How do we understand despair?

Paul Betney, final year student at RedkiteTraining, directly addresses 'despair' in our clients – an area where we might feel we are powerless to help

'Despair is the price one pays for self-awareness. Look deeply into life, and you'll always find despair.'
Irvin D. Yalom (*When Nietzsche Wept*)

DESPAIR HAS NOT been directly addressed within the transactional analysis (TA) community since Berne (1966) wrote about it over 50 years ago. This essay* identifies despair as a gap in contemporary TA thinking and literature and aims to promote wider discussion and debate of the topic. The ultimate aim is that this process will improve our understanding and inform our practice when working with clients who are feeling despair.

The importance of understanding despair came alive for me during my placement with, and later when working for The Brain Charity in Liverpool. The Brain Charity supports people with a wide range of neurological disorders and brain injuries as well as their families and other carers. I specifically wanted to work with the charity due to the fact that I have Parkinson's Disease myself. During my time there I worked with many clients who had survived sudden, severely debilitating and life changing medical emergencies or who had been diagnosed with medical conditions that are either degenerative and currently incurable or that could end their lives, literally, at any moment and without warning.

Of the clients I worked with, there were three in particular who stood out, in my opinion, as being in what I would describe as a state of deep despair. I have deliberately included the caveat, 'in my opinion', because when I tried to find out more about despair and how to work with it, I found very little had been written about the subject in contemporary TA literature. The majority of text books make no reference to it at all and while it appears as a key word in many articles, very few address the issue directly. A high level of curiosity was therefore required when looking for possible sources of information related to the topic.

The only work I found which addressed the subject specifically was by Berne (1966). Although he covered the subject quite briefly, I found his ideas were a useful starting point that helped me begin to gather my thoughts around how to approach the issue. While his work is undoubtedly valuable, ultimately it has left me with more questions than answers. Many of my questions have their roots in the fact that his writing on the subject dates back over 50 years.

In that time other areas of TA theory have evolved considerably, but the thinking on despair has not kept pace. There have also been significant advances in technology, allowing us to scan and map activity in the human brain which has subsequently improved our understanding of neurobiology. I believe these developments in TA theory and our improved understanding of neurobiology fundamentally impact how Berne's writing on despair might be interpreted and that it is now time for the TA community to look again at this important and challenging topic.

Berlin and Brodrick (2021, p8) raise an interesting possibility which may help explain, to some extent at least, why so little has been written about despair. They make the valid, if uncomfortable, point that we rarely consider our failures and although it is difficult to write the words, much of my motivation for writing this paper stems from my own sense that I was powerless to help my clients when they were in the depths of their despair. I certainly tried, I did my best and I hope I helped them in some small way, but in truth, I feel I was unable to make any meaningful contact or to establish even the beginnings of a working therapeutic alliance.

It is important to point out that my contact with these clients was made all the more challenging as it occurred during the most stringent periods of Covid lockdown and took place over the phone, thus denying me many valuable therapeutic tools, but even so I am left with a painful sense of failure whenever I think of our work together. With such a difficult and complex subject as despair, it will require courage on the part of all involved in this conversation to discuss openly our perceived failures as well as our successes.

Berne (1966, p278) believed that despair has its own mechanism which he could explain using the language of TA. He wrote that 'Despair is precipitated by a dialogue between the patient's Adult and the outside world which is overheard by the patient's Child.' This dialogue 'results from the failure or therapeutic interruption of a game or script' (1966, p311), resulting in 'the draining away of cathexis from the Adult.' (Berne, 1966, p347).

Berne never developed these ideas in the same way that he did, for example, with games, which he evolved from the patterns of behaviour he described in *Games People Play* (1964) into his 'Formula G' (1974, p43). Exactly where the psychic energy drained from the Adult goes and what happens

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when it gets there, has not been expanded upon, so far as I can see. It may be beneficial, therefore, to consider this process from another perspective. If we think in terms of this overheard conversation creating confusion within the Child which in turn contaminates the Adult then TA literature potentially has a great deal more to offer in terms of evolved theory and approach. Lapworth and Sills (2011, pp154-158) for example, give a clear explanation of confusion and contamination. This would still tie in well with Berne’s thinking as he believed that the first step towards ‘cure’ for a client in despair lay in deconfusing the Child (1966, p279).

Presumably, the communication between the Adult and the external world which the Child overhears is not the stuff of day-to-day communication, but what provocation might it take for the fear to become so powerful that it could drain sufficient psychic energy away from the Adult to induce despair? Headline possibilities may include global warming, war, pollution, pandemic and severe economic hardship. They are all factors alive in the external world and which could reasonably be associated with feelings of some level of despair. But surely despair can also be triggered by internal events, such as chronic, degenerative or terminal illness, or other physical trauma that affects us on a bodily level? How would this fit with Berne’s idea of the role of the outside world?

Given the emphasis Berne put on the Child in the creation of despair, it may also be useful to consider thinking about despair in terms of impasses. If cathexis is drained from the Adult as a result of the Child’s reaction to external influence, then presumably that energy flows into the Child. A logical next question could be, what happens when it arrives there and a reasonable answer might be the creation of a Type III impasse.

Lapworth & Sills (2011, p164) inform us that a Type III impasse is the only one which occurs within the Child ego state. Type I and Type II Impasses involve a conflict between the Child and the Parent. The Type III Impasse is a conflict ‘between two parts of the Child ego state’ whereby ‘the Natural Child has been so successfully repressed by adapted behaviour that certain spontaneous emotions and sensations seem effectively non-existent.’ Type III impasses operate on a sub-symbolic, somatic, protocol level and are generally thought to be created at a very young age, before the development of conscious, verbal memory. However, in her reflections on the article written by Caizzi (2012) about working with the effects of torture, Oates (2012, p181) believes that it is possible for a Type III impasse to occur even once conscious memory and verbal functioning are in place; ‘Can one develop a Type III impasse later in life as a result of trauma?... I have always felt the answer to be “Yes”.’

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Although she was writing about the effects of torture, I connected very strongly with the writing of Caizzi (2017, p168) who I feel made a poignant observation: ‘The body, which should have represented a means of security, the person’s first way of facing the world, gives up. From that moment, it becomes the primary vehicle for showing the unconscious psychological wounds and struggles the victim has inside: to go on and live or to give up and let the torturer win the battle.’

In my work at the Brain Charity, I would simply have replaced the word ‘torturer’ with ‘illness’ or ‘injury.’

This idea of despair existing on a protocol level raises difficult questions for the TA community about how best to approach the issue. Caizzi (2017, p172) explains that ‘Because the issues brought into treatment are anchored at a somatic level and simply not affected in any enduring way by the traditional transactional analysis means of cognitive/interpretative interventions (Cornell, 2008b, p. 162) we must find new ways to establish contact and develop a positive alliance with the patient.’

Possibly there is a role for the emerging concepts of Ecological TA here as an approach which enables TA theory to connect with the client more readily on this somatic, felt level. Marshall (2016, p154) explains that, ‘Through encountering the natural world with an increased sense of immediacy, the therapeutic dyad has a potential new pathway into the world of the client’s protocol.’

If we think of despair in terms of impasses, this also raises the possibility of levels of despair. Speaking specifically of the impact of war, Campos (2014, p70) puts forward the idea that, ‘many of us experience despair as a form of social pain.’ This categorisation of a social level of despair may suggest the possibility that rather that a single dictionary type definition we should be developing a more layered understanding of despair. Are there, potentially, the same three levels of despair as we see with impasses? Can we have social, psychological and protocol levels of despair? This seems plausible, given that it is generally accepted that ‘despair’ can be triggered by and applied to a wide variety of traumas from global warming to domestic abuse to sudden, debilitating long term or terminal illness. If this is the case, when considering treatment planning the question would have to be asked whether different interventions would be required in each case?

Script is another area which has developed considerably since Berne wrote about despair. Cornell (1988, p281) lamented how the theory of script had become, ‘hopelessly imbued with pathological meaning in TA theory and practice.’ I suspect this pathological view of script may have been in Berne’s mind when he wrote that the failure or interruption of script would result in despair. Cornell reframed the thinking around script by offering

that, 'Perhaps it would be more inclusive to use a term such as "psychological life plan" to describe the ongoing evolution of healthy psychological development, with "life script" used to describe dysfunctional, pathological constructions.'

If we adopt this more contemporary view of a healthy 'psychological life plan', I wonder what might be the possible implications when it comes to the question of despair. If the right traumatic trigger is pulled would an otherwise integrated, autonomous Adult with a healthy 'psychological life plan' be equally as vulnerable to the draining of cathexis described by Berne or would they prove to be more resilient than someone with a negative script? There is also, of course, the possibility that it may make them more vulnerable.

Glende (1981), offers a slightly different understanding of despair. She suggests that despair is the failure of a racket rather than of a game or script. Erskine and Zalcman (1979) identified that rackets are how life script is lived out in the present moment, so this is not a huge departure from Berne, but Glende makes some interesting observations. Looking at despair in terms of the presence and absence of hope, she defines hope as 'the belief in attaining a goal with the accompanying commitment of energy' and explains how it can exist in two forms: authentic (essence) or script (illusion). While authentic hope, 'functions to enliven the self with authentic expression, in illusion it functions to secure against a catastrophic expectation.' It is essentially a racket to guard against our worst fears. 'The display of hope is hopelessness, self-deceptively and fraudulently projected. Despair comes when the racket system fails to bring the expected security.'

Glende quotes English (1972), who 'listed hopefulness as a real feeling and both hopelessness and projected hope' as rackets. In her article, English (1972), provides an extensive list of racket behaviours, including others which, I believe, may reasonably be associated with our general understanding of despair and which also fit in well with Berne's writing on the subject. These include, hostility, violence, suicidal threats and chronic pessimism.

Is it possible then, that despair is a racket, possibly the ultimate racket? Campos (2014, p76) almost inadvertently, touches on this theme: 'With incessant wars, we perhaps feel better experiencing hopelessness and despair about humanity's fate and following the four horsemen of the apocalypse rather than feeling deeply anxious and unsettled about keeping the peace.'

If we accept the idea that despair is the result of an interrupted process, whether it be a game, script or a racket this raises the interesting prospect that inducing 'despair' may actually be a necessary part of the therapeutic journey in some cases. As Berne (1974, p182) explains: 'In order for the patient to get better, his illusion, upon which his whole life is based, must be undermined so that he can live in the world which is here today, rather than in his "If only" or "Some day." This is the most painful task which the script analyst has to perform: to tell his patients finally that there is no Santa Claus. But by careful preparation, the blow can be softened and the patient may, in the long run, forgive him.'

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>
> Berlin and Brodrick, 2021

Scientific advances in our understanding of how the brain functions means we also have to consider the possibility that there may be a neurobiological aspect to despair. Drawing on their own clinical experiences and on recent discoveries in developmental neurobiology Berlin and Brodrick (2021) challenge Berne's concept of 'cure' and 'removing the splinter' (p227) and make the case that, 'suffering is sometimes hardwired and, as such, incapable of cure.' (p233).

'It is now understood that traumatic attachment experiences are "affectively burnt in" (Stuss & Alexander, 1999, p215), leaving "neurological scars" (G. Poeggel as quoted in Schore, 2012, p301) associated with persistent and problematic relational patterns. Tragically, the detrimental neurohormonal and structural changes caused by childhood trauma are now thought to be largely permanent (De Bellis & Zisk, 2014; Schore, 2012).' Berlin and Brodrick (2021, p233)

Berlin and Brodrick identify a 'Palliative' (2021 pg230) client group: 'Clients in this group, despite great psychological suffering, may leave therapy without any subjective benefit' (p231). In such cases, they believe, the best we can hope to offer is the provision of a 'safe place to suffer' (p230). Might this be a potential outcome TA practitioners need to consider and be prepared for when working with a client in despair? As Berlin and Brodrick point out, this potentially has profound implications for TA theory. They ask us to consider that, 'Perhaps the time has come to update TA's philosophical assumption that everyone has the power to decide their own destiny' (p237).

I believe that contemporary TA theory and practice have much to offer when it comes to supporting clients who are experiencing despair, but how we focus this thinking and practice has yet to be brought together in a coherent way. To work safely, effectively and ethically with despair I believe it is important to think again about this challenging topic, so that as practitioners we can have the best understanding possible of what may be present in the therapeutic relationship when a client is experiencing despair.

I believe the best way to achieve this is through discussion, debate and the sharing of our experiences, both good and bad, within the TA community. This will require courage within the TA community to discuss the topic openly. Hopefully, demonstrating this courage will help us all to see the value in our failures as well as our successes and will serve to further enliven debate going forward, ensuring that a difficult topic such as despair is not once again left behind.

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