

**TOUCHSTONE AND TALISMAN: Building the Self.**  
**A model for effective attachment parenting and staff supervision in residential settings.**

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***Abstract***

*Working with young people in the care of the local authority can be both challenging and supremely rewarding. The theory and philosophy of Transactional Analysis has proved to be highly effective in this field and there are many projects around the UK. This article describes a framework which integrates several theories into a simple map for assessment, reflective practice, supervision and self supervision. The two maps are a synthesis of, and a progression from, earlier works described.*

I provide consultancy training and supervision to managers and residential social workers at a four bed home in the Midlands in the task of therapeutic parenting. Transactional Analysis has been the chosen theory there for over twenty years. The staff do not provide formal counselling or psychotherapy for the young people; this is accessed through the Child and Adolescent Mental Health Service (CAMHS) locally, however, this has sometimes been difficult to establish and is often refused by the young person. Therefore we see the relational experience with staff as the major vehicle for healing and the prevention of further damage to vulnerable young people.

All staff are trained in a developmental model adapted from Levin, (1982), Illsley Clarke (1999) and Bowlby (1988). They initially complete a TA 101, and have continued professional development designed to meet current needs, the most recent being training in Reactive Attachment Disorder (DSM 1V, F94x), and therapeutic parenting of the unmet needs. Staff are also required to complete standard trainings for all children's services, and in this local authority that includes government standards for meeting The Five Outcomes (2004) Restorative Approaches (Hopkins, 2009) and a pilot project to incorporate Social Pedagogy (2010).

The treatment plan integrates all of these different trainings, theories and requirements and the maps, ideas and models used here are the result of several years experience of working with this group, when often the most challenging issue is managing the transference and counter transference issues that arise from two year old behaviour in an adolescent body.

Residential social workers often feel overwhelmed by the weight of paperwork, and requirements, rules, and regulations that come as part of the job. The staff in this home are highly committed and professional, however they say that no matter how appropriate a theory or an intervention might be, in critical situations they may sometimes fall back into old familiar patterns of control. The challenge was to provide an easy to use visual aid that holds depth of theory and a simple tool for diagnosis, treatment planning, self-supervision, personal development and communication. The development of that tool has been an organic process, usually as a result of issues brought to supervision.

**Background.**

Various authors have described our need for others: Winnicott (1964), Bowlby (1979), Klein (1987) and relational affects on the development of the brain. Josephine Klein acknowledges Berne's contribution of Psychological Hungers (Klein, 1987). Current developments in neuroscience tell us that parenting, particularly in the early years, will have a major effect on

the chemistry of the brain, resulting in varying degrees of high self-esteem or debilitating self criticism. The way parents interact with a child can have long-term effects on brain development, function and chemical balance (Gerhardt,2004).

Research tells us that the roots of a sense of well-being are in the attuned attachment to primary caretakers in early childhood (Schore, 2003). The first three years of seeking and effectively engaging in the world are critical. To experience what Klein calls “a warm world in your head” and we Transactional Analysts might call an OK- OK life position depends on the frequency and quality of special one to one moments with parents or primary caretakers especially during the first three to six years. The process of attachment, separation and individuation sets the scene for the level of well-being experienced in later life. When the developmental tasks of childhood are not completed, causing a deficit at several stages, the young person may look outside of themselves for something to plug the black hole of despair. Low self esteem, drug abuse, alcohol, food, clothes, possessions, risky attachments, violence and self-harming behaviours are the presenting problems of many young people in care. The adaptation or decision (Berne,1966) can be seen as a *talisman* for the child against unmanageable feelings and unmet needs.

### **Life Positions**

Berne (1966) described the child as making a decision and taking a position in relation to self, others and the world in early childhood, around the third to seventh year. Claude Steiner (1974) saw this as happening much earlier during nursing stages and equates this to Erikson’s (1950) description of the development of “basic trust” between infant and caregiver. More recently Hobbes, (1996) and Boholst, Boholst, and Mende (2005) have cross referenced Attachment theories (Bowlby, 1988 and Ainsworth, 1978) with Life Positions, and Harley (2006) explored the lost connection between Berne’s Existential Positions and Melanie Klein’s infant development.

Franklin Ernst (1971) developed a map for adult behavioural identification of Life Positions, which when adapted to suit the context, enables the worker to identify not only their current response to a child, but also their behavioural indicators to move to a problem solving approach whilst under pressure.

### **Building the Self**

When children are taken into care, they often arrive in the home with a repertoire of extreme behaviours that are holding the unmet needs and abuses they have suffered previously. Sometimes those experiences have been compounded by poor or even abusive experiences in the care system.

For the staff, there may be an emotional reaction to the demands of the child; they need time with a supportive colleague, supervisor or team leader to understand the temporary pull into a negative frame or life position. Over a period of time it is possible to see patterns emerging that will reveal a potential stuck place, and using an understanding of child development a treatment direction can be identified.

This works well in theory, in a training or supervision space, but when the worker is under pressure they will often react and repeat history with the child and sometimes for themselves. This seemed to prevent the team from problem solving and being fully potent with the young people in the here and now. Also, temporary staff are recruited at very short notice and may be unfamiliar with TA or this unit approach. This in itself can create a trigger for a young person to escalate behaviour. The model is used for diagnosis, assessment, and treatment planning for the child and in its simplest form is easily understood by inexperienced workers.

Consistent use of the model and underpinning theories acts like a *touchstone* for staff at all levels when handling critical incidents. The experience can then be communicated briefly and effectively to other duty staff and later in a debrief and supervision when there is time to look at things more deeply and identify personal and professional goals for improved practice.

### **Building the Self - The Living Grid.**

Readers will recognise references to the developmental models of Levin (1982) and Illsley Clarke (1999). A study of the original text will facilitate a fuller picture of what each developmental stage may involve. More recently, Russell (2011) has created a map and model to identify behaviours and needed parenting as a visual aid in the classroom for teachers, which is based on these developmental stages and affirmations. This visual aid has enabled the care staff in the home to improve identification and assessment of behaviours and therefore lead to more accurate diagnoses. The emphasis in the development and application of The Living Grid is on the integration of several theories and ideas into an approach which improves communication and efficiency in the task of therapeutic care. This approach has contributed to an award of outstanding for this home in recent inspections by the Office for Standards in Education, Children's Services, and Skills. (OFSTED)

### **0 – 6 months.**

From the experience of birth to around six months, Levin's stage of "Being", an infant has the potential to experience an initial OK – OK relationship with the primary caretaker.

The successful development of a bond continues to form a mutual attunement, the first experience of being "in love". Winnicott (1964, cited in Klein, 1987) described the infant as having a sense of being in harmony or resting in being with mother. Current neuroscience (Panksepp, 1998; Schore, 2012) tells us that this attuned relationship floods the infant's system with oxytocin and opioids, our first experience of joy, and although the baby is unaware of its roots, once this state of being is achieved it becomes a "given" and available potentially for the rest of life. In her experience of joy the child will open up the capacity to enjoy and celebrate, and whilst the infant may experience a range of raw emotion it is held in an overall experience of unconditional love and acceptance. Klein, (1987. 2) describes this: "*memories of (happiness) and bliss are converted into expectations of (happiness) and bliss, as also, alas memories of distress turn into expectations of more grief*".

The establishment of a secure loving relationship can be seen in TA terms as the foundation of an OK – OK life position and of acceptance of "good in the world" (Moiso, 1984) and what Erikson (1950) called 'trust'. In the "good enough" relationship there is an experience of accounting self, others and the world, initially through the mother's modelling, in that she provides unconditional responses to the infants needs, whilst also taking responsibility to get her own needs met through the continued support of family, friends, professionals and her environment.

*Twelve year old Jenny clung to one member of staff. Jenny gazed longingly at the worker and followed her home where she would stand outside staring into the window. At night, Jenny would demand to have her hair stroked until she fell asleep. The idealised worker, Liz, felt overwhelmed. Other staff felt resentful at the demands for hair stroking and wanted to push Jenny away. Jenny seemed determined to continue targeting the staff who would not meet her needs. In this way Jenny recreated a scenario that informed us of her unmet needs at the Being stage. A treatment plan was agreed where all staff would respond with unconditional care and warmth. Jenny had her hair stroked on demand each night and after several weeks of this experience she began to demonstrate trust in her carers and a new level of calm and enjoyment in her life.*

## **6 – 18 months**

At around six months, a baby will naturally move into the second stage of experience, the stage of “Doing” (Levin, 1982). The ability to do things increases rapidly in this stage, but a baby has no ability to think logically about what he does. The regulating parent needs to think for the baby because the primitive brain is in charge and the frontal cortex is not yet fully available (Sunderland, 2006). During this stage he will experience vulnerability in the process of learning. Walking and climbing involves risking getting hurt and the foreground feeling is fear. From the experience of a protective other he begins to introject a protective Parent Ego state. The successful completion of this stage is that the child begins to learn to accept his own limits (Moiso, 1984) and account his own vulnerability, whilst also retaining an ability to be motivated to explore and to do things. He learns to integrate the purpose of feeling fear to elicit support from others and to exercise caution.

In the development of a Life Position we might think of this stage as an early experience of I-U+. Unmet parenting needs from this stage might show for example as deficits in the positive protective Parent Ego State, or as a discount of self. We might see a young person taking serious risks with little sense of danger. The beginning toddler might decide at this point either to stay helpless and powerless or he might decide to grow up too soon. From a systems perspective the child may seem to eliminate themselves (Satir, 1967).

*After a row in the home, fourteen year old Sam ran away ending up lost in another city. He asked a youth for help and after pretending to befriend Sam, the youth stole Sam’s mobile phone. Sam was eventually returned home by the police. This was a scenario that Sam repeated several times, of leaving home alone with no plan and finding himself vulnerable. This was the way Sam alerted us to the abandonment of his early childhood and the lack of a protective other in his exploring. Sam’s treatment plan included increased staff support and accompaniment in stimulating activities like speedway. There was clearly also a deficit in Being for Sam but by his behaviour, Sam told us what was foremost in his unmet needs for protection in his exploring.*

## **18 months – 3 years**

As the toddler gains mastery over his body, he will increasingly begin to test his power. This is the stage of learning to integrate thinking into what he does. Whilst a baby will show evidence of primitive thinking before 3 years, the particular learning here is in the engagement of the frontal cortex at 3 years old being about rational or logical thinking. This is the stage of the “terrible two’s” when a toddler will push and test the limits. Parenting needs are for helping the child to understand the consequences of his actions. By the end of this stage, the child will begin to exercise rational problem solving as the frontal cortex comes into action. In the language of Moiso’s Feeling Loop (1984), he will learn to accept the limits of others and emotionally he will learn to use anger well to get change, whilst learning the rules that help him to live with others.

In the development of a Life Position we might think of this stage as an early experience of I+U- and a discount of others, or in the systems approach of Virginia Satir (1967), he would be likely to appear to eliminate others. Unmet parenting needs at this stage might result in a young person who bullies others, or is over controlling either from a Persecutor or Rescuer role. We might see a young person who shows little or no empathy or awareness of the impact of his behaviour on others. Alternatively we might see a high achiever academically who discounts his own vulnerability due to parenting failure in the previous stages. ‘*by developing a hard and hostile attitude to any “weakness” in themselves, i.e. to develop an anti libidinal ego which is really the child’s determined effort to keep going by being independent*’ (Guntrip, 1969: 78 cited in Klein, 1987. 394). Children who appear to occupy this frame of reference are often “made bad” or shamed for their behaviour and apparent lack of empathy. However, I

suggest that this child needs just as much help and understanding as those who are more vulnerable. Firm but kind contact and boundaries are required.

*Toni took every opportunity to hurt the other children, verbally and physically. She often physically assaulted staff, suddenly and for no apparent reason. It was difficult to identify the triggers or any warning behaviours. The safety and well being of other residents and staff was constantly under review. Staff found themselves wanting to get rid of Toni to a secure unit. After accounting the evident abuse and bullying she experienced from her father, a treatment plan was devised that would offer Toni consistent models of firm but non-abusive parenting. This was designed to offer her new Parent Introjects and an opportunity to access her hurt, terrified and vulnerable self in a safe environment.*

### **3 – 6 years.**

This is the stage of forming an identity, based on experiences so far.

The child has a growing awareness of the contrasts of human nature and the consequences of his actions. The feeling in focus or foreground here is sadness as he realises that there are some things that no one can change or resolve. He may become aware that death is final, often through the loss of a pet or a grandparent, and may have an experience of despair. Starting school involves the loss of the constant security of home and parents whilst also offering exciting new experiences. Both good and bad memories can be lived with and integrated into a new identity.

Parents need to account the child's sadness and model that life goes on. .

When parenting needs are not adequately met at this stage the child does not learn to integrate experiences of all stages into a here and now identity. He might discount or eliminate self and others and view life with despair. A child may engage in manipulative behaviour that stems from a loss of hope.

In TA terms this frame of reference is experienced as I- U-. The child may discount self and others. In Moiso's Feeling Loop (1984) the successful completion of this stage results in an understanding of the limits of the human condition, and the capacity to choose to go forward with renewed joy in being.

*Jillian had been in the home for a little over two years. Several treatment plans had been successfully completed and for some time Jill had been performing well at school. Another child came into the unit whose mother had recently died and he was being supported by staff in his sadness and grief. Jill suddenly stopped attending school and stayed in bed all day, refusing to eat, refusing activities and largely withdrawing. After some research it was discovered that Jill had a baby brother who was lost to cot death when Jill was three years old. Her parents split, blaming each other and Jill was taken into care. The current situation in the home had reminded Jill of those early experiences and feelings and she became stuck in her traumatic memories of the results of sadness and loss. Staff accounted the impact that the bereaved child was having on the other residents and staff and began sharing a little of their own experiences of loss. Of course, to some extent all the children have to some degree lost parents, and so this was programmed into the weekly circle group. Jill gradually began to tell her story and account the diverse feelings inside her. After a period of time Jill returned to school and now has regular contact with her mother.*

Having completed the four stages (see figure1), the child will recycle from 6 years to 12 years with a focus on Structure, and again from 12 to 18 years on Sexuality as described in Cycles of Development (Levin, 1982). This gives the young person three opportunities to experience and integrate the necessary learning and emotional development that will enable him to continue to develop full potential.

As no one experiences a perfect childhood and there are no perfect parents, most people end up with unfinished business of varying intensity, and these unmet needs and unresolved experiences will continue to emerge in our lives if we are to reach our full potential. (Gerhardt 2004) Physis, the life force, can be seen as a continual movement towards being the best we can be. Berne (1957, 1972)

described the natural drive towards wholeness and health and symbolised this force with a vertical arrow passing through all three ego states. Clarkson (2003), stated that Physis is concerned with healing, evolution and creativity.

In figure 1 the symbol of infinity is at the centre of the grid. This symbolises the continual recycling of development, as driven by physis. The level of autonomy, spontaneity and intimacy an individual is able to achieve depends largely on the ability to know oneself in all parts of the system, enabling a full choice of Options (Karpman, 1971). Having experienced and come to terms with the learning of who I am in I- U+, my vulnerable self, in I+ U-, my powerful self, and in I- U-, my despairing self, and finally to integrate those aspects of self into a rounded identity, will enable the choice of a joyful self: I+U+.

*A useful metaphor here might be to imagine being a hostage in the middle of a bank raid. An individual with a fully integrated identity would want to be able to choose their response. They might assess that the bank robber is open to negotiation, or they might intuit that he will not target vulnerable people, so may choose a one down or helpless stance. Alternatively, they might sense they can overpower the robber and decide to take action, or else freeze into the background and become invisible. Under pressure, the individual will want the option of accessing their full range of emotional intelligence under stress, and have maximum empathy for the emotional state of the other in order to connect.*

A child or adult who is holding significant unmet needs in any part of the system will be unable to access his full potential. The result might be described as a closed system (Satir, 1967). Script, Rackets and Games are seen as an attempt to recreate an opportunity to get needs met, with an opposing drive to maintain the early decisions we made under stress (Fowle, 2005).

There is both a positive and a negative potential at each stage of development and whilst stages and ages can be mapped, the uniqueness of the child must be accounted. Above all, the ability to offer unconditional positive regard, openness to be impacted, and curiosity is central to this approach. This mirrors the new parent's willingness to learn who this baby is, and put into the background all theories and expectations of babies.

This is the essence of practising as a Transactional Analyst in whatever context. This is the OK – OK relationship and Life Position. This way of thinking about child development and mapping it onto the Life Positions grid enables individuals to use and teach complex theories and opens up opportunities for integrating and sharing theories and cross mapping to other modalities.

### **Reflective practice and supervision.**

Using the Life Positions Grid for teaching and assessing child development in a TA framework is an effective tool. In order to enable staff to be fully open and present in working with a child there needs to be excellent support, supervision and opportunities for team reflective practice.

Inevitably, the young person will continue to live within his own internal family system, and in doing that will invite carers to reinforce his scripty frame of reference. Unconsciously the child will target a carer who has a corresponding pattern of early experience and decisions,

resulting in a transference drama that offers an opportunity to either get the needs met along with the potential emotional learning, or confirm pre verbal decisions and reinforce Script. Therapeutic parenting assumes a goal of meeting those needs for the child, and most residential social workers are committed to this ideal; however, under the stress of those transference dramas the staff will too often be drawn into reinforcing script in order to protect their own frame of reference. This experience for staff can start a long journey of self development through reflection, which can take many years to complete and involve a level of personal and financial commitment which some are unable or unwilling to make. Increasing demands for accountability can mean that the staff team are fire fighting on a daily basis and reflective practice supervision is not always high on the agenda. Therefore, a set of tools that are easily learned and offer a concise and consistent form of communication is useful, and using Life Positions for supervision and self-supervision meets this need.

In Figure 2 is an adaptation of what was originally called “The OK Corral” (Ernst, 1971). Listed are the behaviours thoughts and feelings that were generated by staff following a serious incident with a young person. There were individual and collective responses to the incident. The content might be different with different incidents and with different groups or individuals. It was important that staff expressed their own thoughts and feelings in this particular situation in a safe, non judgemental setting, then as a group, to plot them on to the grid and recognise the potential for repeating history and sometimes their own investment in reacting this way. In taking part in the process the staff had an opportunity to recognise where the team was caught up in a game with a set of identifying thinking, feeling and behaviours. There is the potential for staff to grow an increased understanding of their own personal blind spots and vulnerability.

By using the same framework for assessment, treatment planning and supervision, the staff team has an interconnected experience which promotes therapeutic parenting and integrated teamwork along with personal and professional development. Whilst the maps are easily useable by those with little training or experience, they are also underpinned by theory and cross-reference to other modalities in use in this local authority, and to other non TA theories. In treatment planning it is possible to identify clearly behaviours and attitudes that are desirable from staff, and in recognising where they are on the grid the individual can account her own reactions and actively choose behaviours, messages, body language, facial expressions and voice tone that offer problem solving for the child in OK – OK transactions. Essential to the success of this approach is that the staff member gets supervision and support to account and understand the initial reaction to the child.

*The grid in figure 2, SELF SUPERVISION, describes the reflective supervisions concerning Jenny.*

*All staff contributed to the content and took time to identify what part of the child’s script they might be reinforcing. Jenny’s mother was rejecting and absent and was unable to care for her as an infant. Jenny was left alone for long periods of time and was eventually at 5 months old taken in by an elderly aunt. When Jenny was 11, her aunt died suddenly and there was no other family member able to parent her. She came into care at that point. Some staff recognised that they may be reacting to Jenny’s needs like her mothers or her aunt’s family. Through case history notes we were able to see that by the targeted worker, Liz, rejecting Jenny’s demands for close intimate contact, we could be reinforcing her early experience and decision to stay little and helpless. By the same token, other people thought that is what we would be doing by giving in to her infantile demands. “She’s not a baby any more”. Yet again there were two people who could identify strongly with Jenny’s story, and realised they were getting stuck in their own decisions and strategies. The red triangle represents the drama triangle (Karpman, 1968) or closed system (Satir 1967) Through discussion, as a group, a*

*treatment plan with an I+U+ foundation was agreed and put into action despite individual beliefs about parenting. A time- frame was agreed and review dates to monitor effectiveness. In practice whenever Liz, her key worker, recognised her thinking, feeling or behaviour with Jenny was from a negative perspective she would connect with her touchstone (the grid) and actively choose behaviours and dialogue from I + U+. By accounting her scare in feeling overwhelmed Liz was able to choose the therapeutic approach and meet Jenny's needs whilst ensuring she had good support and protection from her colleagues. Liz later recognised in supervision that as the eldest of five children she had been expected from an early age to parent her younger siblings, and was often blamed for their behaviour. Using the grid as a touchstone enabled Liz to stick to the treatment plan when, in critical situations, she would feel the pull from Jenny to repeat history in Script.*

Connecting the development of the child with the development of Life Positions and the behavioural manifestations of a chosen frame of reference has richness and depth. There is an essential truth and inclusivity at the core of a model that accounts multiple levels of complexity, and alternative approaches which serves to remind us of Berne's vision of making complex theories simple to understand and apply.

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## BUILDING THE SELF

### THINKING

18 months – 3 years

First experiences of personal power (I + U -)

Pushes & Tests Limits.

Becoming Separate.

Oppositional

Parents need to set firm boundaries.

With kindness, empathy and concern.

Integration of thinking about doing

Test Reality

Learns about Anger

Accepts the limit of others.

### BEING

0 – 6 months

First experience of an I + U + relationship

Instinctive behaviour related to survival

Make a noise to get needs met

Parents provide holding food warmth shelter

Presence of a caretaker

Needs stimulation to evoke joy in being.

Joy Juice – Oxytocin and opioids

Develop attuned relationship with (M)other

“In Love” State of Bliss

Accepts Good.

### IDENTITY 3 – 6 years

First experience of despair (I - U -)

Who am I? Interest in difference

Growing awareness of contrasts of human nature and the consequences of actions.

Parents need to encourage contact with others. Play, support testing out and decision making.

Development of Identity.

Integration of good and bad experiences

Learns about sadness whilst maintaining the capacity for Joy in Being.

Accepts the limits of the human condition

### DOING

6 – 18 months

First experience of vulnerability (I - U +)

Baby sits up, reaches, throws, crawls, walks, runs, climbs, jumps, grabs, pokes.

Separation distress.

Parents have to think for the baby

Provide permission to explore with adequate protection from harm

Dopamine triggers the seeking system.

Develops curiosity creativity and motivation.

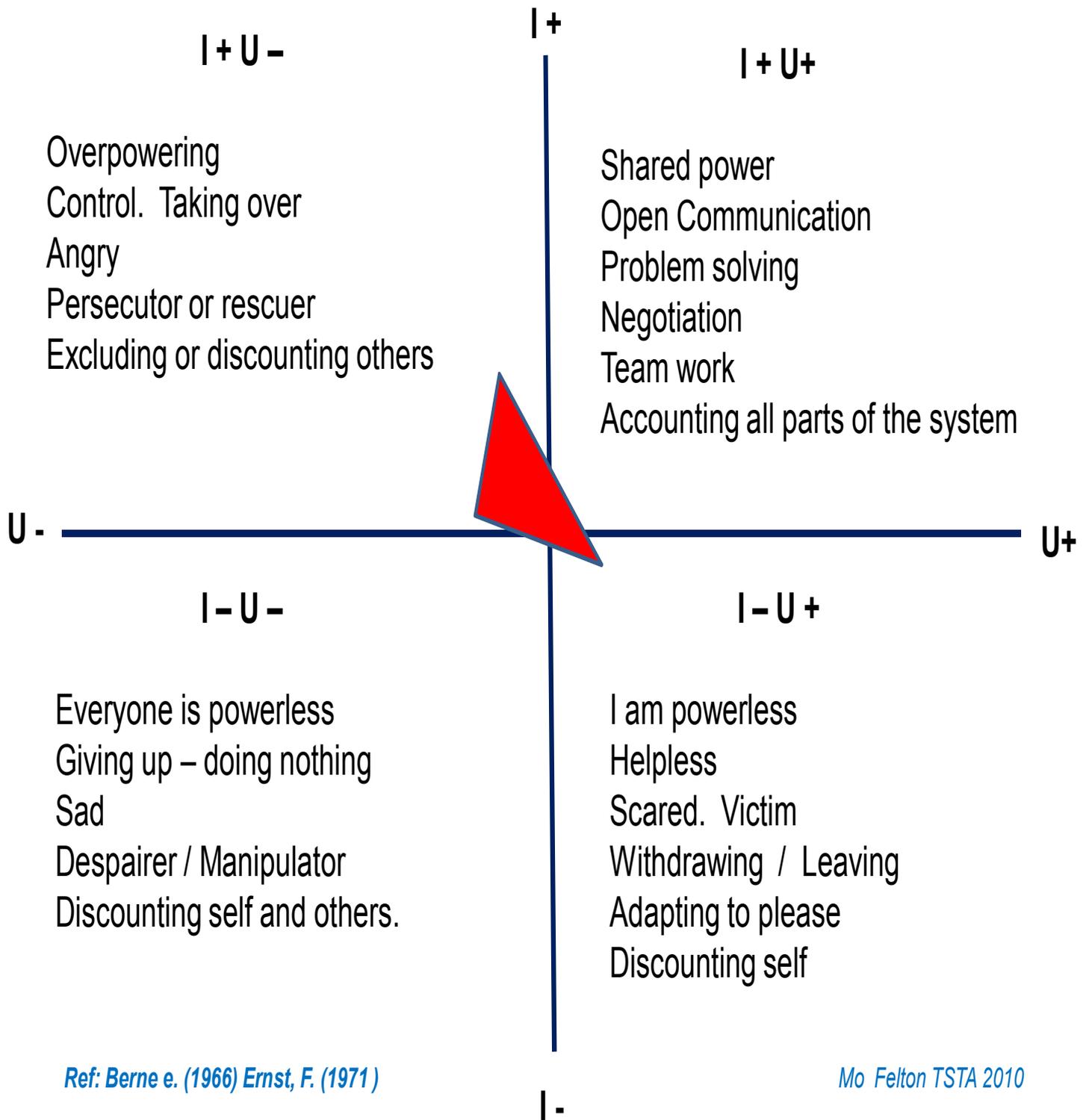
Learns about fear

Accepts own limits.

Ref:- *Levin (1988)* *Berne (1966)*  
*Moiso (1984)* *Ernst (1971)*

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### Self Supervision Positions



Ref: Berne e. (1966) Ernst, F. (1971)

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