Editorial:

THE BIAS BOX FOR COMPETING PSYCHOTHERAPIES

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1. THE BIAS BOX

With the exciting growth of new psychotherapeutic approaches in the past 15 years there has existed an unexciting war among disciplines, one putting the other down, saying their way is right, the other way is wrong. For example:

I’m OK — You’re Unscientific.
I’m OK — You’re Mechanical.
I’m OK — You’re Superficial.
I’m OK — You’re a Ripoff.
I’m OK — You’re Wild.
I’m OK — You’re Unstructured.
I’m OK — You’re a Head Trip.
I’m OK — You’re Incomplete.

The Bias Box (figure 1) sets some of this in perspective by placing the choice of discipline in the personality of the therapist, and locating the I’m OK — You’re not—OK position as a bias rooted in personal preference, not proof.

1. The Bias Box.

On the left of the Bias Box, beside the horizontal rows, we write how the therapist wants to have the day go — Fun or Serious; the Adult in combination with the Child and play, or in combination with the Parent and work. The upper row is for the therapist who wants to have fun at work with fun patients, with the occupational hazard of being fun-minded in the off hours and as the years go on. The lower row is for the therapist who wants to be serious at work with serious patients, with the occupational hazard of being serious-minded in the off hours and as the years go on.

At the top of the Bias Box above the vertical columns we write the therapist’s belief system according to the classical philosophical dualistic split: on the left column, subjective; on the right column, objective, etc., as shown in table 1.

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner world</td>
<td>Outer world</td>
</tr>
<tr>
<td>Intrapersonal</td>
<td>Interpersonal</td>
</tr>
<tr>
<td>Experiential</td>
<td>Informational</td>
</tr>
<tr>
<td>Personal</td>
<td>Social</td>
</tr>
<tr>
<td>Self</td>
<td>Other</td>
</tr>
<tr>
<td>Organism</td>
<td>Environment</td>
</tr>
<tr>
<td>Emotional</td>
<td>Rational</td>
</tr>
<tr>
<td>Fantasy</td>
<td>Reality</td>
</tr>
<tr>
<td>Eros</td>
<td>Logos</td>
</tr>
<tr>
<td>Spirit</td>
<td>Substance</td>
</tr>
<tr>
<td>Mystical</td>
<td>Material</td>
</tr>
<tr>
<td>Existential</td>
<td>Pragmatic</td>
</tr>
<tr>
<td>Sub-conscious</td>
<td>Conscious</td>
</tr>
<tr>
<td>Perceptual</td>
<td>Conceptual</td>
</tr>
<tr>
<td>Flow</td>
<td>Structure</td>
</tr>
<tr>
<td>Eastern</td>
<td>Western</td>
</tr>
<tr>
<td>Right cerebral hemisphere</td>
<td>Left cerebral hemisphere</td>
</tr>
<tr>
<td>Religion</td>
<td>Science</td>
</tr>
<tr>
<td>Inside</td>
<td>Outside</td>
</tr>
</tbody>
</table>

Table 1. Philosophy.
The reader will note that: 1) feeling, thinking, and behaving are not polarized in that both the inner and outer approaches embrace all three within themselves — hence the great futility of “The Great Feeling Versus Thinking War,” which is a favorite pastime nowadays; and 2) that no single polarity really states the full picture. The four major psychotherapies of today fall into the four major quadrants of the Bias Box (figure 1).

<table>
<thead>
<tr>
<th>SUBJECTIVE</th>
<th>OBJECTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUN</td>
<td>Transactional Analysis</td>
</tr>
<tr>
<td>Gestalt</td>
<td>Behaviour Modification</td>
</tr>
<tr>
<td>SERIOUS</td>
<td>Psychoanalysis</td>
</tr>
</tbody>
</table>

Figure 1. The Bias Box

Offshoots or near relatives of the main four therapies may either fit within the quadrant or slide across to partly overlap a neighboring quadrant, drawn with dotted lines, as shown in figure 2.

The boxes in figure 2 are lettered clockwise, A through D beginning historically with psychoanalysis. The quadrants represent the philosophical starting points of each theory, and overlaps may arise within the theory or in the individual personality of the therapist. All are adaptable for the individual, group, social and political level, and usually carry varying amounts of extension to the other quadrants. Some of the therapies group together by the attractiveness to therapists as follows:

- **Box A**: psychoanalysis, psychoanalytically oriented psychotherapy, Jungian, Rogerian, Fischer-Hoffman therapy, existential, eastern meditation, logotherapy, etc. Bordering A and D are Sullivanian, Adlerian, and Recovery, Inc.
- **Box B**: gestalt, encounter, nude encounter, massage, nude massage, Reichian, neo-Reichian, bioenergetics, Rolfing, primal scream, psychodrama, Synanon, play workshops, Permission classes, etc.
- **Box C**: transactional analysis, socially oriented family and group therapy, Erhard Seminar Training, mass media education.
- **Box D**: behavior modification, rational emotive therapy, reality therapy, drug therapy, electroshock, biofeedback training, genetics, etc.

2. **The Battle.**

Once all therapies are lined up in their starting positions, the battle begins: D attacks A demanding proof; C attacks A for grimness and smiles at B; while B attacks C on the right for head trips, A is attacking B from below for demolition of psyches. While B puts down D for being mechanistic, C turns against B for denying structure and supports D’s clarity. D ignores C while mounting new attacks on A, who has meanwhile become friendly. The insults are hurled about as the crossfire continues.
Psychoanalysis then takes everyone on as “irresponsible,” saying that gestalt is wild, TA is superficial, behavior modification is inhumane. Then gestalt takes everyone on as “cerebral,” attacks psychoanalysis as too expensive, TA as silly, behavior modification as scientific. TA calls everyone “incomplete,” psychoanalysis a dinosaur, gestalt as giving Permission without Protection, behavior modification as off base. Behavior modification then in turn calls everyone “just programmed,” says that science will win out, and they will get more government money because they can offer politicians accountability. And so it goes, as philosophical psychologies line up by quadrants (figure 3), rows (figure 4), and columns (figure 5). The starting lineups for the game of Brand X versus Brand Y is shown in figures 3-5 (above).

3. Bias Analysis.

In order to picture the current scene, or to plot the moves like war games, a Bias Analysis on either a quantitative or qualitative level is presented (figures 6-8), adapting Dr. Berne’s symbols for relationship diagrams in Transactional Analysis and Psychotherapy.

In a quantitative analysis, the intensity of the attack is diagrammed with increasing the heaviness of the line. As illustrated in figure 6, behavior modification (heavier line) has a greater investment in bias toward psychoanalysis than psychoanalysis (lighter line) shows in return; and psychoanalysis is more invested in bias against gestalt than vice versa.

In a qualitative analysis, (figures 7 and 8), again borrowing from Berne but modifying lines to arrows, sympathy (getting along well) is illustrated with a heavy line representing conjunctive games; antagonism (enjoy fighting or arguing with each other) is illustrated with a jagged line representing disjunctive games; antipathy (cannot stand each other) is illustrated with a crossed line representing conflicting games; and indifference (nothing to say to

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Figure 3. Lineup by tribe.

Figure 4. Lineup by demeanor.

Figure 5. Lineup by philosophy

Figure 6. Quantitative analysis of bias.
each other) is with a thin line representing irreconcilable games, identical roles in a game, or irrelevant games. Figure 7 illustrates a psychoanalyst’s antipathy to gestalt (blocked line), antagonism to TA (jagged line), and indifference (plain line) to behavior modification. Figure 8 illustrates a TA therapist’s sympathy (heavy line) to the fun of gestalt and the scientific aims of behavior modification, and antipathy (blocked line) to psychoanalysis.

Figures 7 and 8 illustrate an individual therapist’s attitude toward other therapies, but a bias analysis can be made on positions taken by society, the press, training centers, psychological journals, foundations granting money, and government officials granting licenses.

4. Traps.

There are some temptations and traps to the use of the Bias Box, however. Should the Bias Box fall into the wrong hands, unscrupulous persons may use it to try to prove that their therapy is the “best,” much as was done in the ‘60’s when people tried to put their political ideas in the second-order Parent of the Adult. The first temptation seems to be superimposing Ernst’s OK Corral on the Bias Box, to put TA in the “Get-On-With” square and relegating the others to varying degrees of not—OKness. Another temptation, the Eclectic’s Bias, is to draw a large center circle of OKness, excluding the orthodoxy to be exiled into the corner as an endangered species (figure 9). This works in reverse, too.

\begin{figure}
\centering
\includegraphics[width=0.4\textwidth]{bias_analysis.png}
\caption{Qualitative analysis of bias.}
\end{figure}

\begin{figure}
\centering
\includegraphics[width=0.4\textwidth]{eccentric_bias.png}
\caption{The Eccentric’s Bias.}
\end{figure}
Or an individual may claim to have brought together all four philosophical positions and borrowed the best methods from all therapies and crusade to get everyone to change therapies. This is called The Liar’s Box (figure 10).

![Figure 10. The Liar’s Box](image)

In actuality, all four positions are inherently human and equal, and the Bias Box is a structure for preserving OKness and freedom of choice for both therapist and consumer. In its structure it assumes OKness for the philosophical starting point of each approach. How well each therapy develops itself to cure all patients, and whether it should spend its energies developing its specialty or in fanning out to the entire matrix is a separate question: namely, “which therapy is best?” (See III, “Survival of the Fittest.”)

5. **Philosophical Systems.**

A final note on the Bias Box itself as a system. Hypothetically, systems of philosophy over the centuries should fall within the quadrants, and it has checked out this way when tested. A system of equal ways of looking at people, such as the zodiac (figure 11) should have its parts fall into the four quadrants. The outgrowth of psychological systems this century may be a way of repeating learned philosophical systems of the past.

![Figure 11. Astrological equality.](image)

Therapies or extracurricular activities may take one or all of the directions shown in figure 12.

![Figure 12](image)

II. **BIAS AS A GAME**

1. **Payoffs and Awareness.**

The Bias Box establishes OKness and freedom of choice among four drastically different philosophical positions, and this is not a game. A game comes in when one’s position is used to make others not—OK, to gain hidden payoffs, and exclude Adult awareness of how the other approach can be equally effective, e.g., an Inner World.
therapist may see most thinking as “intellectualizing” and primarily a liability in doing Inner World therapy and therefore not be able to see that in the context of Outer World therapy thinking is used for facing reality, solving problems, and changing behavior to be a winner, which is not intellectualizing any more than deciding to eat an apple for dessert is a “head trip.”

2. Drama Triangle.

The biased person is in a game, and is no more Persecutor than a Rescuer or a Victim, as illustrated by the Drama Triangle (figure 13) which illustrates the three-sided shifting roles of a game.

![Drama Triangle](image)

Figure 13. The Drama Triangle.

As a Persecutor, the bias person is: 1) hassling someone who’s doing OK work; 2) creating self-doubts in that person that may affect the evolutionary zeal of that movement as well as the enthusiasm for healing the patient; 3) contributing to the establishment of uncomfortable working conditions similar to politics where one is always subject to attack for what one is doing; 4) threatening to inflict obsolescence or extinction with the subsequent loss of position, money, strokes, and respect in colleagues’ eyes; and, 5) competitively creating an escalating condition where the other side must form tighter cohesion to maintain OKness and then plan for an exterminating counterattack in a Darwinian struggle for survival. As a Rescuer, the person is: 1) trying to save the patient from the abuses of incompetents; 2) maintaining loyalty to friends and to the system; and 3) by constantly challenging evil, upgrade the standards of the profession. As a Victim, the therapist is: 1) blindly following biased teachings programmed in training by Parent coercion, Adult pseudo-science, and Child seduction; and 2) challenging others to fight back (which of course they will by finding blatant theoretical weaknesses in return) with counter threats to livelihood, reputation, etc.

3. The Con.

The game is two-handed, so we look for the hooks from the Child to the attacking Parent. These include self-centered disregard for where the biased listener is coming from; the provocative promise of the new way (which is unproven) to a scientist trained to look for proof; the inadequate writing up or explaining of the method so myth and misinterpretation abound; the lack of explaining why the “jargon” is necessary for each therapy to create the desired mood; and the implied obsolescence of the other biased person and the method they have loved for years.

4. Historical Development of Bias.

The origins of bias are too numerous to do more than just touch upon: 1) In childhood one is told “Don’t play with ... “Don’t be like ... “They’re not our kind” and one learns about the system of good and evil, right and wrong in society. This is taught in home, at church, in politics and law, while the pupil witnesses unending examples of bias and prejudice in the culture. 2) This training gets reinforced in the psychotherapy training centers where the Parent delivers very specific rules of right and wrong and the Child is shown the fun of the approach with the gift of a new sweatshirt saying “we’re more anonymous than you are,” “We have more fun than you do,” etc. There is also stroking for doing it the way the local Gods suggest. Three OKness positions are used:
1. I’m OK You’re OK. There are centers that give fair exposure to all the main methods including at least three months concentrated reading and group work in each method. A program at Forest Hospital, Des Plaines, Illinois offered this curriculum.

2. I’m OK — You’re OK (ha ha). This center may profess fairness in order to recruit trainees or to abide with the established policy from above, but actually gives minimal time to the unfavored approaches and undoes the unfavored philosophical positions with a wink and a tolerant smile.

3. I’m OK — You’re not–OK. If time is allowed for competing theories, they are quickly dismissed by pointing out the most negative ways of looking at them, by teachers who hadn’t the investment to get direct training by experts in the field or to get group experience in the therapy. Sometimes the therapies are: a) ignored; b) frankly banned from consideration. 

Ridicule (c) (“This carnival of new therapies …”) d) lies (“Nothing new has been written in 30 years”); e) and smear (“Old so-and-so was an alcoholic paranoid homosexual”) are also favorite methods. Seduction can take the form of f) witch messages or catchy slogans for the Child to smile at (“All thinking is a head trip,” and “Freud wasn’t a Freudian”). The latter is reminiscent of Nietzche’s famous putdown, “The last Christian died on the cross.” Damning with faint praise (g) is as undetectable as a witch message: “Oh, sure, I’d refer them specific types of cases.”

III. SUR VIVAL OF THE FITTEST

1. Theory Survival.

Given that there is competition among therapies, the long-term question comes up of which will survive and why. There are an estimated 100 psychotherapies today. Some are an: 1) idea clearly stated in an excellent book without any “how to” method. Some have the book and the 2) how to, but no direction for the evolution of therapy. Others have the book, the how to, the 3) direction and a 4) journal, but no 5) organization. Only a handful, TA included, have all five.

2. Which Therapy is Best?

Growth and success of a therapy depend on adaptability and resolution, not on the philosophical quadrant. Adaptability (figure 14) represents eclectically the compatibility and ease of borrowing and incorporating ideas and techniques from other therapies and from the social environment. Resolution (figure 15) represents staying in the quadrant and gaining differentiation and improving uniqueness and identity by solving problems and reinterpreting the other quadrants into its system. The advantage of resolution is maintaining identity for consumer choice, and continuing the inventiveness for eclectics in other quadrants to borrow from. The disadvantage would be in overspecialized

Figure 14. Adaptability
exclusion of popular trends and a set-up for stereotyping and extinction. The advantage of *adaptability* is relevancy to the times, ease of improvement, and compatibility with eclectic consumers. The disadvantage of adaptability is in the watering down of the original Parent principles, Adult techniques, and Child inspiration of the original therapy in intermarriage and by eventual absorption.

A comparison, then, of the growth curves of many therapies would indicate which ones have “bogged down” and which ones are actively growing. The heights of the two curves should compare favorably with the *success rate*, but allow for variations in the therapist as well as in the referrals, whether the referrals are specific for the therapy or are drawn from the general population. The uncorrected formula for theory evolution (formula E) would be:

\[ \text{Adaptability} + \text{Resolution} = \text{Success}. \]

Formula E.

2. Organizational Survival.

Eric Berne, in *The Structure of Organizations and Groups*, states that, “The most important thing about any group is the very fact of its existence. A group that
ceases to exist becomes a mere historical 
curiosity, like ancient Egypt or Assyria.”

Figure 17. Group structure 
(after Berne).

For the purposes of this discussion of 
organizational survival, we can use the 
ITAA as an example. It follows Berne’s 
group structure model shown in figure 17. 
(A) represents the outside forces across the 
external boundary; (B) represents the group 
forces across the leadership’s major internal 
boundary; (C) represents the group forces 
across the membership’s minor internal 
boundary.

Borrowing from the diagram, the external 
boundaries of the ITAA include a non- 
discunt of the establishment Parent by 
printing standards of training and licensing; 
peer review; publishing notice of the ITAA 
and its monitoring of abuses of TA by non- 
TA personnel by the Public and Professional 
Information Committee; maintaining 
environmental relevancy through theory 
growth and The Social Action Committee: 
training in handling questions about TA and 
some control over who accepts P-R teaching 
assignments; individuals publishing 
believable books; a Research Committee, a 
Publications Committee, a Scholarship 
Committee, and so on, to deal with the 
external realities.

The minor internal boundaries in 1973 had 
minimal agitation through individual 
proclivities. Through adaptability, the Adult

and Child ideas of other systems had been 
incorporated but inadvertently so was the 
Parent dogma causing some agitation among 
factions. This never reached revolution 
against the major internal boundary due to 
increased group cohesion and agreement to 
treat the schools in TA equally in the 
training, examinations, and publishing 
operations. Other minor internal group 
processes are relieved through the 
Grievance Committee, the Ethics 
Committee, and through ready voice gained 
through the Social Action Committee.

Berne stated that a group exists to do 
work The TA work is stated to “cure 
patients faster.” To this end the ITAA group 
structure provides a system of strokes and 
feedback for new ideas, new methods, 
through publications, workshops and the 
incentive of the Annual Eric Berne 
Memorial Scientific Award. The direction 
for evolution is clearly stated in Berne’s 
work The work of therapies and theories, TA 
included, is toward adaptability and 
resolution. In terms of the Bias Box (figure 
1), the adaptability of TA includes: 1) on the 
Fun row a high affinity for gestalt and 
physical techniques; 2) on the Outer World 
column a high affinity for the scientific 
approach of behavior modification, and the 
social focus and rational thinking of rational 
emotive therapy and reality therapy; and 3) 
from the psychoanalytic quadrant, ideas 
have been successfully incorporated into the 
regression and reparenting work of Schiff. 
Berne’s favoritism and disagreements with 
aspects of the different adjoining quadrants 
are best summarized in his two published 
lectures in the Transactional Analysis 
Journal The resolution of transactional 
analysis continues in the publications in this 
Journal and elsewhere, and the significant 
influential new thinking is recognized yearly 
by the Scientific Award.

In summary, the work of therapies and 
theories is toward 1) adaptability and 2)
resolution, with an eye toward 3) relevancy to the times and 4) purging the internal games built into the theory. In terms of the Drama Triangle, purging concentrates on 1) Persecutor: the rules prohibiting expansion need to be constantly rechecked. 2) Rescuer: preserving the principles and needs that the theory was originally invented to fill. 3) Victim: theories have the built-in faults of the originator’s personality, as well as the strengths, which require work to discover and solve.

3. The Consumer’s Choice

The consumer includes both the therapist and patient who require a continuing choice. This is based on a need for systems providing 1) adequate information clearly stated and easily available; 2) adequate choice by not setting an establishment’s “right” therapy through total unification or authoritative decree (thereby eliminating choice and hope for the next therapy); 3) adequate voice to register complaints from patients and peers; 4) adequate accountability; and 5) adequate protection, or “Aid To Underdeveloped Theories.” A concerned therapeutic establishment should do periodic progress reviews on the state of adaptability, resolution, relevancy, and organizational strengths of the theories and provide consultants. The consumer protection establishment should survey training methods and provide training centers with a wealth of proven successful techniques and program layouts to review. But suggestions like these reach far into the future and would require a change in environment from a competitive one to a cooperative one.

REFERENCES