

Whither Scripts?

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Abstract

Script theory, on careful examination, has become restrictive, simplistic, and inaccurate. The author connects Berne's narrow deterministic view of scripts to his erroneous view of games. Existential Pattern Therapy (EPT) (English, 1987), the author's own form of script analysis emphasizing creativity and the balance of unconscious drives, is described. A case presentation using EPT is discussed following which an evaluation of the relationship between unconscious drives (survival, creative, restful), stroke economy, and the ego states concludes the analysis.

I applaud Cornell's (1988) courage in challenging the constricting tenets on which current script theory is built. I too, have noted with concern how many TA therapists are shackled to a procrustean bed of unproven beliefs that suggest that injunctions determine narrow linear scripts which patients are expected to rid themselves of through therapy. When held by therapists, such beliefs often generate self-fulfilling prophecies for suggestible patients or lead to false "script cures" involving problems that did not exist in the first place!

Cornell states:

Script theory has become more restrictive than enlivening. Script analysis as it has evolved . . . is overly psychoanalytic in attitude and overly reductionistic in what it communicates. . . . The incorporation of developmental theory into script theory has too often been simplistic and inaccurate, placing primary emphasis on psychopathology rather than on psychological formation. (p. 281)

Although agreeing with the thrust of Cor-

nell's statement and his implied criticism of the psychoanalytic emphasis on fixation at childhood developmental stages, I do not accept a blanket condemnation of psychoanalytic thinking. Clearly the methodology of psychoanalysis is cumbersome and outdated, something Berne recognized even though he continued using analysis with some patients almost to the end of his life. Emphasizing linear childhood development without noting interactionist influences, and believing that childhood experience is the exclusive cause of later behavior, is both limiting and counterproductive. For example, clinical experience shows that it is false to assume that a person "fixated" at one developmental stage cannot progress emotionally to another until all issues at the first stage are resolved.

Even Freud's (1915/1957) own writings offer openings to the kind of broader views advocated by Cornell. However, although I agree that psychological formation can be better understood by considering healthy rather than pathological development, as therapists we also need theory which helps us to understand distortions of normal processes.

Resilience in the Face of Childhood Experience

Early childhood influences and events as understood (or misunderstood) by the growing child have a powerful impact on both healthy development and specific pathology. They influence the formation of character as well as subsequent attitudes, feelings, relationships, and views on the future. However, the resilience of children (and indeed of humans at all ages) must not be underestimated. To do so implies that children can be conditioned in a simplistic, Pavlovian manner. Many individuals overcome difficult, even tragic,

childhood experiences successfully without the benefit of therapy. Life has a way of offering many corrective opportunities. As mental health professionals we all too often forget about healthy development, thus discounting the human ability to symbolize, to transform, to create, to seek freedom even at some risk, and, ultimately, to let go.

Survival Conclusions

Children are dependent and sense that their survival depends on their caretakers. As is emphasized in TA, positive strokes convey the gratifying message that care is forthcoming, although sometimes conditionally, at the price of adaptation. We are born with several drives, including the drive to survive. This survival drive pushes us to adapt and learn whatever seems necessary in order to acquire and maintain approval and new skills. Our learnings become what I call "survival conclusions" (English, 1977c, p. 332). These are integrated into our organism as our "second nature" by means of the alternating processes of assimilation and accommodation to achieve what Piaget calls "equilibration" or balance (Cowan, 1978, pp. 24-25).

In brief, assimilation implies "taking in" by adapting what is out there to fit what is already known subjectively, and accommodation refers to modifying one's behavior/thinking to adjust to reality as understood from external stimuli and the reactions of caretakers (Cowan, 1978, pp. 22-23). Equilibration goes on during the constant process of growth through assimilation and accommodation, and it is a complex process that cannot be reduced to simple conditioning. Eventually one's existential position, basic character structure, and ways of relating to others will be established, although changes continue throughout the individual's lifetime.

Survival conclusions are established at each stage of development (English, 1977c). They compensate for the fact that our genes do not carry the specific programs we need in order to survive as independent beings. The survival drive operates throughout our lives to bring on survival conclusions in situations resembling the one that stimulated the original conclusion. Many survival conclusions are necessary and beneficial throughout life (e.g., not gulping down hot liquid before testing it), and others

have important socializing value even though they are not life-saving (e.g., not defecating on the living room floor). Some have only temporary value and, if not later reinforced, remain latent.

Once survival conclusions are set, the survival drive continues to bring them on without discriminating between those that have lifesaving or socializing value and those that no longer apply. Thus therapy may be required to reduce conclusions that are too powerful or harmful (e.g., phobias, irrational anxiety, inhibitions, obsessions, compulsions, etc.). Although the operation of such survival conclusions may resemble injunctions or attributions, survival conclusions are more restricted in scope. We collect thousands of survival conclusions at various stages of development, and they affect specific issues rather than the total life script; we do not take on one or two major ones to transform our entire life course.

In addition, most survival conclusions are useful, even essential, and not to be dropped lest our lives be in danger. Although some may reinforce each other or combine to form a dysfunctional "syndrome," new conclusions are integrated at all successive developmental stages, including adulthood.

With a patient seeking therapy, various behavior patterns may be involved, each associated with different survival conclusions. Therapy may consist of separating out the strands of different conclusions, some of which may be important and still useful even though interwoven with others that are currently dysfunctional. A conclusion that is dysfunctional for a person's current life generates anxiety and/or projection which, in turn, impairs the person's ability to cope. Because many conclusions remain dormant in a grown person, a particular event or situation can revive a conclusion that has been inoperative for a long time. Then contamination to other situations may set in, even when such situations were not previously disturbing.

However, although certain archaic survival conclusions can generate problems requiring treatment, they are not the principal determinants of script. We cannot ascribe scripts to conditioned response to alleged injunctions assumed to exist in a hypothetical "electrode" (Berne, 1972, p. 115) in the Child. As Cornell (1988) appropriately suggests, many more

internal and external factors are at work guiding one's life course. Thus a total "script cure" is a ridiculous treatment goal, equivalent to thinking that by transforming a person's fingerprints, he or she is never likely to be fingerprinted.

Influence of the Three Drives

As already indicated, the survival drive influences us to seek and respond to strokes, and it generates and brings on most of our survival conclusions. This does not contradict TA theory. However, I find it important to reaffirm Freud's views on basic drives. I have reconceptualized these drives and described their attributes, including specific forms of influence and distinctive manifestations (English, 1987). In addition to the survival drive, we are influenced by two other drives which are not affected by strokes: the creative drive and the drive to rest. These drives have their own dynamic power and participate in establishing existential patterns which interweave with and affect our life course or script (in my definition). They also affect us with bursts of energy or fatigue and/or urges to "do" or "not do" that are *totally unrelated to strokes in the past or the present*.

Each drive has its own functional direction and can express itself through any ego state, singly or in rotation or combination. Thus, although there is interaction between the survival drive, which is affected by the stroke economy, and the other drives, the total personality, wishes, tendencies, reactions, and, therefore, the total script, is not affected exclusively or even primarily by past or present strokes. This view represents a radical departure from the classic TA assumption that all development, communication, and problems are connected to exchanges of strokes.

We feel "OK" when our drives use our mental energy proportionately so they combine, rotate, and/or interact with one another harmoniously. "Not OK" feelings result when one drive pulls in very different directions from another one at the same time, or one or two drives compete for the individual's conscious awareness and energy.

Self-help and/or therapy usually must be concerned primarily with how our drives interact, to what extent one inhibits the other, with what

support or interference the third offers, and so on. However, in certain cases when problems are appropriately identified as resulting only from dysfunctional survival conclusions, therapy might resemble TA as originally practiced, with an emphasis on helping the patient to use his or her Adult to deal with Parent-Child conflicts.

Reasons for Berne's Narrow View of Script

Before moving on to an illustrative case example, I want to offer some admittedly biased views about the fundamental reasons for Berne's restrictive view of script. Considering his brilliant discovery of TA—especially his functional formulation about ego states and the connection between strokes and communication—how is it that Berne ended up formulating script theory so narrowly? How is it that he, who proudly showed that the Child functions in the here-and-now ego and not just the unconscious (as Berne was fond of saying, "I never saw an Id walking, but I can see a Child"), accepted the idea of an electrode? (I've never seen an electrode walking—not even a Little Professor!)

I believe the root of Berne's linear concept of script lay in his need to justify his analysis of games. Game analysis, on the one hand, allowed him to triumph over psychoanalysis by demonstrating quick "cures" achieved by enlisting a patient's Adult, and on the other, accounted for patients who functioned well in many respects but kept repeating certain behaviors, even when the therapy contract seemed sound and they claimed to want to change.

However, Berne found two kinds of patients particularly frustrating: those with what he called "rackets" (Berne, 1964/1976, p. 16) and those with what psychoanalysts call the "repetition compulsion." To my mind it is significant that Berne used the pejorative term "rackets" rather than a more empathic word to refer to attitudes and feelings of patients which he could identify as incongruent and which they conceded might be inappropriate, but which they did not change, in spite of confrontation. Having decided that certain feelings were "rackets," Berne dismissed the topic temporarily, admitting that he did not know what to do about them other than to explain them as repetitive

indulgences for internal or external strokes.

Berne's Misinterpretation of Games

Berne was determined to "lick" what looked like repetition compulsion in patients who had a perfectly good Adult, liked strokes, and yet ended up crossing transactions again and again in the same way, regardless of the TA diagrams demonstrating how they did it. Berne decided that they were "playing" with him instead of going for cure, especially when he noticed they often had little smiles on their faces at the end of such crossed transactions. Out of his own frustration he again chose a pejorative term—games—to describe behavior that undermined his efforts. Berne, the advocate of the Free Child, could not insult game players by telling them they were childish, but he could ridicule them by listing games with silly names.

Actually, many of the so-called games listed in his best-seller, *Games People Play* (Berne, 1964), are repetitive dyadic complementary transactions, which I now call racketeering. They do not qualify as games according to Berne's later formula. What looks like a game is really the outcome of racketeering that fails to be sustained (English, 1977b). To Berne's credit, he distinguished between first-degree and third-degree games (Berne, 1964, p. 64), and I believe it was in seeking an explanation for third-degree games that Berne went wrong. (I have suggested an alternate explanation to Berne's elsewhere [English, 1977a, 1977b].)

Berne realized correctly that an internal process must occur within a player to generate the ego state switch that leads to the crossed transaction which ends what he calls a game. His error lay in assuming that the internal process represented an internal transaction offering poisonous strokes from an archaic Parent or the Child of the chronological parent. Thus the player became motivated to "do himself in" in the here-and-now and to sacrifice the potential continuation of strokes from a current partner for the sake of the archaic strokes that pushed him to hurt himself. However, after a while Berne realized that game analysis based on his assumptions simply did not work; the repetition compulsion was still operating in game players.

Unfortunately, rather than relinquishing his interpretation of why a game ended with a

crossed transaction, Berne decided that analysis just had to go deeper; if game analysis did not suffice, script analysis would have to explain why patients kept stubbornly repeating games over and over. He decided that games were "rehearsals" for a bigger show, and having conceived of games as self-defeating, it followed that the script for the larger show must also be self-defeating—or at least constricting and devoid of options.

Scripts and Alleged Scripts

Before his frustration with game analysis, Berne had thought of scripts as far more fluid. He was fascinated by the broad parallels between fairy tales and myths and his patients' life stories. He was aware that children between the ages of four and seven are full of curiosity about their relationship to the world—past, present, and future. They beset parents with questions (and Berne had plenty of children!) and make pronouncements about what they will be or do when they grow up. Children also develop ideas and impressions about the kind of life partner they will want, preferences about life in the city or the country, fantasies about future adventures, attitudes about power, money, success, and so on. They weave yarns or eagerly absorb them, modifying these stories to suit their own imaginations.

Although it is clear that children begin developing their life stories at this stage, does that make them necessarily constricting? Quite the contrary. At this age the story offers a light draft, a sketch designed to be carried along, refined, transformed, adapted, tailored, stretched, reprocessed, recycled, and reconstructed in multiple ways. In fact, our ability to conceptualize and generate scripts is one of the exciting manifestations of being human and having a creative drive. We need such a vehicle by which to project our fantasies toward the future. Without this ability we might find ourselves suffering like a psychotic, whose imagination roams wildly in a disorganized manner precisely because he or she cannot connect and organize fantasies within the structure offered by a script. However inadequate and scary, a script offers possibilities for contrasting fantasies and reality in small ways rather than in an overwhelming, major way.

Around the time Berne was exploring how

life stories could be compared to fairy tales, myths, or plays, Claude Steiner (1966) was developing his script matrix (which Berne claimed to have thought up) for use with difficult patients such as alcoholics and drug addicts who did, indeed, operate in particularly self-destructive ways, often culminating in tragic endings. However, the script matrix, which started out as a schematic concept and tool useful in initial work with hamartic patients, unfortunately appealed to Berne as an elegant explanation of why patients kept repeating games: It must be to maintain and rehearse their underlying scripts.

His idea, therefore, was that negative injunctions, which could be illustrated on the clear, simple script matrix, caused the five-year-old, who was stupid enough to accept them wholly, nevertheless to be smart enough to create an entire constricting script to fulfill these injunctions in the future. This was all because of that miserable witch, usually Mama, who, without conscious intent (although still deliberately), wanted her offspring to suffer from injunctions inserted into a mysterious electrode developed in the child (Berne, 1972, p. 115).

To illustrate this unproven assumption even better, an increasingly complicated "second order" structural analysis of personality (Berne, 1961, p. 196) was developed along with the idea that, because scripts began in childhood, they necessarily doomed the individuals who carried them to becoming "losers" rather than "winners" (Berne, 1972, pp. 203-205). In keeping with Berne's metaphor about the piano (cited in Cornell, 1988, p. 270), the deterministic script could be seen as a music roll that can only be played "as is" on the mechanical piano of life. The piano player can only let the preset composition play itself out, unless he or she can "cast off" the whole roll (the entire script) and thereby call his or her own tune.

To continue the metaphor, this suggests that the player who tries to call his or her own tune will have had no time or opportunity growing up to test out this tune or that, to modulate it, harmonize it, accompany it with words, orchestrate it, or whatever. Such an assumption contradicts everything we know about child development as well as the progress of humans through the ages, i.e., that growth proceeds by

experimentation and trial and error. In these terms, the player who casts off his or her script would be like an ape at the piano—free of constrictions, but with no tune to begin with, no notes, no practice, no rehearsals. The result would be random, discordant banging! With such a choice, it might be preferable to take one's chances on the prerecorded music, adding good orchestral accompaniment, perhaps singing with it, or even adding words.

Our lives, as they evolve, our work, our relationships, our contributions to the world represent the creative expression of the precious, unique person each of us can be. We emerge from "givens," transformed successively by each one of us as we develop. Sometimes the music we play harmonizes with that of those around us, sometimes we play alone if, like Berne, we have the courage to play in new ways.

Appreciating Berne's True Legacy

Berne was known to repeatedly remind his students and colleagues not to superimpose theory on clinical experience. I believe that the script concepts that are currently synonymous with advanced, prestigious practice in TA were still hypotheses to Berne, and that he would have revised them had he lived longer. For example, at the time of his death he was still circulating galleys from the *Hello* (1972) book precisely because he planned to revise them substantially. The definition of script in the book's glossary is the one I suggested to him, and he accepted, and it is far more open than definitions in the text, which he did not get around to revising. Although I no longer agree with even the one given in the glossary, it is still broader and closer to the one Cornell advocates.

Scripts and Existential Pattern Therapy

For the past twelve years I have referred to the theory I teach and the practice I advocate as Existential Pattern Therapy (EPT) (English, 1987) in order to distance myself from misinterpretation about script theory, particularly its "fortune telling" aspects. Much of EPT has emerged from TA and Gestalt therapies, and I still identify myself as a TA practitioner. The script workshops I do are carefully described as designed to enhance creativity, not provide

therapy. The emphasis is on exploring, developing, and enlarging the participants' points of view. We work in rotating groups to allow for comparison, contradiction, analogy, challenges, etc., and to make sure that "hot potatoes" (English, 1969) are not passed on to suggestible participants.

As a result of this work I have become convinced that Jung was correct about there being certain basic archetypal figures (cited in Berne, 1972, p. 57) and myths which are building blocks for our imagination and which the four- or five-year-old child starts grappling with, regardless of the content of particular stories to which he or she is exposed. Although this implies many innate elements, it does not mean predestination. The same childhood story can evolve in innumerable directions, much as a book being made into a film may involve script changes that lead to a transformation of the story and even a different ending. Just as a film director needs a script from which to begin his or her work, so we seem to need to develop a script in childhood which we then enlarge upon, develop, and/or transform in the course of our lives.

Thus, although I stand by the extensive description of script-making (English, 1977c) from which Cornell (1988) quotes, these days I emphasize that the script consists of interweaving "existential patterns" reflecting different areas of interest and priorities. These patterns make up a whole, like strands of thread woven into cloth, but they also have identifiable lines or colors which distinguish one strand from another. For example, for some people the direction of their work is more important than their relationships or life-style; for others the environment or landscape in which they live is essential (e.g., country or city). Each topic has its own existential pattern, one that can be traced in the texture of the person's life from childhood on to the present. Future projections can be made by following the directional line of one pattern or another, with changes of direction always possible related to those patterns that are of particular interest to the individual.

The other issue to which I attach considerable more importance now is the balance of the three drives. For example, how much did the survival drive take precedence in a person's life over the creative drive and/or the drive to rest?

The relationship between these drives has an important impact on script development and on the extent of internal mobility with which the individual can operate in the present and the future. It determines whether he or she uses the script creatively for gratifying outcomes or restrictively to maintain survival conclusions.

Working on scripts may have therapeutic value indirectly by helping someone develop more awareness of his or her life patterns. Such awareness may lead the individual to want to modulate the emphasis he or she placed on one area of life and to experiment with less obvious patterns. However, it is crucial to underscore that my emphasis in script work is on awareness, general insight, recognition, and improved harmony among drives. For this work I function, not as a therapist, but as a participating observer who coordinates and points up connections while also encouraging group members to do the same in relation to each other. All this must take place with respect and admiration for whatever images are presented. In cases where specific treatment of a specific issue seems important, I offer contractual treatment either individually or in a therapy group, or I recommend a therapist who will not try to meddle with the person's total script.

Although script analysis, however it is defined, is unnecessary for good treatment (and may actually be harmful), this does not mean avoiding our knowledge of developmental factors. Many presenting problems are related to the overuse of the survival drive in childhood and/or the present with corresponding repression of the creative drive and repression or misuse of the drive to rest. There are also often conflicting survival conclusions related to different stages of development or dormant conclusions that are revived by certain events and take on dysfunctional power. Thus the TA method of contractual treatment continues to be useful as does the technique of moving back and forth between the here-and-now and flashbacks to the past.

Case Example

A TA therapist came in with her patient, "George," for consultation after briefly discussing the case with me previously. (Because of a heavy travel schedule, I occasionally use this method of consultation with

therapists who know me through workshops, but are not in ongoing training with me.)

George, a 45-year-old university professor, had entered treatment six months earlier because he suffered from constriction of the throat when he was about to deliver a lecture, even though he had lectured for 13 years prior to that with no problem. Medical examination confirmed that there was no organic problem. Although various techniques to soothe his throat and relieve stress had been moderately successful, the uncomfortable feelings in his throat persisted and were causing increasing anxiety about whether he might have to stop lecturing altogether, thereby relinquishing the prospect of university tenure.

The therapist was convinced George had an injunction against success. About two years earlier, roughly around the time his symptom began, a book he had written for lay readers became a best-seller. The therapist believed there was a clear connection between George's increasing success and the symptom, which was also undermining his opportunity for tenure. However, her efforts to get George to redecide for success and to drop his "loser script" were meeting with increasing "resistance" from George who seemed to be stuck in his script and unwilling or unable to move out of it.

George began the joint consultation quite defensively, presumably from where he and his therapist had left off. He indicated he had always done well in school—had even been class valedictorian—and his parents had always been supportive of his achievements. He could not believe that secretly either his mother or his father would have wanted him to be unsuccessful. He had also published before, although this was admittedly his first best-seller for the general public. Nevertheless, he feared that his therapist might be right. Perhaps changing to research work, which he was seriously considering, might lead him "down the garden path" to failure, particularly since his wife would be disappointed about his relinquishing tenure.

However, George was sick of suffering; not only did his throat hurt, but he also hated the anxiety of not knowing whether he would be able to complete each lecture. He was willing to "get rid of his script," if that was the cause of his problem as his therapist had told him. As he talked about the possibility of having to

"give up" on regular lecturing and lose the chance for tenure, he smiled a little. The therapist believed this to be a gallow's smile indicating George was scripted to be a loser, but I saw things differently. I did not pick up on the smile then, but wanted to understand its meaning later.

Our first concern was the symptom of throat constriction. As is my usual practice, I obtained a detailed description about the onset of the symptom in George's current life because it might have corresponded to a dormant survival conclusion revived by some event. George became impatient. As we talked, however, he remembered that he had first felt the constriction when being honored for his book at a banquet for a club he had just joined. He was the guest speaker, and the waiters were still setting out dessert and coffee when he was introduced and asked to speak. When he stood up he felt the constriction and also slightly faint; he steadied himself by reaching out for his wife's hand and managed to get through the speech, which was well received.

I asked him whether as a child he had been allowed to speak at the dinner table. "Of course not," he responded without hesitation. Upon hearing his own words, he laughed; he had just gotten the point.

George was the youngest of six siblings in a very formal household. No one was allowed to speak at the table except his parents. However, he was his mother's favorite, and rules were not strictly enforced with him. On one occasion he was actually encouraged to recite a poem he had learned. "But then," he reminisced, "my brothers ganged up and beat me severely to teach me that rules should apply to me as well and I should not show off again." George became quite animated in noting the similarity to the situation at the banquet. The club he had joined—a prestigious one he could not have joined had it not been for the success of his book—reminded him of being allowed at the family dinner table instead of in the kitchen with the household help. At the banquet he once again felt a double bind—encouraged to "show off" in front of the "older" club "brothers," but fearing retribution for doing so.

An additional concern for George had been his shame over reaching for his wife's hand. Had anyone noticed? Reaching for her hand (as

a stand-in for support from his mother), which he had done automatically at a moment of distress, corresponded to another survival conclusion, but a useful one in contrast to the one developed as a result of the beating from his brothers. However, associated to this (probably over later stages) was his feeling that he did not want to be a mama's boy and that he should manage on his own. His mother had been somewhat overprotective; he had emancipated himself from her at adolescence when he became captain of the school basketball team in spite of her concerns about possible risks to his health. There were remnants of the old embarrassment about being dependent on his mother, justified in childhood by the fact that he did have frequent colds.

George's symptom occurred because of "magical" thinking in the Child. He feared retribution for having pulled off his speech and also, perhaps, for having reached out to his wife for support as he had done with his mother when he was sick as a child. By continuing to experience constriction in his throat he could "justify" needing help because maybe he was again "sick." On the other hand, he also became "tired" of the symptom much as he had tired of his mother's overconcern when he was an adolescent. However, the conclusion from adolescence about shaking off dependency was not sufficient to offset the more primitive conclusion that had been revived at the banquet and then generalized to contaminate other lecture situations.

Thus we see how a symptom occurs when a dormant archaic conclusion is revived by a parallel between a current situation and the original situation in which the conclusion was formulated. The conclusion then combines with other survival conclusions, and by generating anxiety in the present it can develop such power that it seems to affect the person's entire life. This process brings to mind Berne's anecdote about someone getting a splinter which generates other problems and leads to complicated treatment because no one thinks to simply remove the splinter. With George, script analysis in its classical form was about to cause additional problems without getting to and removing the actual cause of his difficulties.

I was lucky in George's case. Tracing the connection between a buried survival conclusion and a symptom is not always so easy and

may require patient detective work. The key usually lies in scrupulous and detailed exploration of the circumstances that triggered the symptom in the client's present life. When verbal detective work alone does not suffice, a variation on Gestalt empty chair work or psychodrama may be useful, not necessarily to move the patient through the impasse, but to learn where the connection might lie between present and past events. In doing so I remember how Fritz Perls emphasized repeatedly in his training seminars: It is projection that brings a problem to the foreground. For example, in George's case just speaking at the dinner probably would not have generated enough anxiety to cause his symptom; the symptom resulted from combining that anxiety with his projecting onto the audience that they were his "older brothers."

The "Gallows" Smile

When a small smile appears after a crossed transaction, it is not a gallows transaction (Steiner, 1967, p. 39) due to an injunction, but usually a reflection of embarrassment or the Child's small hope for a "consolation prize" to compensate for frustration. Often when such a smile appears as a patient reports something upsetting, there is an internal conflict between a survival issue and a push from the creative drive. The survival drive is more reasonable (be it through Adapted Child, Parent, or Adult); the creative drive is more attuned to feelings, freedom, excitement, and risk-taking, for better or worse. Thus the smile may represent a secret wish that seems "unreasonable." When such a smile appears during a session, I will comment on how it is not congruent with what is being said, but not necessarily immediately because it may relate to some additional conflict other than the one at hand.

George's smile appeared when he was expressing his overt concern that he might have to "give up" lecturing and tenure and also when he said he was "tired" of his symptom. These expressions relate primarily to the drive to rest, yet he seemed very lively when he talked. It seemed that George's drive to rest and his lively creative drive were aligned against conclusions of his survival drive. Were these two drives in combination pushing him to relax more and/or take on a new creative path,

regardless of the consequences? Or was the survival drive reinforcing one or more survival conclusions that were no longer essential? Could it be that by now the symptom was acquiring a new meaning and might constitute an excuse for George to drop tenure and take the research job?

Fortunately George's therapist was gifted and not stubbornly committed to her previous interpretation of the case; she was also familiar with EPT. She and George agreed to continue treatment in order to consider other aspects of the dilemma. Three months later she reported that George's throat symptoms had abated after our joint session, but that he had developed sleep difficulties instead. This was not surprising in light of our hypothesis. In working with the "give up" issue, George revealed that he was strongly attracted to the research job, which would give him both more creative work and more leisure time. However, it seemed "stupid" to relinquish the university job when he was so close to tenure, and both he and his wife felt tenure offered more security for the future.

Clearly George was not programmed against success. If anything, several of his survival conclusions pressured for success and security, and additional ones emphasized dependency (now on his wife) perhaps more than necessary. Wisely the therapist suggested joint appointments for George and his wife. It turned out that his wife was not as opposed to the change as George had thought she was, and that her previous concern about his job had been due mostly to anxiety about his throat symptom. Once she realized George yearned for the change, she was supportive, pointing out that his book royalties provided them with a financial cushion, that they had ample savings, and that the research job offered more opportunities for George's career than did hanging on to university tenure.

Six months later George had terminated therapy with no symptoms. He had lectured on a few other occasions without difficulty and was enthusiastic about his new job because of the opportunities it gave him, not because he was afraid to lecture.

Commentary on George's Case

George's case illustrates how a false "script"

interpretation can be harmful, although fortunately George "resisted" it. (I wonder how often a patient's resistance is the most useful thing he or she can do for himself or herself.) With George we can see how "script" elements connected themselves on various levels to the throat symptom: 1) basic survival conclusion to achieve; 2) the later ambivalent feelings about dependence and independence on mother/wife; 3) the revival of a dormant conclusion about not showing off at the dinner table contaminating previously comfortable behavior as a university lecturer; and then 4) an opportunity for his creative drive and his drive to rest to assert themselves in the here-and-now by urging him preconsciously to drop the university job, even at some risk and in opposition to such survival conclusions as holding on to a good job with security.

It was important in George's treatment that the therapist did not go for big script issues, but rather worked on the small issues systematically. George thus could proceed with an important area of his script from the perspective of creativity and excitement rather than with a sense of dissatisfaction from the perspective of older survival issues. By acknowledging that he was taking a risk in acceding to the urge of his creative drive and by checking it out with other factors in his current reality, he facilitated harmonious interaction between his creative drive and his survival drive as well as providing additional space for his drive to rest.

Definition of Scripts

In summary, I define scripts as follows: Scripts contain genetic elements and patterns related to past experiences, fantasies, and beliefs that are woven together into the fabric of a personal mythological story with many possible variations. Such patterns can lead both to positive and negative outcomes according to the manner in which they intermesh and evolve, so scripts have nonspecific endings. A script is valuable as an organizing support structure originating in childhood. It enables us to "play" with various options in fantasy before converting them to actual life. Thus our scripts contribute to the articulation, actualization, and evolution of our innate potential.

The analogy to a theatrical script holds if we think of improvisational theater rather than of

a preset play, for scripts unfold and evolve gradually. It is through the interweaving of many strands of existential patterns that each individual creates the unique quality of his or her life. Tentative predictions are possible only in small ways, with much allowance for spontaneous changes.

In describing how he writes a novel—which is similar to how I think about the process I believe we all go through in “writing” and living our own lives—Salman Rushdie (1986) says the following:

For a long time I think I don't know what I have to write. Then gradually I begin to think of stories, fragments, incidents, or characters, quite disjointedly, in such a way that there's no indication that these are part of one story. Then I begin to panic about not having a book to write. And so I try to formalize these vague notions, and I start trying to write things down. And then I have a moment of great optimism when I discover that I have nine novels to write that are going to occupy me for the next twenty years. And then I try and decide which one I'm going to write first. And then I ache more, waiting, and then everything disintegrates. And I realize I haven't got one novel, let alone nine. And then, at some moment, I find, without quite knowing how, that all these fragments of ideas have in fact been part of a larger idea that, without knowing it, was really what I was thinking about—and that's the novel I have to write.

And that is the script I live.

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