

FIFTEEN

WHAT SHALL I DO TOMORROW?: RECONCEPTUALIZING TRANSACTIONAL ANALYSIS Fanita English

FINDING TA

Many great theories start out with deceptively simple observations. "Why do apples fall to the ground?" asked Newton. Eric Berne discovered that sometimes he diagnosed better with instant intuition than with pedantic thought. He saw a "mature," respectable lawyer and for awhile it was like transacting with a child. In contrast, while talking with a "totally crazy" psychotic, Berne heard a logical adult. He also found that all of us have ways of oppressing ourselves and/or encouraging ourselves for good or bad purposes with the use of attitudes or a vocabulary that sounds like parents talking to children. He noted that several different systems of feelings, attitudes, and thoughts were taking turns expressing themselves in the Now through the same person, and he recognized that this was a *normal* phenomenon, not a pathological one. Then who or what was directing those different people within us, and could it be that our lives might be better if we could make more deliberate choices as to who or what might steer us when? He told therapists how they might help their patients do just that.

I was an established psychotherapist in private practice when I picked up the book, *Transactional Analysis in Psychotherapy*,¹ just by chance. Berne's message struck me so forcefully that I gulped down the book as if it were a detective story. At last there were answers to some questions that had been puzzling me persistently as a result of my practice.

In Chicago, where I was practicing at the time, none of my establishment colleagues had heard of Berne. I called him long-distance, and a few weeks later, on his way to New York, Berne spent a day with me and four colleagues whom I had hastily recruited.

What followed for me was time in Carmel to learn what I could from Berne and to obtain more formal training in TA from David Kupfer,

whom I soon recognized as one of the greatest therapists I had known. I also did some work with Bob and Mary Goulding.

My husband and my friends shook their heads about my continuing passionate interest in TA. It did seem irrational, for it brought my flourishing practice down to almost zero, not only because of my absences in California and the faster termination of my treatment work with patients, but also because I lost my referral sources, all of whom had some connection with the Chicago Institute for Psychoanalysis. They objected to my treating "their" patients in a TA group. And I was even more scorned when *Games People Play* hit the best-seller list and the cocktail circuit. The standard question was how this "simplistic" approach could be effective in dealing with the complexities of human personality.

In retrospect, I am glad that I was thus forced persistently to convey what it was about TA that meant so much to me. At the time such questions troubled me, for my Parent also believed that complications are more honorable than simplicity, and often it was difficult to sustain Berne's answer: "It works." Clearly, my own patients demonstrated significant changes as a result of the contractual TA treatment that I initiated in my practice. It was worth the sacrifice of income and hard-earned prestige.

SCRIPTS AND CONCLUSIONS

MY OWN VIEWS ON SCRIPTS Although I follow Berne in spirit, some of my new terminology, concepts, and diagrams are at great variance from his and even from my own 1972 essay, "Sleepy, Spunky, and Spooky."² From my own clinical experience, I agree with Berne that each of us forms a "script" somewhere between the ages of four and seven, and that it continues to have import throughout our lives. However, I have also found that there are important additions and alternatives to the script that are developed at adolescence.

In contrast to many practitioners, I consider that scripts are valuable assets which evidence one more advantage humans have over other animals. Our scripts *enable* us to blossom, rather than preventing us from doing so, even though they may also contain certain "conclusions" out of early childhood that can be dysfunctional or downright dangerous.

WE ALL NEED A SCRIPT The child's need for a script reflects an in-born human need for structuring the time, space, and relationships that are ahead of him, so that he can conceptualize boundaries against which to test his ongoing experience of reality.

At about age five, a child awakens to the idea that there is a past and a future, which is a recognition that only humans have. He opens his eyes to a view of chaos; before him and behind him lie the eternity of time and space—there is nothing to hold on to, not even mother! By constructing the outline of a script, he can hold together his hopes, his fantasies, and

his experiences. This becomes a basic structure out of which he can develop a perspective about his life. Thereby he gains a sense of direction and control and he feels able to steer himself forward into the future even if the end of the road is not in sight. With a script, he can connect and tie together his accumulating perceptions, feelings, and thoughts. A script can facilitate the fantasizing of options in contrast to the disorientation and confusion that would result from a chaotic view of limitless possibilities.

During the script-structuring age period, the child experiences the intense excitement of being a living human being with ideas. This excitement manifests itself in a flood of "impossible" questions that he persists in asking, and in increased nightmares. He wants to know: where did he live before he was born, what happens to people after they die, and does it happen to mice also? The answers to his questions turn out to be highly unsatisfactory, and one grownup contradicts another.* How will he reconcile these different answers with all the ideas and images he has gathered already? Well, at least there's the outline of a script. During the age period of four to seven, he goes from a little "life story" he may have started out with and keeps adding and subtracting to it, giving it shape, leaving blanks here and there, then alternative lines, inserts, footnotes, erasures, and odd additions. He puts in what he has picked up from his environment and a jumble of messages and conclusions, positive and negative, that he has accumulated so far. He does this with the mentality of ages four to seven, during which, as Piaget has shown, data gets organized by means of "syncretic" thinking.³ This means that the child fills out "schemata" of ideas and/or sets up harum-scarum configurations (Gestalten) of thoughts, observations, and images using illogical juxtapositions, approximations, associations, as well as analogies, fantasies, and magical assumptions about the forces and objects of his environments. Using the analogy of a theatrical script, we can visualize the collected pages of text and illustrations of the script as representative of Gestalten that are formed and unformed. Continuing with the analogy, these pages and pictures are bound together by the existential position that the child established when he was three years old; it serves as a loose-leaf binder that holds the material together.

In my view, a script is a rather complex combination with some pages that follow sequentially and some that don't, with ups and downs of content, with magical reversals and magical assumptions that can be positive as well as negative.** Rather than deploring the Child's formation of a script, I welcome the fact. It is indicative of human creativity that chil-

* Ultimately, all the answers add up to Ring Lardner's famous " 'Shut up,' he explained."

** For an example of a creative, totally illogical script story, I refer reader's to Mozart's *The Magic Flute*, particularly Ingmar Bergman's recent movie rendering with its unexplainable reversals of "good" and "bad." For instance, the loving mother who steers the young man to find his love turns out to be a mean witch, and the bad magician who has imprisoned the sweet maiden then turns out to be a benevolent dictator.

dren find a way of building an exciting story for themselves during one of the most imaginative stages of their lives. However many irrational elements there may be in a script—including horrible devouring monsters, pitfalls, dangers, and even, in many cases, terrible endings for the unwary hero or heroine—there are also fairy tale elements of excitement, adventure, love, beautiful fantasy, and all kinds of magical tricks and prescriptions as to how calamity can be circumvented and how misfortune can be turned into good fortune. It is these latter aspects that offer clues as to how a person can fulfill himself *through* his script rather than in opposition to it and in fear.

Even a script generated under the worst environmental circumstances contains within itself the Child's own genetic intuitions as to how he might fulfill his inner goals creatively, if certain malevolent fairies and cobwebs can be neutralized. Without a script, the Child ego state would be operating only out of a vacuum of time and space within which there would be no content from which to connect the past to the future, so he would be rootless, like a leaf in the wind. I suspect that certain cases of psychosis represent *lack* of script formation, as a result of which the individual has no background from which to experience the foreground and, therefore, he operates out of a condition of total disorganization.

LOOKING AT SCRIPTS I shudder when I hear novice trainees blandly imply that a person's script can be defined in one or two sentences and that everything he says or does can be reduced to one or two injunctions or attributions (however useful it may be to recognize also that certain of our life patterns can be monotonously repetitive).

Thanks to Freud we have learned not to discount our daydreams, our fantasies, and even our nightmares. And Jung has demonstrated that they often give us the best insights about what we yearn for and need to express. So does a new look at our script. To get this new look, I have developed the "Four-Story Technique," which I will describe at the end of this chapter. With this technique we gain a good view of the *strengths* of a person's basic script and clues as to how people can get out of traps they may have gotten themselves into. We also work with the fact that people tend to revise and transform parts of their scripts at adolescence, and we evaluate the extent to which these adolescent reactions offer suggestions for new pathways to fulfillment. Therefore, what I call *script analysis* is not necessarily clinical work, though it is often a necessary adjunct for work with certain rigid patients and persons stuck in banal *counterscripts* that they hold on to for fear of their script. (The script itself can never be banal; no five-year-old or adolescent is banal. By definition, "banal" is the opposite of script.) My approach to script analysis is particularly useful for creative people who have curiosity about their untapped resources and who are ready to risk discomfort in exploring these.

THE CHILD CONCLUSIONS When it comes to the treatment of people who hurt, I do not focus on total "script analysis." There my central

clinical emphasis lies in identifying one by one whatever harmful "conclusions" cause difficulties in a person's present-day life. I invite the patient's Adult to evaluate the present-day function of each conclusion we identify. If it is exacting too high a toll, we seek an antidote for the dysfunctional conclusion and we work to get the patient's Child ego state to integrate it and thereby offset the power of the early harmful conclusion. Sometimes such work brings to the surface a whole series of additional conclusions that are attached to the one we work with, and sometimes the process unhinges the individual's defensive existential position, thus generating temporary panic or despair that must be dealt with. However, sometimes the harmful conclusion can be identified and offset rapidly, as an isolated issue.

In my definition, *conclusions* are different from script decisions. Script decisions are made at about age seven, *following* the formation of the script, not before. They can be recalled through verbal or visual memory and thus can be representative of a part of the script. In contrast, conclusions are experienced viscerally, "in the gut," because they were arrived at nonverbally during early childhood, that is, between birth and about age four to five, and many operate as a part of the individual's autonomous functional system. They continue to exist separately within the organism as affect-laden response agents, and usually they are contradictory to one another. They do not lump themselves together into one decision to represent just one guiding principle in a person's life.

A child does not arrive at conclusions simply by the direct ingestion of injunctions or attributions associated with strokes. True, parental messages often do initiate the formation of a conclusion just as they initiate a child's selection of his favorite racket. Even then, a particular conclusion can evolve totally differently from the message of a parent, usually because it represents a combination of messages from different sources. For instance, a person who is chronically withdrawing is not necessarily operating under a "don't be close" injunction, although the net result of his behavior may be that he lacks closeness. He may be operating with a withdrawal racket based on a conclusion that the expression of anger is dangerous.

ENVIRONMENTAL IMPACT ON CONCLUSIONS At all stages of development a child is subject to a collection of environmental forces. These include messages associated with strokes. They also include self-programming tendencies that propel the child to perceive for himself by smelling, tasting, touching, hearing, seeing, feeling, and then *thinking* by means of whatever system of thought operates at each particular chronological stage, intuition being one form of primitive thinking. Many conclusions result from intuitive apprehensions of fears in caretakers, from experiences of excitement and physical pain, from traumatic experiences resulting from going through danger—real or imagined, and from shame or ridicule at the two- to three-year-old age period. A given child's dynamic self-programming tendencies, which are related to different aspects of his

genetic endowment, will interact with environmental influences at each stage to form the different conclusions from which he will operate later.

Spitz and others have proved that strokes are essential to survival and that strokes can operate to condition behavior or responses.⁴ But it is erroneous to infer from these two separate functions of strokes that *all* early childhood conclusions or decisions result exclusively in obedience to a rigid, systematic, mechanical conditioning process associated with strokes from the Child of a parent. This is a reductionistic assumption that overlooks the fact that there is a multiplicity of drives and responses that are available to a human child at each period of his life.

At each one of his ages, the child is learning (taking in) and expressing (throwing out), both as a result of his inner drives and in reaction to events and messages around him. At all ages he swings between being both passive and active. And at each stage he is busy *organizing* himself physically, emotionally, and mentally. This is a complicated process that cannot wholly be explained through conditioning or association, or even through stroke theory. He *selects* and *combines* internal or external stimuli with a choice of responding or registering.

At no time are children just passive receptors that get conditioned directly—except that, in infancy, some children actually die of marasmus or other causes if they are deprived of sufficient nutrition and/or strokes. Beyond their very early period, children who survive operate with a “stroke-bank”⁵ within their organism. They use their genetic, perceptual, mental, emotional, and physical resources to *process* messages from their environment. In addition, the stimuli that a child registers and elects to respond to are very different at each successive stage of development, particularly at very early stages; the child’s needs differ from one stage to another as does his organizing faculties.

Certain crucial conclusions, good or bad, are directly related to strokes (e.g., smiling at mama gets strokes, or banging the crib hard even if it hurts will finally get strokes). There are numerous other conclusions, good or bad, where the direct connection to strokes is so farfetched as to make it useless to understand effectively how the Child will operate later in life. In fact, certain powerful conclusions result from a reaction *against* messages associated to strokes, or from the frequent absence of parental presence. For instance, a conclusion such as “I will only count on me” does not necessarily result from direct “Don’t ask” messages. It might be a reaction against too much stroking in infancy that communicated a symbiotic message. It might be reached from being too restrained at the two-year-old stage.

CRITICAL PERIODS AND DIFFERENCES AMONGST CONCLUSIONS There is a big difference whether a particular conclusion gets reached in infancy, where it could be a step to autism, versus, say, age four or five, where it might lead to distrust or loneliness. A conclusion might also become independent behavior that can be lifesaving at a future time of physical emergency.

The concept of *critical periods* that is used in physiology to evaluate the possible future physical effect of a trauma is also applicable to evaluating significant differences in the effects of comparable messages given to a child at different stages of his development.

The issue of *critical periods* is important not only in relation to the fact that similar messages and inputs will have different impact and meaning at each stage, but also in relation to the fact that similar messages might lead to drastically different conclusions, because each developmental stage represents a different *thinking* system, as shown by Piaget.⁶ The thinking process with which a child forms conclusions at each stage of his development varies *qualitatively* according to his age when he forms a particular conclusion. As a result, even if a child has been receiving rather consistent messages during his early childhood, his total Child ego state might maintain, separately from one another, a host of conclusions that can contradict one another. The process whereby one conclusion was established is foreign to the later Child who establishes new conclusions without necessarily reconciling them to the previous ones, and so on; but the previous conclusions are nevertheless retained within the organism, and they can affect behavior or feelings of the grown person's Child positively and negatively. For instance, I carry a conclusion of high trust of strangers (related to my one-to-three-year age period) and another conclusion with high mistrust of strangers (related to later childhood). Currently, I seek to reinstate the earlier conclusion in the hope of offsetting the later one.

Each conclusion can be conceptualized as a configuration which settles within the organism in the structural layer that corresponds to the age of the child when the conclusion was developed. The content of each conclusion varies according to the particular collection of inputs from the environment that was reinforced around the time the conclusion was formed, and according to whatever organizing capacities were available to the child at that time. Thus a conclusion made at eight months related to eight-month-old needs and, being made with eight-month-old physical and mental resources, it will be vastly different from a conclusion made at age four, when the child has been running around and talking to many people. Later in life specific internal and/or external stimuli might revive a conclusion and result in behavior or feelings that may appear contradictory to behavior or feelings that were operating five minutes ago in reaction to a completely different conclusion.

BRIDGES AND CONTRADICTIONS AMONGST CONCLUSIONS

As we develop language, there are some new bridges built to some of the primitive "organismic" Gestalten of conclusions that heretofore existed only separately as visceral feelings or visual imagery. The connection between an earlier, visceral conclusion and a later conclusion that is effected by the use of language may operate in different ways. A child may interpret a metaphor as having literal meaning and use it to reinforce an early conclusion, or else he might reverse it or transform it. For instance, at age two months a baby who picked a "Die" message from his mother's Child

but reacted against it by being a demanding baby may survive by getting himself strokes from her Parent and others through insistent howling. He operates with the conclusion "I must demand and make noise to survive." At age four, the phrase "You'll be the death of me," said repeatedly by the mother in response to what is now an irritatingly demanding child, may lead him to conclude that he has magical controlling and destructive powers. Then, depending on what happens later (for example, if mother does get very sick or dies during the child's script age, or even during his adolescence), several different conclusions can be operative regarding energetic behavior. Such divergent conclusions might later manifest themselves through manic-depressive behavior, with omnipotent, daredevil fantasies and behavior alternating with phobic anxiety about his "power" and then attempts to "escape" the conflict by severe withdrawal. Such withdrawal starts the manic-depressive cycle all over again, since the conclusions about being demanding gets reinstated as in the past to ward off the temptation of death through accepting the original "Die" message.

Inherently conflicting conclusions in the Child often lead to subsequent new behaviors that reflect negotiations with the Parent. Alcoholism often starts out from a grown individual's attempt to escape the recurrent turmoil within himself that is generated by contradictory conclusions within his Child when they are stimulated by events in his present-day environment. Advice from the Parent often alleviates this turmoil, but then comes the new need to silence the controlling Parent. Then drinking offers temporary relief from the Parent but brings on the effect of still other conclusions in the Child. Often this would make things better, were it not for the physical damages of alcohol. (Dylan Thomas is an example of the creative writer who performed *better* when drinking than when sober, but the physical effects became disastrous.) In such cases, even if there was a "Don't be" message in infancy, the individual obviously somehow overcame this message in childhood. It is more useful to identify the separate conclusions that he established to *ward off* death and to check out how they worked than to attack the injunction directly. After that it is useful to establish which conclusions contradict one another and to reinforce the useful ones. I have had many cases where "compulsion to drink" simply vanished when the patient saw how he was using liquor to lubricate the internal movement from a message to a conclusion, then to another, contradictory conclusion, and so on (for example, from "Die" to "I'll demand" to "I can kill" to "I'd better hold back because it's too dangerous" to "No! If I hold back I'll be forgotten and die" to "I'll demand" and so on, back through the whole cycle).

One such patient stated (accurately, in my opinion) that he saw how alcoholism had, until this moment, been for him the lesser evil. By enabling him to go through a cycle of expressiveness, anger, and then control through exhaustion and heavy sleep, liquor had temporarily protected him from becoming utterly confused and then "going crazy." In adolescence he had tried to sort out the incongruities within his Child, and he

had become the pet of a high school teacher who had seemingly offered "parental help" about his confusion and conflicting feelings. Eventually the patient somehow sensed that he was picking up an episcrypt to become insane for this teacher. He was a vulnerable recipient for such episcrypting because of his particular contradictory conclusions. He escaped becoming "crazy" enough to be hospitalized by making himself unavailable to the process through drinking.⁷ By drinking to excess he had found a way both to go through the cycle of contradictory conclusions in his Child and to become stuporous and unavailable to the episcrypting influence of his new "parent." Unfortunately, thereby he established the habit of drinking to excess. At age 30 he saw himself as a confirmed alcoholic and entered treatment. From reading he saw himself as scripted to kill himself. The feelings of panic that led to drinking and the pattern of alcoholism evaporated when he recognized that he had not been operating like an animal in response to direct conditioning. He had been trying to orchestrate contradictory conclusions in order to survive rather than to die, and he had been very smart to avoid "help" that might have generated worse consequences.

His previous attempts to redecide about "not drinking to death" had not worked for more than a few months, since, paradoxically, he had been using the liquor in order to maintain and alternate the numerous contradictory conclusions that had kept him alive in childhood, the outstanding ones being: (1) make noise to be cared for—age three months; (2) pull back to live—age 18 months; (3) danger if you explore on your own; (4) danger if you don't take care of yourself independently; (5) rejection if you demand. To stop drinking compulsively, he now had to learn how to alternate safely between expressiveness and withdrawal without feeling scared of these contradictory needs and without needing to drink as a refuge from awareness of his contradictory conclusions.⁸

As the Child grows, many contradictory conclusions can maintain themselves independently of one another without causing undue trouble because of their contradictions. (Example: "It's good to have faith" and "It's good to think for yourself.") Other conclusions will interaffect each other. They might balance each other delicately and neutralize each other, or they might generate conflictive behavior, or they might reinforce each other as a result of additional experiences at later stages of childhood. As in the example above, several conclusions might interconnect into a more complex, seriated pattern of conclusions. So conclusions can operate as "mutually arising causes" or "mutually arising effects" (to use Buddhist phraseology), or they can remain independent of one another. Many also express themselves through a person's script, although as I said before it is impossible to characterize a script as representative of only one or two conclusions or decisions.

SELF-PROTECTIVE CONCLUSIONS Although many of us operate with a number of damaging or dysfunctional conclusions, and although

some conclusions can become so harmful that they must be attacked by therapy, let us not assume that all archaic conclusions are harmful or inappropriate for the present, literally or symbolically. For instance, most of us recoil, seemingly by instinct, if we get too close to an open fire, or we avoid gulping down a steaming spoonful of soup, even if our Adult is not on at the moment. Our Child operates with a conclusion which says "It's bad to get burned." We have what looks like an instinctual response against getting burned, although it's not a true inborn instinct. This early conclusion serves us well. It also is useful if we integrate it later into our script with its symbolic meaning. (At the time of script formation the Child has developed the ability to transform images and signs into symbols, although symbol formation is qualitatively different from Adult synthesis. The script includes some conclusions in their literal meaning, and others in both literal and symbolic meanings.)

The original conclusion—"It's bad to get burned"—may have been reached as a result of messages associated with positive or negative strokes, or as a result of experience (touching fire). How it was reached is only of academic interest by the time the person is grown, unless it is interwoven with additional damaging conclusions. What counts is that early conclusions continue to be effective later in life, and if they are useful conclusions that's fine.

GAGIT MESSAGES Conclusions that may have served useful archaic purposes but are now provoking dysfunctional reactions need to be examined in daylight and updated. Also, if a conclusion that is still necessary was reached too painfully, and if it is associated to an additional, dysfunctional symptom, the separate conclusions may need to be disentangled by means of the Adult's view of reality. For instance a particular child may have arrived at the appropriate "bad to get burned" conclusion through having been burned badly when unsupervised, or by having been punished by burning cigarette butts, or by having been given a "GAGIT" ("Go ahead and get into trouble") message associated to strokes ("Yes, touch the flame, darling, and see if it burns"). He might then carry additional phobic symptoms which are interwoven with the useful conclusion and make it partly dysfunctional. "GAGIT" messages or other crooked messages do not necessarily enforce the messages that came with strokes from the caretaker's Child. Assuming there were additional strokes, even from the same person's Parent, such messages might generate opposite conclusions that prevent the implementation of the original messages. Instead of accepting a "Get burned" or "Get hurt" message, the Child might develop the useful "It's bad to get burned" conclusion. What could develop also are phobic symptoms about fire, excitement, risks, activity, or trusting others, particularly if those others are being friendly! Therefore, it is important for therapists to recognize that certain seemingly dysfunctional symptoms may still serve a self-protective function, since they prevent the person from "automatically" implementing other destructive messages or conclusions that also exist within his Child. For

instance, exaggerated fear of fire may represent the Child's attempt to resist operating under a conclusion that says, "I must get hurt to be loved." This does not mean that symptoms should not be confronted, but the therapist does need to be alert to what may lie underneath, lest the cure of a phobia lead to activating a message or conclusion more harmful than the phobia itself.

Thus, in all treatment cases, even those reflecting destructive, "scripty" behavior, the primary treatment task consists in identifying early conclusions clearly and independently of one another and in dealing with them apart from the total script. It is clear that some conclusions set off chain reactions with different sets of additional problems, and that many have affected the script. They must nevertheless be disentangled from one another in treatment. Often it is only by recognizing the most primitive ones that we can understand the later ones that may have appeared reactively.

IDENTIFYING EARLY CONCLUSIONS Since the primitive conclusions become a part of the Child's organism so very early in life, and since they are not accessible through conscious verbal memory, how is a therapist to identify such conclusions in a grown person? Paradoxically, with training and practice, it is possible to recognize a patient's primitive conclusions rather easily within a standard TA treatment group, and no extraordinary regressive procedures need be used for such purposes, although gestalt therapy work may be necessary in many instances to offer or confirm a diagnostic hunch about an early conclusion or to intervene therapeutically on the primitive level of the Child.

When an early conclusion is stimulated in the Now, it is accompanied by responses of the autonomic system. The patient may or may not be aware of them, but many are evident to outside observation. These are facial or bodily reactions like blushing, tensing, scratching, twitching, blinking, and other reflex-like movements, and, of course, laughter (which is not always gallows laughter).

There are also other circulatory, glandular, "gut," and brainwave phenomena that are not manifested outwardly, except that they are always accompanied by significant momentary changes in the individual's breathing pattern. I have been training myself and my trainees to recognize not only gross facial and bodily responses but, more particularly, sighs and subtle changes in breathing. From these we can infer that there is a sudden "switch" *within* the Child ego state of a patient and that the patient might next be functioning in relation to a conclusion totally different from the one we were dealing with a minute ago. Particular kinds of sighs, slight alterations of voice tone, swallowing, biting the lips, and so forth give clues both to the fact that a new conclusion has surfaced this second and also that we may now be dealing with a different "area of affect" than the one that was influential a minute ago.

AREAS OF AFFECT AND THE SUPERNOW "Areas of affect" in the Now correspond to the basic drives that lead the child to form conclusions

—namely, inertia, excitement, and survival fear. I will discuss these later as dynamic operational aspects of the total self, rather than as parts of the Child's structure. I have named them Sleepy, Scary, and Spunky.

I have coined the term "SuperNow" for special moments that occur within the framework of transactions or of gestalt "hot-seat" work. Suddenly there is an instantaneous view of the particular age from which the Child is drawing a particular conclusion. At such a moment, I might abruptly stop the flow of whatever else is going on to catch a particular patient's split-second, fleeting reaction to some incidental stimulus, or I might make a point of registering the context of such "autonomic" reactions to establish hunches about what stimulated them. The common denominator between three or four such SuperNow moments occurring around seemingly undramatic issues often leads to identifying a crucial primitive conclusion that keeps surfacing to move a given patient into feelings, behavior, or blind spots that sabotage his fulfillment of what seem like simple goals.

NANCY: CASE EXAMPLE OF ANTIDOTE TREATMENT Before proceeding with more detailed explanations, I will illustrate how one previously undetected conclusion can surface independently of the script, how it can be identified from Now reactions, and how it can be offset by a specific "antidote."

Nancy is a former patient who left treatment three years ago and was doing very well personally and professionally, as I knew from social contact. She came in for an emergency appointment because suddenly she had developed severe insomnia and bouts of anxiety. She said that what had triggered these was a negative year-end evaluation from one of her 30 students. The 29 others had been highly positive. With her Adult, she had recognized that this was an overreaction, and she sought to see the issue in perspective. This kind of reaction to negative strokes was not typical of her nor of what we knew of her script. She was not perfectionistic. She was an experienced teacher. She was not in any way worried about her job or her relationships with her students. Still, she told me, she had been going on and on in her mind about this matter and she had been unsuccessful at stopping this circular train of thought or at dealing with the panic this aroused. When I asked Nancy to quote the evaluation, her composed Adult left; she caught her breath, blushed, stammered, and suddenly I saw a shame-faced two-year-old in front of me breathing jerkily and saying, "Gosh! I could have recited it in my sleep and now I can't remember it!" And she went on rather desperately trying to recall the words of the evaluation.

In my paper on "Shame"⁹ I have described how shame experiences at the two- to three-year-old age period have a way of "setting" a conclusion that there is "mortal danger" if there is a recurrence of whatever it is that a child may have been shamed for at that period. The Child ego state carries this conclusion throughout life and will do everything he can to

avoid provoking comparable shaming. Should an episode ever occur at some point of that person's life where there is a similarity to the early shaming experience, the Child will "rubberband"¹⁰ right back to that age period and to the panic about "mortal danger" that the body's memory associated to the early shaming. In a grownup, SuperNow indicators of terror associated to shaming at about age two are jerky breathing, blushing, and stammering. These are followed by Adapted Child references to embarrassment, then a switch to the Parent ego state which "scolds" the Child self, often quite indulgently with terms such as "ridiculous" or "foolish." These usually represent *later* parental instructions to the Child, who may have manifested comparable embarrassment in the course of growing up.

Indeed, Nancy took a deep sigh and moved from her panicky two-year-old to her more comfortable Parent, saying, "This is absolutely ridiculous, the test was engraved in my mind!" Because I had witnessed a SuperNow replay of shaming that had probably occurred around the unremembered age of two, I ignored her Parent and asked, "Was there any embarrassment connected to this evaluation?" "Come to think of it, yes," she said. Now she recalled that when she had first gotten the negative evaluation she had not been upset by it, and she had placed it on her desk as a reminder to discuss it with the student later in the day. At lunchtime another teacher (male) came up to her desk to invite her for lunch, and apparently he read something of the evaluation for he teased her about it during lunch. Probably for competitive reasons, since Nancy was known to be a particularly successful teacher, he had kept joking that now he had found her out; her performance was not that great after all! Nancy now realized that it was this teasing that set her off later to obsess about the evaluation and about how she should have "explained herself" to her colleague even though she saw that there was "no point" to justify herself on such a "minor issue."

With this I knew that Nancy must have been shamed by this kind of teasing when she was about two or three years old or her colleague's mild teasing would not have had such impact. Obviously, Nancy was unlikely to remember such an episode but it was clear that she had a conclusion about being in mortal danger if she was ever caught performing badly.

When a therapist identifies a patient's unremembered conclusion by observing the SuperNow reaction, it is often possible to verify the hunch by seeking information from the patient's Adult or Parent.

From whatever she knew of her life and the attitudes of her parents when she was two to three years old, might she have been shamed or ridiculed by them for catching her at what they might have defined as poor performance, I asked. She was puzzled at first, stating that, if anything, she was told that she "always" performed well and was liberally stroked by her mother for precociousness. Then she recalled an anecdote about her childhood that her mother had told her as a funny story and to which so far she had attached no significance. When she was about two, her mother had written to her father, who had been away for a while, that Nancy

could now sing foreign-language nursery rhymes. When the father came home in the company of some out-of-town guests, her mother asked her to perform for the company. At that point, Nancy forgot her lines and both her father and the visitors had fun teasing Nancy's mother mercilessly for lying about the accomplishments of her daughter. We can assume that at the time Nancy experienced the teasing as shaming directed at her, hence the subsequent "mortal terror" on being teased by her colleague for her performance. Her sudden forgetting of the text of the evaluation that she had remembered for days probably resulted from a "rubberband" to that episode.

Even if she had not known the particular childhood story that substantiated what I saw, it is by identifying her as a shame-faced two-year-old when I asked her to quote the evaluation that I knew enough to look for the connection to embarrassment. This led her to recognize that it was the *teasing* by the male teacher that had triggered off her overpowering panic, not the evaluation itself, nor her own reaction to it.

Typically, early conclusions generate their own blind spots. Therefore, even as clear-thinking a person as Nancy had only gotten as far as connecting her panic to the evaluation rather than to the subsequent teasing, which she would not have mentioned had I not insisted on checking out the embarrassment. By noting in the SuperNow typical two-year-old "shame" responses, it was easy to diagnose the operative conclusion and move on to treatment instead of floundering around the matter of her reactions to the evaluation itself.

It is useful to note that even so potentially upsetting a conclusion as the one I just described does not necessarily characterize the script. For instance, Nancy's script could not be defined as "Be perfect" or "Don't succeed" or "Don't enjoy." Most of the time she performed well with ease and with plenty of self-acceptance for those occasions when she did not do so well. Nor did she usually get unduly intimidated by men. Although certain reinforced conclusions get included in the script, and a collection of early conclusions will determine the *existential position* at age three, they contribute to the script's pattern only indirectly. There are many others, bad *and* good, which simply maintain themselves independently and coexist with one another. Many are even contradictory to each other. They can remain inactively imbedded in the Child much of a person's life unless they are brought into play by a particular set of circumstances, as in the example with Nancy. By contrast, there are other conclusions which significantly initiate or establish rackets and games.

When a damaging unremembered conclusion is identified, it must be translated into Adult vocabulary in order to find an antidote. With the cooperation of the patient's Adult, the groundwork can be laid for "corrective experiences" that can offset the potency of the conclusion.

Translated, Nancy's early conclusion was that she would be in "mortal danger" if she was ever ridiculed for poor performance, particularly by a man. From previous work with Nancy, I knew that there was no need for

special caution in contracting for "antidote" experiences, though more evaluation might be needed in other cases. Nancy agreed to reread the text of the negative evaluation and to brag about it to as many colleagues as she found, particularly male ones. Preferably, she was to recite the text and allow herself to hear any teasing that might ensue. A few days later, she telephoned to report laughingly that she had fulfilled her contract and that the panic had disappeared.

Of course, there are other examples where the identification of a harmful conclusion is not quite so easy, and I might need to use gestalt techniques or engage the patient in doing special exercises. The point I want to underline here is that primitive, pre-script-age conclusions which the patient cannot consciously remember do not necessarily determine the total script, although they might surface under certain circumstances. Also, early unremembered conclusions can be recognized independently as a result of their operation in the SuperNow. They can be translated into Adult language and examined and modified when necessary. Usually all this can be done in conjunction with work in a regular TA group.

SUBSYSTEMS WITHIN THE CHILD

SECOND-ORDER STRUCTURE Conclusions are formed and maintained at different levels in the structure of the organism, and a grownup's Child operating in the Now can switch around and represent some *very different* chronological stages of his Child. As a result, I have found that it is misleading to diagram the second order structure of the Child as C_1 , A_1 , and P_1 , since these appellations imply structural subsystems when they actually correspond to functional aspects of the total Child.

Berne's great discovery was that psychological development does not go by linear progression like physical growth (i.e., that the Child ego state does not just grow *into* the Adult ego state).¹¹ The Child persists within the grownup as a separate *system* of thought and feeling. Similarly, the second order structural diagram of the Child must represent the fact that within the Child system there are several coherent *subsystems*. These are very different from one another, and they do not necessarily blend into the one system that we later identify as the Child ego state of a grownup.

Before he was seven years old, Johnny did not exist as a C_1 , Demon, or as a P_1 Electrode. However, he did exist as a full-fledged baby, then a one year old, a two year old, and so on, and there are photographs to prove it.¹² At different ages, little Johnny had different physical, perceptual, cognitive, and emotional tools which he used to select different stimuli to respond to. With these, he established different conclusions for himself, even though he seemed to be growing gradually from one age to the other. Compare the difference between what interests an infant and what interests a three-year-old; look at the difference between the photographs of Johnny as a baby, Johnny at five, and Johnny at two. Just as the gradual development of the Adult does not erase the *separate* phe-

nomenological existence and function of the Child ego state (and this was one of Berne's great discoveries), so does the advent of age six not erase the fact that a distinct two-year-old Johnny *Child* continues to exist within the six-year-old Johnny. When six-year-old Johnny later operates as a Child ego state within 30-year-old Mr. Jones, there sit within him several other Johnnys representing the several distinctly *different* systems of thought and feeling that Johnny used in his past.

SWITCHES AMONGST SUBSYSTEMS OF THE CHILD

Anyone who knows children will confirm that a six year old can switch between different "systems of thought and feeling" from moment to moment, just the way you and I might switch ego states from one moment to another. Six-year-old Johnny might transact as a two year old one minute, then again as a six year old, then as a one-month-old infant, and then back as a six year old. These switches do not operate in an orderly regressive or progressive fashion, any more than do the ego-state switches of a grownup. TA teaches us how to recognize switches in ego states by differentiating amongst their characteristics in a grownup. Similarly, knowledge of typical behaviors and thought patterns of different ages of children helps a therapist to pinpoint with precision which subsystem of the Child one is dealing with at a given moment, with full knowledge that switches are likely *within* the Child ego state in addition to switches amongst Parent, Adult and Child.

When a therapist attacks a harmful conclusion within a given subsystem, often the Child will switch from that subsystem to another in order to be able to hold on to his archaic conclusion. Just because such switches interfere with therapeutic interventions at certain times, it is a mistake to assume then that the only alternative treatment method is to go for total changes through total regression to previous stages of development. To do this is to follow the precedent of therapy which Berne reversed through his discovery of the value of the Child. In the past, if a person revealed problems in his Child he was treated as a "childish" personality who needed total treatment to become more mature. Rather than assuming that certain behaviors need to be treated through regressing the total person to a particular stage of childhood development, it is possible for therapists to refine their skills to recognize, in the Now, the characteristics and manifestations of each important Child subsystem through which a patient may be expressing himself in the course of treatment. This leads to educated guesses as to what conclusion a patient may be operating with right now, how it was arrived at, what may be done to change it if it is harmful, and how interventions might affect other conclusions that may have been identified previously. This kind of awareness also leads to using the appropriate interventions with split-second timing. Be ready for the next chance if there is a switch. We all know that there is no point in

reasoning with a patient when he has switched to his Parent, although it might be very useful to do so when he is in his Adult. Similarly, there is also no point in dealing with a conclusion that exists in one subsystem when the patient has switched to a completely different subsystem of his Child.

As I illustrated with the example of Nancy, identifying the particular subsystem of the Child that is being represented in the SuperNow will offer important clues for guessing at the conclusion that is causing trouble. My intervention with Nancy was effective because I recognized that the upsetting conclusion (shame for being teased about performance) sat in her two-year-old Child subsystem. I enlisted her Adult to evaluate this conclusion but *also* her five-year-old Child subsystem who had a conclusion about the excitement of trying something new. It is by stimulating her five-year-old Child that I got her to accept quickly the challenge of the "antidote" procedure. Had she switched to a helplessly crying Baby subsystem when I suggested the antidote of bragging about the bad evaluation I might first have had to deal with additional, more primitive conclusions, about challenges or fear.

SWITCHES WITHIN CHRONOLOGICAL CHILDREN

The ability to recognize differences in the subsystems of the Child is also useful in working with young children. Four-year-old Johnny does not have a *little Adult* that is four and a *Child* that is two. He can be communicated with better if one distinguishes between a total four-year-old Johnny and a total two-year-old Johnny within him, plus a baby Johnny, etc. Accept that it is OK for him to be one-year-old Johnny at times, with a one-year-old's way of thinking and feeling. It is also OK for Mommy to admit to herself that at times she has more fun playing with cuddly baby Johnny than with question-asking four-year-old Johnny. Dad may enjoy four-year-old Johnny more. Such understanding would prevent the misuse of TA by some parents who now simply use TA vocabulary to communicate time-worn parental adaptive messages. They will tolerate totally regressive Child behavior and feelings "at the right time"—i.e., at bedtime—but otherwise they tell him that it is better to be an *Adult* four-year-old than a two-year-old rebellious Child, especially when it comes to obeying parental directives!

WORKING WITH SWITCHES AND CONCLUSIONS

When I work, I like to imagine a little home movie screen above each patient's head on which I see him or her in a scramble of scenes at different ages—maybe at age three, then infancy, then age four, according to whatever Child subsystem is being represented. I expect trainees to become well versed in general early child development, including knowledge of

physical stages of growth. I want them to be familiar with Erikson's stages of emotional development and Piaget's stages of cognitive development. I encourage them to practice combining these stages in their heads and to learn what are the functional aspects of the Child ego state that correspond to each stage of development. We practice in identifying, as well as possible, what age is reflected in the operation of another person's Child at a particular moment of stress or pleasure. With such practice therapists can make educated guesses as to strengths or problems at particular critical ages of a person's early childhood. Usually people have been told enough about their early childhood so that they can validate or invalidate specific guesses, even though they cannot consciously remember the messages or experiences that led them to their early conclusions. By having an idea of typical thinking and behavior that correspond to specific ages, the therapist can understand how a particular conclusion will operate now. This is most important in evaluating treatment options, in determining the best treatment antidote, and in knowing how to offer it. In some cases, it is useful for the therapist to know how to move into the particular mental/perceptual system of the particular-aged Child through which a conclusion is operating and to offset it with the appropriately targeted permission. In other cases, like Nancy's, it is sufficient to enlist the patient's Adult and another system of the Child in translating the conclusion and making an antidote contract.

A NEW STRUCTURAL DIAGRAM OF THE CHILD

Because of all the above, I have needed a new diagram to represent the second order structure of the Child. It is necessary both in order to help identify the particular Child subsystem that is active during a given transaction, and to record, in "translated" Adult words, whatever dysfunctional messages or conclusions might be imbedded within that particular Child subsystem. The most obvious way to diagram the inner structure of the Child ego state would be like a cross-section of a tree trunk, which actually has a recognizable ring for each independent unit of its past existence, and significant markings for the equivalents to the tree's "conclusions" within each ring. Figure 1 is my diagram of the second-order structure of the Child. The inner core represents infancy and the subsequent rings represent separately identifiable subsystems that added themselves on as the child grew. Each number identifies a separate subsystem, and each letter indexes a conclusion that has been identified in treatment and is written out in "Adult translation" on an accompanying chart.

With this diagram, we can visualize how different messages, conclusions, or experiences can exist in different layers of the Child ego state, and how messages that were given at, say, age one or two would have had a very different impact and could lead to very different conclusions than even the same kinds of messages or experiences at, say, age five. In addition

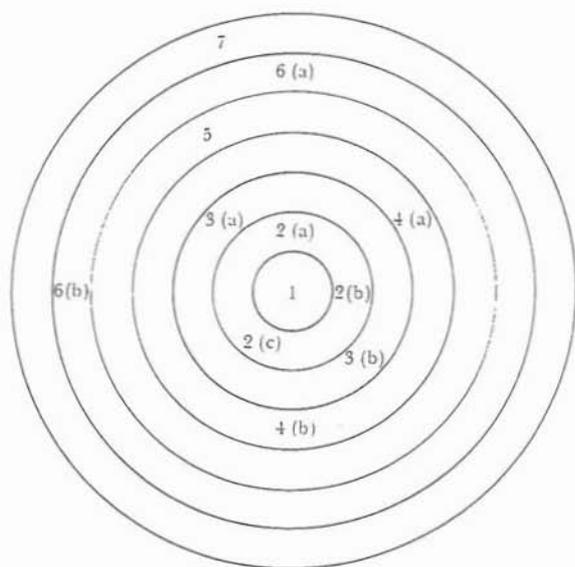


Figure 1

to identifying developmental occurrences, if we visualize such a diagram three dimensionally and think of a grownup's Child as the horizontal cross-section through which one can dip down into a variety of layers, it is possible to conceptualize how a person might be operating in the Super-Now out of his infant Child, then a minute later out of his three-year-old Child, then his two-year-old, and so on.

I am of divided opinion as to whether the Child ego state gets fixated at about age five to seven years, as Berne stated (no doubt under the influence of his psychoanalytic background), or whether it keeps growing past that age. By drawing the layers of the Child in a circular fashion as above, if we want to we can visualize adding more circles to represent later stages of the Child ego state's development beyond age seven, even all the way up to our present age; however, I am inclined to agree with Berne and to assume that, even though we grownups might learn to *use* our Child better, age seven does represent an approximate chronological limit for the development of the Child ego state. Past age seven, the Parent ego state operates as an additional system that can be identified separately, and then, past age twelve, there is the beginning of logical thought, i.e., the smooth operation of the Adult. There is a valid argument to be made for drawing the second-order structure of the Parent and Adult with inner circles representing their own earlier existences within the organism, perhaps with a nuclear "Child" inside. However, in the present context, I prefer to leave these questions open and to revert to the subject of clarifying for patients that the Child ego state is made up of layered, operational subsystems which contain a variety of "conclusions," that the dysfunc-

Name: _____

Developmental age range	Name	Conclusion	Specify whether adaptive or reactive to message/experience
1. 0-3 months	Infant	_____	_____
2. 3-8 months	Baby	_____	_____
3. 8-14 months	Exploring toddler	_____	_____
4. 14 mos.-2 yrs.	Walky talky	_____	_____
5. 2-3 years	Contro	_____	_____
6. 3-4 years	Exister	_____	_____
	(Defensive position, rackets)		
7. 4-7 years	Scripter	_____	_____
	Theme of stories:		
	(1)	_____	_____
	(2)	_____	_____
	(3)	_____	_____
	(4)	_____	_____
	Remembered script decisions (ages 5-7 yrs):	_____	_____

Figure 2
Chart A. Subsystems of Child Ego State

tional ones can be identified, and that when we record them we can recognize their different etiology, impact, and possible interaction with one another in the Now.

A CHART FOR CLINICAL PRACTICE ("A") In clinical practice, rather than using the structural diagram of the Child in Figure 1, I find it easier to use a chart with horizontal lines and to conceptualize the layered subsystems of the Child like the geological layers of the earth, where each layer represents its own structural stage and also contains various separately identifiable artifacts and fossils that represent the historical stage of the geological layer. Messages may have entered the geological layer at the time of its formation or they may have erupted from previous layers. They can remain immovably in their spot, or they may surface either separately or in combination with rock formations and artifacts of an even earlier period. Such surfacing results from the operation of external or internal forces ranging all the way from slow erosion to volcanic explosion.

Figure 2 is a model of chart "A" which I use during treatment instead of a script matrix (I keep handy a mimeographed supply). On the chart I make appropriate notations in pencil so the "translation" of whatever conclusions we identify can be refined as treatment advances.

When you look at the chart you will see that each name and number stands for a distinct subsystem of the Child ego state within which there might sit one or more conclusions. Next to each name are the developmental age ranges during which separate conclusions might be reached. I do not claim rigid scientific precision in making distinctions between one subsystem and another, because stages of development overlap onto one another, particularly as the infant grows older. Research and empirical observations have demonstrated that the subsystems I have named correspond roughly to critical markers or signposts in the physical, mental, and emotional development of a growing child. There are significant differences in capabilities and functioning between one stage and another, so that each is a "coherent system of thought and feeling" within which there might lie one or more conclusions, each of which might be very different from previous or subsequent conclusions.

DISTINCTIONS AMONGST CHILD SUBSYSTEMS Before Piaget, mental development was seen exclusively in terms of intelligence and performance, with the additional view that performance was also affected by physical and emotional processes. Piaget has proved that there are significant differences among "typical" methods of thinking at different points of a child's development, regardless of intelligence.¹³ The operation of these different processes must be taken into account to understand how an individual might have conceptualized differently what may have been similar inputs from his caretakers at different stages of growth. Also, similar genetic factors operate differently at different stages of growth. There is complex interaction between the child's physical, mental, and emo-

tional endowment and his age-related patterns even when it comes to genetic determinants, let alone environmental factors.

Even today, professionals still tend to think of development in three categories: physical, cognitive, and emotional. There has not been sufficient research done on how these aspects intertwine year by year, although Spitz, Bowlby, and Jerome Bruner are remedying this regarding the first years of life. Researchers and theoreticians in one area of development acknowledge the value of correlating with other areas, but then they get swamped with the multitude of data. Each researcher appears to end up focusing on one area to the detriment of others. For instance, Erikson has emphasized stages of emotional development and Piaget has emphasized stages of cognitive development. And physiologists see the genetically programmed stages of physical development as principal agents for all stages. At the other extreme, clinicians often do not account sufficiently for the physical determinants of change even when they recognize the ongoing interaction between emotional and mental development.

In seeking to correlate research on child development from the three different major perspectives, I, too, have felt swamped and have recognized that volumes are needed to correlate the data and spell out the fine-point distinctions between one subsystem and another. For practical purposes, I have limited Chart A to those distinctions among Child systems that rather obviously distinguish one stage of childhood from another, i.e., where there are evident differences in physical skills, in perceptual and mental abilities, and in emotional development. Such differences would stimulate different conclusions at different stages, even to similar stimuli in the same family environment.

To use Chart A, I have taught myself to recognize the typical differences in appearance and manner when a grown person operates out of one subsystem or another. For instance, there is a recognizable difference in appearance and manner when a grown person is crying out of a helpless *Infant Child* than when the same person is crying out of *Control Child* (that is, controversial, seeking control by temper tantrum), even if the stimulus in both instances is panic.

I invite the reader to train himself similarly, to develop his own acuity of observation in order to familiarize himself with the particular characteristics of one Child subsystem as distinct from another. These become quite obvious when one pays attention to such differences while watching children in nurseries, playgrounds, or, as I do, on board airplanes. The next step is to remember that the age differences, which we distinguish from one another when we watch live children, maintain themselves later as separate entities within the Child ego state of a grownup. These entities do not transform themselves from one into another, the way a child's small bones grow into larger ones. Rather, they remain as separate systems complete with their own idiosyncratic Gestalten of combined feelings and thoughts. These, then, exist as conclusions that are stored within each Child system like so many favorite rattles, teddy bears, dolls, and toy trains that indispensably belonged to the Child at each separate period of his

life. They remain there with all their accrued importance, ready to be picked up at moment's notice as the tried and true basic tools for comfort and excitement in response to one stimulus or another that may appear later in life.

CONCLUSIONS WITHIN SUBSYSTEMS

In the space next to each subsystem label on Chart A, I enter whatever important identified conclusions seem to be imbedded within that subsystem. I translate conclusions from primal feelings to formulated language even if it's clear that originally many were set as bodily experiences or as self-programed reactions or responses. Some harmful conclusions exist principally as inhibitions against unwanted feelings or behaviors. These often result from injunctions such as "Don't feel," "Don't use your senses (touch, etc.)," and so on. Sometimes they relate to persistent mislabeling of emotions formerly expressed as behaviors by the child.

It is these categories of conclusions that usually form the basis for *rackets*. Other translated conclusions are more complex and represent an attempt to reconcile two opposite messages. These conclusions lead to a particular sequence of racket-game-racket. (Example: "I'll provoke Mommy—because Daddy likes it—then feel scared after.") This can get replayed as a sequence: (1) rebellious challenges to women (racket); then (2) "Now I've Got You . . ." (game); then (3) fear of women; leading to (4) renewed, now dependent, appeal to women from Child (racket); and so on.

However, it must be remembered that each subsystem also contains many conclusions that are protective; we need not be concerned with these. I also make notations on the chart regarding "antidotes" that prove successful. At the same level as conclusions there is space to enter whatever messages or experiences may have led to a particular conclusion or racket, either "adaptively" (i.e., the message and the conclusion are similar) or "reactively" (i.e., the Child used his resources—genetic or from other stroke sources—to reject the proffered message and to establish a conclusion against it). For instance, "I'm a killer" is a conclusion that can exist in one of the Child's subsystems as a result of an attribution ("You're a killer—I almost died when you were being born"), or it can result from a reactive fantasy *against* a different message such as "Stay with me always."

You will note that I have added a line for "Remembered Script Decisions." In my experience, remembered script decisions *follow* script formation rather than precede it. Remembered script decisions can offer significant insights to certain parts of the script if we keep in mind that they do not characterize the person's total script.

ADJUNCTIVE CHART ("B") As an adjunct to Chart A, which is my principal reference point for treatment, I often use the additional Chart B (Figure 3), which is self-explanatory and allows for other data.

Neither of these charts should be used bureaucratically or to stop the flow of treatment. They are simply aids to therapist and patient. Most

Name of patient: _____

	Mother	Father	Other important caretakers during early childhood*
1. From Child ego state:			
a. Nonverbal messages	_____	_____	_____
b. Verbal or overt messages	_____	_____	_____
2. From Parent ego state: Instructions (for counterscript)	_____	_____	_____
3. Typical behavior and/or statements			
a. Re: child	_____	_____	_____
b. Re: others in household	_____	_____	_____
c. Re: self	_____	_____	_____
Family motto (as experienced during grade school period):	_____	_____	_____

*List separately with whatever information is available regarding the early age periods when they might have been influential: examples are grandmothers, nurses, older siblings, aunts, uncles, etc.

Figure 3

Chart B. Information about Messages and Instructions

patients are long since cured and gone before all notations are entered, but the headings on the charts do act as useful reference points for diagnosis and treatment, particularly when there are many dysfunctional or contradictory conclusions operating out of the different subsystems of the patient's Child. However, if I note outstanding incongruities in the patient's conclusions, I do ask informational questions such as who the different caretakers were at different stages of very early childhood. Often such information helps to reconstruct the positive or negative influence of additional caretakers such as grandparents, nurses, and older siblings at critical early periods. Patients can usually check out my hunches about early influences by questioning their relatives regarding the roles of difference persons toward them during their unremembered childhood, or, alternatively, by inquiring about significant crises in the lives of their parents at these unremembered times.

Also, I often encourage patients to remember or make up the *family motto* that they consider most representative of their total family during their grade-school years, and I enter it on Chart B. Since this is the period when their Parent ego state is forming, the *motto* gives me ideas about the banal script or counterscript they may be operating on as an alternative to their basic script.

DEVELOPMENT OF SUBSYSTEMS

Here is a brief description of the seven stages and Child subsystems that are listed on Chart A:

(1) INFANT: THE COENESTHETIC SYSTEM (0-3 MONTHS) Birth! I won't elaborate on theories about perceptions within the womb, or trauma of birth, though it is now known that already before birth the infant's genetic endowment gets influenced by environmental forces. (For instance infants of drug-addicted mothers are born with addiction.)

Infancy starts by taking in a breath of air. Buddhists say that this initiates a debt to the world which is only repaid when the last breath is expired at death. Between his first breath and his last, the individual will or will not develop himself as a "prince." Hopefully, he will bring to fruition his full genetic endowment by becoming creative, joyful about living, and aware of his strengths and limitations. He will become autonomous yet related to others, and, finally, he will gladly transmit the best of his essence to future generations. Much will depend on innumerable environmental variables that immediately converge on the newborn infant (for example, where and to whom he is born makes a big difference). Such variables and many others will continue to influence him in many different ways during his childhood, but always there will be his drive to manifest himself in accordance with his own, unique genetic code. How? "Being is knowing," say the ancient Hindu scriptures, and modern-day geneticists agree.

During his first three months of life, the infant cannot use some of the

senses he will use later, such as sight. But he has a special system of perception, which René Spitz calls the "coenesthetic system," whereby "perception and responses take place on the level of deep sensibility and in terms of totalities, in an all-or-none fashion."¹⁴ Reception and the corresponding responses are totally visceral. They are "evoked by signals and stimuli which are completely different from those operating later. . . . The resulting mode of communication is on the level of . . . animal communication." The infant receives signals from his environment as vibrations to his total body, rather than as strokes. He responds to "equilibrium, tension, posture, temperature, vibration, skin and body contact, rhythm, tempo, pitch, duration, tone, resonance, clang, and probably a number of other [signals] of which the adult is hardly aware and which he certainly cannot verbalize." Spitz points out that as adults we no longer consciously use this system of communication because "we have replaced coenesthetic signals by diacritically perceived semantic symbols," so it is difficult for us to conceptualize that infants have the fine "extra-sensory perception" that is later considered a rare gift owned only by "soothsayers, artists, musicians, and nursing mothers." Actually the infant's system is comparable to that of animals, "who know as a matter of course when someone is afraid of them and act without hesitation on this knowledge."

From his meticulous observations, Spitz has deduced that "affective signals generated by maternal moods seem to become a form of communication with the infant. These exchanges between mother and child go on uninterruptedly without the mother necessarily being aware of them . . . below the surface, the ebb and flow of affective energies move the tides which channel the current of personality development into one direction or another."

All this is pertinent to our realizing that during his early months the infant registers through "vibrations" rather than through actual stroking, and he takes in one of two global messages: either "Joy! Come forth into the world!" or "Horrors! Go back to where you came from!" Simply stated, it's "Come forth!" or "Go back!"

Of course, many infants and babies die of marasmus or become autistic from insufficient care or other causes. For the purpose of this chapter, I will exclude such cases and those of physically battered or nutritionally deprived children, and assume "average" American circumstances during childhood. Even so, a high proportion of persons who seem to function well as grownups were the recipients of coenesthetic "Go back" messages through the "vibrations" of their mothers. They flourished anyway, either because they got care and stroking thanks to the mother's Parent and Adult or because they had additional caretakers (father, nurses, grandparents, older siblings) who sent out positive vibrations to the infant when he was held. Still, we must acknowledge the infant's primitive capacity for subtle perceptions of feelings in the mother as a fact of human nature that even takes precedence over the need for strokes. What is important is neither to blame the mother for involuntary communication nor to be squeamish about evaluating the very first emotional message that was ab-

sorbed during infancy. Even if it is counterbalanced by other vibrations, many strokes, and later conclusions, good or bad, the early sense either that the world beckons or that it wants you out never quite leaves the organism. Our coenesthetic system of perception and response continues to exist as a kind of mental system that is even more primitive than intuition—which, itself, precedes organized thought.

Erikson tells us that at the first stage of life we establish trust or mistrust,¹⁵ and perhaps this statement suffices. I believe there is a stronger distinction to be made between persons with a "Come forth" imprint, as I call it, versus those with "Go back," in that the former radiate a feeling of welcome wherever they are, whereas the latter radiate the sense of feeling unwelcome. Regardless of all later conclusions, even very damaging ones, persons with a "Come forth" imprint operate with a conviction that life is worthwhile, even if they live in situations of deprivation or stress. They feel lucky and are recognized as such by others. They are "born with a silver spoon." Such persons do, indeed, generate additional luck for themselves because of their basic optimism. "To him who has shall be given" says the Bible, acknowledging the unfairness of life. In mythology, Odysseus is such a lucky hero. The story says that the goddess Athena "loved him from birth." Even though Poseidon, the oceanic "father figure," later sought to destroy him, Odysseus turned his misadventures into a series of successful exploits. In real life such persons need good access to their Adult to stay alive. Often they remain too unconcerned about protection if, during childhood, they also have been supported by "magic thinking." Often they operate with a kind of careless rashness that can ultimately destroy them. (This may have happened with John and Robert Kennedy and other luminaries.)

In contrast, persons who survive the "Go back" imprint may operate with a basic pessimism about life but with a kind of fierce determination to prove their right to live. However, such persons may get themselves into trouble if additional conclusions lead them to keep "proving themselves" in harmful ways; they will fight nonexistence to the absolute limit. Having weathered their biggest crisis—survival in infancy—their coenesthetic system remains perpetually vigilant against the ultimate catastrophe of their own death. Such persons are more attuned than others to picking up hostility, anger, or danger around them. This can serve them well, because they work against it. They, too, must learn to use their Adults lest they go overboard in identifying and fighting enemies. They operate with a great deal of what is called nervous energy, in that their system is perpetually fighting the "Go back" message and they fear relaxation lest it implement the message. Being driven to achievement in order to make their mark often puts them into tense situations that challenge them even further to success. Conversely, like Macbeth, they are driven by a "vaulting ambition" which finally "o'erleaps itself and falls. . . ." Richard Nixon may be such an example, again with due allowance for innumerable additional factors, including many subsequent conclusions.

Note that popular writers have seen "suicidal" tendencies both in John

Kennedy, who emanated a sense of feeling welcome, and in Richard Nixon, who radiated a sense of feeling unwelcome. In actual fact, John Kennedy's "luck" often worked well, as in the PT 109 episode, and as in gaining the Presidency against the odds of being Catholic. Perhaps it also led him to disregard the statistical probabilities of danger, which proved out when he was killed.

By contrast, Nixon survived even the self-made disaster of his career. He may have operated with an inner need to escalate crises and thereby refuel his primitive determination to prove that he could keep "overcoming" the Infant's and Baby's recurrent depressive hopelessness about feeling unwanted in this world.

Because the early coenesthetic experience is so enveloping, it is possible to recognize this early imprint in the people we work with as therapists by awakening our own coenesthetic system to the "vibrations" or "radiations" of other persons. The awakening of our own coenesthetic system can be terrifying at first if we ourselves have been the recipients of "Go back" vibrations. Ultimately we are better off even so, because as grownups we can then draw on the additional resources of our Adult to build on whatever beneficial conclusions exist in our other systems.

It is necessary to remember that persons who radiate "good fortune" and feel "lucky" may also have additional harmful conclusions that may lead to difficulties in life; and that persons who survived "Go back" messages are often the ones most highly motivated to success in the Western world, though sometimes it is at the cost of tremendous effort and tension throughout their lives. Many suffer from insomnia, startled responses, and a multitude of psychosomatic disturbances generated by tension, such as ulcers and high blood pressure. Relaxation or meditation can relieve such symptoms, but characteristically such persons are the ones most likely to get upset by such procedures, even if they clamor for them. This in itself is a diagnostic indicator. I use certain specific meditational techniques for some such cases, but I also work with the Infant panic these generate, and I am careful about the Adult contract.

Even though people with coenesthetic "Go back" messages typically suffer from insomnia, they should *never* be given sleeping pills. Their body is set to fight relaxation so they require increasingly heavy dosages to sleep. Finally the recurrent chemical input overcomes their body's fight against the coenesthetic feeling of not belonging in this world, and thereupon they succumb to death by overdose, because they give up the fight to live. This may have been the case with Marilyn Monroe. In the course of childhood she got many additional harmful messages that reinforced the coenesthetic "Go back" message of her first months, but she fought these valiantly. It is not a coincidence that she herself placed a well-nigh magical value on her body, even though she also sought to cultivate her mind. She might not have given up the fight to live had she not been encouraged to use chemical means for the relaxation she needed. Ultimately, I believe this led her into complying with the death messages she was resisting through insomnia. In a case like this, there should be clear

Adult explanations about how as an infant there was a "survival" need to avoid too much sleep lest she be forgotten and allowed to die. A graduated program of supervised meditational work offers the repeated corrective experience. The grownup body can be allowed to "let go" in a safe place, because she now knows how to get up "out of the crib" when she wakes. Therefore, relaxation would not have the dreaded consequence to the person of being forgotten and getting sucked into the ultimate inertia-of nonlife.

(II) BABY: FROM OMNIPOTENCE TO IMPOTENCE (3-8 MONTHS)

At the beginning of this stage, the infant moves from coenesthetic perception to what Spitz calls "contact" perception. Now he registers the physical strokes he receives passively and he also actively uses his own hands and fingers and lips to touch and to distinguish between the feel of one object and another. Following "contact perception"—i.e., the use of touch as his principal form of experience, both passively and actively—the Baby moves on to "distance" perception, i.e., he can now also use sight and hearing to make distinctions. Smiles and frowns which are perceived by sight rather than by touch now acquire the value of physical strokes, and so do specific sounds. This is the beginning of the human ability to manipulate symbolic meanings such as objects that can actually be "handled." When the baby finds that he can smile meaningfully at his mother or that she does not appear instantly when he calls, he discovers that there is a difference between his own volition and that of his mother. She does not always want what he wishes, so the baby establishes conclusions as to what will get him the most strokes. Is it by yelling loudly? By being quiet? By crying in the nighttime or in the daytime? When there's a lot of commotion around, or when the house is still?

During the two to three months that overlap the Infant stage and the Baby stage, all babies, even those who had coenesthetic "Go back" messages, operate with a sense of omnipotence. This is primarily due to their lack of differentiation between themselves and the environment. This leads to the fantasy of being able to control others by their wishes. They can obtain "dream" milk even when they don't get the real thing. This can be noted by watching babies contentedly making sucking motions during sleep. All babies who have survived this far have experienced that they need only to fantasize being fed or diapered, and "it happens"—or if it doesn't, they can dream it.

In addition, they progressively show bodily manifestations which "automatically" elicit responses from their caretakers. For instance, babies will scream in different ways for different results and, if necessary, they will resort to symptoms such as vomiting, rashes, asthma, etc. Even at some cost, they are omnipotent: their bodies know how to make their wishes come true! Caretakers appear and do the right thing.*

* Thence came the numerous fairy tales like Aladdin's Lamp, where powerful figures can be ordered around by means of a magic talisman.

However, by the end of this stage—at about six months—along with the primitive differentiation of self comes the rude awakening that neither fantasy nor conclusions will always work. Even in well-cared-for babies there is the experience of pain through teething or colic, and not even strokes can alleviate pain instantly. The baby experiences the opposite of his omnipotence: total impotence, his and that of his caretakers. Despair is the result, total, global “not-OK.” Neither he nor his differentiated caretakers have any power over pain. He responds to the despair of total impotence on a continuum between wild screaming rage and silent utter hopelessness, from which he lapses into the withdrawal of sobbing sleep. Melanie Klein refers to this behavior as “six-month-old depression.”¹⁶ Spitz also has identified this process that relates to primitive differentiation, and he calls it the “eight-month anxiety.”¹⁷ He states that it “marks a distinct stage in the psychic organization.” The baby has now lost what Spitz calls his “blissful state.” I call it “falling from Paradise.”

According to how he is handled during this period, the baby establishes basic conclusions that will determine how the Child will react to the experience of impotence when he encounters it in the future, as is bound to happen to all of us when we run across insurmountable obstacles that give us pain or frustration. As a result of such conclusions, some people react to frustration with variants of rage, high energy discharge, and high activity, reflecting a conclusion at this stage that screaming or agitation works best. Others are likely to go into variants of high passivity, reflecting a conclusion that quietude works best. These conclusions thus trigger off in a grown person “characteristic” responses to pain or frustration. They are also a foundation for the “existential position” within the Child.¹⁸

(III) EXPLORING TODDLER: THE POWER OF MOBILITY (8-14 MONTHS) The toddler's new motor power temporarily helps him to overcome functionally (though not necessarily emotionally) the absolute despair he has experienced at the end of the last stage. Bruner has proved that the child's high drive of curiosity exists from birth,¹⁹ but it is at this stage and at the next one that it becomes most evident. The toddler arrives at many conclusions as a result of his own actions, which lead him to excitement, pleasure, and also pain, fear, and moments of real or imagined extreme danger.

Conclusions in this system have a lot to do with excitement, curiosity, experimentation, and the refined use of the senses, particularly touch. If there is insufficient supervision and the toddler keeps hurting himself in rough exploring, there will be conclusions related to fear of new things, or, in reverse, accident-proneness if pain from getting hurt finally gets care. Some toddlers who hurt themselves will develop a yearning for the safe confinement of crib or playpen, and if they also have additional experiences that maintain the early “despair” conclusions, they are likely later in life to push or provoke until they get themselves “safely” incarcerated in a mental hospital or a jail.

Many conclusions of this period are revived again at script-making age

and at adolescence in regard to exploration (body or environment) and apprehension, literally and symbolically. Some conclusions relate to the use of the body, sphincter and bowel control, and mastery of self in learning skills. Choices will be made between the drive to explore away from caretakers and the "stroke-security" to be gained for abstaining from adventures. (Later in life all these conclusions will affect behavior in marriage.) It's at this period also that toddlers pick up "GAGIT" ("Go ahead and get into trouble") messages, and phobias and anxieties later in life often reflect reactive conclusions against such messages.

Certain conclusions within this system can be identified by the attitude a given person has in relation to his or her car or other "new" uses of "motor power," and also by how he or she drives.

(IV) WALKY TALKY: DETERMINATION AND IMITATION (14 MONTHS—TWO YEARS) I have named this system Walky Talky because it corresponds to the stage when the baby has become an active, ambulatory little child. He demonstrates that he has now mastered a wide range of physical skills, including eating with tools, walking, climbing stairs, running, and so on. He has mastered a whole new language, the geography of his home and nearby environment, and he can figure out a great deal about the people around him. As adults, we would consider it difficult to master, within a year, a new language, new sports that involve new skills in finger and body coordination, geography, anthropology, and psychology. But a child simply picks up all these skills and he practices them with a persistent determination that no grownup can match. Mostly, he learns by imitation, which in itself is a new skill. Parents can use the child's new aptitude to teach and to protect him. I still remember my son shaking his finger at the stove and saying "No!" and my relief that finally I did not have to chase after him every second to stop him from getting hurt. However, the child may imitate all kinds of undesirable patterns also. At this age, my daughter was limping up the stairs because I was. (She is now grown and tells me she still has a tendency to do so when under stress.) Children now accept prohibitions: "don't touch," "don't see," "don't hear," "don't think." Many conclusions within this system are equivalent to assimilated messages because this particular Child subsystem is so imitative. This system, and only this system, could be termed P_1 , because of the assimilation and "identification with the aggressor" that takes place.

Grownups who overuse their Parent and enter transactions from a stance of Persecutor or Rescuer usually operate out of certain tight conclusions established in this system. It is as a result of specific conclusions in this system that people are more or less willing to accept parental instructions offered verbally later in life.

There are additional conclusions established at this time regarding assumptions about outcomes of activity. These are generated as the child practices all his new skills. Does he get a lot of "Be careful, you'll fall!—See? I told you!" or "Ha, ha, clumsy!" or sarcastic laughter about twists

of words, or consistent impatience when he spills, or panic when he runs, or smiles when he is endangering himself? What we refer to as "gallows laughter" usually reflects conclusions in this system as to the danger of using initiative and mastering new skills. Many conclusions in this system need to be offset later in life with permissions about competence, testing out, and using the Adult.

(V) **CONTRO: CONTROVERSY AND CONTROL (2-3 YEARS)** I have named this period Contro, short for "controversy" and "control." Following the child's tendency to bland imitation of his caretakers at the previous stage of development, the "terrible twos" usher in a new system. This system corresponds to a new stage of differentiation between a child and his caretakers. It is due to his awareness of his new physical and mental powers. He starts "adapting negatively," that is, "wanting" just the opposite of what "they" want for him. Who owns the child's body? Who has the power? Conclusions within this system will affect his later behavior at adolescence, when there are comparable battles between parents and offspring resulting from the new operation of his Adult ego state. Within this system lie the Child's conclusions about the relative power of the Top Dog and the Underdog, and about manipulation.

In this system also lie conclusions related to shame, which is one highly effective way through which even the most negativistic child can be controlled by his caretakers and by the rest of the environment, for better or worse. Much of what is referred to as "cultural scripting" results from inputs into this system.²⁰ If there has been very much shaming over a large range of areas, there are conclusions of fear and apprehension that are likely to surface powerfully, particularly in social situations, regardless of additional conclusions about how to relate to others that may also exist here. This was illustrated in the case of Nancy given above.

Conclusions that lead to substitution rackets start out in this system and spread out into the next. In my two papers entitled "The Substitution Factor—Rackets and Real Feelings,"²¹ I have described how, when the expression of certain genuine feelings is mislabeled, discounted, and/or negatively stroked, children use the power of such repressed feelings to express substitute feelings that are given approval. These substitute feelings are often exaggerations of feelings or behavior that are tolerated by the family at this stage of development. It is during the two-to-three-year-old stage that children learn names for feelings, so there are conclusions in Contro that tell the Child what are approved feelings and what are dangerous feelings. As a result of such conclusions later in life, the individual might "racketeer" for strokes to "approved" feelings both in order to sustain himself and to prevent "dangerous" feelings from surfacing into awareness.²²

(VI) **EXISTER: FORMATION OF EXISTENTIAL POSITION (3-4 YEARS)** Berne wrote that a person will operate with one of four potential "existential positions"—i.e., a stance or a point of view through which

he experiences himself and others. He gave them the following colloquial labels:

I'm OK, You're OK.

I'm OK, You're not-OK.

I'm not-OK, You're OK.

I'm not-OK, You're not-OK.²³

To these four categories, I have added what I call a *Fifth Position*—"I'm OK, You're OK-Adult." I distinguish this fifth position from the primitive "I'm OK, You're OK" which every infant is born with according to Berne. The early OK position actually operates as a global, undifferentiated position that involves total fantasized omnipotence. It is primarily a symbiotic "We're OK." By contrast, the fifth position includes differentiation. Optimally, it involves both a quest for autonomy and a sense of our interdependence with others. It represents a recognition both of the lovability and the fallibility in each of us, and contains both idealism and realism. I have elaborated on this subject in my articles, "The Fifth Position" and "I'm OK, You're OK-Adult,"²⁴ where I pointed out that the development of this position requires adult experience, so the possibility of establishing it is not available to a three-year-old. Nevertheless, I agree with Berne that between the ages of three and four the young child settles into an existential position which becomes the bedrock for his future script, because around that age he develops a need for a point of view for his relationships with others.

By this time, even under the best of circumstances, it is well nigh impossible for a child to sustain the primitive global, undifferentiated "OK" position (I'm OK, You're OK) that he was born with. He has been through pain, such as teething and bellyaches, and through stages of differentiation of self at the Baby stage and at the Contro stage. He has experienced swings of moods; from the fantasized omnipotence of infancy and the rebelliousness of Contro with which he "won" power struggles with caretakers, all the way to feelings of utter impotence when he "lost" battles for control or when he experienced unrelieved pain. At this stage despair, first felt at the end of the Baby stage, threatens to take over once again with its alternations of rage and hopelessness. This can lead him into a position of "I'm not-OK, You're not-OK" that is both furious and desperate. Such a position can only lead to a frantic quest for total omnipotent vengeful destruction of the world, or to a total collapse of the self.

The fact is that existence offers no 100 percent "total solution" (Hitler's term). If a total "not-OK" position is set irrevocably during the Exister stage, I refer to it as being on a *third-degree level* (by analogy to the manner in which doctors grade the damage of burns). An individual with a third-degree "not-OK" existential position will later embark on a globally destructive path if he has the mental and physical capacity to do so, or else he will get himself "safely" locked up in a mental hospital, in jail, or in heroin addiction. He will seek total "control"—either that of his own power over the world (Hitler), or else total control of his person by the

world in order to feel "safe" from the besetting dangers he fears in and around him. (After committing one crime after another, Heirens, the notorious murderer of the 1940's, scrawled on a mirror in lipstick, "Lock me up before I kill more.")

DEFENSIVE EXISTENTIAL POSITIONS Fortunately, by age three, the majority of children will have experienced enough stroking and pleasure from experimentation that they can defend themselves from being flooded with the total "not-OK" of despairing impotence or of frantic quest for absolute power. Instead they establish one of two *defensive* existential positions, which I name either: *Type I* ("I'm not-OK, You're OK") or *Type II* ("I'm OK, You're not-OK"). A defensive existential position offers *hope*.^{*} With Type I defensive position, a person can hope that *others* (parents, gods, anyone else) will find solutions; with Type II, a person can hope that he himself will find solutions, even if others can't. Children will develop an "I'm not-OK, You're OK" defensive position if, by age three, they have established a high proportion of conclusions related to helplessness and to being overpowered. In reverse, they will develop an "I'm OK, You're not-OK" defensive position if, so far, they have many conclusions about their power to "make" their caretakers feel good, or angry, or scared, or guilty. So the defensive position represents a resolution for life that follows the battles of either Type I or Type II, and it becomes characteristic of an individual's "personality." A person whose defensive existential position is very tilted one way or another, i.e., third degree, operates in life very rigidly in that position. He then feels compelled to maintain this defensive position without the flexibility of moving to the fifth position for he fears being flooded by total not-OK feelings whereby he would feel even worse than with his rigid defensive position. As a result, the person's script becomes dangerously slanted and non-productive, for he becomes more invested in maintaining or justifying it than in expressing the creative potentials of his script. Such a person needs treatment, though not necessarily script analysis. The most important part of treatment consists of helping him become aware of the extent to which his position is out of balance, and encouraging him to soften the rigidity of his defensive position. A potentially harmful script can thus transform itself into an exciting and creative one. Techniques of treatment can focus on the manner in which a client "racketeers" for plastic strokes and help in changing his patterns for exchanging strokes. Sometimes gestalt work is required to help a patient recognize alienated feelings within himself and reconcile them with his other, more acceptable feelings. In the course of such treatment, a patient might experience panic from feeling flooded with the despair from which he was defending with his rigid position; so he must be sustained with potent protection until such time as there is more flexibility to his position.

The basic position established at Exister stage is often more important

* See the myth of Pandora's Box. There, too, hope is supposed to offset the evils of the world.

than anything else in identifying the direction of a person's life, because the grown person will slant himself and his script one way or the other in accordance with his basic position. Rather than by full script analysis, it is by evaluating the relative rigidity or flexibility of Exister's position in conjunction with the consistency or contradictions of previous conclusions that we can be predictive about the outcome of a person's life. It is to the extent that the grown person can keep realigning himself to the position "I'm OK, You're OK-Adult," regardless of real crises in his life that he can, perhaps, attain "happiness."

In the course of our lifetimes, even after we acquire the ability to operate from the fifth existential position, the majority of us continue to revert on and off to the particular defensive position we selected at about age three. It remains our home base and constitutes our primitive way of distinguishing "good" and "bad," "safe" and "dangerous." At times of stress or emergency, Type I people tend to feel that others are better, righter, smarter, or more powerful than they are, whereas Type II people tend to feel that they themselves are better, righter, smarter, or stronger than others. Type I people tend to shun leadership roles even if they are otherwise highly qualified, whereas Type II people will propel themselves to leadership even when not that qualified.*

RACKETEERING This is a word I have coined to reflect dyadic transactions in which a *racketeer* involves a partner into giving him contrived strokes in support of his rackets.²⁵ This is nonproductive on a third degree level, but most of us are likely to do so some of the time on a first degree level. Racketeering reflects a person's defensive position, in addition to reflecting his particular rackets.

A person with a Type I defensive existential position ("I'm not-OK, You're OK") is likely to racketeer as a "Helpless" or "Bratty" Child, seeking ongoing strokes from a Parent. ("I'm so tired, help me," etc.; or—rebellious—"Yeah? Show me.") He will start transactions from a victim or one-down stance, even when he is feeling angry and is subtly persecuting. A person with a Type II defensive position ("I'm OK, You're not-OK") will racketeer as Phony Helpful or Knowledgeable or, then, sometimes Bossy Parent, even when he is covering up inadequacy. He will sound like a Rescuer or a Persecutor from a one-up stance and do so all the more if he feels shaky and scared inside.

Regarding Type II persons who racketeer from what sounds like a Parent ego state as Rescuers or Persecutors, there appears to be a contradiction when I state, as I do here, that their position is established at age three, considering that I have previously indicated that the actual Parent ego state (P_2) does not operate effectively until after age seven. The explanation lies in the fact that Type II racketeers often draw on their Walky Talky Child system to impersonate a Parent, and, later in life, this

* The ability to distinguish between these two types of people is essential in hiring or assigning people to jobs in any field.

responsible "I'm not-OK, You're OK" position rather than experiencing the persistent strain of justifying his "I'm OK, You're not-OK" position. But he, too, eventually reexperiences the need for strokes and, on the basis of his conclusions, the only "sure" way he believes he can seek them is by moving back to the "I'm OK, You're not-OK" position from which to racketeer all over again as a Rescuer and/or Persecutor.

As we can see, the game switch generates an apparent reversal of a player's usual defensive position, but it is relatively short lived.

Within the Exister sub-system sits the "preferred" defensive position, the only one which each of us experiences as protecting us from total not-OK and the only one from which we have learned to expect strokes; this is what each player soon returns to, ready for the next round of racketeering, for it is the racketeering part of these transactions that structures most of his time, *not* the game switch, which is short lived.

I consider it important to emphasize that it is racketeering that offers the sought-after "payoffs" (albeit exploitative, nonnourishing ones related to childhood conclusions that are anachronistic). Game switches offer only consolation prizes, not payoffs. They result from the player's frustration at receiving insufficient strokes of the kind he learned to go for in childhood when he was needy or deprived of outlets for his feelings.

Nevertheless, the escalation of games in a patient is, indeed, a high danger sign. It implies not only that he cannot sustain himself in an "I'm OK, You're OK-Adult" position, but also that he is less and less capable of sustaining himself even in his defensive position, since his game switches are swinging him back and forth too dizzily from one existential slant to another. A high incidence of game switches is an indicator of increasing frustration and desperation. The individual is experiencing that his manner of racketeering fails to produce the strokes—good, bad, or crooked—that he was accustomed to prior to age three. He does not know how else to get what he needs (creativity and intimacy) because of the very prohibitions about feeling and thinking that generated his reliance on rackets. So his increasing desperation can, indeed, move him to third-degree racketeering, then third-degree game switches, and, finally, to a tragic ending for himself and/or others.

This does not mean that he was escalating games in order to advance his script. Quite the contrary. This kind of escalation *prevents* someone from developing his script fruitfully, and the player's inchoate awareness of this very fact only contributes all the more to the kind of not-OK desperation that can lead to tragedy.

It is on this point that I differ significantly with standard TA theory. I am sure that, even unconsciously, people do not initiate games for the purpose of payoffs and that the script does not represent an ultimate payoff. People seek stroke payoffs from racketeering because it is these transactions that they relied on in childhood at times of stress.

The game switch occurs when the process of racketeering fails and the player feels incapable of drawing on other internal or external resources

because of conclusions related to early childhood prohibitions. At that point, the consolation prize of whatever feelings of justification result from the game ending serves temporarily for just that—consolation and justification. This prize becomes the equivalent of trading stamps. Later the player pathetically tries to cash it in for the right to initiate once again an escalated process of racketeering with the same partner or with another. Failing that, he clutches on to his collected trading stamps and eventually, when he contemplates his worthless collection and recognizes that he does not know how to acquire the currency he needs to implement his script within reality, there is nothing left to do but to get to the morgue sooner rather than later.

In short, it is not the player's script that determines his games, rather game switches are the unfortunate results of a player's failure to gain enough ongoing satisfaction from racketeering. And racketeering represents his attempt to obtain strokes for rackets that ward off awareness of the more genuine underlying feelings than he actually needs in order to fulfill his script creatively.

TRAGEDY RESULTS FROM EMOTIONAL IGNORANCE, NOT FROM PREDETERMINED SCRIPTS The early prototype of the script is developed between the ages of four to seven. When a grown patient experiences the "familiar feeling" which characterizes what was classically seen as the "payoff" at the end of a game, he reproduces a childhood feeling, all right, but it reflects a stage of childhood that occurs later than the one at which he developed rackets and racketeering. This latter stage corresponds to periods past ages six or seven when children learn to settle for consolation prizes rather than nothing. This acquired pattern is not directly related to the development or the implementation of a person's script for it occurs *after* early script formation. It simply attaches itself to the movement of a person's life.

I see the escalation of games and their increased interference with the player's ability to fulfill his script successfully as due to *emotional ignorance or blindness* within him. If he remains stuck in his blindness, he "progresses" relentlessly from racketeering to game switches to stroke deprivation to trading stamps; then, again, to racketeering to escalated, speedier switches, and so on, till doomsday. This is, indeed, the pattern of Greek tragedy. The suspense element of these tragedies is that both the chorus and the audience clearly see how the hero/heroine's "tragic flaw" (which I call his emotional ignorance) could be dispelled, but the hero/heroine stubbornly refuses to see it. In the end, he or she fails to bring into fruition all the potentially beautiful elements that the script hints at in the early scenes.

It is not Greek tragedy that necessarily typifies scripts. It is fairy tales and folk tales and all of mythology in many versions. Greek tragedies represent scripts gone sour and, as such, they stand as monumental reminders of the danger of *hubris*—the dismissal of deep, frequently unac-

ceptable feelings within one's self and others which must be taken into account during peace lest they explode later as war. It is emotional ignorance that prevents the hero/heroine from confronting the realities of a grownup's life and death.

Emotional ignorance ties into two staunchly held beliefs in the Child. Each of us carries these to some extent, but they become dangerous when unexamined by the Adult. They are:

1. That it is possible for some people, if not for others, to attain unending happiness; for these lucky ones there is no pain and no death.
2. That such unending happiness can be secured by finding a supplier of unending "home-cooked" strokes in the best style that one ever got or dreamed of as Infant, Baby, or Exister, which are the Child systems most involved with the acquisition of nurture and strokes.

As long as these two beliefs are maintained unshaken by Adult confrontation, the unwary hero or heroine will be involved in a "pursuit of happiness" that remains a mirage—an unreachable dream. He will keep hoping that his script can lead in truth to "they lived happily ever after." It is this very hope that can transform his beautiful fairy tale into something akin to a Greek tragedy. Instead of moving forward in life along a creative script while developing himself as an autonomous human being who takes responsibility for his feelings, he will keep seeking a partner who can impersonate—for a minute or for years—the fairy prince or princess or godmother or elf or brownie who magically "solves" his need for creativity and intimacy by taking on the responsibility for unendingly validating the fantasized "truth" of his childhood beliefs. So, like Don Quixote, he will spend his life and energy racketeering in the quest of this validation. Then, at each disappointment and at each game switch, he will despair more and more until he hits his deathbed.

THE THERAPIST'S TASK Yet such a sequence need not go on. Perhaps the most important task of a therapist is to disenchant his patients and help them move away from their emotional ignorance. This is a task that wise parents or educators also undertake with their growing children, and that's how people can eventually function out of an "I'm OK, You're OK-Adult" position that permits intimacy, creativity, and love, even though none of these can be sustained without interruption and the fear and sadness of impending death which looms ahead for all of us.

The Child fights off the therapist or parent or teacher who performs this task; he sees him as cruel, he tries to ward off the news that "there is no Santa Claus." And, indeed, moving a person to disenchantment without clobbering him beyond his ability to withstand it is a hard and often painful task. While clutching on to his magic beliefs, the Child does all he can to threaten the solidity of the therapist, parent, or teacher who is challenging his fantasy.

In my opinion, it is the ability to fulfill this task both with strength

and with love that is the mark of a good therapist or educator. For it is to the extent that a person has been enabled to exist courageously and lovingly after freedom from emotional ignorance that he can experience the joy of living through a script which represents his own unique creation.

(VII) SCRIPTER: WHAT'S PAST AND FUTURE? (4-7 YEARS) And now comes Scriptor, the Child I described early in this chapter. Suddenly the four-to-seven-year-old child becomes aware of past and future and of a need to chart his existence, to structure time, space, and relationships. He builds on his existential position and, as I described at the beginning of this chapter, he tries to incorporate into his script as many of his conclusions as he can. He deals with a jumble of contradictory conclusions, so he needs a rather complicated story with ups and downs in order to accommodate the huge collection of Gestalten, formed and unformed, that he has accumulated so far. I will elaborate further on Scriptor after discussing the forces that have operated to establish the conclusions that are set into the human organism so far.

THE THREE DYNAMIC MUSES WHICH INFLUENCE US

THE MYSTERY OF LIFE I have indicated that a variety of conclusions get established within the seven subsystems of the Child. What are the dynamic forces that set these conclusions in the first place, and that later motivate a person to operate in accordance with one or more of these early conclusions?

To answer this question, I must digress briefly to considering the mystery of life. Freud posited two oppositional drives: Libido, the Life Thrust (which he based on Eros, the sexual drive, because of the organic drive to procreate), and Thanatos, the thrust to death. Many psychoanalysts later rejected the concept of a "death instinct." They found it distasteful, and they preferred to see a tendency to death as a pathological symptom.

However, Berne stated that he agreed with Freud about a "death instinct."²⁸ Regardless of the debate on this subject, there is the obvious fact that life emerges *out of* nonlife (inanimate matter). We can then see the forces of life and nonlife by analogy to an electrical charge that sparks inanimate cells of matter and animates them to organize themselves. Thereupon they operate in accordance with whatever are their mysteriously encoded principles until such time as the electric charge runs out and inertia sets in again.

If we recognize that we were pulled out of inertia by what Bergson called the "Elan Vital" (the Thrust to Life), but that, from the moment of birth on to death, the polar force of inertia continues to exert a regressive pull like a gravitational counterforce to life, then we can acknowledge that a part of ourselves is rooted in "nonlife," perhaps all the way down to the mineral antecedents that preceded even our biological evolution. Eventually, when our life runs out, we become mineral matter again, whether we aspire to this condition or not. So death can be seen as a

natural reversion *backwards* into the nonlife whence we emerged, rather than as a movement to destruction.

Regarding the Thrust to Life, it is observably true that it maintains itself in two ways: (1) as a thrust to grow and have an individual existence, be it as a weed or as a human; and (2) as a thrust to further the life of the species.

In lower forms of life, both thrusts complement each other and there appears no contradiction between the one and the other. The growth of an individual leads to maturity, which leads to procreation, which in turn generates new individuals, and so on.

Therefore, a narrowly biological viewpoint might support the idea of seeing sexuality—Libido—as being at the root of life in all its forms, without separating out one thrust from the other, particularly since it is indeed true that both life thrusts counterbalance the forces of inertia and/or death. However, as we go up the evolutionary ladder, we note that higher animals not only nurture the young ones they generate, but that some will risk their own lives for their young or for the survival of their group. So, when we consider those species whose survival has resulted from more than simple procreation, we must recognize, not only that there are two separate thrusts for survival (for the individual and for the species), but also that these two thrusts can operate in contradiction with one another, whereby one might take precedence over the other at different times and under different circumstances.

When it comes to humans, this distinction becomes even more crucial because, as a species, we owe our survival not only to the chain of procreation and nurturing of our direct forebears, but also to the chain of exploration and inventiveness that catapulted us all the way from the jungles across oceans and now into outer space. Always there were men and women who felt driven to question and challenge the physical and mental environment that surrounded them—even at the risk of their own lives—for inchoate reasons that even they but rarely saw as species-related. Usually they acted on what they experienced as their own curiosity or playfulness or restlessness or need for “self-expression.”

Research with animals has demonstrated that—except for limited instances in chimpanzees, dolphins, and dogs—only humans maintain the tendency to persistent playful excitement past sexual maturity.²⁹ And, thanks to Berne, we now welcome this tendency when it is manifested through our Child, although it can express itself also through our Parent and Adult (for example, in playing chess). It is this capacity for playful excitement and curiosity that has served the survival of the human species by promoting the risky experimentation and exploration of which our forebears have left us an example in the legacy of their inventions and discoveries.

Our capacity for excitement and our ability to be stimulated by curiosity are the expressions of a species-related urge to transmit the meaning of our individual lives on to future generations in more ways than through

procreation and nurture. Our species would have died off if innumerable individuals had not been driven to take risks for creativity or exploration, regardless of concern for their individual welfare or safety. The results of an individual's risk-taking can be generative for others, but that does not turn curiosity and risk-taking into derivatives of sexuality, even though sexuality can also manifest itself through excitement and curiosity. In humans, sexuality is not limited to the procreative urge, as it is in animals. It is one of many channels through which we can express the typically playful excitement that distinguishes human expression from animal expression. Sexual excitement may lead to generativity through procreation and nurture of others. It can also lead to other forms of creative expression by being a way to connect with others and experience our aliveness and our urge to give forth something of our essence, be it in the instantaneous present or in terms of the future. Similarly, the determined, aggressive "crazy" risk-taking behavior of an explorer, an inventor, or an artist can be the expression of his inherent but unacknowledged drive to promote the survival of the species even at the cost of his safety, just as is the lioness's sudden fierce jump at a huntsman in order to defend her young from danger at any cost to herself.

In summary, then, there are not two but three inborn dynamic and counterbalancing drives or forces that affect an individual and express themselves through the various genetically determined channels of a person's mysterious "self."

These three forces are (1) inertia—the pull to nonlife; (2) the drive for individual survival, leading to the quest for nurture and protection from danger; and (3) the drive for species survival, which expresses itself by excitement and by exploratory curiosity, sexual and nonsexual, potentially leading to creativity and the transmission of a broad span of gifts to others in the present and in the future.

THREE FORCES: SLEEPY, SCARY, AND SPUNKY The easiest way to represent these three forces is to personify them as three *Muses* which take turns in influencing us. Until such time as I find the appropriate Greek names, I have given these three *Muses* the irreverent names of Sleepy, Scary, and Spunky to connote their respective functions and motivational powers within our organism. At any given moment in time or at certain periods of our lives, one *Muse* is more influential than another, taking the foreground in our "Selves" and relegating the other two to the background until giving way and letting another *Muse* take primary importance. Each impinges on the others, but each must also operate in conjunction with the others, for all three *Muses* express their particular function through the same organism, even though each has her own directional pull.

Sleepy represents the pull to inertia; Scary and Spunky represent the opposite twofold pull to life for the individual and the species. However, as was shown above, some of the time, Scary and Spunky also operate at

cross-purposes with one another, so that in effect each Muse pulls in a different direction.

In TA we like diagrams as well as colloquial names. Rather than draw the three spirited Muses as figures, I portray them as three ovals that overlap onto each other to signify their interaction. Each Muse has her own area of affect which influences the Self and determines a person's feelings, thoughts, and behavior at a given time either in relation to whatever happens in the present or by "rubberband" to conclusions set in the past.

In Figure 4, the arrows pulling out of each oval represent the directional pulls of each Muse, and next to each arrow are the principal vehicles or modes of expression. Sleepy's arrow pulls regressively downwards to the womb, to inertia, to the all-encompassing cosmos.

Scary's arrow fearfully reaches upwards for nurture, protection, and succor from whatever deities will support the individual's survival.

And Spunky thrusts forward with excitement, fearlessly wanting to explore and express the creativity and sexuality that promote the species.

The plus and minus signs within each oval represent the polar powers and values within each Muse, for each one of the Muses has positive and negative value for us according to the usefulness or harmfulness of the conclusions established within our Child and the proportion of power each wields within us in the day-to-day context of our lives.

The two-pointed arrows within each oval represent the channels of

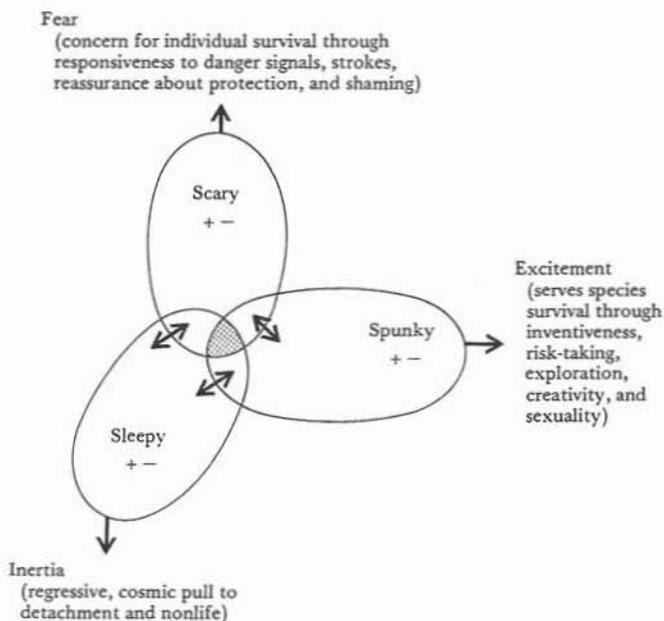


Figure 4

The Three Muses that Motivate the Self for Better or Worse

influence from one Muse to the other in the areas where they overlap, since the Child often experiences a nonverbal pull between the influences of one Muse and another.

The shaded inside core represents the inner self of the individual. It is perpetually affecting the Muses and being affected by them through a process that is not yet fully understood and that we term "growth." It moves relentlessly forward in time according to a genetically determined "clock." Just as this inner clock set us to start walking at about age one, assuming average development, so did it set us to establish our existential position at about age three, our script between ages four and seven, our Parent ego state after age seven, and our Adult after age twelve. The question in life is not whether these processes will happen to a newborn child, but rather how his Muses will successively set and bring forth the conclusions that will determine his feelings, thoughts, and contributions to the processes of the wider world.

In contrast to Sleepy's inertia, it is Scary and Spunky who actively set conclusions within the different systems of the Child. To do so, they use whatever sensory, perceptual, mental, and emotional resources are available to the child at each stage of his development. Intuition is not the prerogative of one Muse—it is available to all three as a mental tool of the Child—but each of them stimulates it in the service of her own function. For instance, Spunky's curiosity leads the Child to use the speed of intuition in order to figure out fast a creative solution to a problem, and Scary's concern leads him to use intuition to figure out fast how he can get an extra stroke. Later in life, it is Scary or Spunky who call forth responses to here-and-now situations in accordance with the conclusions that each has set within each of the Child subsystems. Sleepy also maintains her sway throughout life, particularly during sleep and relaxation.

In addition to having promoted conclusions in the various systems of the Child, each Muse steers the total person in one direction or another at any moment in time by eliciting feelings, thoughts, and behavior that are in accordance with her function, and she buttresses these with whatever formerly established conclusions best seem to serve her task.

Unfortunately, the Muses are often short-sighted or blind to the fast changes of reality as the years move on, be it in the life of the individual or the species. They will often bring forth from the Child old conclusions that sabotage their own functions, or those of the other Muses. For instance, take a luncheon speaker about to make a speech: Scary might bring forth, through his Walky Talky Child, the conclusion that it is dangerous to address strangers—which early conclusion was reinforced throughout his childhood when it had a repeatedly life-saving function during the years that he was growing up in a dangerous neighborhood. He might panic about speaking. But none of the Muses maintains exclusive control for long, so, in this case, the speaker's Spunky Muse might temporarily dislodge Scary along with her inhibiting conclusion and bring on the Adult or another Child system if it happens to contain a different conclu-

sion about speaking to strangers. Eventually this speaker might need treatment to diminish the power of his conclusion about not addressing strangers. The problem might dissolve gradually as a result of a planned or unplanned sequence of "corrective experiences" through which he might discover that he can shift gears between his Muses and that he need not dread being stuck for more than a few minutes if a Scary conclusion pops up.

In all of us at different times one Muse takes precedence over the others, stimulating one ego state or another or one response based on a conclusion in one Child system or another. Most of the time within the person there is an ongoing push/pull between Sleepy and Spunky, Sleepy and Scary, and Scary and Spunky, with the third member of the triumvirate often coming on with extra power if there is a struggle between the other two. To the extent that the three forces are smoothly balancing each other the individual feels "good," i.e., lively, or safe, or else "good and tired" and ready to enjoy sleep. Much of the time the Muses are only precariously balanced with one another, generating physical activity, thoughts, or feelings within what we call the Self. This is "normal"; this is how we know we exist. However, strong imbalance will generate minor or major disruptions in a person, all the way from minor rage outbursts, anxiety or withdrawal, to violence, panic, or severe pathological symptoms such as paralysis or anorexia.

PERSONALITY What is referred to as our personality reflects the relative power that may have been acquired by one Muse over the others as we were growing up. Thus, a particular Muse may tend to have priority in determining our options for how we structure time, space, and relationships, and for the aspects of our script that we are most likely to implement. (Many aspects of our scripts are never implemented, for better or worse.)

In addition to the different directional forces they represent, Sleepy, Scary, and Spunky also have oppositional active and passive polarities within themselves. Each has particular positive and negative value according to context and according to whatever a given individual or a culture might define as "good" and "right," or "bad" and "wrong." Let us also remember that because the Muses operated throughout the Child's development, each one elicited different parental strokes or discounts for the growing child. This determined different conclusions for different Child systems and the reinforcement of the operation of one Muse or another, however much they might also be interlocked with one another. In fact, it is this interlocking that explains why the Child does not get conditioned simply by taking in messages as undigested wholes. He transforms most messages into conclusions, i.e., combined Gestalten which include a variety of messages, experiences, and reactions because he is perpetually under the sway of the differing internal motivations of his three Muses.

Here are more details about the three Muses:

SLEEPY Sleepy is the most obvious and the most mysterious of our Muses. We operate through Sleepy for about one-third of our time on earth, yet we cannot account for that time except for a few remembered dreams or through the Adult use of a clock. What do we touch during those periods, and why do we need them? It is difficult to discuss Sleepy's influence without either going into metaphysics or into pedantic sleep research. Empirically and from physiological research, we know that we "sink" into sleep and that we dream. This very sinking has restorative value for life. We do not really know why this has to be so, nor can we logically explain fantasy or regressive or hypnotic phenomena. At those times do we touch archetypal imagery, as Jung assumed? Do we reexperience, each night, the mysterious time that existed before we were born as individuals or as a species, and the time that will exist after we die? Is it Sleepy's function to bridge life and death, the sleep during which we breathe and the final sleep of death—when we will be outside existence the way we were outside before we came out of the womb?

Without dwelling any further on speculation, what we can see every day is that through Sleepy we can withdraw from daily life and relationships and we can touch our "zero center" (Perls)³⁰ either in sleep or by meditative detachment. At times many of us can actually feel the heaviness of what I call Sleepy's "gravitational pull." Tennyson describes it beautifully in "The Lotus Eaters." At other times Sleepy also relates us to Peter Pan's extraterrestrial space. In meditation, under hypnosis, or when we dream, we can experience the sense of weightlessness and floating described by the astronauts who got beyond the earth's gravitational pull. Either way, through Sleepy we can feel detached, uninvolved, without concern about life on earth, our own or that of others. We can relate to the infinity of time and space, not by structuring them, but by experiencing a deep oneness with them. Thus Sleepy promotes peacefulness and serenity, which is why meditation can be so valuable. We need ways to withdraw from overstimulation and to pull together our inner resources. Our organism is so set that we cannot survive without sleep. If we fail to allow Sleepy to take over a good chunk of our time, we risk collapse from tension and exhaustion, which would truly lead us to the total inertia of death.

At the other extreme, it is Sleepy who sucks infants into death by marasmus if they have not been sufficiently stimulated to want to live. In grownups, too much domination by Sleepy can lead the person to withdrawn isolation and schizophrenic behavior. Also, there are times when Sleepy's influence can be dangerous for any one of us, for instance when driving a car.

SCARY It is Scary's function to ward off Sleepy's pull and to promote the survival of the individual by making sure that (1) he gets the nurture he needs to grow on, and that (2) he learns appropriate responses to fear.

Look at the human infant at birth! Utterly helpless! What a contrast

to other animals! Except for humans, all young animals either have the instinctive ability to take care of themselves from the moment of birth (fish, for example), or else an instinct that makes them stay physically close to their caretakers for as long as they need care and protection. And fear generates appropriate behavioral responses.

Ducks get imprinted on their mother and follow her everywhere until they are independent, at which time their additional inborn instincts tell them what to do. The baby kangaroo knows how to climb into its mother's pouch at birth and to stay there until it can make it on his own. Even baby monkeys have a "grab reflex" whereby they hang tightly on to their mother's hair as long as they need her, so there is no chance of her leaving them behind when she bounces off.

Not so the human infant. Once the umbilical cord has been cut, the human infant's instinctive reflexes such as sucking, blinking, and screaming do not suffice to ensure his nurture or his protection. He has no physical means to control the contact with his caretakers and thereby force them to take care of him. He is born with the grab reflex of the monkey, but it does not help him hold on to his mother. This reflex is lost a few weeks after birth. He does demonstrate the capacity for fear by having startle responses and by screaming. He even has a coenesthetic empathetic ability to sense fear in his mother and to scream in response to any fear she might be experiencing at a given moment. But neither sucking, startle responses, nor screaming are of any use for nurture or protection from danger unless there are caretakers present who are willing to carry the infant rather than leave him behind to die in the bushes.

So, from birth on, the infant must use psychological means to get his caretakers to "hold on" to him, for he cannot hold on to *them* by himself. It is Scary's job to find these means by programing responses in the child at each stage of his development so that he maintains his caretakers' interest in him to the extent that they voluntarily offer him the nurture and protection that he is incapable of obtaining by himself. If Scary fails in this task, then Sleepy takes over and sucks the child back into nonlife, be it by marasmus at infancy, death from exposure, illness, or accident later on in childhood.

Initially, bodily responses and screaming are the child's only means of expression, so Scary begins by influencing these as calls for nurture or protection. The infant then modulates the patterns he develops in order to obtain as many responses as possible from his caretakers in the form of bodily vibrations or strokes, because these represent the initial reassuring communications from life that "it" can offer nurture and protection. If necessary, Scary will stimulate the recurrence of whatever bodily responses then become the vocabulary of need in addition to screaming. For instance asthma, colic, and rashes all say "Come, tell me you're here to help me survive, I'll pay any price for your presence!"

Persistently, Scary finds every means in the child's power to "tune in," to whatever parental responses promise help for survival. Asthmatic chil-

dren illustrate pathologically the epic battle that goes on between Sleepy's pull to inertia with stoppage of breath versus Scary's desperate efforts to keep breathing. Asthmatic symptoms have appropriately been labeled "cries for help"—they illustrate that at the early stages of life many children express Scary's sense that even continued breathing depends on continued reassurance that somebody is available out there for help.

In grown patients a history of breathing problems as the only way to survive can be recognized from their breathing patterns when operating out of their Infant or Baby sub-system. Paradoxically, many such patients smoke compulsively later in life in a counterproductive attempt to maintain breathing. They depend on nicotine to stimulate their lungs into breathing because of a Scary conclusion in their Infant system that they will stop breathing unless they keep being stimulated.

As the child grows, Scary urges him to use all his developing resources to establish whatever conclusions for feelings and behavior are most likely to ensure his immediate survival within the particular setting in which he finds himself. Scary carries the instinctive knowledge that it is the Child ego state of his caretakers that is most likely to endanger the growing child, so she gets him to use his growing perceptive and intuitive powers to "pick up" what most pleases the Child ego state of his various caretakers. Under Scary's influence, the Child works to reconcile and combine whatever messages he perceives or intuits from his different caretakers. He develops conclusions about which behavioral responses will best gratify one caretaker without alienating the others, even if this means incurring the wrath of the Parent ego state of one or another. Scary keeps sounding alarm bells within the child's organism to hold him to her task. This is particularly difficult when the child's mobility at Toddler and Walky Talky stages activates Spunky's influence for risk-taking explorations. So Scary has the additional task of trying to prevent the child from actively endangering himself.

In animals other than humans, the fear instinct accurately identifies danger to survival and appropriately prevents them from endangering themselves needlessly. In contrast, children are not born with the instinctive capacity to discriminate realistically about the quality or the degree of any danger. Their fear responses are not proportionate to actual danger or need. For instance, at the Toddler or Walky Talky stages a child might be terrified of an innocuous buzzing fly and might cower near his parents in fear against the "danger." Five minutes later, under the influence of Spunky, he might repeatedly and fearlessly try to crawl into high surf, or try to swallow a sharp object or a poisonous household substance, unlike an animal which ingests nothing hurtful or poisonous in his natural habitat.

So Scary seeks to counterbalance dangers that can be brought on by the child's risk-taking explorations when under the influence of Spunky. She does this by promoting conclusions within the child's organism that generate specific fear-reactions and responses. These have protective

most primitive conclusions, such as the assumption that it is possible to walk on air (which is how dangerous behavior occurs), and alternatively this can also stimulate Scary's panic button and bring on a "bad trip."

One of the reasons for the popularity of liquor is because it temporarily cancels out Scary if she is felt too strongly, particularly when she operates both through Child and Parent. But, after Spunky has had her say with the help of liquor, the organism is exhausted. On comes Sleepy, and to offset the powerful pull to nonlife, Scary comes on with a vengeance the morning after. This provokes a renewed urge to soothe the self by drinking rather than by dealing with the panics that were surfacing as a result of whatever inappropriate archaic conclusions Scary was bringing up in the first place (for example, "It's dangerous to relate, brag, express, think").

Each Muse has her plus and minus value for the development of the individual and the species, for the person's interaction with his environment, for his conclusions, his existential position, the development of his script, his daily transactions, and the manner in which he moves from past to present to future. And each one of the Muses serves the Self for better or worse by shuttling back and forth in time. Scary or Spunky conclusions come in from the past, stimulating responses and projecting the individual forward to the future in accordance with whatever potential directions that are designed by the story line of his script.

Which brings us back to the subject of scripts as I defined them earlier in this chapter.

NEW SCRIPT PERSPECTIVES

SCRIPTS ARE CREATIVE I remember my excitement when Berne first stated, at the San Francisco Seminars, that scripts should not be thought of only as tragic, and that all of us developed scripts during our childhood. However, I was skeptical about the predictive value of classifying patients by fairy tales or mythological characters, even when the patients identified with these characters. Of course, there are repeated patterns to some people's sequences of rackets and games which can be compared loosely with mythological themes, especially retroactively—for instance, script analysts might say now that Richard Nixon has a Sisyphus script (pushing the rolling boulder up the hill over and over again). But even when one or another of a person's repeated patterns typically fits a well-known story or myth, there are numerous versions of each story, and different interpretations are possible about their outcomes. (For instance, was Oedipus a winner or a loser? He was successful with the Sphinx and lived happily for a long time instead of being killed at birth, and even after he blinded himself he brought honor to his place of burial.)

I became concerned lest script analysis might lead us to pigeonhole people into categories with only minor predictive accuracy—except in cases of extreme pathology, such as someone who was obviously embarked on self-destruction. And even in such cases, might there be undetected aspects

of the person's script that he might build on, rather than having to depend on external guidance such as reparenting?

I was looking for a way to become more accurately predictive for a broad range of cases, such as clients who were functioning well and were relatively game-free, but who were experiencing nebulous dissatisfactions with themselves and with their lives that they could not quite formulate. Were these dissatisfactions neurotic symptoms to be cured, or might it be useful to reinforce their dissatisfactions—to help them recognize that there were other, more exciting directions called for by their scripts, and that these might lead to creative expression even if they included risks of certain negative consequences? Could we look at scripts from outside the perspective of pathology, with the assumption that our five-year-old Child might already have been inspired with a valid intuitive sense of how to grow to fulfillment?

About five years ago, to answer such questions for myself, I started using an exercise that became the preliminary design of what is now widely known as my "Four-Story Technique," which I will describe shortly. By now I have used various versions of this exercise, and many additional techniques associated to it, with more than a thousand persons in a broad spectrum of contractual contexts. These persons represent a wide range of ages, statuses, occupations, mental health, creativity, ethnic background, and value systems in the United States, Germany, Yugoslavia, Switzerland, India, and Sri Lanka. In addition, I have received personal and professional reactions and feedback—solicited and unsolicited—from numerous colleagues and trainees who have used various versions of this exercise, with and without my permission.

My experience over the past five years has modified considerably some of my earlier views about scripts. Now I have no question but that every individual carries within himself a script or life plan with which he can guide himself successfully, although many people die without implementing the best parts of their scripts.

SHAPE AND FORM TO THE SCRIPT The Child originally gives form to his script between the ages of four and seven, that is, when he first develops an awareness of past and future on a broader scale than whether Mommy is coming back into the room or not. As the sense of past and future impinges upon him, he raises questions related to the riddle of existence.* The child's awareness of past and future results from the influence of his Spunky Muse, which represents the evolutionary force of

* This, I believe, is the central meaning of the story of Oedipus—the confrontation of the Sphinx and the question as to what price must be paid, if any, to master the riddle. In that sense I believe that Freud had aspects of an "Oedipus" script but he episcrpted his followers with the piece of it which he couldn't digest, namely the conflicts with his own sexuality. Nowadays we can afford to use the benefits of his genius without accepting his "hot potato" and assuming that all five-year-old conflicts are sexual in origin.

the species and which needs to articulate herself through each member of the species.

The child feels a need for self-determined boundaries and directional guidelines in order to give shape or form to his future life rather than conceptualizing himself as dissolving in space and time. A script gives him the structure with which he can experience his Self as he steps over the threshold from being simply a creature-in-the-now, like an animal, to being a human blessed or cursed with the consciousness of existence. The chaos of prospective limitless directional options ahead is too threatening; the Child experiences the need somehow to dominate his future life and to develop a map with which to guide himself, the way a traveler in unknown territory might seek a hill from which to survey the land ahead of him in order to draw a tentative map that might orient him on his forthcoming journey. Even if the hill was not very high and he did not see very far ahead and his mapmaking skills were limited, such a traveler would gain a measure of security from his map. It would serve to help him project possible pathways ahead, even if the pathway he then chose took him beyond the landscape he had actually seen from the top of the hill.

At script-making age the child still has difficulty giving manageable shape to his thoughts and feelings. He is in the process of trying to transform the nebulous images of his intuition and feelings into manageable symbols that he can carry in his memory. To do so, he simultaneously uses visual images that are representative only of his personal meanings (for example, a picture of butter means all good food), as well as words or sentences that carry with them culturally determined meanings; but often there is overlapping and confusion, because the four-to-seven-year-old child does not command the culturally accepted symbolic subtleties of language. Often he hears figurative meanings literally, or vice versa, and he adds personal fantasy to literal statements. For instance, he may hear "I'll kill you if you lose my keys" as a literal threat of murder by father; to Dad's literal statement, "I lost the way driving home," he adds imagery about Dad's fear and suffering, how he must have had incredible battles with giants and whatnot. Dad is finally home now only by pure chance, or perhaps by magic intervention, maybe thanks to a talisman that one should always use if one can figure out how.

The child does the best he can with whatever resources are available to give shape to a directional life plan—as does the traveler who is map-making in uncharted territory. This is how Scriptor latches on to a fairy tale or animal story, or even a distorted news event, to give form to his own story for the future, and this story thereby becomes the initial vehicle through which his life script will express itself. Characteristically, all script stories have ups and downs.

By the time a child is five, he has been exposed to hundreds of episodes, anecdotes, neighborhood and playground scenes, visitors, sayings, old wives' tales, and what have you, not to mention television, nursery school and kindergarten. Even if only a few stories have been read to him, he has a vast array of tales to choose from and combine. This means that even if

he uses a "classic" tale to give shape to his script (such as Little Red Riding Hood), it is *his* version that is significant, along with its emphases and distortions, rather than what you and I might read in the story.

For instance the drama of Little Red Riding Hood can have innumerable meanings: it might represent success over great odds, or the value or the lack of value of obedience, disobedience, trust, mistrust, stupidity, danger, help, friendship, relatives; and there are all kinds of triangular rescuer/victim/persecutor transactions involving stand-ins for any number of people to be met later in life. Thus, any number of children might have used the story of Little Red Riding Hood as a vehicle for their scripts, but each one would be seeking to act it out differently in the course of his life, and for each it would be a unique representation of how he was seeking to plot out his destiny.

It is not by coincidence that the most popular fairy tales and myths that have come down to us through the ages, though rather convoluted and illogical to our adult minds, nevertheless seem to make perfectly good sense to children. Almost any one of these complicated tales can give form to a child's script. In reverse, classic tales and myths are the distillates of innumerable individual scripts combined together by the group mind of our species, which also responds to the evolutionary influence of the Spunky Muse.

The Scary and Sleepy Muses also get into the act when Scriptor selects a story for his script and when he manipulates its images and words to represent his meanings. For one thing, he draws on the archetypal imagery that Sleepy provides in dreams and fantasy. For another, many of Scary's visceral conclusions are incorporated into the script, in one translation or another (verbal or through imagery). This does not mean that all of Scary's primitive conclusions—or even Spunky's, for that matter—are incorporated into the script, but rather mostly those that were surfacing or were being developed during the four-to-seven-year-old age period. Conclusions are usually represented within the script in the form of magical possibilities for good and evil. The script's directional flow is influenced by the relative power of the three Muses both during the scripting period and during the course of an individual's life.

ADOLESCENT SCRIPT REVISIONS At adolescence, the implications of the early script surge into semiawareness. One reason for the internal and external battles of that period is the adolescent's attempt to reconcile the intuitive aptitude of his Child with the formal instructions of his Parent and the new, logical faculties of his Adult. Simultaneously, his Spunky Muse presses for the translation of his early script from fairy tales and fantasies into more concrete ideas. His Scary Muse shies at the more potentially dangerous aspects of his script when they are reflected in words and concepts, and she brings up old conclusions to interfere with the process, even though some of these conclusions might generate more trouble by interfering with new life-supporting relationships. (Example, "Don't run off with the princess, or the dragon will get you!").

It is during late adolescence (15–21) that the individual makes crucial decisions regarding his script. He proceeds from the childhood story and elaborates, adds, revises, and adjusts. His Spunky Muse is very active at that time.

Some individuals grapple with life in seeking to implement the exciting aspects of their script, and to the extent that they succeed they experience surges of pleasure and feelings of *success*, regardless of outside evaluation as to whether their lives are happy or unhappy. They experience themselves as fulfilling their destiny. At those times they do not seek therapy for better or worse.

Other individuals shrink away after adolescence from pursuing the scripts because of Scary's influence in perceiving that this might involve them in struggles and in existential pain. Often they feel, rightly or wrongly, that they have already suffered too much physical pain, or pain from fear while they were growing up, and they want individual safety above all, even if it turns out to be a delusion. They become more and more subject to Scary's old conclusions. For support they clutch on to the banal culturally determined counterscript that most of us develop during the seven-to-twelve-year-old age period, when we acquire the Parent ego state that gives us solid instructions to go by.

IMPLICATIONS FOR TREATMENT The Implication of all the above is that the contractual treatment of persons who are operating contractually as a result of early conclusions is *not* synonymous with script analysis. Script and conclusions are better worked with separately in the context of separate contracts—although, of course, there will be overlapping of issues. There are different emphases to be made in *treatment* which involves recognizing dysfunctional conclusions or rackets, and *script analysis* which involves the evaluation of an individual's life context and his creativity. These distinctions must be made clear to the client, for they involve different ways of working.

How a person implements his script is highly influenced by his existential position. The same script implemented through an "I'm not-OK/You're not-OK" position can be destructive, whereas it can be very constructive if implemented through an "I'm OK, You're OK-Adult" position. And, again, it can also be very differently implemented according to what is his defensive position and how rigidly it is maintained.

Here the implication is that the evaluation of a patient's existential position should take precedence over script analysis. As a first priority there might need to be treatment in regard to certain conclusions. Treatment might affect an individual's behavior and his emotional level, yet it might not even be centrally included, or even evident, in his script.

SCRIPT ANALYSIS An experienced practitioner who is trained in the clinical use of my four-story technique can pick up connecting between a person's childhood script and its implementation or its re-

sion in his present-day life. A grown person's script also contains substantial additions, revisions, and alternatives from his adolescent period. Some revisions or alternatives are incorporated into the life-patterns that are being lived out by the individual, but very many exist simply as abortive fantasies. Yet, it is these that offer leads as to how a person can fulfill himself better if he happens to be stuck in a banal counterscript. The recognition of this fact has been one of the most surprising by-products of the use of my technique.

As yet there is no totally reliable way to achieve a full analysis of a person's script. But with sufficient time and the assistance of a practitioner who is well trained in the use of the story technique I will describe hereunder, it is possible for a person to gain a reliable perspective about his script. Within each one of us there lie creative script directives that cry to be implemented. These include aspects that were conceptualized at adolescence. With script analysis, as I describe it, a person can guide himself with more mental clarity along directions that are compatible with his intuitive awareness of *Who* he is. This inner awareness is something that all of us carry, whether we acknowledge it or not.

THE FOUR-STORY EXERCISE Here are the initial instructions I give to clients when we use my four-story exercise. These follow a clear contract about the context and the time to be allotted for script analysis, depending on what goals are agreed upon in advance:—

Write down four stories, in less than fifteen lines each. This is to be done from memory, without checking the original version of the stories. The four are to be:

1. A nursery rhyme or fairy tale or song or animal story remembered from early childhood (under age seven, preferably earlier). (Many people claim they cannot remember any, and this is significant; they are invited to substitute a story they would now choose to tell a four-year-old.)
2. The comprehensible summary, or an episode, or quotes, from fiction, history, or biography (excluding personal history) that "turned you on"—positively or negatively—during your seven to twelve age period. (From novels, plays, movies, news events, epic tales, poems.)
3. The same is to be done for the 15-to-21-year-old period.
4. A summary or episode or quotes from fiction, history or news events that made a powerful impact on you in the recent past (within the last three years, and preferably within the last year, especially if there has been treatment).

The client is asked to read out loud, exactly as he wrote them, stories (1) and (4). The central themes of these stories are compared and contrasted. Significant common elements between them are almost always startlingly here, even though the content is very different, and the reader may not notice resemblances of themes and patterns until they are pointed out. If work is done in a group, which is a recommended procedure, it

becomes evident that even untutored group members can pick up and agree on significant similarities or polarized contrasts between the early elementary story and the sophisticated grownup one. This leads to a few initial hypotheses about some central issues within a client's script.

By limiting the reader to no more than fifteen lines, it is possible to evaluate the relative weight or value he allocates to specific aspects of each story. It is important to deal only with the reader's version and not with the original story, since it is only the reader's version that is significant. (By now I have heard more than a hundred versions of the Three Little Pigs, but the script of one reader of this story varies widely from that of another.)

Subsequently, stories (2) and (3) are read, and it is when we start comparing and contrasting (3) with (1) and (4) that serious script work can begin, subject to what the contract calls for. Quick hunches can be developed in as little as 15 to 20 minutes with this exercise, but solid script work requires several hours of systematic work and must be practiced only under the leadership of an experienced script analyst who is trained in the use of this exercise. My technique depends on collaborative work with the client to clarify the direction in which he has been going in his life so far and to examine both the possibilities to be reinforced and the pitfalls to be anticipated.

Obviously, there are many aspects to be looked at when one takes the time to compare and contrast a series of stories. Beyond getting a sense of their central themes, it is useful to evaluate the relative roles and relationships taken on by the hero/heroine and auxiliary characters. Auxiliary characters, animals and objects, often represent alternate versions of the self, although they also represent people that are feared or yearned for in relationships. Also note abrupt changes or discrepancies in grammar or style. They connote switches amongst the ego states with which the writer relates to his script. Then there is significance to contrasts between first and last lines, between the outcomes of the three stories, between the relative representation of Sleepy, Scary, and Spunky elements, and so on.

Also, there are comparisons to be made with whatever information is available about early conclusions, particularly if the client has previously worked in a treatment context. A deepened view of his script can be achieved by comparing his stories with conclusions listed on Charts A and B (described in connection with subsystems). But this is not an essential procedure.

When I first designed this exercise, I used to ask for only one adolescent story without specifying the age for adolescence. I used to concentrate on similarities and differences between the first and the last story and a story for the adolescent story mostly as a way of getting additional confirmation about the script from the intermediate point between the early childhood story and the present-day story. To my surprise, I found that, where usually there were clear parallels and correspondences between the fi

and the last story, the adolescent story was often at great odds with these patterns. At first I brushed aside this unexpected finding by assuming that the adolescent story simply represented the counterscript and could be disregarded. Later I changed my instructions to the ones given above, separating out the age periods of the stories I was requesting. I found that it is true that story (2) usually represents parental instructions and the counterscript. But that story (3) usually contains transformed and highly dramatic elements of story (1). If story (4) contains tight correspondences to story (2), and if the client is dissatisfied with his current life it is worth examining story (3) quite carefully even if it sounds wild. Often it contains a sense of alternate, more creative ways of living. Some of these can often be implemented if translated into Adult options.

Usually, the individual's satisfaction with his present-day life corresponds to the extent to which there is a directional flow between stories (1), (3), and (4). By contrast high correspondence between stories (2) and (4) and strong discrepancy with (1) and (3) correlates with feelings of dissatisfaction. This has convinced me that the adolescent revisions of a person's script must be taken into account for the fulfillment of a person.

By now I have accumulated considerable additional material on scripts through having used various versions of this exercise and additional techniques (for instance, comparing the rewrites of clients' stories at six-month intervals).

I do want to caution the reader about the fact that this technique is very impactful if used as more than a playful workshop exercise. It should not be used as a tool for change except by experienced practitioners who have had practice in responsible use of this technique. Such practitioners need both specific training and a talent for the kind of intuitive apprehension that is needed to grasp the inner sense of a client's stories. The danger of using this technique is that it can cause severe anxiety in some clients. The significance of any destructive aspects of a person's script must be recognized and dealt with at a level that can be used by the client; otherwise, this exercise can be nonproductive and even damaging. In addition, it is very important to protect certain clients from group members' "laying a trip on them," as people are quite vulnerable after writing and reading their stories.

However, allowing for all the cautions above, we now have a valuable means of helping clients get in touch with their inner sense of direction instead of living lives of psychological "quiet desperation." They can reconnect themselves with the symbolic, convoluted mythological connotations of their childhood and adolescent scripts, and gain therefrom the initiatives and the ideas that were lying dormant within them. They can experience their Selves and live out the potentially exciting drama of their lives. For drama need not turn to tragedy; rather that the very tragedies we seek to avert are often brought on if we deny recognition to the dramatic potentials of our existence on earth.

THE DAY THAT I STOOD ON MY HEAD

by Maurice English

The day that I stood on my head, jumped out of my skin,
 Yelled down my throat and covered my eyes with my ears.
 The day that I married a witch, tied bells to my tail
 And sailed my heart as a boomerang; the day
 That I danced on my grave and whistled a jig to my sorrow—
 That was today.

What shall I do tomorrow?

From *Midnight in the Century*, Chicago, Swallow Press, 1964.

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