. My kids, actually, were reading books like T.A. for Tots and T.A. for Kids.

Kjos: And it has really kind of crept into our vocabulary, you know, in terms of some of the just general talk that we use.

Carlson: Especially those books, like Eric Berne’s Games People Play and Thomas Harris’ I’m Ok—You’re Ok.
**Kjos:** Yeah, so it’s a…

**Carlson:** And within this approach, though, there’s kind of a division of Transactional Analysis called Redecision Therapy that really focuses on helping the client understand some early childhood decisions. How does this relate to some of the other approaches?

1–3

**Kjos:** Well, the first thing I think of is the cognitive, you know, that you think about what it is and make some choices based on that. I always thought of the Parent-Adult-Child, the three, as similar to ego, id, superego kind of, you know, Freud’s original concepts. So it’s not way out there somewhere. It’s got ties with a number of areas. Probably a bit of behavioral comes into that also. And I think that there’s some influence from Satir and some of the existentialist approach, also.

**Carlson:** I want to bring out our guest Mary Goulding and find out some more about this approach to therapy. Mary, welcome. Mary, just what is Transactional Analysis?

**Goulding:** Transactional Analysis is a theoretical structure. They used to talk about it being truth, as theory never is. It’s a theoretical structure that is very useful in lots of different ways, and you mentioned Parent-Adult-Child, script, games. It gets more complicated than that, of course.

**Carlson:** Everything does.

1–4

**Goulding:** There’s the old story of when Eric Berne, the founder, was on an airplane talking to someone who was an astronomer. “What do you do?” “Oh, I’m the founder of Transactional Analysis.” And he said, “Oh yes, Parent, Adult, and Child, and I’m Ok, You’re Ok,” and Berne said, “Yes, sort of like you. ‘Twinkle, twinkle, little star.’” In other words, it is more profound. It’s used not just in psychotherapy. There are educators who use it in the classroom to teach children, as you were suggesting. There is a whole school of O.D.s, business managers, community organizers, whose structure is based on T.A. theory. It’s particularly popular in Australia and New Zealand and all
of Europe. They have huge conferences.

**Carlson:** How did you get into Transactional Analysis?

1–5

**Goulding:** I was very lucky. I went to work in Carmel, California. Eric Berne and Bob Goulding owned an office together, and down the road, Virginia Satir was living at Esalen at that time, and so was Fritz Perls.

**Carlson:** Oh, boy.

**Goulding:** Yeah, exactly. So Bob was teaching T.A., and of course I learned it from him. Then Virginia Satir had a foster child in my home, which was very interesting. I’d never had a foster child before, and she visited a lot. And she and I became good friends. And Fritz and Bob were best friends. They didn’t have the competitiveness because they were on different mountains. Eric and Bob had more competitiveness,

**Carlson:** To share that same mountain.

1–6

**Goulding:** Yeah. And then, of course, all we put together, a combination. What I particularly liked from Virginia was her acumen. Also, her lovingness. She was the most loving therapist there ever was. And how she used positive strokes, which became a very big part of Redecision Therapy. From Fritz we opened up into all of the double chair, acting, emoting, learning to use feelings. Fritz was a genius of a therapist. He wasn’t always careful. If he didn’t like somebody and they wouldn’t do it right, he wasn’t careful with them. He was a showman, but he was so good. Oh, he was so good. I had therapy with Fritz several times. Bob claimed Fritz saved his life.

**Kjos:** And he liked you. Fritz liked you.

**Goulding:** Uh, Fritz liked Bob.

**Kjos:** Oh, I see.

**Goulding:** Fritz and I were distant friends.

**Kjos:** Oh, okay.

**Goulding:** Fritz reminded me too much of my great-grandfather, who
the family myth was that I was responsible for his death. I was a child and he ran all the way from Lincoln Park...right here...

**Carlson:** Right here in Chicago.

1–7

**Goulding:** ...because it started to rain and he didn’t want me to get wet, and he died of a heart attack. And Fritz had the same German accent, same beard. So I was...I didn’t want to cause Fritz’s death, I suppose. I did work that through. So that’s how we put together Redecision Therapy; putting all of it into one package.

**Kjos:** You talked about it being very popular down in Australia and New Zealand and Europe. What about the different cultures, cultural...how does it work with different cultures?

**Goulding:** Well obviously it works fine. It’s also very, very popular in Japan. It’s taught in the major medical school to medical students, and it’s taught not for them to become therapists but to treat their patients more humanely.

**Kjos:** Oh, okay.

1–8

**Goulding:** And they’re taught, when they’re speaking from their Parent, that they get a reaction of child compliance or child rebellion...these simple things. And also there are T.A. therapists. So each culture, of course, will accent what is important. In Mexico, it’s a big therapy system, too.

**Kjos:** Oh.

**Carlson:** Is there a type of client that this works best with from your experience?

**Goulding:** Like all of us, right? The clients who are neurotic, the clients who are easy to treat, the clients that every therapist...every kind of system says are the easiest. And it does work well with clients with medication.

**Carlson:** Oh.

**Goulding:** Uh, Ruth McClendon and Leslie Kadis have just published
a book sponsored by the American Psychiatric Association on family therapy, which is pure…it goes through each kind of family therapy in the United States today, and then actually explains why they use redecision.

Kjos: Oh, okay. And are there clients that it doesn’t work with, and what would they look like?

Goulding: I don’t treat psychotics.

Kjos: Okay.

1–9

Goulding: Some people do, and it works particularly well, I think, with delinquents and in the criminal system, if the therapist works well with them, because our therapy is based on a contract, meaning what does the client want to change about himself, not what does the judge want to change, or the probation officer. What does the client want to change? And when the client experiences changing in the way he or she wants to, they can become very enthusiastic clients. Even if the first contract is just a toe in the water kind of contract.

Carlson: How do you make that happen? Or how do you make this approach individualized? You know, how do you…

1–10

Goulding: By saying, “What is it you want to change about yourself? And in the first part of therapy is the dialogue. Or if it’s a group, it’s a group dialogue. What the person wants to change. Is it possible? Is it testable? How will they know? Who would block it? All of this is Adult-Adult questioning. Then where we veer from…

Carlson: The Redecision Therapy?

Goulding: Yeah, redecision therapy veers from “standard” analytic T.A. is that we believe that the person decided very young a certain path in life, a certain way to go. And you’ll see this in the interview that they’re going to see. And if you can get back to a scene within that early decision, and have him decide something different.

Carlson: So you go to a specific point in time…
Goulding: I like specific things. I never liked to work in the general. I want a specific scene before I hear the contract. But the contract is...I want people to understand me. I want a scene in which the person is not understood, for example.

Kjos: Ah...

Carlson: And then there’s something that, because of something happening that maybe was adaptive at that point in time, they carried into the rest of their life?

Goulding: Yeah.

Kjos: Or a decision.

Goulding: Yeah, yeah. And so once you have the contract, then you can say, “Well...” you know, something very simple like, “Well, was there a time when you were a kid that it was like this?” Or if you hear about a game. The games end...A game is a psychological set of transactions that end poorly for the client. When the game is over: What did you feel, in one word? What did you say about yourself? What did you say about the other? And then, how does that fit when you were a kid? And you’re right at the scene, always.

Carlson: That sounds kind of deceptively simple to me. I don’t know if it does to you.

Kjos: Well, what was going through my head is, you talked a bit about a group. You talked about family. How would you do that in a group or with a family? I want to hear about this.

Goulding: I don’t like to speak about family therapy because I’m not a family therapist. Read the book, Leslie Kadis’ book.

Kjos: I’ll read the book, okay.

Goulding: In group, uh...We did one-to-one in a group, in the Gestalt fashion. The group was there for support.

Kjos: Okay.

Goulding: If someone didn’t understand, they would not interrupt an
early-scene. However, in our groups, anybody could be the therapist. So if somebody said, “Hey, I have an idea,” go for it. So they also had the opportunity to be therapists.

Carlson. Okay. How did this approach really begin? You talked about being in Carmel with your late husband and Eric Berne, but was there something that happened before that?

Goulding: Ha-ha, you’re asking me for my early-scene?

Carlson: Really for the whole approach, though? I mean, how did Transactional Analysis get started?

Goulding: Transactional Analysis was started by Eric Berne. He was a psychiatrist and actually not a psychoanalyst, but had studied psychoanalysis. And, uh, he started writing about ego and about various esoteric things, kind of complicated things, in the late ‘50s. And then he began to develop Transactional Analysis. He saw people change. He noticed. Sometimes people are pure child, sometimes they were thinking. He called that Adult; the non-emotional, problem-solving. And then sometimes they were parent. Nurturing, critical, what have you. And he began diagramming, because he liked diagrams. Diagramming who talked to whom from what ego state. He had two seminars, one in Carmel and one in San Francisco. They were open to psychotherapists. And they all very eager got together, and he would take notes. And that’s how his books were written.

Carlson: Meaning, as a result of the seminars.

Goulding: Yes, from pulling all of the ideas of everyone, and he credited people. He didn’t necessarily, as you may have noticed, credit either Sullivan or Adler, both of whom he took a lot from.

Kjos: And then you and Bob Goulding then developed the Redecision Therapy as a part of that.

Goulding: Yes, yes, right. But our structure, the bones, is Transactional Analysis.

Carlson: And there are different models within Transactional
Analysis other than Redicision Therapy?

Goulding: Oh my, yes. Carlo Moiso in Italy is a psychoanalytic transactional analyst. Claude Steiner in Berkeley is still very classical. Does it exactly the way Eric would have; does a lot of teaching of the client rather than the client experiencing. There are some who do a lot of Self-Reparenting now. Muriel James is the one you know…

Carlson: Oh yeah, sure.

Goulding: …who teaches that. And it’s very necessary. I think, no matter what your system is, the person needs to self-reparent. Otherwise, they’ll go back to the same stuff, because the parent in their head won’t be supporting. So they need to get a new parent.

1–15
That’s why Muriel James and I do workshops together, because the two work so well together: first the redecision and then her.

Carlson: Where do you go next, yeah.

Kjos: Where do you go, yeah. What about the future? What do you see…

Goulding: Well, Transactional Analysis has not been popular in the United States in the last 15 years, and the future is that we’re going to put money into making it popular. And to get it, we’re going to have therapists going out all over the country, wherever there’s someone who wants it and will work with them, some other therapist. We are inviting everyone to join. The most important part of it is that every year you go to a conference in a different country. My best friends live in Japan, India…It’s such a wonderful, enriching thing.

Kjos: That would be a reason for getting involved, right.

Goulding: It’s a reason even if you didn’t like the therapy. You would love the people.

Carlson: Just for the travel. Will it be packaged for today’s mental health climate as a brief therapy?

1–16
Goulding: We are a brief therapy…we taught…Bob and I taught
brief therapy when brief therapy wasn’t popular. It’s a pity we’re not teaching now.

**Carlson:** So Transactional Analysis is seen as a brief therapy?

**Goulding:** Yes. There are people, of course, who use it as a long-term therapy.

**Carlson:** Is it also seen as an educational model? Because I recall something that people had to…did a lot of bibliotherapy, where you would read the books before you would go to the…

**Goulding:** Ah, that’s how the classical people work.

**Carlson:** I see. So if you’d come for treatment…

**Goulding:** I wouldn’t at all, and as you noticed in my tape, I don’t think I used a single T.A. word. It was in my head.

**Kjos:** So part of it is how you think, and then there are some differences in terms of application.

**Goulding:** Exactly.

**Kjos:** Yeah, yeah. Has there been research in this area at all? Or is this a field…?

**Goulding:** Yes, there has. There has been quite a lot in Europe, and to tell you the truth, I don’t have the data on it.

**Kjos:** Sure.

**Goulding:** I’m not a research person.

**Kjos:** Uh-hmm.

1–17

**Goulding:** Our workshops were researched: John McNeil’s dissertation, Alan Bater’s dissertation, George Thompson’s dissertation. So there are three people who got Ph.D. dissertations from our workshops. But there’s much more than that, and I don’t know it.

**Kjos:** But quite a bit, you think, in Europe and…

**Goulding:** Yeah.
Kjos: Okay. Yeah, interesting.

Carlson: Every theory seems to have its own techniques and interventions. And I’ve read about a lot of T.A. interventions. Can you talk about some of the unique ones to this approach? Or to Redecision Therapy? Either?

Goulding: To me, they aren’t that unique. People who don’t know they know T.A. use the techniques we use. You’ve had Harville Hendrix here. He used to credit us. He went to a four-week workshop of ours before he started, and much of what he does is Redicision. And he’s expanded tremendously. I would say probably the most important thing is that we don’t blame the client.

1–18

And we don’t blame by diagnosis, either.

Carlson: So there’s no diagnosis.

Goulding: We have…of course you have to diagnose. These HMOs. We used to diagnose beautifully, but they’ve gotten smart. We used to diagnose things that wouldn’t hurt them. The main thing is that we would use positive and negative stroking.

Carlson: So that would be a strategy, the stroking. What are some other ones that are used.

Goulding: Uh, the early-scene. The talking in the present. Bringing everything into the present. Be in the scene, be 13. What’s going on? And usually take much more time than I did in the interview that you’ll see. To flesh out the whole scene. Who is there and what are they thinking? And the person is actually there. If the person is talking about yesterday with the boss, same thing. Be there. Bring a chair for your boss. You know, what is your boss saying? Be the boss, experience being the boss.

1–19

So that it’s a little bit like psychodrama when it’s done with time.

Carlson: And there’s a term you use: structural integration. Is that it?

Goulding: Ah yes, of course. That’s Erskine’s change from standard
T.A. And I really don’t want to comment on it. I think it’s good, but I don’t know it.

Carlson: Okay.

Kjos: Okay. Well in a few minutes, we’re going to be watching you work. What were your goals as you started that interview, or before that interview?

Goulding: My goals are always to find out what the client wants, and to see where the client is going to go. In addition, of course, because as a teaching tool, I wanted to demonstrate Redecision. I wanted to find an early scene. And that’s not usually a goal.

Kjos: So you were looking for an early scene?

1–20

Goulding: I was looking for an early scene. I’m looking to demonstrate Redecision. I don’t go into therapy, in general, looking, planning to demonstrate anything. The only thing I know is in a group, I won’t do the same thing twice. So if somebody talks to their mother, the next person will do something different, just because it’s so boring. If you have a group of six people talking to their mother…

Kjos: Everybody’s talking to their mother.

Goulding: And also I use a lot of humor, which I’m not sure I did in this. It wasn’t a very humorous thing.

Kjos: Yeah…It wasn’t.

Carlson: So you’re going to find out what the client wants. And then do you do a structural analysis about the Parent-Adult-Child? No?

Goulding: Never.

Carlson: Never, huh?

Goulding: Other T.A. therapists do. I’m much more interested in their experiencing, in feeling and then in thinking.

Carlson: Is there an assessment, then? You find out what the client wants, and then, give it to her, or is that…

Goulding: And then set up what…find out what the blocks them from
having what they want.

Kjos: So that would be your assessment.

Carlson: So that would be the assessment? Discover the blocks?

Goulding: Yes.

Carlson: Uh-huh.

1–21

Goulding: And then find out how that block got started. Not really. I’m never looking in the first scene, but a scene that will demonstrate the block. And then find a way to get around it. The way of getting around it might be to experience it, and possibly just simply to congratulate themselves for living through that time. Sometimes it’s to realize, hey, Mother had a point. I was just in my growing up stuff. Sometimes it’s to do the scene differently, versus what I’d like to have done with this woman, but she wasn’t ready for it, was to say, “Hey, you all. Do your thing. I’m going outside and play.” And that often works. She wasn’t ready for that, and I really don’t think I push clients.

Carlson: So we’ll watch you move through, like, four steps? Like, maybe…

Goulding: Sometimes.

Carlson: Something like finding out what the client wants.

Goulding: And if it’s doable, logical, legal.

1–22

Carlson: Okay. And then you discover what blocks them from getting it; you go back to the ideology of where this came about?

Goulding: To some...yes, or a scene that will demonstrate it.

Carlson: And then how do you get around it?

Goulding: Well, then the person doing or thinking or feeling something quite different within the scene, from the way they’d been when they were little.

Carlson: So there’s a re-enactment, then.

Goulding: Re-enactment, but...and a change. The person must
change, not the parent.

Carlson: This is a video that people are going to be watching, and they’re going to be watching your therapy. Are there some things that they should be looking at, specifically with regard to how you work? You mentioned the humor.

Goulding: But let me finish this sequence first. After that, then they have to change their own ego state structure, and this is a little bit, I think, what Richard means by reintegration. They need to build themselves a parent that will support the change. They need to experience from the Child that this change is what they want. And they may have to do some adult thinking, and that’s where you may explain things, they may explain things. And then they need to practice.

Carlson: Okay, a new infrastructure then to practice…

Goulding: Yes. They need to practice getting the kinds of strokes for the new self that they hadn’t gotten.

Carlson: Back to the second question, then. What should our audience look at in the way that you are working?

Goulding: Oh my goodness. I think I avoided that by going on with the other one. Uh, look at the contract. And look to see if you can find a point where she is changing.

Carlson: Can we see her change? Or…

Goulding: Well, look…that’s your assignment. Watch and see.

Carlson: Good. Well I’m going to watch and see, too.

Goulding: I am, too.
PSYCHOTHERAPY SESSION

2–1

Goulding-1: Okay, so. What is it you’re wanting for yourself today? We have 45 minutes.

Beverly-1: Um, today?

Goulding-2: Um-hmm.

Beverly-2: Probably to have a better relationship with my family.

Goulding-3: Probably?

Beverly-3: Yes, I would like to have a better relationship, starting today.

Goulding-4: Good. Now who’s family?

Beverly-4: My family.

Goulding-5: Husband, father, mother?

Beverly-5: Um, my father, my sister, and my brother.

Goulding-6: Okay. So give an example of what kind of relationship you have that you don’t like.

Beverly-6: Um, very cold. Um, I feel there are no feelings involved.

Goulding-7: Can you give an example, like a scene? You’re in the living room, they’re in the kitchen. Or where are you, and what are people saying?

2–2

Beverly-7: Well, we’re all in the living room, and we’re all talking, but we’re not saying how we feel. It’s kind of like small talk.

Goulding-8: This is mother, father, and sister, and you?

Beverly-8: Um, actually my mother passed away last year. And my father’s got a mental illness.

Goulding-9: Oh.

Beverly-9: So…

Goulding-10: What do you mean by a mental illness?
Beverly-10: Um, bipolar. Bipolar.

Goulding-11: Bipolar depressed, or…


Goulding-12: And your sister?

Beverly-12: My sister is actually in California right now, and my brother’s in Florida. So we’re far in distance in many ways right now. So I’m really all alone right now.

Goulding-13: So I’m not clear what you could do to make this family more functional.

Beverly-13: Um…

Goulding-14: I imagine that’s been a dream for a long, long time.

2–3

Beverly-14: Yeah, I think it is a dream, because I guess I wish my father was more of a father to me. And he’s a stranger a lot of the times. So I suppose that’s the main dream, is to have the father, especially now, since I’m all alone without my mother anymore.

Goulding-15: Your mother died a year ago?

Beverly-15: Suddenly, yeah, about a year and a half ago.

Goulding-16: Suddenly?

Beverly-16: Uh-huh. We found her. I came home and discovered her. We were supposed to come over and visit her, and…

Goulding-17: What was it?

Beverly-17: An aneurysm. I guess, a blood clot.

Goulding-18: So she was fine and then she was dead.

Beverly-18: It happened real fast, um-hmm. And, uh…

Goulding-19: And if the family were doing how you’d want them to do, how would they be around this? What kind of comfort would you get?

Beverly-19: We’d be able to just talk about our feelings and how we’re mourning her death. And how stressful it is to deal with my father,
rather than pretending it’s not so bad, and denying it.

**Goulding-20:** Is this what you’ve always been doing in your house? Pretending it’s not so bad?

2–4

**Beverly-20:** In the past, yes, when we were growing up, we pretended like it wasn’t real; that he wasn’t really that bad.

**Goulding-21:** Do you want me to go through the past?

**Beverly-21:** Um, sure. I’d like to try it.

**Goulding-22:** Okay. Pick a scene in the past where you so much wished that they would hear, and talk. You had things to tell them?

**Beverly-22:** Yeah, I could talk about my father, or my mother, I suppose.

**Goulding-23:** What’s the scene?

**Beverly-23:** The scene is just a chaotic scene when there’s just my father is just very mentally ill, and my mother is maybe having a drink, trying to cope.

**Goulding-24:** And how old are you?

**Beverly-24:** Oh, about 15, 14, when it starts.

**Goulding-25:** That sounds terrible.

**Beverly-25:** So I’m very lonely and lost.

**Goulding-26:** Yeah. And so there you are. You know he’s mentally ill. Would you say that to your mother?

**Beverly-26:** Should I talk to her?

2–5

**Goulding-27:** Is that okay? It hasn’t been long that she’s been dead. Is it okay to deal with this scene in the past now?

**Beverly-27:** I think I’m okay. I’ve worked through some issues and things.

**Goulding-28:** Okay, so we’ll just see…

**Beverly-28:** I’m feeling better about talking to her.
Goulding-29: Imagine she’s here, and tell her to put her drink down. You want to talk to her.

Beverly-29: Mom, could you just sit there and just not have anything else to drink, and just talk to me for a minute? Just one-on-one?

Goulding-30: “I want to tell you how I feel.”

Beverly-30: I want to tell you how I really feel about everything that’s been going on.

Goulding-31: So go ahead.

Beverly-31: I just feel very…

Goulding-32: Would you like her to be in a chair? We’ll pull a chair up.

Beverly-32: Okay.

Goulding-33: Then that will give you something to focus on, huh?

Beverly-33: Um-hmm.

Goulding-34: Okay, she’s here.

2–6

Beverly-34: Okay. Mom, I feel really lonely and afraid.

Goulding: “I’m lonely.”

Beverly: I’m very lonely. I feel like you shut me out, and you shut out everything. And there’s really a big problem with Dad. And I’m so afraid and lonely, and it just doesn’t seem like…it’s going to be this way forever, and I just wish you could help us a little more.

Goulding-35: Yeah. Tell her specifically what she could do that would help.

Beverly-35: I wish you could just call somebody and talk…we could just get into something. A support…You know, just talk to other people about this and not keep it quiet.

Goulding-36: “I wish you’d talk to me.”

Beverly-36: I wish you could talk to me…you do talk to me, but what you say isn’t what I believe.

Goulding-37: What does she say?
Beverly-37: You tell me that it’s not that bad, people have it worse. You say that he’s just putting on an act. Um, it doesn’t seem like an act. You tell me that he loves me, but I never hear him…

Goulding-38: Test out…test out “I’m angry,” and see if that’s the truth.

Beverly-38: I’m angry.

Goulding-39: Is that the truth?

Beverly-39: Yeah.

Goulding-40: Say it again.

2–7

Beverly-40: I’m angry. I’m angry at you, and I’m angry at this family. And I’m angry at where I’m at, because it’s just no fun. It’s just scary and it’s hell.

Goulding-41: Yeah. Do you ever really say your anger? Because you’re saying it in a very sweet, nice girl voice.

Beverly-41: I have a problem with anger.

Goulding-42: I kinda thought…

Beverly-42: I’m getting better at it, but I do try to stuff it.

Goulding-43: Yeah.

Beverly-43: I put on the nice face because she did, and…

Goulding-44: Well, tell her that. “I’m really angry that I act like you.”

Beverly-44: I’m really angry that I act like you because I’m not you, and I cannot…you seem strong, and I know you want me to be strong and not to show my emotions, and to smile, but I’m really tired of it. And I just…there’s so much anger, and I just want to cry inside.

Goulding-45: “And I’m so sad.”

Beverly-45: And I’m just so sad. I’m so sad, it hurts to keep it inside.

Goulding-46: Of course.

2–8

Beverly-46: I just can’t be you. I want…I know you want, it seems like you want me to be like you and to be strong, but I can’t.
Goulding-47: Would you question in your own head whether denial is strength?

Beverly-47: I thought it was str...when I looked...with you, mother, to me, denial is...to me, denial seems like strength, yes.

Goulding-48: And does it still...be yourself now. Come back out of the scene for a minute. Does it seem like strength to deny?

Beverly-48: Does it seem like strength to deny? It used to.

Goulding-49: I know it used to.

Beverly-49: Now it just seems like a lie.

Goulding-50: Yeah.

Beverly-50: It just seems like a lie. And it’s just not true anymore, and I’m tired of...I’m tired of pretending, you know?

Goulding-51: I’m sure you are.

Beverly-51: I’m tired of keeping it quiet, because it hurts.

Goulding-52: Um-hmm. And there’s probably not a thing you can do about your father. Did you try to do things back then, when you were 15?

2–9

Beverly-52: Well, I tried everything. I yelled back at him. I gave him the cold shoulder. But nothing seemed to work.

Goulding-53: Of course not.

Beverly-53: No, nothing worked.

Goulding-54: Of course not.

Beverly-54: I tried everything.

Goulding-55: And that’s a tragedy for a 14, 15 year old.

Beverly-55: Um-hmm. And nobody told me how.

Goulding-56: Nope.

Beverly-56: Nobody told me how to act.

Goulding-57: Be aware that you’re smiling again.
Beverly-57: Oh, am I? Well…

Goulding-58: This was a tragedy. A real family tragedy.

Beverly-58: Um-hmm. It was.

Goulding-59: So see him over there? Are you willing to quit trying to change him? It sounds like you’ve devoted your life to it. She devoted hers to denial. You’ve devoted yours to doing everything possible.

Beverly-59: Well, he’s my last connection. There’s a part of me that’s just, is looking for the father that’s there.

2–10

Goulding-60: Yeah, I understand. And I’m wondering if you want to do something about this. Because you said you’ve tried everything.

Beverly-60: I’ve tried everything and I’m still having so much trouble.

Goulding-61: And how much energy do you want to keep putting into…

Beverly-61: I don’t know. It’s so hard. I get so tired.

Goulding-62: The leading psychiatrists of the world can’t cure him, right?

Beverly-62: Right. I guess. I thought…

Goulding-63: And you’re a 15-year-old girl trying everything.

Beverly-63: Well, I just felt my mom wanted, needed help.

Goulding-64: Yeah.

Beverly-64: I felt like she was all alone. She never got help, and I felt I was the oldest…

Goulding-65: Nope. All she could do was deny, and you tried to take care of everybody.

Beverly-65: Uh-huh. I tried to help her out when she was working or, you know…

Goulding-66: And where were your brother and sister in this? In this scene where he’s crazy, and she’s pretending it’s not so bad.
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2–11

**Beverly-66:** I don’t know. We just never seemed to all be there at the same…sometimes we were, but a lot of times I felt I was all alone with him.

**Goulding-67:** So they knew how to sneak out.

**Beverly-67:** They were gone a lot, yes, and I’ve stayed there.

**Goulding-68:** Think about that.

**Beverly-68:** And that kept up for many years.

**Goulding-69:** When you were 15, there were a lot of things you should have been doing with your life.

**Beverly-69:** Um-hmm. Yeah, yeah, I stayed alone in my room a lot. I read a lot, I read a lot of fantasies to escape.

**Goulding-70:** So that’s the important thing. Let’s…see him there when you’re 15. And tell him, “I’m going to devote my life to curing you,” and see if it fits.

**Beverly-70:** I’m going to devote my life to curing you. Am I 15?

**Goulding-71:** When you’re 15.

**Beverly-71:** I didn’t feel that then.

**Goulding-72:** Okay.

**Beverly-72:** I didn’t feel anything then.

2–12

**Goulding-73:** Okay, so you must have felt something, but you didn’t know quite what.

**Beverly-73:** I was afraid. I felt a lot of fear.

**Goulding-74:** Um-hmm.

**Beverly-74:** He was a stranger.

**Goulding-75:** Okay, so will you tell him that? “At 15, I wasn’t trying to cure you.”

**Beverly-75:** At 15, I wasn’t trying to cure you. I was just trying to be your daughter. I wanted to have a relationship with you, but I was also
scared of you. And I wanted to see my father.

**Goulding-76:** So shut your eyes for a moment, and in this fantasy—a father being crazy, a mother drinking, the other two out of the picture in some way—if you had a decent, healthy, sane, with-it parent, what would you be doing, instead of worrying about them, at 15?

2–13

**Beverly-76:** I would be laughing, I’d be playing the piano, I’d be drawing, I’d be painting, um…

**Goulding-77:** Fantastic.

**Beverly-77:** I’d be just happy. I’d be walking in the woods. That’s what I would have done.

**Goulding-78:** And you needed somebody back then to tell you this calamity is not your fault, and this calamity, you can’t fix.

**Beverly-78:** That’s right. I did need somebody back then, and I didn’t have anybody.

**Goulding-79:** Yeah.

**Beverly-79:** But I thought I was supposed to do it.

**Goulding-80:** Uh-hmm.

**Beverly-80:** Nobody else did.

**Goulding-81:** Nobody else did. You’re right.

**Beverly-81:** But nothing worked.

**Goulding-82:** Nothing worked.

**Beverly-82:** So I felt like a failure.

**Goulding-83:** Uh-hmm. Can you even conceive of just tiptoeing out of the house and finding a nice neighbor with a piano?

2–14

**Beverly-83:** Well, there were times when I would stay—when I was home by myself and there was nobody around—that I would play the piano, and I got lost in my own world. But now I could never think of leaving.
Goulding-84: I’m hearing that.
Beverly-84: I felt like I had to be there all the time.
Goulding-85: Kind of boring.
Beverly-85: It was boring, but it was actually pretty terrible. It felt…
Goulding-86: Would you be willing to say it was terrible?
Beverly-86: It was awful.
Goulding-87: Yeah. Now, again: In your fantasy—just play with me a bit on this, okay?
Beverly-87: Should I keep my eyes closed?
Goulding-88: In your fantasy, tiptoe out of the house, leaving your father crazy, and your mother drinking and denying, and just tiptoe out. Have you done that?
Beverly-88: Um-hmm.
Goulding-89: Have you reached the sidewalk?
Beverly-89: Um-hmm.
Goulding-90: Look back at the house and tell them that you’re going to be happy.
Beverly-90: Okay. Should I open my eyes?
2–15
Goulding-91: If you want to.
Beverly-91: I’m going to be happy. I feel free, I feel lighter. And I just, I can’t help you guys.
Goulding-92: Say that one again. That’s the important one.
Beverly-92: There’s nothing I can do.
Goulding-93: I can’t help you guys
Beverly-93: I have to walk my own path.
Goulding-94: I can’t help you guys.
Beverly-94: I can’t help you. I can’t help you, Mother and Father. I can’t help the family.
Goulding-95: I give up.
Beverly-95: I give up.
Goulding-96: And what do you experience with that?
Goulding-97: Can you mean it?
Beverly-97: Yeah, I feel like some weight is lifted from me, in my heart, and in my stomach.

2–16
Goulding-98: Um-hmm. And just for the experience, I would like to have you stand up and feel your own power, because you are a big woman.
Beverly-98: Yeah.
Goulding-99: And let yourself—your feet probably a little farther apart—and see the whole family out there, okay?
Beverly-99: Um-hmm.
Goulding-100: And say that again in a voice that sounds like you mean it. “I give up. I can’t help you.”
Beverly-100: I give up, everybody in my family. I cannot help you. I’ve done everything I can, and I need to take care of myself now. You’re on your own. You’re all big people now, and, um…
Goulding-101: And feel your power. Because the fact that you couldn’t cure them has nothing to do with what you can do for you.
Beverly-101: I feel like there’s more energy coming back into me.
Goulding-102: Good. Would you say it louder?

2–17
Beverly-102: I feel more energetic and alive. I feel like I’ve gotten back some energy. I’m tired. You guys have worn me out, and I just need to be un-tired and alive.
Goulding-103: And I’m going to take care of me.
Beverly-103: And I’m going to take care of me from now on.
Goulding-104: Can you feel that?
Beverly-104: Yeah, I feel…
Goulding-105: Okay, so sit down again when you want to.
Beverly-105: I feel some strangeness in my stomach.
Goulding-106: Yeah, yeah.
Beverly-106: It kind of goes all the way down.
Goulding-107: Oh, I’m so glad.
Beverly-107: And all the way up.
Beverly-108: More all in the middle. It’s just all kind of right here.
Beverly-109: It’s like everything’s moving inside of me right now.
Goulding-110: Good. And now I think you might be ready to say goodbye to your mother. Are you? I want you to have your energy first.
Beverly-110: Yeah, I’ve said goodbye to her, but there’s a part of me that still denies that she’s gone.
Goulding-111: Um-hmm.
Beverly-111: It’s hard to let go because I feel I’m going to be so alone.
Goulding-112: It’d be nice if you had your energy to find some other people.
Beverly-112: Yeah, it would be good. Maybe I would feel stronger if I had that…now that I have that energy.

2–18
Goulding-113: Um-hmm. So how about it? Would you, at this point, would you go through the saying goodbye to her?
Beverly-113: Okay.
Goulding-114: See what that does for you?
Beverly-114: Okay, um…
Goulding-115: So let’s…we’ll move the chair out because she’s no longer sitting. She is dead.

Beverly-115: Yeah. She might be an angel, though.

Goulding-116: That’s okay. She’s dead for this life.

Beverly-116: Yeah, this life.

Goulding-117: After she died, did you have a church service, or did you have cremation?

Beverly-117: Uh, yeah, we had…no, we had a small church service. It was kind of an Irish ceremony because she was Irish. So we played some Irish music. And it was very small. But it was nice.

Goulding-118: Was it a Catholic service?

2–19

Beverly-118: Yes, Catholic service. Very traditional. We went to…We went up to Wisconsin because that’s where she…my dad wants them both to be buried. So we took a drive up there and she went in the hearse by herself, and we both got there, we met up there. And then, that’s where we met her for the last time. So…

Goulding-119: You…your brother, your sister, your father?

Beverly-119: Just my sister, myself, and my husband. My brother wasn’t there. He didn’t want to come.

Goulding-120: Is that an issue?

Beverly-120: It’s an issue.

Goulding-121: That you need to deal with?

Beverly-121: It’s still an issue, yes. There’s a lot of pain there because of that.

Goulding-122: I couldn’t hear you.

Beverly-122: I feel like there’s no closure…There’s not a final, a complete closure.

Goulding-123: Um-hmm. But you can close it for you even if the rest of them are doing their thing.
Beverly-123: I can close it for me, yes. I can do my...I can close with her one-on-one.

Goulding-124: Okay, uh, would you be willing to see the coffin in the ground? Before they put the dirt over it? You did stay for that?

Beverly-124: Yeah, I saw the coffin with flowers on it, but I didn’t stay for when they put her in the ground.

2–20

Goulding-125: You didn’t?

Beverly-125: Uh-uh.

Goulding-126: Then it would be a very good idea if you did, wouldn’t it, in your fantasy?

Beverly-126: But I saw her later, afterwards, and we saw the ground and everything.

Goulding-127: Um-hmm. Are you willing to stay for this part of it in fantasy?

Beverly-127: Okay.

Goulding-128: You’re sure.

Beverly-128: Sure, I’ll try.

Goulding-129: And stop anytime, if you want to.

Beverly-129: Okay.

Goulding-130: Okay, imagine that they have put the coffin in the ground, and you can look at it.

Beverly-130: Okay.

Goulding-131: You can look to the top where the flowers are.

Beverly-131: Okay.

Goulding-132: And they’ve probably taken the flowers off, haven’t they?

Beverly-132: They probably took them off. I don’t remember.

Goulding-133: So it’s a bare coffin.

Beverly-133: There was a white rose that was on top, that I think we
kept on there, so I think that went down.

Goulding-134: Okay, so there’s the white rose. And now, this is sad for you, not for her, because she’s dead in this world.

Beverly-134: I know.

Goulding-135: Is there anything left that you want to tell her in resentment?

Beverly-135: In resentment?

2–21

Goulding-136: You’ve said a lot of it in here, but do you want to say any of it again?

Beverly-136: Um, I don’t know. I wish you wouldn’t have left me behind.

Goulding-137: Um-hmm.

Beverly-137: There’s so much to deal with right now and I’m so alone and I don’t know what to do.

Goulding-138: “I resent that you died.”

Beverly-138: I resent that you died. I resent that you didn’t tell me that you were sick.

Goulding-139: If you knew.

Beverly-139: I wish you would have talked more. I wish you would have revealed your emotions and we could have connected, and you could have told me that it was bad.

Goulding-140: Um-hmm.

Beverly-140: And told me that it was a tough life. I mean…

Goulding-141: Let me suggest another one. “You should have freed me.”

Beverly-141: You should have freed me. In your way you did. You thought you freed me, but I never told you that I never felt free. I stayed there my whole life thinking I could help the family. I gave up a lot of my life.
Goulding-142: Yeah.

Beverly-142: And my soul, to you guys. To you, and it never did any good.

Goulding-143: Yes.

Beverly-143: It didn’t help.

Goulding-144: Yes. And now are there any appreciations that you haven’t shared with her and you want to?

Beverly-144: Oh, but I love you, and I’ve loved you, and I would never have traded you for anybody else, and I think you’re the strongest woman, in a lot of ways; to go through what you did, and not to leave. I don’t know how you did it, and I admire that greatly.

Goulding-145: Did you ever wish that she’d left?

Beverly-145: Huh?

Goulding-146: Did you ever wish that she’d left?

Beverly-146: Do I have a wish that she left?

Goulding-147: That she’d left your father?

Beverly-147: Probably deep down, yeah. I never told her that, but I don’t know how she did it. Because now I’m dealing with him, and I don’t know how, how she, how she did it. And I’m not even there, so I just…

Goulding-148: Yeah

Beverly-148: I’m amazed. She was like a saint.

Goulding-149: If that’s a definition of saint, which it sort of is in the Catholic Church, isn’t it? Saint equals suffering.

Beverly-149: I guess. She was a martyr in her own way, yes. She suffered, yes. And I think she liked it, to tell you the truth.

Goulding-150: That’s what she was taught to.

Beverly-150: Yes.
Goulding-151: So is there anything else you want to say before you put the dirt on?

Beverly-151: Uh, I just wish I could have hugged you one more time and said I loved you.

Goulding-152: Um-hmm.

Beverly-152: I didn’t know it would be the last time I’d see you. I hope you understood that I loved you, even though I never…we didn’t show it with each other. And I’m just trying to…I’m keeping you in my heart. And I’ll never forget you.

Goulding-153: Um-hmm. “And I’m sad that you’re dead.”

Beverly-153: And I’m sad that you’re dead, because you were too young. You had many more years, and I wanted to share many more times with you.

Goulding-154: “I’m sad that you’re dead.”

Beverly-154: I’m very sad that you’re dead. I’ve cried many times already. And maybe I’m not crying now, but I cried the other day for you. It just blew me away. It was such a deep cry, and I just…it’s going to happen over and over, you know, many times.

Goulding-155: You’ll cry when you want to.

Beverly-155: Yeah, and I can’t cry now because…I don’t know. I don’t know why I can’t. I’ve held…I hold back my emotions. I still hold back my emotions.

Goulding-156: It’s okay. It’s okay. You can cry when you choose to cry, right?

Beverly-156: Um-hmm. But…

Goulding-157: And now, let yourself watch them putting the dirt over her, and say goodbye to her.

Beverly-157: But I almost want to uncover it. I just want to uncover it and just say it’s not real. It’s not happening.
Goulding-158: Yeah, that’s why I’m having you do this. It is real.

Beverly-158: That part just seems so real, what’s going on right now. So final.

Goulding-159: Tell her it is real and you are dead.

Beverly-159: It’s real and you are dead. This is goodbye, forever.

Goulding-160: For this world.

Beverly-160: For this world. But I’ll love you always.

Goulding-161: Um-hmm.

2–26

Beverly-161: And I’ll always love the memories. And you’re in a beautiful place. And it is a beautiful place. There are beautiful apple blossom trees and birds are chirping. And I’m happy where you’re at. It makes it easier.

Goulding-162: And you’re dead.

Beverly-162: And you’re dead. You’re still dead. Sometimes I can’t think about that because it hurts. Yes, I am denying that at times. So there’s a part of me that still denies that. It’s still hard to believe.

Goulding-163: And you’re dead.

Beverly-163: And you’re dead.

Goulding-164: And it’s okay for you to cry when you feel like crying.

Beverly-164: Dead seems such a harsh word.

Goulding-165: Um-hmm.

Beverly-165: I like to say “pass away,” or “pass on,” or something, you know. “Dead” seems so final. But it is.

Goulding-166: Dead is final.

Beverly-166: And harsh, to me.

Goulding-167: Um-hmm.

Beverly-167: And cold.

Goulding-168: And it doesn’t really matter what euphemisms you use.
She’s still dead.

2–27

**Beverly-168:** But I think I’m kind of ready to let her go. I think I’m ready to let you go.

**Goulding-169:** Whether you’re ready or not, she’s dead.

**Beverly-169:** Yeah, I know. Doesn’t make it easy.

**Goulding-170:** That’s one of the bad things about death, huh? Doesn’t matter whether you’re ready or not.

**Beverly-170:** Doesn’t make it easy…and you’re never…I would never have been ready.

**Goulding-171:** Exactly. And it doesn’t have anything to do with reality.

**Beverly-171:** No, but it’s okay. It’s okay.

**Goulding-172:** Yes.

**Beverly-172:** I’m okay with it.

**Goulding-173:** You don’t even have to be okay with it and she’s still dead.

**Beverly-173:** Okay, then she’s dead.

**Goulding-174:** And now the major thing: your father.

**Beverly-174:** Yes, he’s tough.

**Goulding-175:** No, you are.

2–28

**Beverly-175:** Okay. But I don’t mean tough like…I mean he’s just a tough…he’s tough to handle, you know?

**Goulding-176:** Yeah, he’s tough as long as you think you can cure him.

**Beverly-176:** Right, and you know, I went into psychology.

**Goulding-177:** When you get your degree, you’ll know that.

**Beverly-177:** Well, see, my mom used to tell me that I should go into psychology. Maybe I could cure my dad.
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Goulding-178: P-u-u-u-h.

Beverly-178: I know. And it’s kind of something I still listen to, that voice.

Goulding-179: Do be aware that most of us went into it to cure somebody, and the one person can never cure is that somebody. So…

Beverly-179: But there are other people out there.

Goulding-180: Who will pay you.

Beverly-180: Yeah. I just thought I could do it. And I guess I thought it would be a way for me to connect with him on some level, you know?

Goulding-181: Good luck.

Beverly-181: Good luck. I thought I could connect to him as a father and daughter. No?

Goulding-182: Uh-uh.


2–29

Goulding-183: That’s okay. Does he have a therapist?

Beverly-183: Yeah, he’s got a couple of doctors. Psychiatrists.

Goulding-184: Good. So he’s got people who are…

Beverly-184: He’s got people working with him, taking care of him.

Goulding-185: Okay. So would you be willing to give them the job?

Beverly-185: Yeah, I’ve been feeling that way more and more lately. That I’m ready to give that up. I was living in this dream world that I could make him better.

Goulding-186: Yeah, and obviously you’re mother was living in the dream world, too, and she’s dead, and now how about you and your own life?

Beverly-186: Well, it’s been pretty hard on me, too. I’m feeling sort of dead sometimes.

Goulding-187: Um-hmm. How are you doing in your marriage?

Beverly-187: The marriage keeps me going, but you can only say so
much.

Goulding-188: What?

Beverly-188: You can only say so much about anything to your…

Goulding-189: Yes, I imagine it’s a subject that’s kind of boring.

2–30

Beverly-189: It’s been said over and over, yeah, and I feel like it is boring, isn’t it? And I don’t want to talk about it so much anymore, you know?

Goulding-190: I would guess that that would please your husband.

Beverly-190: That I don’t talk about it?

Goulding-191: That you don’t live with it.

Beverly-191: But how can you not live with it sometimes?

Goulding-192: How can you? Maybe that’s what you need to ask your brother. Maybe he’s got the answer.

Beverly-192: Because there’s just so much. Because I’m his caretaker actually, now, so I get all the phone calls, and it’s so hard…

Goulding-193: Do you really want…do you want that?

Beverly-193: No.

Goulding-194: No. What are you going to do about it?

Beverly-194: I’m not sure. I’m working on trying to figure out something else to do, but I don’t think there’s an answer right now.

Goulding-195: There’s no law that says that an adult daughter has to be a caretaker. And that’s up to you. But the main thing is the giving up of the curing. So that what he does doesn’t in any way reflect on you.

2–31

Beverly-195: Yeah, I do feel, still feel tied into that. It does make me feel bad sometimes. And it interferes with my life.

Goulding-196: That’s a big deal, isn’t it?

Beverly-196: So I let go of my mother. She’s dead.
Goulding-197: And what you need to do with your father isn’t to let go of him. It’s to let go of your feeling responsible for curing him.

Beverly-197: Sometimes I’m feeling like I’m taking over for my mother, and carrying on.

Goulding-198: I hear that.

Beverly-198: It’s like.

Goulding-199: Here I’m pushing you and I don’t know whether you are pushable.

Beverly-199: I think I’m to that point where I want to be pushable, because I’m really tired of it, to tell you the truth.

Goulding-200: Okay.

Beverly-200: To tell you the truth. But it’s like, I felt for awhile I was his legacy or something. That I had to take over because nobody else would.

Goulding-201: I’m sure nobody else will, except people who are paid to do it. His psychiatrist is responsible for his medication. His life, I guess, is going to be up to him.

Beverly-201: Yep.

Goulding-202: It’s a hell of a disease he’s…or defect he has.

Beverly-202: Yeah.

Goulding-203: It really is.

Beverly-203: And I don’t even miss…The last couple of years, I’m finally understanding it, and I never knew anything about it. And so that’s what’s been pretty tough, you know?

Goulding-204: Okay, so there he is over there. What’s he doing that’s a big trouble?

Beverly-204: Like, right now?

Goulding-205: Yeah.

Beverly-205: Well…

Goulding-206: Who’s calling you and what are they saying?
Beverly-206: Well, they’re saying that he’s swearing at them, and that he’s…

Goulding-207: Who’s calling you and telling you that?

Beverly-207: Nurses and doctors and lawyers.

Goulding-208: Okay, okay.

Beverly-208: Everybody who interacts with him is calling me and telling me what a problem he is. And I hear that and I don’t want to hear it.

Goulding-209: Bob Goulding used to ask clients if they had some kind of an unusual phone that’s stuck there.

2–33

Beverly-209: Uh-hmm. That’s kind of neat. That’s cool, yeah. I like that. Because I always feel, every time the phone rings, you know, it’s for me, and it’s him, or somebody.

Goulding-210: Yeah.

Beverly-210: And that’s very draining.

Goulding-211: And they just have no business calling. You can say, “Thank you for the information. My chicken is burning.”

Beverly-211: Well, they feel like they have to report it because he falls and stuff like that.

Goulding-212: Okay, so, “Thank you for the information.”

Beverly-212: And that’s usually what I do. But it goes into me, and it’s a wide…it gets into my emotions, and…

Goulding-213: What can you do to tell yourself you’re not responsible?

Beverly-213: Well, if I could disconnect from him as feeling like a family member…

Goulding-214: Family members are not necessarily there to suffer with people like your mother thinks.

Beverly-214: Yeah. But that’s the part that is a problem. I mean, that’s…

Beverly-215: My problem, yes.

Goulding-216: Not his problem. That’s his…God knows he has terrible problems. And your brother has disconnected, huh?

Beverly-216: Uh-huh.

Goulding-217: How did he manage?

Beverly-217: How did he manage? He just doesn’t want to be there. He knows what it’s like. You know? He knows what I’m going through. I’ve tried to explain it to him but he doesn’t want to hear it.

Goulding-218: Of course.

Beverly-218: He doesn’t want to hear how bad it is.

Goulding-219: Okay, so he just says, “Don’t bother me with it.”

Beverly-219: Don’t call me. Just take care of him.

Goulding-220: He’s not bipolar.

Beverly-220: He thinks he is.

Goulding-221: Really?

Beverly-221: He thinks he is; he might be. Like father, like son.

Goulding-222: That’s sad, but we can deal with it. Sister. How’s she?

Beverly-222: Sister’s got her own problems. She’s got a husband with some medical problems, and, uh…

Goulding-223: So she has disconnected, too.

Beverly-223: Right. She’s kind of in the middle. She kind of wants to be there but she doesn’t.

Goulding-224: Um-hmm. Okay, how could you be there the way you’d be there if this were some kind of client that some hideous supervisor gave you? It would have had to be someone who hated you, but, you know…

Beverly-224: Somebody who hated me…
TRANSACTIONAL ANALYSIS WITH MARY GOULDING, MSW

2–35

Goulding-225: Yeah, gave you this client…

Beverly-225: Who is who? Who’s the client?

Goulding-226: Your father.

Beverly-226: Oh, my father. Oh my goodness.

Goulding-227: Would you be willing to say no?

Beverly-227: I don’t know. I would almost think—and I’d have to say no now, but before, I would say there was hope. That maybe he just needed some therapy. But I don’t think so. I think there’s a part of him that just is fighting everything, you know. I think it’s more than just…I get frustrated because I think it’s…I think he hides behind that. That’s where I have a problem, you know, with that disease.

Goulding-228: You have a real problem still hoping that someday he’d be different.

Beverly-228: Yeah, and sometimes…because my mother used to say that it wasn’t really that he was pretending or he was acting. Even now, you know, I see that.

2–36

Goulding-229: What you really need to do is somehow take these calls without feeling them. That’s what I was getting at. As if this were a client of yours and you’re sorry.

Beverly-229: I’m sorry…

Goulding-230: You’ve done what you could do.

Beverly-230: Have I had this client, person, yet?

Goulding-231: How long have you had this client?

Beverly-231: “I’ve done all I can do. There’s nothing more I can do. Maybe somebody else can do something.”


Beverly-232: Oh.

Goulding-233: They’ll do what they can do. They have nurses who
do what they can do. They have doctors who do what they can do. Nobody is going to cure him.

**Beverly-233:** “There’s nothing I can do.”

**Goulding-234:** Exactly.

**Beverly-234:** “It’s out of my hands.”

**Goulding-235:** It’s been out of your hands your whole life.

**Beverly-235:** It’s been out of my hands my whole life, right. I’ve always tried to not…

**Goulding-236:** It’s always been out of your hands.

**Beverly-236:** Yes, it’s been out of my control. And it still is.

**Goulding-237:** That’s right. And it always will be.

**Beverly-237:** And it always will be, forever and ever.

**Goulding-238:** Yeah.

2–37

**Beverly-238:** Because it is. I have to face that, you know? The reality that, you know. I’ve tried to find that father, but it’s just not there. So… I just have to let him go. He almost feels like a stranger now.

**Goulding-239:** He is a stranger.

**Beverly-239:** He’s always been a stranger to me.

**Goulding-240:** Sure.

**Beverly-240:** Um-hmm. He’s always been a stranger. I never knew who he was.

**Goulding-241:** Of course.

**Beverly-241:** Except when I was really young. Up until…

**Goulding-242:** He wasn’t bipolar then?

**Beverly-242:** No.

**Goulding-243:** How old were you when it happened? When it was first obvious this man was…

**Beverly-243:** I was 14, about 14. He went zoom…
Goulding-244: So from 0 to 13, he was a father?
2–38
Beverly-244: He seemed to be, you know? We did a lot of things together. And we all went out...And that’s why it was quite a shock.
Goulding-245: Of course. And that’s why you thought it was reversible.
Beverly-245: And I guess that’s what I was...And I always think back to those good times, and I hold onto those sometimes.
Goulding-246: Yeah. Do you remember you at 13?
Beverly-246: Do I remember me at 13?
Goulding-247: Yeah. Before all of this got so bad?
Beverly-247: Well, you know, somedays I think back to that, and I wonder...I was pretty happy at times, and I’m thinking, you know, I think he was just starting to go. But, I mean, I was happy-go-lucky and the world was in my hands. And I could do anything. I don’t know, I just...I loved to play the piano. It was just, like, a connection to God.
Goulding-248: Do you play now?
Beverly-248: You know, I played to please them a lot, you know, because they liked me to play.
Goulding-249: Do you play now? To please you?
Beverly-249: No, I haven’t really played much lately. Not for a long time.
Goulding-250: Would it please you to play?
Beverly-250: I think it would be too hard for me. I think there’s too much memories right now, and there’s too much connected.
2–39
Goulding-251: Okay, so when you’re ready.
Beverly-251: And I do artwork, and that, too, that’s better. I can do that. I’m pretty happy when I do art. That’s kind of an outlet for me.
Goulding-252: Do you have children?
Beverly-252: No, I don’t. Just a cat.
Goulding-253: Cat’s a good one.

Beverly-253: In fact, that was my mother’s cat, so we kind of became the adoptive parents, so…

Goulding-254: Okay, so, the most important thing is that you are not responsible for him and you cannot cure him. I think you got that.

Beverly-254: I think I got that, yeah.

Goulding-255: So would you…

Beverly-255: It hurts a little, though.

Goulding-256: Um-hmm. That’s the way life is.

Beverly-256: Yeah.

Goulding-257: Uh, would you see…there’s a 13-year-old right there beside you, sitting on the floor, and kind of pat her hair.

Beverly-257: It’s long hair.

Goulding-258: You can comb her hair.

Beverly-258: Yeah, she has long, wavy hair.

2–40

Goulding-259: Um-hmm. And now turn her so that she can look right up at you.

Beverly-259: Okay.

Goulding-260: And would you tell her that you’re willing to devote your life to making her happy? And that you’re going to take care of her?

Beverly-260: From now on, I want to listen to you, and I want to hear what’s in your heart, and I want to pay attention to you at all times. And you’ll be the first thing that’s there in my life. You’ll be number one, because I’ve neglected you for a long time.


Beverly-261: And, uh…

Goulding-262: And I will grow you up.

Beverly-262: And I will grow you up, and I will nurture you, and
make you happy. And, you know, help you play...we’ll play the piano again, and we’ll draw pictures, and we’ll laugh again. We haven’t laughed in a long time.

**Goulding-263**: And I’ll really appreciate you.

2–41

**Beverly-263**: And I really appreciate you. I’ve shut you out of my life for a long time, the little girl. I’ve just felt like I’ve just been the adult for so long. I need to nurture you and just be alive again. So...just don’t be afraid, you know. I’ll take care of you.

**Goulding-264**: And now shut your eyes, and hug her, and draw her into you, so that you know that you and she really are one person.

**Beverly-264**: I give her a kiss.

**Goulding-265**: Um-hmm.

**Beverly-265**: I’ve got to feel connected to her again, so I’ve just got to love her again.

2–42

**Goulding-266**: Open your eyes.

**Beverly-266**: It felt neat, though.

**Goulding-267**: Well, good.

**Beverly-267**: It felt real, just kind of real, you know?

**Goulding-268**: Neat.

**Beverly-268**: Like there’s this...there’s still a weight on me, you know? That she was sitting there for a little while.

**Goulding-269**: Um-hmm, um-hmm.

**Beverly-269**: Um-hmm. It felt good.

**Goulding-270**: Is that a place to stop?

**Beverly-270**: Um, it feels good. I feel good with that, you know? I feel like I let go of some stuff, and I cleared out some stuff, and...

**Goulding-271**: Yeah, you did.

**Beverly-271**: And I brought some good stuff in, you know?
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Goulding-272: And now in the next few days, what do you need to do to solidify all of this? You’ve done a lot of working.

2–43

Beverly-272: What do I need to do in the next few days... just stay focused on myself. If things happen in my life, just to not embrace them too much and let them come into my life so much, you know. Just take them in and then just... not let them affect me so much.

Goulding-273: Is there anything you could ask for and receive from your husband that will help you make the separation from the old family?

Beverly-273: Um... he’s done a lot, you know. I mean, there’s not much more I could really ask for. Just to be understanding of me, you know. And when I get real moody or angry now... I mean, my emotions are coming out more now. A lot of stuff is coming out that I held in for so long. And when I’m bitchy or crabby or whatever, it’s just...

Goulding-274: How about something that you two can do that would be happiness; something that the 13-year-old would really dig.

Beverly-274: Probably like just walking in the woods, and...

Goulding-275: Yeah.

Beverly-275: And walking in the leaves and throwing leaves up and throwing them at each other and, uh...

2–44

Goulding-276: Now that sounds better than having him appreciate your moodiness.

Beverly-276: Right, yes. I want him to appre... I want that happy side, you know.

Goulding-277: Yes.

Beverly-277: I want to be like a little kid again, you know?

Goulding-278: Um-hmm. So would you do that with him? The leaves are about to fall around here. Will you make a date to walk in the woods?
Beverly-278: Sure. And I’d like maybe just to have a bonfire, and maybe have a cookout or something, and just cook hot dogs, you know. I mean, just enjoy the fall, and just…

Goulding-279: And would he do this?

Beverly-279: Yes, I think so. If I asked him.

Goulding-280: Sounds good.

Beverly-280: I would like to be just totally away from everything though, you know.

Goulding-281: Um-hmm.

Beverly-281: Like, drive for awhile, so I would have nothing to interfere with that pleasure.

Goulding-282: Would you set that up?

Beverly-282: Yeah, I would.

Goulding-283: Good.

Beverly-283: That sounds good. I’m ready to do that right now, actually.

Goulding-284: Very good.

Beverly-284: I’m ready to hop in the car right now and go.

Goulding-285: Well, you can hop in the car right now and go and tell him.

2–45

Beverly-285: Okay, I will do that.

Goulding-286: Good.

Beverly-286: Thank you very much.

Goulding-287: Sure. You’re very welcome.

Beverly-287: It was good. I went through a lot of emotions just in this time.

Goulding-288: Yes.

Beverly-288: Thank you. Thanks a lot.
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About the Contributors

VIDEO PARTICIPANTS

Mary Goulding, MSW (1925-2008), Featured Therapist, was a social worker and psychotherapist who presented regularly at several major conferences, including the Evolution of Psychotherapy Conference. She and her husband, Robert Goulding, MD (1917-1992), developed Redecision Therapy which they taught psychotherapists for many years at their Western Institute for Group and Family Therapy, as well as in workshops given by them all over the world.

Ms. Goulding’s books include: Who’s Been Living in Your Head?; The Power’s in the Patient; Changing Lives Through Redecision Therapy; Not to Worry!: How to Free Yourself from Unnecessary Anxiety and Channel Your Worries Into Positive Action; Sweet Love Remembered; A Time to Say Goodbye: Moving Beyond Loss; Lupus — What’s It All About?; and Exploring the World Alone.

Jon Carlson, PsyD, EdD, Host, is Professor of Psychology and Counseling at Governors State University and a practicing clinical psychologist. He has authored 40 books, 150 journal articles, and developed over 200 videos featuring leading experts in psychotherapy, substance abuse treatment, and parenting and couples education.

Diane Kjos, PhD, Host, now retired, was a professor at Governors State University in Illinois for twenty-two years, and past-President of both the Illinois Counseling Association and the National Career Development Association. She is co-author, with John Carlson, of two textbooks, Theories of Family Therapy, and Becoming an Effective Therapist, and co-host of the video series Psychotherapy with the Experts, Family Therapy with the Experts, and Brief Therapy Inside-out.
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