

Chapter 9

Breaking through the dilemma circle

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If people, who have a long-term block in their personal development, feel trapped in a certain part of their life, or develop a psychosomatic or psychotic illness, then they may be trapped in a dilemma circle. They may switch back and forth between denying, fighting, resigning or despairing and there seems to be no way out.

An undetected dilemma may explain the lack of success in psychotherapy when, despite various approaches, conflicts cannot be solved or emerge again and again.

In this article we examine the dynamics, the logic and the background of the dilemma experience and behavior. We will also show ways to undo the knots in order to open the way for further development.

In *Games People Play*, Eric Berne described a Corner game as a marriage game, in which failure situations are initiated in order to avoid intimacy. [1] However, Berne also spotted the dilemma-type of Corner game, which is often played as a family game and can be an etiological factor in asthmatic children. It is in fact the dilemma-type of Corner game that we refer to as a dilemma in this article.

Because the process of experiencing and forming dilemmas is complex and many-sided, the ideas presented here go beyond the framework of game analysis.

In our opinion, psychotherapy is the art of inviting a client to have experiences through which he may overcome stereotype, repetitive patterns of experience and behavior. Confrontation can aid clients to change their self-restricting frame of reference (*Weltanschauung*, epistemology).

DEFINITION AND DESCRIPTION OF THE DILEMMA DYNAMICS

We have defined a dilemma circle as an epistemological pattern which leads to concepts for solving a problem or dealing with relationships on the basis of wrong definitions, implications, or false connections, making the solution of a problem impossible or unacceptable.

Thus several false connections can be made:

1. Fear as an internal experience is equated with danger, with a threat from the outside world, which makes people react to fear and danger in the same way.
2. Showing sexual interest equals being a bad person, whereas not showing it equals a lack of masculinity (wrong implications).

3. If I show my needs (complain and whine continually) no one will show any genuine interest (no one will apologize). If I am modest (act passively) no one will notice me (no one will ask what is wrong). Here various false connections are made.

Dilemma experience and behavior are processes that reflect dilemmas in inner experience and/or social situations in search of a solution. Solutions are sought in new answers to questions wrongly put or in new options for Problems inadequately defined. Therefore the answers are impossible or unsatisfactory. Only by question-analysis or a newly defined frame of reference, regarded from a 'meta' view-point, can we find better answers and make satisfactory choices. This calls for a faculty of thought and analysis that functions reliably.

Complications arise when clients, who cannot unblock or free their thought, start tackling a problem and face dilemma situations, for alternative solutions do not fall within their present frame of reference. Therapy would be void of success if the therapist fails to recognize this problem, or shares the client's dilemma Situation. Consequently, the therapist is unable to find suitable solutions, for he is trapped himself.

We will look at two simplified examples. In the first we deal with experiences that fall within a dilemma frame of reference. The dilemma is not obvious to the outside world. Clients feel often forced to compete with other people. If such clients think they are better, this will make other people uninteresting. If clients consider themselves inferior, however, they feel humiliated. If their 'opponents' are not willing to compete, then they are not interested in any sort of contact with these clients. If clients avoid competition, then they are not an equal of their counterparts.

The second example shows a dilemma frequently set up in the outside world. A male client is late for a therapy Session, although he has important Problems to work on. He has parked his car in a place where he is sure to get a ticket and have to pay 40 marks, but he would have to drive an extra 20 minutes in order to park it in a garage. The client is not exactly well-to-do, and there are only 40 minutes left for his therapy Session. It is typical of clients with dilemma behavior to refuse to accept the framework, use the remaining therapy time on this problem and end up with a parking ticket.

Dilemmas may also be created by wrong attempts to develop antitheses to problem behavior. Instead of developing true antitheses, the same way of reasoning is implied in reverse without questioning essential parts of the faulty frame of reference. Alternatives or other people are unsuccessfully tested in order to see whether other experiences are possible, thus supporting negative expectations.

Here are some examples for this way of reasoning:

1. People only like me when I'm modest. In order to avoid rejection, I don't express my needs, but feel disappointed and depressed because of this. If I want to feel better, I will have to stand up for myself. But since I don't feel I have the right to do so, I will have to take a fighting and demanding stance. However, others will react by turning away or rejecting me which confirms my assumption that people dislike me when I am assertive.
2. Nobody can understand me or help me understand myself. If I don't explain what is bothering me, then my therapist won't be able to understand me. If I could explain, then I wouldn't need him. Help means someone explaining something to me which I couldn't understand on my own. In order to have someone help me, I have to act confused about something I want explained. So I act confused, which is also a way of testing the therapist and seeing whether he can help me out. If he only understands me because I have explained myself then there is nothing to it. If he doesn't understand me because I act confused, then there is no help at all.
3. (A candidate shortly before his examination:)You are only accepted if you are an achiever. I want to be accepted if I fail to achieve something, too. If I show my competence during this exam, I still won't know if they are interested in me as a person. If I don't do so in order to see if they will still like me, then I will fail the exam and be able to tell myself that they are only interested in achievers.

Thus, many people make experiments in order to try and break away from certain convictions or to test others (particularly psychotherapists) to see if they can have different experiences with them. These experiments do not give rise to positive experiences as long as the wrong experimental pattern remains undetected.

A script is a life plan which restricts us in solving problems and dealing with relationships. Dilemma dynamics are present within a script when for certain aspects of relationships or problems the script offers a mechanism for coping with and solving these. Which connects issues and script messages in such a way that no solution is possible. [2]

The transactional process is set up in a way that allows no solution to Problems as long as this hidden 'insolvability' remains undetected. This supports the corresponding script messages. Thus, more general conclusions might be: "I can struggle (kick and fight or hold on, gritting my teeth) but there will be no solution." Another one could be: "I can fight, but I will not be able to break out."

Since the client experiences the Situation as being hopeless, he becomes more desperate as the issue is more important to him. In order to keep from despairing, he struggles and finally resigns, exhausted. If he succeeds in discounting the problem's importance, he may avoid unnecessary

exhaustion, but in the long run this is no solution. If he goes with the issue, this means setting up dilemmas and fighting them, which, however, makes desperation even greater. This again is a dilemma.

FALSE EQUATIONS

In observing dilemma experience and behavior there are typical false equations that occur again and again no matter what the specific problems are:

Trying to avoid suffering because of a dilemma is equated with discounting the existence or significance of the dilemma, which also means discounting the underlying issue. Active clarification and action is equated with struggling and fighting; accepting the problem although no solution is in sight (conflict tolerance) is equated with gritting your teeth and holding on. Letting go in order to allow for relaxation and regeneration is equated with giving up and resigning.

The fighting and holding on make the client feel exhausted and need to relax without having solved the problem. But since letting go and relaxing means giving up; this leads to desperation. In order to avoid desperation, the client may discount the dilemma, which allows for short term rest. The more important the problem, though, the more difficult it becomes to discount it, which makes regeneration possible only to a very limited extent. Being aware of the dilemma, or renewing this awareness after a phase of discounting brings out the former desperation again. Feeling desperate is equated with putting oneself at the mercy of a dilemma. In order to avoid this, the client begins fighting anew. He stays caught within the dilemma circle of fighting, resigning, despairing and discounting. A positive abandoning of the attempts made at solving the Problem until now is equated with abandoning the desire (of the Free Child) altogether. Often a part of the frame or reference is the idea that a present solution is incompatible with a phantasized loss within the frame of reference of the Child. It is this loss, which objectively took place long since, but has not been subjectively acknowledged, that the client seeks to avoid. He equates acknowledging a loss already made with losing something at present.

Often people have constructed a dilemma in reality which they cannot break out of without an actual loss. They want to avoid an inevitable loss, equating this with giving up something which could still be saved. Further examples for false equations will follow.

THE DYNAMICS OF DILEMMAS IN DEALING WITH DILEMMAS

There are various phases of dilemma patterns: people may be mainly struggling, mainly resigning or switching back and forth between the two, despairing or unable to establish contact with the issue for which there are only dilemma patterns available.

Some clients only show dilemmas in specific domains of their lives. Others are characterized by dilemma experience and behavior.

If dilemmas are denied in therapy but cause the main dynamics of transactions, then the client may bring up problems and show behavior which are not actually important. Then the therapist himself is in a dilemma; he has to decide whether to work whatever his client is offering, which may be unsatisfying, or to seek to put his finger on the dilemma problem. This, however, means risking having the client feel unaccepted or thinking he is being dealt with as a problem or being robbed of his protection from desperation.

When the client acts desperate, resigns or struggles, this is often a reaction to an inner dilemma. Often we are dealing with an intricately entwined bunch of dilemmas. The outer layer of such a 'bunch' could consist of a client seeking help from outside in a hopeless situation, and expecting 'them out there' to realize what his problem is and how to solve it. He seeks relief and freedom from desperation, resignation and struggle in reactions brought forth by his environment. But this is impossible without having corrected some of the false equations we have described. This demands insight and change on the part of the client as a prerequisite for clarification and guidance on the part of the therapist. The therapist's hands are tied, since the client, who sees himself as a victim, controls all the strings that are tied together to make up the dilemma trap.

If the therapist uses the same frame of reference, he becomes caught up himself, and this supports the client's idea that others can share his problem, but not solve it. If the therapist backs away helplessly or angrily without successfully redefining the dilemma, the client feels abandoned or even accused for having these problems. If the therapist says that on the basis of his frame of reference he cannot recognize the problem or see why there should be no solution, the client feels misunderstood. Given the way he presents himself so that no one can help him, he feels condemned to remain inside the dilemma trap.

Another difficulty occurs when a client is looking for a way out that will lead immediately to finding a solution and feeling good. This is exactly what is often impossible. As we mentioned before, the way out of a dilemma often leads through feeling desperate and experiencing exhaustion. It demands that the client acknowledges former losses or realizes an inevitable loss at present, that he learns to live with the fact that he has suffered for a long time but cannot expect anyone to make it up to him. It is not always easy to leave a dilemma set up in reality, which may make it necessary to remain in it temporarily, which in turn can be uncomfortable, even if a person no longer experiences the dilemma as unsolvable. Thus, the client exchanges familiar, unsolvable difficulties for new problems, which, though they have solutions, are unfamiliar. This means he will have to undergo a profound change in the new way he sees and experiences himself. He will have to learn new ways of

experience and behavior and tolerate the insecurity that accompanies this change. At the heart of many dilemmas, there may still be difficult or even hopeless situations in the experience of the Child, which can be defined in content and dealt with now that the most difficult task - breaking through the dilemma circle itself - has been done. Often these remaining difficulties are relatively easy to solve, since the Adult consciousness is now available. It's the basic dilemma dynamics which have often become the greater problem.

THE BACKGROUND OF LIFE-HISTORY

People who, one way or another, manoeuvre themselves into dilemmas were often caught up in dilemma situations during their childhood, situations they had neither arranged nor caused themselves. At the time, they were unable to gain a comprehensible view of their situation. They still feel needs that were not met in that situation and the desire to be presented with difficult situations to which there is a solution or a healthy reaction. The following situation is an example:

Two seemingly helpless and desperate parents tell their little boy: "We have to separate in order not to be destroyed by our problems. Who do you love enough to stay with?" Definitely, an adult understanding is necessary in order to realize that the situation and the solution are not defined in a way that would enable the child to deal with them.

The dynamics of this situations recall Gregory Bateson's [3] double-bind theory. The main elements of a double-bind are

1. being confronted with two incompatible demands
2. having no way of avoiding these demands
3. a taboo against taking a meta-stance and pointing out the incompatibility

We consciously chose the example of a situation which, logically, would not be impossible to solve, in order to point out that the child's frame of reference leads to experiencing unsolvability in other situations too. Whether a difficult situation will turn into a dilemma and thus into the beginning of dilemma dynamics depends on the subjective situation and a person's capability of refusing or redefining the question.

In the field of family therapy, Ivan Boszormenyi-Nagy [4] has described "split loyalties". Being loyal to one family member means (within the child's frame of reference) being disloyal to another. Since the child wants to be loyal to both parents, this leads to split loyalties and thus to a dilemma Situation.

In the example we gave, the little boy did not know what to answer. Besides the inherent difficulties of this family situation, the boy will still feel the justified need for someone to make the situation

plausible to him and present him the problem in a way that would allow him to solve it or feel free to react emotionally without feeling responsible for the problem.

Dilemma patterns for solving problems and dealing with relationships can also be adopted through model learning. This means that dilemma constellations formed in the child's frame of reference will not turn up in the client's personal history, but are inherited from former generations, from the client's family.

DETECTING DILEMMAS

If the therapist himself feels caught or recognizes himself within the description of the dilemma circle, then he is probably dealing with unclarified dilemma dynamics. Either he himself experiences or sets up a Situation as a dilemma, without this coming from the client, or he accepts the definition of, or lets himself be drawn into his client's dilemmas. This may happen without the therapist being aware of it, in the process of attempting to solve the client's dilemma. Here we would recommend that the therapist step back and look at the implicit frame of reference he is working with, instead of trying to do "more", "more profound" or "deeper" work. Fritz Perls once said: "One of the most difficult things in the world is to see the obvious".

Therapists could learn quite a bit from the following joke:

A man passes the international border on his bicycle, loaded with a sack of sand. The customs officer takes a look at the sack without opening it and waves him on. During the following weeks, the man crosses the border every day - with a sack of sand on his bicycle. The officer is convinced that he is trying to smuggle something, and begins to check the sack more thoroughly each day. In the end he even has the man empty the sack and has a chemical test done on the sand and the sack. However, the tests are all negative, and the officer gives up.

What was the man smuggling? ... Bicycles!

In order to avoid or detect dilemmas, it is crucial to detect one's own reactions in the dilemma circle in therapy and take these seriously. The therapist should also take a closer look to see if he cannot create a logical picture of the client's problem or of the process generating it. Another particularly crucial situation is when the therapist is unable to describe the client's frame of reference, and his own frame of reference offers no contrast which could provide an antitheses to the problem's content and process. Should the client repeatedly say he feels misunderstood or sees a solution as impossible or unacceptable, this is also something which must be taken seriously. The therapist should not act out his own reactions to the dilemma in therapy but use them for social diagnosis instead.

How do you ask about a dilemma? Mainly by way of questions that ask for language patterns to be transposed into concrete situations, ask what these situations mean to the client or look for connections between his experiences and his frame of reference. Some examples of such questions: In what way is the event you've told me about a problem? What does this Option mean to you? What would happen if you tried this solution which seems unacceptable to you? What would it mean to you if ...? This happened because ...? What would happen if...? What would happen if you did not ...? How can you explain the fact that ...?

The literature on neuro-linguistic programming (NLP) includes a good description of the significance of frames of reference and of questions on them. [5]

The dilemma dynamics can also be observed in body language and the expression of emotions. If people try to express different incompatible feelings at the same time this may often lead to a block. They have to learn that feelings can be expressed one after another, that they can decide to express a feeling - although other emotions they have may be almost as strong - and still have the opportunity to express other feelings at a later time.

THERAPEUTIC APPROACH

Often children in dilemma situations will come to the conclusion: "It is my fault that these difficulties came up and my mistake that I can find no solution." That is to say that the child accepts or creates a false definition of the situation and what led to it, as well as the idea that he is responsible for finding a way out of a Situation which is hopeless to him - without redefining the problem.

It is difficult to handle a client who sets up this sort of dilemma situation in his Child and transposes it to the transactional process. If the therapist tells this client that he could act differently today and accept responsibility for what he does, the client hears (in his Child): "It's your fault. You have to solve the problem." The client will refuse to take responsibility for his behavior since he equates his present responsibility with having caused the problem during childhood, or feeling guilty for it. The following dynamics could be imagined as belonging to the client's Child: "First I want recognition for the fact that it was not my mistake and I want my desperation to be understood and accepted as justified. If I took on responsibility this would mean that it was and is my fault. But if I say it is not my mistake and ask "others" to clarify or find a way out of the situation for me, then I will experience the same unjustified accusations, I have been living with for such a long time."

It is crucial that the therapist himself does not get caught up in the dilemma definition and remains attentive and interested, even if the Situation is not clear. Since the client is creating a dilemma situation at that moment he hopes that this time he will find a solution. In order to be able to react

positively, without stepping into the dilemma dynamics, it is useful to differentiate between the therapeutic approach to the Child level of experiencing dilemmas and the Adult level, since the latter enables the client to accept responsibility and act differently.

You can tell the Child: "It's quite possible that you feel trapped in the dilemma and this is making you desperate. And I think you are right to be desperate about the way you are experiencing the situation. I can understand why you want someone to help you to understand your situation better and define it in a way that would allow you to feel good and do something useful. You do not need to struggle anymore. There is a solution to your problem, but not the one you were thinking of. It was not your mistake that you could not find a solution. It was not your fault." The therapist clearly shows he is on the side of the desperate child and shows understanding without sharing his frame of reference. He gives the client the protection and permission to go into the background of his problem and discover childhood situations. This is often the point at which tears flow for the first time, the client is able to detach his experience from the dilemma dynamics and remember childhood situations that this description touches on.

The therapist tells the adult: "Today, the situation is not the same as it used to be. I understand that you are re-enacting dilemma situations, experiences which are similar to your childhood experiences since you still feel the need to find ways out of these situations. But today you yourself are creating these dilemma situations. You can accept responsibility for this today, which gives you the advantage that with my help you can find out how you manoeuvre yourself into desperate situations and how you can find satisfying solutions instead."

Then he tells the child again: "That is not to say that it was your fault." Thus, the therapist switches back and forth between addressing the child and the adult. He invites the adult to think and understand and shows that prolonged suffering is senseless. He shows the child that he understands why he has been suffering and acknowledges his efforts, even if- from the adult point of view - they were useless. At the same time he gives the child hope. This relieves the client's child, allows better contact with his original feelings and makes the client more willing to co-operate on the adult level in order to uncover the logic and dynamics of the dilemma and develop and implement alternative solutions.

If possible, the therapist may try to reconstruct and imagine the dilemma the client must have experienced during childhood (based on the assumption that there is in fact a dilemma). This is where an interpretation of the dynamics observed as well as intuition comes in. The therapist or the group could also develop ideas of the present dilemma experience and the under-lying frame of reference. This satisfies the child's desire, who wants 'others' to deal with his problem, but it satisfies it in a constructive way.

Even if the ideas about the dilemma are general or inexact at first, the client often still feels understood if the dilemma character is pointed out. He intuitively grasps that people understand him and a solution has become possible. Thus he helps in achieving a better analysis.

Along with an analysis of the contents of individual dilemmas, the general dilemma dynamics with the typical false equations we described can be pointed out, and the client's frame of reference can be redefined in a way that creates functional equations.

When the client has learned to approach dilemma-problems without exhausting himself within their dynamics, the dilemma circle has finally been broken through.

THE USE OF METAPHORS

Since clients sometimes are not apt to receive communication directed to their adult as long as they are in a dilemma, metaphors may help to approach them within their field of experience and catch their interest.

Take for example the story of the Japanese soldier who was found in the jungle thirty years after the end of the war. He thought the war was still going on. It was extremely difficult for the soldier to believe that the war had been over long since and to accept that the world in which he had been living subjectively was totally different from the world outside. It was a considerable burden to come to terms with the fact that he had been living in a state of war for so long for no reason. However, in order to take part in the world again, the soldier could no longer live the way he had become used to. He had to experience all the things he had missed during his own long war years and adapt to reality, which made for extra psychological stress. Some old troopers do not have the strength to live in peace and learn what they would need for a life in peace instead of fighting. Many of them look for new war theaters in order to make the outside world correspond to their inner experience and the necessity to fight. But this Japanese soldier met the enormous challenge, and decided to stop living in a state of war. He was prepared to say goodbye to his old life and accepted the difficulties that go with learning something new. This truly called for the staying power and the courage of an old trooper.

On a symbolic level this story points out the situation and the difficulties of a person whose life and understanding of himself were formed around his staying power in a restricted situation. It also shows the difficulties of discovering a new world and its demands. Courage to fight and staying power are redefined positively for the new challenge.

A modified version of a story by Kafka shows a possibility of finding the solution to a dilemma Situation on a 'meta-level': The story is about a traveler. While touring a town, he comes across a building which turns out to be a courthouse. By chance, he steps into a court room where a trial is

being held. After a while, he begins to realize that it is he who is being tried. At first he refuses to accept the fact, but he stays and in the end tries to fight the accusations; he resigns, despairs and in the end begins to fight again. However, he is condemned and is made to choose between being hanged or being shot.

This mirrors the present Situation the client is experiencing (matching metaphor). Then, as in the story of the soldier, we offer a possible solution on the metaphoric level (solution metaphor). The beginning of the story remains the same. After the traveler realizes that he is being tried and feels the impulse to fight, he remembers how he became involved in the story, gets up quietly and leaves the court room in order to continue his tour of the city.

Further examples can point out aspects of dilemma situations and of solutions:

A person is holding the ends of two ropes which are hanging to his right and left. He is trying to tie them together, but the ends are too far away from each other. However, he wants to let go of neither of the ropes, since he fears that he might not be able to get hold of the again.

Second example: a room with doors that open to the inside which is full of people. Panic breaks out, and everyone rushes to the door and presses against it, so that it can be opened neither from inside nor from outside. Rescue teams can only help if the people inside give up their attempts to get through the door.

THE MEANING OF THE DILEMMA CONCEPT

The concept and description of the dynamics and some approaches in dealing with dilemmas can be primarily useful in practice. Experience shows that patients and therapists alike take up these ideas with interest and use them fruitfully.

A further theoretical clarification would be necessary to see whether this concept could point to explanations which other concepts do not reach as clearly or as pragmatically.

More thoughts for further discussion

Long-term discounting of deep-seated dilemmas probably leads to psycho-somatic illness, thus expressing dilemmas physically. If a person is unable to discount the dilemma but does not succeed in expressing it in a digital language either, it is expressed in experience and behavior. If the person succeeds in experiencing dilemmas as ego-dystonic, then they are expressed in a neurotic way to keep at a distance from the dilemma, and psychiatric symptoms may be the result. If intrusive procedures, as for example reparenting, are used in therapy, dilemmas can be avoided by replacing the old frames of reference by new functional ones. Dilemmas in old frames of reference or

relationships are not explained or redefined. Since this would often be too difficult, replacing frames of reference is an option. If the therapist refuses the prospect of dealing with the 'crazy' frame of reference, then this also does away with the possibility of understanding dilemmas specifically and helping the client to express in digital language what he describes in his behavior and experience. By learning to describe and redefine dilemmas in some domains, the client can re-apply this facility to other domains of his frame of reference and find original Solutions which are connected to his individual character and background of experiences.

Much thought should be given to the question whether it is necessary and useful to delete old frames of reference and break loyalty to one's back-ground instead of redefining them.*

In strategic family therapy, we intervene in order to break the dilemma dynamics of relationships without dwelling on the description of the family's frame of reference on the contact level or the inner dilemma dynamics of the individual family members which lead them entering into dilemma relationships. This may not leave enough leeway for assuming a meta-stance, and this is an important issue for the client. The dilemma circle is broken in some domains, which makes the symptoms superfluous. However, other dilemmas remain undetected and the clients do not learn to describe, redefine and solve dilemmas themselves. It would be crucial to find out to what extent such strategies help families or individuals loosen their bonds for their process of individualization.

Another question is whether dilemmas in present family relationships should be at the heart of strategic family therapy at all. Dilemmas may have been created in a relationship with parent figures, but not all dilemmas are relationship dilemmas. There are also inner dilemmas which develop in a process of restricted growth, and cannot be explained on the basis of the system's present relationship dynamics, even if this is where they are expressed. Dilemmas can also arise from a clash between different frames of reference and experiences if the client is unable to realize a synthesis, take up a meta-stance in confronting the problem, or discount one of the competing frames of reference or experiences.

If at all possible, we try to envisage helping the client to adopt a meta-stance which allows him to describe dilemmas and detect in what way situations are hopeless in order to then develop alternative frames of reference within which the issue in the dilemma can be singled out and turned into questions which are answerable.

When encountering dilemma dynamics, Supervisors and therapists often avoid them and concentrate on questions which are easy to define and then answer. Examples for this would certainly be simplified explanations according to script theory and corresponding simplified Solutions, which may solve the simplified question, but not the client's complex experience. Often all the client or person under supervision can do is adapt, sometimes with the relief that goes with

blotting out the dilemma dynamics, with dissatisfaction they cannot verbalize or with other reactions that have been observed in describing the dilemma circle: fighting, resigning, despairing. In these cases, the unsolved problem resurfaces, is presented differently or is stubbornly reiterated until its dilemma dynamics are given enough attention.

NOTE

* For example, instead of saying: "Your mother didn't allow you to be a woman because she was jealous. You should stay at a distance from her understanding of sex" - you could redefine positively and say: "She was unable to find a way to be a woman herself and encourage you to do the same, even though this was her most profound wish. Now you can release yourself from these bonds and fulfill this traditional wish of the women in your family."

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