



## The Fifth Position: "I'm Ok--You're Ok-- For Real"

By FANITA ENGLISH

*Fanita English was born in Europe and worked as a psychotherapist in Chicago before becoming actively involved in TA and Gestalt through training with Eric Berne and Fritz Perls over a period of three years. Berne cured her of writing phobia and Perls got her in touch with some emotions which she had not acknowledged previously, so by now in addition to running a training institute in Philadelphia (Eastern Institute for Transactional*

*Analysis and Gestalt) and conducting workshops all over the world, she has managed to write articles describing her theoretical contributions to Script Analysis like the one that follows. In contrast to her self-confidence during workshops she continues to be scared about reactions to her written work and hopes to overcome her catastrophic expectations about the reactions of VOICES readers.—1530 Locust Street 4-B, Philadelphia, Pennsylvania 19102.*

When Eric Berne used the word "OK" in relation to position, he referred to an individual's existential position; i.e., the ongoing stance which a person takes towards himself and others, rather than to a fleeting here-and-now feeling. The existential position represents the particular tint of eye-glasses through which a person looks at himself and at the world.

Berne<sup>1</sup> listed 4 possible existential positions, namely "I'm OK-You're OK," "I'm Not OK-You're Not OK," "I'm OK-You're Not OK," and "I'm Not OK-You're OK." He did not list these positions in any particular order, since he saw them as representing the stances of different people, although he did say that we all start with I+U+ as Princes and Princesses before we are turned into Frogs, and he expressed the hope that all people can re-enter the kingdom of OK.

Thomas Harris<sup>2</sup> tried to establish that we all go through a phase of "I-U+" out of which we can will ourselves back into the early OK. His assertion is based on the assumption that the young child reasons about his worthlessness in relation to his parents, but Piaget's studies have proven that children are incapable of such logical thinking until the age of 12.<sup>3</sup>

It is my experience that it is not possible for the average person to fully re-enter the original OK position except at certain moments (for instance, during meditation) because the early euphoric OK feelings operated in the magic never-never land of infancy where he did not have to grapple with reality. Browning's lines "God's in His heaven, all's right with the world" represent the blissful feelings of a well-cared-for infant—no problems, no difficulties, he is undifferentiated and at one with the Universe. In a grownup this attitude may be beautiful, and it is exemplified by Ophelia in "Hamlet" or by certain beatific saints, but unfortunately persons who maintain this stance end up drowned or killed or in the back wards of mental hospitals.

It is a fact of human development that already in the first year of life there is pain and frustration, however well a baby might be cared for. His belly might feel too empty or too full, there are chafing diapers, body aches, colds, shots, bad-tasting medicine, changes of temperature and teething pains, to name but a few absolutely normal sources of pain, let alone instances where the baby is severely sick, or has breathing difficulties, or surgery, or what-have-you.

While the baby is still an unthinking little creature he goes through discomfort pretty much the way an animal does, crying or yammering when feeling pain but then reverting to the creature-like OK of peacefulness in the "now" after every storm. Some of the time he smiles happily in his sleep, moving his lips as though sucking, and we can assume that there are images floating through what begins to be his mind—he can fantasize himself in the "land of milk and honey."

During the transitional period between being a mindless undifferentiated little creature and an alert young child whose perceptions lead him to distinguish between himself and others he can use fantasy to maintain a dreamlike illusion of omnipotence. He can assume that he but needs to wish for gratification and, presto! it happens! Because reality and fantasy are interwoven, he can *dream* suckling and it's just about as good as actual nursing. He can believe that he has the magic that makes pain and discomfort disappear; he can feel all-powerful. Once in a while he may need to cry or scream in addition, but *then* the magic happens for sure. He pulls in a magic helper, a genie, the way Aladdin did with his lamp, and the genie attends to his wishes. So even with beginning differentiation between self and mother the infant still experiences some "magical omnipotence."

But! Sooner or later he also experiences that the magic fails. He wishes his bellyache away, but it doesn't go, and he cannot lapse into the beatific sleep that makes it go. He screams his head off, and even if the "genie" appears and strokes him the pain persists. What happened? What's wrong with the magic? Suddenly it seems as though nothing works. The bellyache continues, maybe it even gets worse. The genie might add to his troubles, for instance by pouring bad-tasting stuff down his gullet. How horrible! His omnipotence is gone; he experiences utter impotence with its range of feelings that go from screaming rage to complete helplessness. These feelings might alternate or go in a continuum, but either way they represent the Despair of being in Hell. The infant enters an utter "I'm Not OK—You're Not OK" position. He's no good and his would-be helpers are no good either.

There is simply no way for a baby to grow without spending a certain proportion of time as an angry or helpless Frog in a filthy frog pond that he hates, even if he also spends a high proportion of time as a Prince with a beautiful, lovable and loving Princess who tries to attend to his wishes.

The observations of infants conducted separately by Rene A. Spitz<sup>4</sup> and Melanie Klein,<sup>5</sup> amongst others, confirm that in infancy babies do not differentiate between the self and the other. (And anybody observing infants can notice that they will cry just as angrily if scratched by their own nails as by somebody else's, and that they will enjoy sucking their own thumb just as much as a pacifier.) So in the early stages the I+U+ is really a global, undifferentiated feeling of omnipotence. Similarly, the I-U- feelings referred to above are also global engulfing feelings of impotence and despair.

**B**y the time there is accurate differentiation between the self and others the baby has experienced two extremes of global fluctuations. Some of the time, in the I+U+, which was actually We+, he experienced euphoric, beatific omnipotence. At other times he felt impotent, filled with rage and utter helplessness; that was I-U-, actually We-. Every observing mother can probably remember manifestations of such feelings in her babies. I can still see the image of one of my children in infancy when he had a bellyache, red in the



face, screaming with his fists up in the air, filled with murderous rage and then lapsing into the exhausted, helpless whining of hopelessness.

Somewhere along the line the baby develops a sense of self as distinguished from other, and of course this happens gradually in that initially "other" first means the primary caretaker. Spitz points out that the "precursor of the I" is "the infant's awareness of a non-I." This, he says, emerges at the 3-month level. He distinguishes this from "the self," based on awareness, at about 15 months. Between the 3-month stage and the 15-month self-awareness stage Spitz lists a series of other stages, and he pays particular attention to what he calls the "8-months anxiety" stage when the child has developed a strong awareness of separateness from his mother.

Spitz points out that it is the experience of frustration that forces the child to differentiate himself, whether it's on the 3-month level or on the 15-month level. In Spitz's view frustration leads the infant alternately to want more separateness along with more clinging, non-separateness. "The simultaneous presence of diametrically opposed tendencies in the child, beginning with birth, cannot be sufficiently emphasized," says Spitz.

Even though Spitz and Melanie Klein are of two different schools of psychoanalysis, both note the diametrically opposed tendencies and experiences of infants, and both show that the infant's early experiences of frustration and his developing perceptions and memory lead to what Spitz calls the "8-months anxiety" period and what Melanie Klein calls the "paranoid depressive position." They differ in regard to vocabulary and to specifics about given months, but these differences are not important for our purposes. They both agree about the enormous undifferentiated swings within each baby's view of life, regardless of how much care and comfort he may be getting, and that there is a period within the baby's first year of life where he no longer can hold on to the fantasy of perfect omnipotence.

But the alternative feelings of despair were dreadful! And there *have* been glimmers of hope, there *were* times when *some* magic worked, and he got to feel better. The only trouble is that he's not clear as to what was the magic formula, nor who carried it, nor how to get it back. Does he carry it, and should he seek it in himself? Or in the genies around him? And either way, how will he retrieve this fool-proof magical formula\*

Berne tells us that we settle on our existential position around age 3, and indeed by that time many major successes and defeats have taken place in each person's life, along with all kinds of attempts to find the magic formula of OK. If the child has not remained autistic from extreme lack of stroking, by age 3 he runs around and talks, and eats by himself, and explores around; his intuition is flourishing and he has a range of relationships that already include incipient rackets and Games. All this while he may have been fluctuating between OK feelings and Not-OK feelings, and depending on his general health, the caretaking he gets and the messages coming to him from his family, he has experienced more conviction of one kind or another as to who holds the magic of power over whom and what.

Some children get so many "die" messages, or so much discounting or negative stroking that even if they survive they become set into the total Not-OK position of despair. They become their own best Frog. This forms the basis for a tragic script that may lead to suicide, homicide, or, at best, getting locked away by heavy addiction or by society which fears people with total Not-OK positions and puts them in jails or state institutions. However, the majority of people we encounter in everyday life have not had uniform persistent ill-treatment. Nor have they had persistent ideal treatment, either, because even the best-intentioned parents

\*There are numerous fairy tales that are variants of the Aladdin's lamp story where the hero has magic power over a genie, then inexplicably loses it, and then has many adventures representing attempts to regain the magic formula; many variations include benevolence and malevolence of the genie or of other powers in the universe, with many additional variants about the outcome, all the way from absolute success in conquering all these powers to total failure, defeat and destruction by these powers.

have had all kinds of conflicts within themselves, and anyway, the fact of being a human child with memory, operating in the real world, includes numerous experiences of frustration and defeat as well as successes even around the normal pressures of learning to talk, walk and run.

Ultimately, the best existential position we can attain is what I call the "fifth position," i.e., "I'm OK-You're OK—*For Real*," which would include the sense of being able to endure the resurgence of 8-month-old feelings of despair whenever we are confronted with our own very limited power in magically effecting changes we wish for in others or ourselves.

However, I do not believe that it is possible for a 3-year-old to achieve such an OK, even under the best of circumstances, because there is no well-formed Adult at that time. The position I+U+ *For Real* results from having confronted and overcome feelings of despair *with the help of the Adult Ego State*, sometimes with the additional temporary help of an outside Parent figure, like a teacher or therapist, sometimes through the ability to have pulled one's self up by the bootstraps, emotionally speaking, possibly as a result of having lived through cataclysmic experiences like a severe illness, a family tragedy, a war, or other major calamity.

Yet I concur with Berne that a position *does* get set at about 3. What I have found through clinical experience is that in order to escape remaining stuck in the 8-month-old I—U— position of despair, most children establish one of two *defensive* positions, namely "I'm Not OK-You're OK" or "I'm OK-You're Not OK." I refer to both of these positions as "defensive" because their task is to defend the child from being flooded with the rage or the hopelessness of despair. A person's defensive position maintains his hope of finding the magic formula that will ensure happiness, either through his own efforts or the help of others. It forms the foundation for his script.

The choice of position is based on the particular patterns of stroking which the child has received between the ages of about 6-8 months to age 3, and on his major transactions with his mother or his principal caretaker prior to age 3. His position tends to become the opposite of that of his mother or principal caretaker.

If, say, the mother was overbearing, controlling, dogmatic or overnurturing, the child would develop an I—U+ position that defers to her over-adaptedly. In contrast, if she was primarily in an I—U+ position, she probably fussed and was overanxious, indecisive and not sufficiently protective. The child would then have developed an I+U— position, tantrumy and bossy, or overly solicitous.

The adjectives above relate to extremes of parental handling, and there are all the possibilities in between. Therefore, some of us have very tight defensive positions, others have very loose defensive positions, but all persons who aren't in total Not-OK have opted at about age 3 for one of these two defensive positions upon which to build their Script later. All of us continue to carry our underlying defensive positions throughout life to a greater or lesser extent, and it becomes most evident at times of stress.

When Rousseau said that every child is turned either into a slave or a tyrant,<sup>6</sup> he was accurately identifying that to avoid the sense of despair that we experienced in our first year of life, we have each grasped for the defensive position that worked best for us in our early years, and we tend to revert to our particular type of mentality—be it "slave" or "tyrant"—whenever life offers its challenges.\*

\*"The question is," said Humpty Dumpty, "which is to be master—that's all." (Lewis Carroll, *Through the Looking-Glass*, Ch. 6)



If you want a quick picture of the two defensive positions, just pretend you're an angry schoolteacher marching into her class saying "Who broke the window?" Some children will immediately say "I didn't";—they're in the defensive I—U+ position. Some children will imply: "I bet Johnny did." They're in the defensive I+U— position. Similarly, if you were to yell "Fire!" in a crowded room, some people would anxiously look around for leadership without using their own judgment, and others would insist they knew better than anybody else, regardless of the facts. (Of course, I hope there would also be people in the OK For Real position, who would stop for a few seconds to evaluate what was going on, and be as helpful as possible to others without taking it upon themselves to take care of the whole world, but even such people are likely to get down to their particular defensive position under extreme stress.)

Because the positions I—U+ or I+U— are defensive positions against the global I—U—, people do not stay in them 100 percent of the time. But each person will operate out of his particular defensive position a much higher proportion of the time than out of the other defensive position. He will get into the alternate minor defensive position at the conclusion of a Game Switch, but soon thereafter he will again resume his major defensive position.

A person whose defensive existential position is I—U+ will tend to operate out of an Adapted Child much of the time, but once in a while there will be a Game Switch, and for brief periods this person will be in the triumphant NIGYYSOB Critical Parent (I+U—) position. Similarly, a person whose principal defensive position is I+U— is likely to be operating out of a critical, bossy or overnurturing Parent Ego State much of the time, but he will sink into the confused Child I—U+ spot at times through being kicked or through his Child remaining unstroked as a result of his controlling I+U— position.

The defensive position often determines a person's life partner in that he will seek someone with the opposite defensive position from his own. This permits the maximum number of complementary ongoing transactions with the other person and even the Game Payoffs turn out to mutually Script-promoting.

For instance in *Macbeth*<sup>7</sup> even though Macbeth is introduced as a successful warrior he operates out of a deferential I—U+ position towards the King, Banquo, and most particularly Lady Macbeth, his wife. Lady Macbeth operates out of an I+U— position in that she tells her husband what to do and how he should do it. Even when he does do what she tells him, namely goes ahead and kills Duncan, he muffs the job by forgetting to leave the bloody swords with the guards who are to be blamed for the murder, and Lady Macbeth has to make up for his loss of nerve. Similarly she covers up for him when he loses control at the appearance of Banquo's ghost. However, eventually she swings to the opposite position, that of helpless confusion, because her major position forced her to operate too much from her controlling Parent, and her Child's needs were squelched. So she can only express her feelings when she's sleepwalking. Similarly, but in reverse, Macbeth swings from his former I—U+ position to the arrogant I+U— stance of one who believes he can never be defeated. Macbeth and Lady Macbeth represent the two opposite types of defensive positions and their seesaw swing; the play demonstrates that when these positions are too rigid the underlying total Not-OK which they both try to ward off ultimately overpowers them all the more. Therefore, following her swing from I+U— to I—U+ Lady Macbeth sinks into suicide and similarly, but from the reverse end, after Macbeth has moved into the cocksure I+U— whence he claims he can never be conquered he gets overpowered by the enemies he provoked.

**I**n the course of treatment in order to reach the I+U+ For Real position some patients may need to deal with the I—U— position

**underlying their defensive position.** Thus, feelings of utter despair might surface suddenly during treatment just when there are new important changes for the better. The therapist and patient need to be alerted to this probability to protect the patient from panic or extreme behavior when he suddenly hits such feelings of despair right after successfully conquering certain archaic patterns.

The onset of despair is to be anticipated if there is a noticeable shift in a patient's defensive position, i.e., if a patient starts spending a high proportion of time in what used to be the minor position. Specifically if a person who is usually in the I-U+ position starts operating mostly out of the I+U- position, or in reverse, if someone usually in I+U- starts functioning a great deal out of I-U+, this would indicate that the I-U- position of despair might surface dramatically and dangerously just when everything seems to be going well.

For instance, a very mousy "Martyr" woman with a "Patient Griselda" script used to sit in group "like patience on a monument . . . smiling at grief." She started changing her script. Thereupon she shifted to vigorous accusatory comments about people (shift from I-U+ to I+U-). Not long after, she described profound despair and was in the position I-U-, but she was also on the way to making important constructive script changes.

A complementary example is that of a college girl who started reproaching herself bitterly for her ingratitude to her "wonderful" father whom she had previously consistently vilified. (Here the shift was from I+U- to I-U+.) She had been confronting her "Lady Macbeth" script and got swept into I-U-.

Occasionally, instead of a reversal of position before the emergence of despair the patient will rather monotonously insist with a look of panic that he is in the I+U+ position. In such a case the therapist can well heed his own Child to determine whether the assertion is genuine, or whether it's a warning of crisis.

It is better to hit the feelings of despair in the course of realigning one's defensive position to I+U+ For Real than to hold on to the defensive position so rigidly that one risks crashing into the extreme Not-OK at times of stress. There may be pain in reaching the I+U+ For Real position—and at times it may seem ever so much simpler to hold on to a defensive position—but there are gains. In an I+U+ For Real position the individual is capable of using his Adult effectively at times of crisis and stress and he does not set impossible expectations on himself or on others.

**I+U+ For Real** involves the use of the Adult in surveying our limitations and those of others without having to resort to magic fantasies, but it *also* involves permission to the Child to get in touch with those fantasies *as* fantasies and to shoot them up into the Adult to examine whether there are any ways in which they could be implemented, as a result of which we can become creatively productive. I+U+ For Real also involves the flowering of a "new" Parent, fed by the Child's creativity and the Adult's conceptualization of the Child's fantasies. Such a Parent can afford to be freely loving, generous, and also honestly critical where necessary without sacrificing the person's own Child or anybody else's Child in the process.

*In summary:* All of us experience a period of global euphoric OK and also global Not-OKness at a period of life when we still feel undifferentiated from our surroundings, including our caretakers. Some people remain stuck with feelings that range from rage to utter hopelessness and they maintain an I-U- existential position, but this eventually leads to incarceration in the form of jail or mental



hospital or severe addiction. As we differentiate ourselves and have a sense of self, we try to escape from the engulfing sense of despair we experienced at about 8 months or so when we recognized the loss of our fantasized omnipotence. So between the ages of two and three we develop one of two *defensive* positions, either I-U+ or I+U-, to ward off the resurgence of the early I-U- position of Despair.

If we learn to use our Adults and find ways of dealing with frustration realistically, we can arrive at the fifth position, which is I+U+ For Real. Even from this position, we are likely to lapse into our preferred defensive position at times of stress, and it is useful to know which of the two tends to be our type, particularly since we tend to seek partners of a complementary type. If the defensive position is too rigid there can be a crash back into the I-U- position, which promotes tragedy.

However, during treatment, feelings of despair might appear when the script changes for the better or when the person's defensive position is being realigned to I+U+ For Real. Therapists and patients need to know how to recognize the clues when despair is about to surface so they don't panic at its emergence and so the patient can be sustained in his growth. □

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