TRANSACTIONAL ANALYSIS TRANSFORMS COMMUNITY CARE WORKERS IN SOUTH AFRICA

Context and history
South Africa’s HIV/AIDS pandemic is considered to be the largest in the world, with more than 5 million South Africans living with the disease. (Du Plessis, Bean, Schoeman, & Botha, 2011)

In the early 2000s, the unprecedented rise of this disease was placing a heavy burden on South Africa’s already limited health resources, and as a result, Home and Community Based Care (HBC) services became an important aspect of the country’s health care. Now called Community Care Workers (CCWs), these dedicated people (mostly women but with a growing number of men beginning to do the work as well) work selflessly with very little support or remuneration.

Political past
Although South Africa held its first democratic elections in 1994 when Nelson Mandela became the President, the effects of the years of Apartheid still impact the people. The majority of people affected and infected with HIV/AIDS come from the previously disenfranchised and oppressed groups. Poverty, lack of education and job opportunities give added challenges to the AIDS endemic. Many of the CCWs, as well as their patients, come from this disadvantaged group. Living spaces are small, crowded and often temporary. A large percentage of people affected by HIV/AIDS are unemployed, and living with families who are unemployed. There are close to 3.8 million children left orphaned by the AIDS endemic. (Du Plessis, Bean, Schoeman, & Botha, 2011). In the early 2000s, the stance of AIDS denialism taken by the former president Thabo Mbeki and the government of the time, negatively impacted on the roll out of antiretroviral (ARV) medication, which added to the burden of people needing care.

Context of Community Care Workers
It is from this context that CCWs emerge. Many tell their stories of being young teenagers at home having to care for an ill parent or grandparent. This inspired them to continue to do this much needed work by volunteering to work in a non-governmental organisation (NGO) offering home based care services. Many are themselves HIV positive. They experience bereavement of both family members and patients and are often severely traumatised and burnt out and yet feel compelled to continue to do their caring work. There are a wide variety of NGOs that have sprung up to co-ordinate this work. Funds are limited, staff come and go quite frequently and many NGOs lurch from crisis to crisis. Self care and wellness are often forgotten, despite this aspect of the work being crucial for CCWs, and the sustainability of the service they offer to the communities.
Roles of Community Care Workers
Most CCWs live in the communities in which they work. Their role is to identify vulnerable individuals and families in their area and ensure that they receive the healthcare they need. Their training equips them to offer basic primary healthcare directly to people in their homes, and to provide preventative health services that aim to decrease infant mortality, combat HIV/AIDS, decrease the burden of disease from tuberculosis and strengthen and support health system effectiveness. There are around 72 000 people providing this service in their communities, mostly employed with very minimal stipends by NGOs (SARRAH, 2012)

Support for Community Care Workers
The AIDS Response Trust, now called Wellness Foundation, was started by the Grail Centre Trust in 2001. An international faith movement of women, Grail was formally established in South Africa in 1950. The initial Catholic ethos soon expanded to become interdenominational as well as include other faiths. Grail members played an important role in conscientising (Ledworth, 2008) people to the racial injustice of Apartheid laws. Conscientising is the process of awakening awareness in people of the political and socioeconomic contradictions, leading to collective action. In the 70s the Grail members came across the work of Paulo Freire in Brazil and adopted his philosophy and practice into a training course called Training for Transformation (Hope & Timmel, 1984) This training continues to run successfully in many African countries. A group of dedicated people from the Grail sought to find ways to respond to the challenge of the rising HIV/AIDS endemic, and saw the need to provide psychosocial support and care for the burgeoning number of CCWs. Two members of the Grail, Diane Salters (PTSTA), and Samkele Mhlanga designed and ran the first Care for Carers workshops in 2001. Brendah Gaine (CTA trainee at that time) joined the team and together they continued to develop the workshops. Their belief in the powerful social application of TA ensured that TA models became an integral part of the programme.

One author (Karen), at that time a CTA trainee, was invited to become part of the facilitator team of AIDS Response in 2006. She has continued to work as facilitator and more recently as trainer and supervisor to new facilitators. The other author (Mandisa) joined the fulltime staff of AIDS Response in 2010 as the inhouse trainer, responsible for most of the workshop facilitation.

Currently Wellness Foundation works at two levels - the CCWs working in the field, as well as middle management who are the decision makers. After attending the workshops, CCWs would remark that it became difficult for them when they returned to their organisation with new understanding and ways of looking at interpersonal dynamics, while the management did not share the same understanding of psychological processes. Thus the Ndiyaphila Programme was born. Ndiyaphila is part of the greeting in isi-Xhosa and means “I am well”. The name reminds people of
the importance of developing physical, emotional and psychological wellness. It is a capacity building programme for managers, run over a period of a year. The key feature of this programme involves helping managers to understand and negotiate usage of power and influence within an organisational space and thus the concepts of strokes (Steiner, 1966) and ego states (Berne, 1961) become very real and alive in staff and talent management.

The Director of Wellness Foundation describes the work as follows: “Our mission is to mobilise and support individuals, organisations and communities to respond in a caring, creative and sustainable manner to the challenges they face. Our core work is based on a range of self-care workshops and retreats aimed at identifying common responses to stressful events, and then equipping participants with the necessary information, skills and contacts to successfully manage the impact of these stressors” (Roeland, 2013).

Methodology
The content and process relies on three pillars - Transactional Analysis, Capacitar (Cane, 2000) and popular education (Freire, 1972/1990)

The popular education philosophy of Freire, where the needs, lived experience and wisdom of the group play a pivotal role in the workshop, underpins the style of learning. The style of learning to which CCWs were most accustomed, was mainly the liberal philosophy (Newton, 2003) which believed that learning was the transmission of knowledge from the teacher to the student –what Freire (cited in Hope and Timmel, 1984) speaks of as the “banking” approach. In terms of the philosophies of learning developed by Newton (2003) from the work of Elias and Merriam (1995), the programme favours a combination of the humanistic and radical philosophies. The humanistic philosophy comes from the premise that “training ensures that all involved have the opportunity for self-development and self-actualization” and the radical philosophy comes from the premise that “training is a liberating and empowering process through which people can influence and change their world” (p.322) The recent development of CCWs becoming involved in advocacy work to ensure that their rights are recognised at government level, has been a powerful example of the radical philosophy of learning, where the personal translates to the political and previously disenfranchised people find their voice and their power.

Capacitar is a collection of self help tools that are drawn from a range of ancient and indigenous practices that were put together to empower grassroots people in Central America, to cope with trauma.. In traumatised communities, “healing.... means not just alleviating individual symptoms, but also addressing the healing of both personal and communal systems”. (Cane, 2000, p 7). Cane was particularly influenced by ancient cultures such as China and Tibet, where people work easily and normally
with energy and meditative states. Such people are found to suffer less from traumatic stress, as they have learned to move their blocked energy and live more in balance.

Capacitar tools are described as body mind spirit practices and include techniques such as mindful breathing, massage, body holds, Tai Chi, Pal Dan Gum (a form of Qi Gong), energy and acupressure work.

There is a resonance between Capacitar and the indigenous African traditions and practices. Indigenous practices also take cognisance of the whole person and are aware of opening the energy blockages and flows. The common aspect of Capacitar and indigenous practices is the one of touch as well as the importance of “us” rather than “me”. Although Capacitar was developed from Eastern practices, people are encouraged to adapt the language and imagery of the practices to be relevant for their culture. So for example, during visualisations with some of the movements, CCWs are encouraged to name their contextual stressors eg; they visualise “pushing away” the scourge of rape and “welcoming in” an attitude of respect for women and children.

Currently there are no indigenous practices that are comparable with Capacitar in empowering the individual and community with self-healing tools to mitigate the impact of vicarious trauma. The biggest differentiator between Capacitar and local indigenous practices, is that the latter require an abundance of resources, in terms of money and time, to consult an expert. This expert is a faith healer and is commonly known as isangoma or umthandazeli, and they operate under a complex payment system at various stages of their consultation. In contrast, Capacitar tools are readily learned, and once learned, are easily transferable from the individual to the community thus creating a shared experience of healing and a move towards I’m OK, You’re OK.

Using Freire’s popular education philosophy, we link the practices to something that people already know. For example, people have a practice of lighting imphetho (dried herbs) before praying or communing with the ancestors. We link this to the Capacitar practice of having a decorative cloth, candle and some objects from Nature in the centre of the circle as a focal point and a symbol of coming apart to do some self-reflective work – “a time for us” which is so important for CCWs whose primary motivation is to be always helping others.

**Transactional Analysis tools**
The TA models that form part of the programme are strokes (Steiner, 1966), life positions (Ernst, 1971) taught as windows on the world (Hay, 1993), ego states and transactions (Berne, 1961) taught as the OK-OK communication model (Pratt, 2011) and the drama triangle (Karpman, 1968) and winners triangle (Choy, 1990).
The programmes have developed and been modified over the past twelve years to meet the changing circumstances of the NGO sector.

**The power of contracting**

Berne defined a contract as “an explicit bilateral commitment to a well defined course of action” (Berne, 1966, p 362). Other authors have referred to the three levels of contracting (Hay, 1996. Napper & Newton, 2000.) as being administrative, professional and psychological. In using this concept with the CCWs we have linked it to a visual image of an iceberg to more easily represent the need especially to do the second and third levels of contracting – the levels that are mostly hidden.

Many CCWs have strong cultural injunctions (Gouldings, 1976) of Don’t be important, and Don’t be you. Most of the CCWs are women and find themselves in a culture of strong patriarchy which reinforces their Don’t be important injunctions. Coming from the Apartheid regime’s oppressive policies, many CCWs have internalized an I’m not OK, You’re OK attitude, and their experience of learning has been mostly from the liberal philosophy of learning (Newton, 2003) which believes that “training is the way we pass on and maintain our knowledge, culture and values” (p83), and they are used to the “teacher tells, student listens” way of learning.

Much of the psychological work is enabling people to begin to feel a sense of self worth and to grow in their assertiveness. The most important permissions that CCWs need are: “I am valuable, my needs are important, and I can appreciate myself.” This has the potential to happen in both the process of contracting and the learning activities that follow.

The practice of cocreating the contract becomes paramount for establishing psychological safety and invites CCWs to engage fully with the work and own the process. They experience the modeling of I’m OK, You’re OK right from the start of the workshop, even without it being named. The contract is always left open for renegotiation during the workshop. This is a new way of experiencing contracting. In their organizations, the CCWs mostly see a contract as something that is imposed from the person in authority, definitely never negotiable and mostly used in a punitive way. When experiencing a wellness workshop, it is often the first time that an authority figure has asked them about their expectations for the workshop and how they would like to work together.

This way of contracting is in itself is a way of beginning to create a healthier life plan (Newton, 2006). As Summers and Tudor (2000), using the theory of social constructivism, point out: “meaning constantly evolves through dialogue, and therapy (and learning) is the cocreation, in dialogue, of new narratives that provide new possibilities.” (p24). (words in brackets added by authors).
Not only do they contract for their learning as a group, they are encouraged to contract with themselves to be open to learn. We do this by inviting each person to set their intention for learning for the day ahead. This is often a new awareness for people - the fact that they can take their power and contract with themselves to do something. It is refreshing for people to be given the opportunity, for example, as to how they would want to be given feedback from others in the group. When the TA models are explored, the participants are reminded of the contract with themselves and are prompted to explore what action they will take.

Here is an example of what can emerge when the contracting is thorough and respectful. Because of the contract of confidentiality, a participant shared about there being lots of corruption in her NGO. Getting the support and encouragement of the group enabled her to take steps to make sure that her own wellbeing was taken care of. She was finding herself doing many more tasks over and above her role as a caregiver. She decided that she was going to ask for a more precise job description and get a clearer contract so that she could receive the salary that was a fair reward for the extra work that she was doing.

**Modelling the TA philosophy as co-facilitators**

The work is mostly done by two co-facilitators. This gives an opportunity for the facilitator pair to model I’m OK, You’re OK in their way of being with each other. Some of the most powerful modelling that the group sees is when facilitators negotiate with each other, both between the sessions, and also in front of the group. Facilitators model sharing of the space in taking turns in leading a session of learning, and then ensuring that each of them builds on what their colleague has said, openly giving positive strokes to each other and the group. This is a different model to what CCWs are accustomed in their organisations where there isn’t a culture of being heard. Some coordinators and team leaders don’t collaborate and ask for each others’ opinions. In the hierarchy of roles in NGOs, it is considered a sign a weakness to be seen as not knowing something.

In facilitating the work, we have learned that who we are inside – our essence – and how we embody the TA philosophy, is equally as important as what we teach. There is a sense that our “doing” must be supported by our “being”. This impacts both our attitude and relationship with ourselves, as well as our attitudes and ways of being with each other and the workshop participants. We hold the fundamental belief that all people are OK, creative, resourceful, and whole.

We believe that it is important for us to have our own inner practice and times of reflection on our work. Using a supervision space to reflect on and deepen our practice, is paramount in ensuring our well being. Newton (2012) has developed the supervision triangle as a framework for supervision that highlights the three aspects of management, support and development. This provides support for the often emotionally challenging work, as well as developing and deepening our practice and ensuring ethical and appropriate work.
Tudor (2003) speaks of the dynamic integrating Adult as “a pulsating personality, processing and integrating feelings, attitudes, thoughts and behaviours appropriate to the here-and-now – at all ages from conception to death” (p 201). We believe in the importance of the practice of mindfulness, as one way of expanding and deepening the integrating Adult. Kabat-Zinn (1994) describes mindfulness as follows: “Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgementally” (p 4). This seems to us another way of describing a quality of the integrating Adult.

When faced with challenging and deeply disturbing stories of loss and trauma it is important to be taking care of our beingness, as that supports our doing of this work.

**Cultural Script**

The significance of the work can be understood when it is viewed through the lens of the cultural script work of Berne (1963) and Drego (1983, 1996). Berne’s idea, taken up by Drego, sees the three aspects of culture as the rational (Technicalities), the traditional (Etiquette) and the emotional (Character).

Drego (1996) claims that the power of a culture over the behaviour of its members, lies in the character and its restrictions, in the form of cultural injunctions, or permissions, which prevent or enable. In her work with the Gujar women, she realized that the impact of culture is not just in the Parent ego state, but also in the Child ego state. The women described a gut-level feeling of being pulled towards the group’s expectations.

**Cultural Shadow**

Drego (1996) describes the part of the Child that feels the impact of the Cultural Parent as the Cultural Shadow, and it is diagrammed as part of the P₁ structure in the Child (C₂). Berne (1972) called the Parent (P₁) in the Child the electrode to describe how the “demons and witches” (Berne (1972) quoted in Drego (1996)) are introjected from the Parent (P₁) in the Child of the parental figures. This is where the injunctions are internalized.

A young Xhosa man, a journalist and radio personality in SA, described that rationally, he knew that the opposition political party in SA was effective and would provide a better option for the future of the country, and he had decided to vote for them in the next election. But when he got into the ballot box, he could not go through with his decision and almost instinctively found himself putting his cross next to the political party in power – the party who had fought for the liberation of black people in South Africa. This shows the power of the cultural shadow – a sense of “It’s always been like this” and “I have to be loyal to the group”

**Engaging the Child to impact the cultural script**

Cornell (2008), writing about current brain research that impacts thinking about the Child ego state, draws on the work of Bucci (1997). She describes subsymbolic
processes, beyond language, which underlie symbolic representations and are levels of organizing our experience through sensorimotor rather than cognitive learning.

“These sensory experiences occur in consonance with somatic and visceral experiences of pleasure and pain………..These direct and integrate emotional life long before language is acquired” (Bucci, 1997 p 161, cited in Cornell, 2008 p 151).

We have found that doing creative work and engaging the Child, seems to be a clue to diminishing part of the Cultural Shadow and lessening the influence of the injunctions. We postulate that, for example, working with clay is using C1 energy and so is more successful at accessing the P1 Cultural Shadow than purely cognitive work which might be mainly in A2. Using symbolic language or working creatively with images seems more powerful than Adult factual talk. And the tactile and somatic experience of molding clay accesses those deep preverbal subsymbolic processes. CCWs become engrossed in their Child ego states, with their lumps of clay, creating images of finding their voice, or moving to a space of being caring, (Choy 1990), rather than Rescuing. They create a variety of images which carry significance for them. One woman created a chair and commented “I can now sit on a chair rather than on the floor” indicating that she was claiming her power and breaking the cultural tradition of having to sit on a mat on the floor when she visited her husband’s family.

After the creative work, we shift back into more cognitive work such as planning what they would begin to do differently with their new awareness. This work in the Adult seems to consolidate the creative work in the Child and reinforce their new decisions.

Because the cultural injunctions are held in the P1 and mostly preverbal, change does not happen with only one experience of getting permission to begin to believe in themselves. It is necessary to consolidate these shifts over time and hence the practice of providing workshops in stages spread over a period of a year, makes the most sense to achieve sustainable change and growth.

We believe that the use of Capacitar tools also impacts the cultural shadow. For example, after learning about the importance of giving themselves strokes, we would frame the Capacitar Tai Chi move called “the shower of light” as a way of giving themselves and their community positive strokes.

The power of group affirmations to impact the cultural script
Just as Drego (1996) found power in working with group affirmations with the Gujar women, so have we found the power of group affirmations and recognition. One of the exercises that we have used after explaining the concept of strokes and the stroke economy (Steiner, 1966) is to divide the group into small groups of five people each. The task is to write something that they appreciate about each of their peers in the group. They write this on a heart shaped piece of paper as well as writing hearts
for themselves. Then follows a ritual where each person in turn is given the verbal appreciation, supported by the paper heart for them to keep. In this way they experience permission to undo some of the stroke myths around giving and receiving of strokes, and especially stroking themselves. This exercise produces strong emotional responses from people and often ends with tears and hugs of appreciation. One woman said the following: “EVERYONE in my group told me that I was brave and would go far …so maybe it IS true then, and I can start to believe it” We believe this is another way of impacting the cultural shadow.

**Developing the language and other adaptations to meet cultural needs**

Working with grassroots women and men often presents various challenges. One of these is the low levels of literacy particularly when working in rural areas where the use of the English language is rare. In an attempt to address and meet the need of the community, Wellness Foundation embarked on a project in the rural Eastern Cape, an area predominantly inhabited by the Xhosa speaking individuals, and undertook the task of translating the TA concepts that it was already using, into that indigenous language. One of the most important desired outcomes was to keep the integrity of TA whilst making the language as “plain speak” as possible, as well as ensuring that the choice of words used were clear to understand, consistent with the ethos of respect and in keeping with the dialect of the people. Some of the words used in the English language do not exist in Xhosa or in the instances where they do exist, they do not necessarily have the same meaning and thus the use of words that were similar or conveyed the sense of the same meaning, were used.

The models used in the work, are now described, with particular reference to the modifications made to enable integration with these communities.

1) **Drama triangle (Karpman, 1968)** This model is the one with which CCWs have the most affinity as it’s easy to identify themselves in these roles. Due to care work being unrecognized and underpaid, most caregivers find themselves in the Victim position from their perspective and experiences of their work, as well as the cultural expectations that are placed on them as women. They readily identify themselves both as victim and Victim –victims of social oppression as well as a feeling of helplessness and not being able to ask for help and therefore play the psychological role of Victim. It is necessary to point to other victims of the Apartheid system who have suffered injustices. The most powerful example of this is Nelson Mandela who after being imprisoned for twenty seven years became the figure of reconciliation in South Africa. This makes the point that people can suffer injustice but not stay a Victim.

The word Victim in Xhosa is very literal and trying to find the appropriate meaning for it that would be able to convey the sense clearly, was a
challenge. In the end a word was used that is literal - explaining the nuances of it then fell to the person conveying the material.

2) Winners triangle (Choy, 1990). Choy used the term “vulnerable” as the alternative to the Victim position; this is one of the terms that doesn't carry the same meaning amongst the CCWs. They are surrounded by many families where children as young as seven or eight years old, are looking after younger children as their parents have died of AIDS. One of the categories of concern and support in the community is called OVC – orphans and vulnerable children. The closest Xhosa word to explain the essence of what “vulnerable” means in the context of the winners triangle, is “igorha” which in translation means “hero.” The literal translation and cultural understanding of the word “vulnerable” means to be in a disempowered position – it is like saying that someone is “naked.” The phrase of “finding your voice” to convey the meaning of standing up for oneself, asking for what one needs and problem solving, helps people to understand the implications of this role on the winners triangle.

3) Strokes (Steiner, 1966)

In teaching the model of strokes, the word is changed to appreciation which provides for an easier word to translate. The concept of a stroke tank is used (source unknown) and expanded to include different levels. The CCWs are familiar with the concept of water tanks that will not be able to provide any water if they are empty. This enables the concept of strokes to link with their understanding of stress and its impact. The image of filling their tank with positive strokes reinforces their realization that they need to find ways of minimizing their stress through activities that nurture and support them. The CCWs are given time to reflect on their level of positive strokes, as well as realize how negative strokes can demoralize them. They are invited to think of how they protect themselves against this and once again there are many creative and symbolic ideas that emerge, eg. imagining that they are wearing a raincoat that enables the negative strokes to “run off” them, as rain does from a raincoat. This is a way of the CCWs claiming back their power and giving themselves permission to refuse to accept negative strokes, especially when they have come from a contamination and an I’m OK, You’re not OK place in the giver.

4) Windows on the World (Hay, 1993)

We teach the concept of Life Positions (Ernst, 1971) as adapted by Julie Hay (1993) as Windows on the World. The idea of getting a different view looking out of different windows, makes the understanding of this model being about our inner attitudes, easier to grasp.
Temple (2000) first wrote about colour coding the various aspects of a quadrant for ease of reference. We chose different colours to illustrate the emotions associated with different windows, as follows: Yellow (positive, present, hopeful) depicted the I'm OK, You're OK window, blue (depressed, feeling “blue”) depicted the I’m not OK, You’re OK window, red (aggressive, seeing “red”) depicted the I'm OK, You're not OK window and grey (hopeless) depicted the I’m not OK, You’re not OK window. These visual cues assist in cementing the learning and providing a visual association with the emotion they are experiencing. CCWs would speak of being or trying to be in the “yellow window” as an indication of the OK-OK state or in the “blue window” to indicate their feelings of I’m not OK, You are OK in their relationships. The visual cues are also especially important because of the low literacy levels of the majority of CCWs.

An important aspect of consolidating the learning comes through inviting the CCWs to do role plays of their lived experiences in the clinics and with their patients. Once a small group has acted out a scenario, the rest of the group analyses which window each person was in and how the outcome was impacted. If there was an unsatisfactory outcome, the group suggests how a more satisfactory outcome can be reached by shifting into the yellow window and the role players try out a different style of communication.

5) The OK – OK Communication model (Pratt, 2011)

In this model (Fig 1), one of the major challenges is in describing the ego state positions. For instance in the Xhosa language, Parent denotes one who has given birth and is thus called a parent, Child - one who is a child by birth and Adult, one who is above a certain age. In order to describe these states we opted to make use of similes and speak of being Parent-like, being Child-like and being Adult-like. This enables us to explain these as states of psychological being, not actual roles in life.

An aid to understanding is by using two sets of three hoola hoops on the floor to represent the Parent, Adult and Child ego states of two people. Once again, the lived experience of the CCWs is used by inviting role plays with people standing in and moving around the different hoops. Thus an invisible intra-psychic shift, resulting in observable behavior, can be played out on the floor, and the types of transactions easily seen. Participants soon notice that transactions from within the OK-OK box (using the positive modes of Parent and Child) means that both people stay OK and in the yellow window. They notice that their underlying attitude of OK or not-OK results in different sorts of transactions. An example of the insight a manager might get from this model, is that she will begin to realise that she can be firm and in charge from the assertive mode, rather than the dominating mode, and that this will invite cooperation rather than resistance from the CCW.
Cox (1999) depicts the relationship between ego state structure and function as the structural Adult being able to manifest interpersonally through any of the five categories of the functional model. Tudor (2003) describes this as the integrating Adult. Pratt (2011) has diagrammed this as the OK-OK box – the functional manifestation of the integrating Adult. People understand that developing and using the range of ego state responses from within the OK-OK box, what Temple (2009) calls functional fluency, gives them the greatest chance of effective communication.

![Diagram of ego states and functions](image)

Fig 1
Key Messages
As the work continues unfolding and we see it impacting and transforming lives, we have identified several key factors which contribute to this. Below we discuss a few of these.

- Reframing peoples’ lived experience
By using the learning philosophies and methods set out in this article, we are reframing what people already know, and therein lies the power of the work. For example, in using the drama triangle, everyone can see themselves so readily and clearly. The comments that come from the group are mostly: “I need to stop being a Rescuer and become more of a helper.” The CCWs understand the difference between Rescuing and “helping” as helping being from an I’m OK, You’re OK place of respect and responsiveness with shared responsibility. The models invite an easy recognition of their beliefs and patterns of behaviour, and using the models in the paradigm of a health system (Newton, 2007), CCWs find options for change.

- Inviting new possibilities
The frame of reference (Schiff et al., 1975) and the dynamics of power during the Apartheid regime entrenched a sense of having no power and no voice. What is most needed is permission for CCWs to speak and be heard and for their life experiences to be accounted (Hay, 1993) and seen as valuable. This style is important to redress the inequalities of the Apartheid system and to begin to enable new life plans to be created. When someone in the group asks a question, the facilitators will direct it back to the group rather than give answers. Participants often comment that the way that the facilitators make the models come alive, and how they invite participants’ lived experience in exploring the models, makes them feel very knowledgeable. The theory makes sense to them be because it is linked to their lived experience and their own wisdom is heard and acknowledged.

This work can perhaps best be described in the term used by Summers & Tudor (2000). In discussing how “the postmodern perspective suggests that ego-state structures do not preexist prior to transactions, but are cocreated within and elicited through our transactions” (p 36) and how significant the relationship is in inviting new possibilities, they state “perhaps we need to see ourselves as transactional designers as well as transactional analysts” (p37).

- Autonomy and homonomy
Salters (2011) describes the tension between autonomy and homonomy described in the model of Spiral Dynamics. In the work with CCWs, we see both sides. Most African cultures resonate very strongly with being a “we-culture” – the African philosophy of Ubuntu – “I am because you are” underpins peoples’ lived
experiences. Especially in the helping roles of being caregivers, much focus is given to helping others. CCWs tell stories of arriving to visit a patient in their home and finding that the family has not left any food for the patient. They know that the ARV medication needs to be taken with food, so they use what little money they have to buy and cook some porridge. During the course of our work with the CCWs, however, we begin to see signs of them holding the tension of “we-ness” as well as “I can be”. In learning and growing together, there is often first a move from I’m not OK to we’re OK (Mountain & Davidson, 2010) and then to I’m OK. Although the focus and context of the learning is their role as CCWs, this permeates into their personal relationships as well.

An inspiring success story is of a young CCW in a workshop, who when asked to share her dream, said that one day she was going to be a matron of a hospital—a long way from where she was as a volunteer caregiver. One of the authors mobilized funding and support for her, and three years later she has graduated as a staff nurse—a few steps closer to realizing her dream of running a hospital.

- **Solidarity and advocacy**
  Understanding and embodying TA helps people to find pockets of solidarity and unite to work for a common cause. As people grow in appreciating and believing in themselves and finding their voice and shifting out of their Victim mentality of waiting for others to ameliorate their circumstances, they have become involved in the important work of lobbying for their rights in government. Some have come together to form a committee which lobbies for a decent living wage and due recognition of their important work as part of the health care system.

- **TA as a health system**
  Newton (2007) developed a new metaphor of TA as a health system. This way of using TA models in the developmental TA arena, has been an important blueprint for our work.
  The positive and affirming nature of the models and the language that is respectful and from an I’m OK, You’re OK attitude, is very different from the usual controlling Parent to adapted Child transactions with which the CCWS are most familiar in their lives. The atmosphere of high levels of positive stroking, has the power to break down barriers. As facilitators we both talk and embody the models and transcend the barriers by validating each person and their understanding and lived experience. The group and facilitators together create the body of knowledge, ensuring its relevance to peoples’ lived experience. The facilitators do not claim to be the experts. They share what they know in terms of the models, and then invite participants to share what they know and together make new meaning.
  By the end of a workshop, the CCWs understanding of self is very different from where they were at the start of the workshop. We hear people using the TA language and speaking of being in the yellow window, or no longer being a Rescuer but rather
setting boundaries, or staying in the OK-OK box when they communicate with their managers.

- **Resilience of the human spirit**
  Even in resource poor communities with high levels of disease and economic challenges, people move forward and give their best to their clients who are often ungrateful and demanding. The passion and dedication of the CCWs keeps them going. They amaze us every time with what they do in such trying circumstances.

- **Support from the organisations**
  It has become increasingly clear that in organisations where CCWs feel most supported and affirmed, they are better able to apply some of the TA concepts in the work context thus impacting on the organizational culture. This has a great effect on the teams and organisations and enhances the feeling of solidarity.

**How has the work impacted us as the authors?**
As facilitators we are impacted and transformed as we encounter each group. As the CCWs begin to change their understandings, so we continue to reframe our understanding of TA and make new meaning of our lived experience.

One author comes from the Caucasian group of the former oppressor in the Apartheid era. Her family script carried some beliefs about political engagement and she remembers her mother telling her to “stay out of conversations about religion, sex and politics” and then she would be safe. There has been deep healing in doing this work with mostly Black people from the previously oppressed group. It feels like a privilege to be trusted with peoples’ stories and begin to break their perception and fear of White people being dominating and disrespectful of African people.

The other author comes from the African group of the previously oppressed. Through this work, she has developed a deeper appreciation and sense of gratitude that, firstly, she belongs in this community of people who strive to make do with whatever little they have, and secondly, her own life is richer as she allows people more easily into her space and notices herself becoming less distant as an individual.

The shared understanding of TA gives a language to make new meaning of our shared humanity in the democratic South Africa. By being authentic and open to continually question our own practice, we grow in our understanding of ourselves and people and become better transactional designers.

**Conclusion**
This work that began with one workshop in the Western Cape in 2001, has grown to be replicated in three other provinces in SA - Northern Cape, Kwa-Zulu Natal, and Eastern Cape, as well as beginning to be used in other African countries, most recently in Zimbabwe. What is evident, is that training more facilitators who speak local languages, would enable the spread of this work to even more areas in SA and
Africa. There is also a need for more work indigenizing the language of TA. SA has eleven official languages. The work done with the isi-Xhosa language is but the beginning of translating the essential TA concepts into many of the other languages.

Through the power of TA we have seen evidence of personal shifts, people finding their voice, and coming into their power. From time to time we witness radical transformation of individuals (as in the story of the caregiver achieving her nursing qualification). We acknowledge that there are many factors that influence peoples’ growth and transformation, and we know that once people have come into contact with TA, their world view is changed. And every time we do this work, our world view is changed. This is the richness of the work. Berne spoke of TA as a radical psychiatry. In this work, psychological support is no longer only the preserve of the privileged – it changes lives of grassroots people doing amazingly brave work.

We dedicate this article to the memory of Nelson Rolihlahla Mandela, who died on the 5th December 2013. His life inspires us to continue to live and teach TA models to all the peoples of South Africa

“What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead” (Mandela, 2002)
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