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Latent suicidality in heroin addicts

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Summary

According to the transactional analysis (TA) theory of personality development and the development of psychopathology, any behaviour that indirectly or directly threatens someone's physical integrity could be a manifestation of the 'Don't exist' injunction and the script decision to die young. A 'don't exist' injunction is defined as a parental message that challenges a child's right to live, and that can be sent directly or indirectly, verbally or nonverbally, intentionally or unintentionally. An (early) script decision is defined as a compromise between the various authentic needs and requirements of the environment. The theoretical assumption on which this work is based is that a mentioned injunction and script decision to die young could be present in the population of heroin addicts, considering their continuous and repeated self-destructive behaviours and, typically, short lifetimes. The main objective of this work was to check the assumption that the 'Don't exist' injunction and the script decision to die young are theoretical concepts that are available for measurement through questionnaires and have the potential to discriminate heroin addicts from non-clinical examinees. The general research method that was selected was non-experimental, correlation research; the sample consisted of 50 heroin addicts and 50 non-clinical examinees. Its results confirm the hypothesis that both measured theoretical concepts have the potential to discriminate heroin addicts from non-clinical examinees. Heroin addicts have, to a statistically significant degree, a more strongly marked "Don't exist" injunction, together with the script decision to die young. This finding may be related to the theoretical assumptions of several authors in the TA – assumptions which include the concept that psychoactive substances allow a person to implement the script decision to die young.

Key Words: transactional analysis; "don't exist" injunction; script decision to die young; heroin addicts.

1. Introduction

One of the key theoretical concepts within Transactional Analysis is the concept of the Life Script. Eric Berne, the founder of this theoretical model, defines the Script as a person's life plan, based on the decisions made in childhood, reinforced by parents, confirmed by life events and culminating in the chosen alternative. Berne believed that life is not possible without a Script, in other words that the Script is an expression of a being who has, in a way, been programmed and predetermined, and is thus part of the proc-

ess of identification and internalization (3). C. Steiner defined the Script in a similar way, as a rigid, self-destructive plan that allows for very little deviation from the previously determined steps (27). S. Woollams defines the Script as the current or actual plan of a person, which he or she has shaped by implementing a series of decisions made in childhood, and those decisions are viewed by him/her as the results of an interpretation of significant events within one person's experience (30). Essentially, it is considered that the Life Script is the unconscious life plan a child creates up till the age of seven – a plan that person

will follow impulsively throughout his/her adult life, and which has been shaped by parental, familial, social, cultural and religious influences. It is assumed that the Life Script gives meaning to the world, provides a definition and protection of oneself, as well as definitions of other people and of the individual's relations with them. However, the Script is also a constraint, in the sense that an adult person will not enact some of what would otherwise be realistic possibilities, if they are not included in her or his Script.

The Life Script is mainly founded on Script Injunctions and Script Decisions.

Script Injunctions are defined as all those direct and indirect, verbal and non-verbal, intentional and unintentional parental messages by which certain human rights of a child are denied, and which lead to chronic non-functionality in vital areas of life (17). It is considered that injunctions limit freedom by complicating a child's development, sometimes even his/her whole life. It is assumed that they are often left in a non-verbal form, in other words, that they are conveyed on a *psychological* level of communication. Apart from verbal and non-verbal ways of conveying injunctions, it is believed they can be communicated through social learning and by suggestion. That means that a parent, in setting him- or herself up as an example, is showing a son or daughter how, for instance, not to think in stressful situations. An example of that is a parent who, while in a state of panic, acts aimlessly on seeing that his/her child has cut him- or herself and is bleeding. Suggestion implies that parents are trying to explain to a child how to understand something or what to do (28). The reason for parents communicating injunctions is most probably some sense of inadequacy, their confusion, dissatisfaction, or feelings of misery, anguish, disappointment, anger or frustration (14). Bob and Mary Goulding first defined the list of "injunctions" in 1966 and have supplemented their definition several times while rewriting it (13). One of the variants of this list includes the following injunctions: "Don't exist!", "Don't be important!", "Don't be who you are! (Don't be you!)", "Don't be a child!", "Don't grow up!", "Don't succeed! (Don't make it in your life)" "Don't be close!", "Don't belong!", "Don't think!" (either about a forbidden topic or in any way different from that of their parents), "Don't feel!" (forbidding certain feelings, or feelings that differ from those of their parents), "Don't be well!" (or "Don't be sane!") and "Don't" – an injunction against any of a va-

riety of activities conveyed by an overprotective mother. The existence injunction denies a child's right to live at all (13).

An early (Script) decision is defined as a compromise solution in the Life Script of a child in a situation of existential or psychological impasse. Or as a compromise between a child's needs and the demands of the environment. It is supposed that the Script is a response to the messages that have been communicated, but one that is based on a child's limited ability to process reality. Most commonly, early decisions really have an adaptive function; they come to constitute a strong reinforcement of a child's tendency to hold on to that decision (27). It is considered that there is an unlimited number of decisions that a child can take as a response to injunctions, apart from the possibility that a child might not believe in a given injunction and therefore decide to reject it, or might find somebody who challenges that injunction, believing that person instead (14). It is believed that a child takes a set of Script decisions, depending on its constitutional abilities, temperament, and interpretations of how to deal with demands from the environment (19). A script decision on early death indicates that a person has decided that he/she will die young. The Gouldings have extended their original list of six deadly decisions to seven: "If things get too bad, I'll kill myself!"; "If you don't change, I'll kill myself!"; "I'll show you, even if it kills me!"; "I'll kill myself and you'll be sorry!"; "I'll kill myself and make you realize that you love me!"; or "I'll make you kill me!"; "I'll catch you, even if I get hurt doing that!" ("I will get back at you, even that kills me!" [i.e.: I will always keep even with you, even if it kills me.]) "I must always (or repeatedly) be on the verge of death for you to love me!" (13, 14).

Analysing the theoretical concept of Life Script, we come across the assumption that any behaviour which directly or indirectly jeopardizes someone's physical integrity is actually a manifestation of the existence injunction and Script decision on early death. For example, the author L. Achimovich speaks about the suicidal Script in people with anorexia nervosa, which he considers to be delayed suicide, since refusing to eat leads to an early death (1). In the same study he emphasizes the high prevalence of depression and suicidality in these patients' parents. At the same time, he stresses the generally higher mortality rate of the members of the family of those who suffer from this disorder, and draws the con-

clusion that the suicidal Script exists on the family level. When it comes to addiction to psychoactive substances, in certain authors we find the assumption that they enable someone to reach an early decision to kill him- or herself (26, 9, 8). L. Craig speaks in favour of a similar view, namely that heroin users, among other things, take a pre-conscious decision to die (8). The Gouldings also claim that users of psychoactive substances apply their existence injunction and their early decision to commit suicide or homicide (9).

Investigations into Scripts and injunctions have mostly been carried out through qualitative techniques, such as semi-structured interviews, projective techniques and clinical observations (25, 3, 6, 24). Only one attempt to examine them through questionnaires has been reported (23). The authors of this paper have confirmed in their previous study that the concept of injunctions can be investigated through the examination of questionnaires, bearing in mind that one advantage of questionnaires is that they have the potential to allow differentiation between a clinical and a non-clinical population (12, 4). So far, Script Decision research has mainly been limited to examination by qualitative techniques, except that Woollams construed an Early Decision Scale, which aims to discover the level of acceptance of permissions and injunctions, on the supposition that it is on that basis that a decision is taken about the content of the Script Decision (30). No research into the two concepts mentioned above has been conducted in the population of heroin addicts or on the contents of their Life Script.

Apart from the testing of these two concepts' potential to discriminate non-clinical examinees from heroin addicts, this kind of research can, to some extent, contribute to a better understanding of the problem of heroin addiction. That could also have an impact on the contents of prevention programmes, as well as to actively contribute to therapeutic work with addicts. Prevention programmes could be drafted in a different way from that currently used, which is as much focused on the individual's early development, as on his or her development in adolescence, which is now the dominant focus of a majority of existing prevention programmes. As far as psychotherapeutic work is concerned, it could be confirmed that heroin addicts have, to a statistically significant degree, a more marked existence injunction and decision about early death, which could easily influence the contents of psychotherapy procedures; those procedures could,

in fact, be enriched by new elements that would go to modify existing therapeutic procedures. In addition, this research will provide two instruments that aim to verify the existence of parental injunctions and a Script Decision on early death, so allowing the evaluation of psychotherapeutic work even with suicidal clients.

2. Methods

2.1. Aim

The general aim of this inquiry is that of examining the assumption that the existence injunction and the decision on an early death are accessible to questionnaire measurement and have the potential to discriminate non-clinical examinees from heroin addicts. The general research method that has been selected is non-experimental correlational research. Two key dependent variables are the existence injunction and the decision on an early death; they become operational at the moment when examinees answer the Questionnaire on Parental Messages (URP) and the Questionnaire on the Script Decision (USO) (5).

2.1. Instruments

2.1.1. URP Scale (Questionnaire on Parental Messages)

It has the aim of recording the expression level of the existence injunction, by determining the level of exposure to parental messages and actions which deny the right to live, since that child, in growing up, has accepted them as a part of his/her picture of the self. It has 25 items, phrased as expressions of attitudes that test examinees' level of agreement on a five-point Lickert scale. The index of reliability of the Scale, expressed in Cronbach's alpha coefficient was 0.92 (5).

2.1.2. USO (Questionnaire on the Script Decision)

It has the aim of evaluating the level of expression of thoughts, feelings, behaviours and attitudes towards an individual's self and own life, by raising the question of whether and how a person? has made a decision on early death. This scale too has five points and is of Lickert type. It contains 26 items. The index of reliability of this scale, expressed in Cronbach's alpha coefficient, was 0.78 (5).

2.3. Sample

The sample was designed for convenience of use and included 100 examinees, 50 from a non-clinical population, and 50 from a clinical population of heroin addicts. One criterion for the inclusion of examinees in the non-clinical group was the absence of previous or current psychiatric treatment, whether ambulatory or in a hospital setting – a finding that had been determined on the basis of an interview with each examinee. Admission into the diagnostic group of heroin addicts was determined by competent psychiatrists who had decided on their classification on the basis of a diagnostic interview and by applying diagnostic criteria drawn from ICD-10 (29).

2.4. Statistical Analysis

Statistical analysis of the data was conducted using software SPSS 18.0.

3. Results

3.1. Descriptive characteristics of the sample on the URP and USO scales

As can be seen from Table 1, both scales have a mean smaller than the theoretical average mean – in other words they are ‘heavy’, because less capable of discriminating in the sphere of low scores. The distributions shown by both scales display a curvature to the right. In the context of an inquiry into heroin addicts, this kind of score distribution can be accounted for by hypothesizing conscious and unconscious censure in answering questions, with the aim of minimizing the individual’s psychopathology and providing socially acceptable answers.

3.2. Examination of the differences between a non-clinical population and heroin

addicts on the concept of existence injunctions

In examining the potential of the Script Injunction concept to differentiate non-clinical examinees from heroin addicts, a statistically significant discriminant function was found (Wilks’ Lambda=0.24; Chi/square=149.84 df =25 p<0.001). This discriminant function is statistically significant at a level of p<0.001, which means that it can be said that the difference between the non-clinical and the clinical group, as assessed on the scale, exists without any possibility of errors in measurement.

Examination of the matrix of the discriminant function structure shows that it is determined by the following items (Table 2):

The discriminant analysis extracted is determined by 15 items, which, given their contents, question the right to existence. It can be seen from the position of the groups’ centroids that the group of addicts systematically obtained higher scores on these items (centroids: Non-clinic=-0.78; Heroin Addicts = 3.92).

To a statistically significant degree, the higher receptiveness to the messages denying the right to live that was recorded in heroin addicts than in the non-clinical component of the sample can speak in favour of the assumption that heroin addicts act on an existence injunction (9). According to Transactional Analysis, every form of psychopathology includes the existence of injunctions (2, 27, 22, 14, 13), and the data obtained can be taken as a confirmation of the TA assumption on the existence injunction in heroin addicts.

The results obtained speak clearly in favour of the examined concept’s potential to discriminate non-clinical examinees from examinees who have developed heroin addiction.

It is evident that the items regarding brutal physical punishment have proved to be non-discriminative, a finding that is not in accordance

Table 1. Distribution of scores on URP and USO scales (N=50+50)

	URP non-clinical	URP heroin addicts	USO non-clinical	USO heroin addicts
Mean	37.09	59.00	37.12	60.05
St. Deviation	15.9	19.5	14.0	19.7
Skewness	0.32	0.23	0.31	0.23
Kurtosis	-0.32	-0.74	-0.71	-0.77

Table 2. Excerpt from the matrix of the discriminant function structure

They used to tell me I would end up in the grave-yard prematurely.	.62
They used to tell me they were ashamed about me being their child.	.58
My father or my mother would often tell me that I was scum or a spiv.	.49
They used to kick me out of the house when they got mad with me.	.42
They were telling me: «You'll cost me my life».	.36
My parents were behaving as if I did not exist.	.36
They used to tell me I was a complete failure.	.35
They went on telling me «Nothing good will ever come from you».	.34
They used to tell me: «Drop dead»!	.34
My mother used to say: «I should never have had you»!	.32
My father or my mother used to tell me: «I wish I could kill you!».	.32
They used to tell me:«I can't bear to look at you!».	.31
They used to tell me:«You're the worst!».	.31
When criticizing, they used to curse me.	.30
They used to tell me:«If you make a mistake, you had better kill yourself!».	.30

Table 3. Excerpt from the matrix of the discriminant function structure

I have had more than three car accidents in my life.	.52
It would be easier for my parents if I weren't there.	.41
I sometimes think my parents would prefer it if I were dead .	.41
I am a trouble for everyone.	.38
I sometimes think there is no point in me living.	.35
I went on putting out cigarettes on my hand or some other part of my body.	.33
I would like to disappear.	.33
People sometimes annoy me so much that I would jeopardize my life to force them to change.	.31
My mother would be more successful in life if she didn't have me.	.31
I sometimes think it would be best if I got sick and died.	.30
I am sorry I was born in the first place.	.30
I kept on hitting my fist or head against some hard object or a wall.	.30
I kept on cutting myself.	.30
I hate myself.	.30
I have the impression that everything is my fault.	.30
Only if I got seriously injured would others start paying attention to me.	.30

with theoretical expectations. We shall discuss this in detail in the final discussion on our results.

3.3. *Examination of the differences between the non-clinical population and the group of heroin addicts on the concept of the decision on early death*

A statistically significant discriminant function was obtained on this concept, too (Wilks' Lambda=0.22; Chi/square=156.74 df=26 p<0.001).

The discriminant function is statistically significant at a level of p=.000, and, as stated

earlier, that finding means that the difference between the non-clinical and the clinical group on the scale exists without any possibility of errors in measurement.

Moving on now to examine the matrix of the discriminant function structure, that is made visible and is determined by the items that appear in Table 3.

On an isolated discriminant function, the score recorded for addicts is higher to a statistically significant degree (centroids: Non-clinic=-0.82; Heroin Addicts = 4.11).

As can easily be seen, heroin addicts systematically show higher scores on items included

in the USO scale.

The results obtained are in accordance with the theoretical assumptions, that heroin addicts act on a Script Decision on early death (26, 9, 8). The results of numerous inquiries, including those situated outside the transactional theoretical model, can be interpreted as a confirmation of previously stated assumptions. In those inquiries indicators have been found that speak in favour of the view that those who abuse drugs are often depressive, indulge in suicidal ideation or have already attempted to commit suicide (7, 21, 16). At this point, the question arises, in connection with all the points made so far, of the order in which the various processes unfold, and we shall talk about that in greater detail in the final discussion of our results. It is evident that this examined concept too has the potential to discriminate non-clinical examinees from heroin addicts.

4. Discussion

By comparison with the non-clinical population, heroin addicts have, to a statistically significant degree, an existence injunction and a decision on early death that are more clearly expressed. The results obtained are in agreement with the theoretical assumptions that users of psychoactive substances are influenced by an existence injunction and a Script Decision on early death (26, 9, 8). Looking at these questions in a broader perspective, it should be borne in mind that the founder of Transaction Analysis, Eric Berne, stresses the view that injunctions lead to chronic dysfunctions in vital areas of life (17). If, in the context that has been specified above, we take into consideration the existence injunction that has been recorded in the memory of heroin addicts, it is clear that it could hardly be expected to be functional in preserving their own lives. The data that speak in favour of the stated assumptions and the findings obtained are as follows. Several longitudinal researches on substance-related disorders point to the fact that most addicts die before the age of 50, the cause officially recorded being "overdose" in 21.6% of these cases, and "homicide" or "suicide" in 19.5% (16). Furthermore, the annual mortality rate of heroin addicts is sixfold to twentyfold that of their peers in the general population (10). As to the research carried out on the suicide rate of drug addicts in the United Kingdom, longitudinal studies indicate it is significantly higher than in the general population (69 per 100,000 inhabit-

ants). In 45% of these cases, the cause of death was recorded as "overdose" (20). Longitudinal research on the correlates of suicide attempts in heroin addicts shows that 11.6% of addicts actually commit suicide. Suicidal ideation and previous suicide attempts have been shown to be the most reliable predictive indicators (11).

It has been confirmed that both the concepts examined can be accessed through questionnaire measurement, and that they do have the potential to differentiate non-clinical examinees from heroin addicts.

When it comes to the existence injunction, it is extraordinary that the items regarding various forms of physical punishment did not turn out to possess any capacity to discriminate. It is obvious that the results obtained indicate that verbal aggression and more subtle psychological rejection are more effective factors in this clinical group. It is possible that what has been stated above derives from the size of the two groups selected within the sample, since the study has been carried out, in the interests of convenience, on a small sample of addicts undergoing detoxification treatment in hospital. It might be, on the other hand, that the subsisting conveyed messages identified by items included in the described scales, and which by their contents deny the right to life, are just a dysfunctional parental response pattern to the addictive behaviour of their offspring, even if, in giving instructions to examinees, it was stressed that they were supposed to give answers about messages they had received in childhood, before they ever developed addiction. It is, most certainly, necessary to carry out more comprehensive and voluminous research about different modalities of conveying messages by which the right to life is denied, and which are active in the population of addicts. It would be important to take into consideration the severity of the addiction, since it is assumed that addicts with a severe form of addiction manifest gradual, delayed suicidal behaviour which has been predisposed by the existence of the suicidal Life Script, while that predisposition cannot be expected in people with less severe forms of addiction. Comparison with subjects who have attempted to commit suicide or have developed other forms of self-destructive behaviour would also be helpful, as it would permit the exclusion of comorbid psychiatric disorders that is a necessary requisite to be carried out during the screening of all those being examined as potential examinees.

Finally, we have mentioned the question

of what precedes what, covering suicidality as a feature preceding addiction, or addiction as occurring before manifest suicidality. Longitudinal follow-ups of adolescents from risk groups before they develop addictive behaviour would certainly answer that question. If we thought within the framework of the transactional theoretical model, so as to implement the aim of testing the hypothesis that heroin addiction is actually one of the manifestations of the suicidal Life Script, a significant step forward would be made if examinees' parents could be included in the study, because of the crucial role played by social learning and trans-generational conveyance of Script pathology. If it were true that elements of the suicidal Script, especially the existence injunction and the decision on early death, were recorded in them too, we could then think with greater certainty of heroin addiction as being a form of latent, delayed suicide, as well as other forms of risk and self-destructive behaviour that are entailed by the same assumption. According to some authors (31), indirect self-destructive behaviours can be defined as voluntary actions that bring a significant element of risk to that subject's life or health. They cover a wide range of behaviours, from high-risk sports and unprotected sex to taking drugs, drunk driving or Russian roulette. Although those taking part in this game consciously accept a high probability of injury or even death, they have recourse to a kind of defence that refuses to describe those kinds of actions as having any suicidal intention. Many researchers put forward the view that these behaviours have the psychodynamic function of denying or struggling with mental pain that would otherwise lead to states of helplessness and depression by following the route to temporary pleasure (18). This research can certainly make a contribution to the task of initiating the empirical testing of numerous psychodynamic hypotheses on latent suicidality, not only in the case of heroin addiction, but in other partly manifest self-destructive behaviours.

5. Conclusion

In general, we can draw the conclusion that the assumptions that were scheduled for testing as the main aim of this study mostly received the kind of confirmation that could have been expected.

Compared with non-clinical examinees, heroin addicts have, to a statistically significantly

degree, a more clearly expressed existence injunction and decision on early death – an outcome that is in full accordance with the assumptions of the transactional theoretical model.

References

1. ACHIMOVICH L. (1985): Suicidal scripting in the families of anorexics. *Transactional Analysis Journal* 15:21-27.
2. BERNE E. (1966): Principles of group treatment. Oxford University Press, New York.
3. BERNE E. (1972): What do you say after you say hallo? Psychology of human destiny. Grove Press, New York.
4. BUDIŠA D., GAVRILOV-JERKOVIĆ V., (2010): Relacije transakciono-analitičkih koncepata zabrana, reket-osećanja i životnih pozicija kod nekliničke i kliničke populacije. Empirijska istraživanja u psihologiji, knjiga rezimeja, Beograd, 134-35.
5. BUDIŠA D., GAVRILOV-JERKOVIĆ V., DICKOVA, VUČKOVIĆ N., MARTINOVIĆ MITROVIĆ S., DRAGIN D., VARGA LJ. (2010): Latent suicidality in heroin addicts. The 5th Adriatic Drug Addiction Treatment Conference, Ovisnosti, Vol. 1, Suppl. 1, Ohrid.
6. BURYSKA J. (1976): The freehand script maze. *Transactional Analysis Journal* 6:160-167.
7. CHO H., HALLFORS DD., IRITANI BJ. (2007): Early initiation of substance use and subsequent risk factors related to suicide among urban high school students. *Addictive Behaviors* 32:1628-39.
8. CRAIG R., OLSNON R. (1988): Changes in functional ego states following treatment for drug abuse. *Transactional Analysis Journal* 18:68-72.
9. D'ANDREA V. (1977): Psychoactive drugs and Transactional analysis. *Transactional Analysis Journal* 3:242-247.
10. DARKE S., ZADOR D. (1996): Fatal Heroin 'Overdose': A Review. *Addiction* 91:1765-1772.
11. DARKE S., ROSS J., WILLIAMSON A., MILLIS K., HAVARD A., TEESSON M. (2006): Patterns and correlates of attempted suicide by heroin users over a 3-year period: Findings from the Australian treatment outcome study. Preuzeto 02.12.2009. sa: <http://www.sciencedirect.com>
12. GAVRILOV-JERKOVIĆ V., BUDIŠA D., LEKIĆ-BABIĆ N., ČOLOVIĆ P. (2010):

- Procena skriptnih zabrana (SSZ-skala). In M. Biro, S. Smederevac, Z. Novović Eds: Procena psiholoških i psihopatoloških fenomena. CPP, Beograd. pp. 123-140.
13. GOULDING R., GOULDING M. (1978): The power is in the patient. A TA/Gestalt approach to psychotherapy. TA Press, San Francisco.
 14. GOULDING M., GOULDING R. (1979): Changing lives through redecision therapy. New York: Brunner/Mazel.
 15. HALLFORS DD., WALLER MW., FORD CA., HALPERN CT., BRODISH PH., IRITANI BJ. (2004): Adolescent Depression and Suicide Risk: Association with Sex and Drug Behavior. American Journal of Preventive Medicine 27:224-231.
 16. HSER Y., HOFFMAN V., GRELLA C., ANGLIN M. (2001): 33-Year Study Emphasizes Lethal Consequences of Heroin Addiction. Archives of General Psychiatry 58:503-508.
 17. LAMMERS W. (1994). Injunctions as an impairment to healthy ego-state functioning. Transactional Analysis Journal 20(4):250-265.
 18. LEPOSAVIĆ Lj., MILOVANOVIĆ M., NIKOLIĆ BALKOSKI G., BARIŠIĆ J., LASKOVIĆ N. (2005): Latent suicide or indirect self-destructive behavior. Engrami 27:35-38.
 19. MASSEY S., MASSEY R. (1989): Systemic contexts for children's scripting. Transactional Analysis Journal 19: 194-201.
 20. OYEFESO A., GHODSE H., CLANCY C., CORKERY J. (1999): Suicide among drug addicts in the UK. The British Journal of Psychiatry 175: 277-282.
 21. RAMCHAND R., MORRAL AR., BECKER K. (2009): Seven-Year Life Outcomes of Adolescent Offenders in Los Angeles. American Journal of Public Health 99: 863-870.
 22. SCHIFF J. (1975): Catexis Reader. Harper & Row, New York.
 23. SCILLIGO P., BASTIANELLI L. (1999): Le dimensioni fattoriali di secondo ordine delle ingiunzioni. Psicologia Psicoterapia e Salute 5: 1-10.
 24. STEERE D. (1985): Protocol. Transactional Analysis Journal 15:248-260.
 25. STEINER C. (1967): A script checklist. Transactional Analysis Bulletin 6:38-40.
 26. STEINER C. (1971): Games alcoholics play. Grove Press, New York.
 27. STEINER C. (1974): Scripts people live. Transactional analysis of life scripts. Grove Press, New York.
 28. STEWART I., JOINES W. (1996): TA Today: A new introduction to Transactional analysis. Russell Press, Nottingham.
 29. S V E T S K A Z D R A V S T V E N A ORGANIZACIJA (1992). ICD-10 Klasifikacija mentalnih poremećaja i poremećaja ponašanja: Klinički opisi i dijagnostička uputstva. Zavod za izdavanje udžbenika, Beograd
 30. WOOLLAMS S., BROWN M. (1979): TA: the Total Handbook of Transactional Analysis. Prentice-Hall, Englewood Cliffs, NJ.

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