Four Conceptualisations of the Concept of Script

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In 1988 a special issue of the *Transactional Analysis Journal* was published on the topic of scripts. The following summarises some of what was written.

Allen & Allen (1988) began their Abstract with the comment that "In the years since Berne's death so many connotations and relatively unexamined assumptions have accrued to key transactional analysis concepts that their original meanings are often obscured." and continued that "Clinicians and script theorists use the term "script" with very different implications and connotations." (p. 283). They went on to point out that that the term was being used in three or four different ways, raising the question of whether script should be regarded as a hypothesis that could be evaluated by scientific studies or should be better understood as a metaphor whose efficacy can be determined in clinical practice. They also queried whether we needed one universally accepted definition or was it better to maintain and use the ambiguity and richness of the term with different meanings.

The four conceptualisations they proposed were:

- Script as a basis for therapeutic interventions
- Script as a theory of development
- Script as a framework for organising one's life
- Script as projection of the past and the future

They pointed out that, whichever conceptualisation is used, the concept becomes limiting when it is accompanied by one or more of the following incorrect assumptions:

- Theories of development are also theories of change.
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- Childhood experience as recounted by adult patients is the same as their actual experience as children.
- The script is static.
- Major script decisions can be made only in childhood.
- Scripts are necessarily only rigid and dysfunctional.

Going back to the origins of the concept as a tool for organising substantial clinical information that would allow some predictions to be made and some therapeutic interventions to be developed, they pointed out that it is premature to make an assumption that there is accuracy in this process. They referred to people who had changed the lives and attributed this to learning transactional analysis yet such people had often completely misunderstood what they had read. They liken this to an example of Milton Erickson healing someone by implanting a conflict through hypnosis and then helping the patient to uncover this conflict and deal with it, after which the patient was cured. Allen & Allen speculated that in these cases, what made the difference was the belief that the person was taking control of their lives and it was irrelevant whether the script as they believed it to be was accurate or not.

They go on to consider what the concept of script contributes to developmental theory, pointing out that because script theory is concise it does not address many issues, including the discontinuities between childhood and adulthood. Referring to the lack of statistical evidence to link delinquent children with antisocial adults,

or continuities in criminal records from childhood to adulthood, they identify four issues:

- the role of vulnerability – how early experiences may predispose or protect us from later emotional problems through influencing later susceptibilities to stressors rather than through any direct effect;
- the role of sensitive periods of development – apart from the development of core gender identity and social bonds in early childhood, empirical data does not indicate that events have a greater effect at one stage of development rather than another;
- the role of 'sleeper' effects – it seems clear that prior experiences of success or failure influence how people respond to future events;
- the role of psychosocial context – in addition to a child's temperament determining how that child responds to particular situations, it may also change the environment through an effect on other people.

They go on to emphasise that human beings actively interpret and evaluate their environment and internalise experiences in ways which influence later behaviour; this means that the outcomes are not always predictable. As a powerful example, they quote a study by Krell (1987) on how massive trauma in early life exerts its effects across the lifespan. In this case, child survivors of the Holocaust were studied almost 40 years after the event and it was found that the majority of them had not succumbed to the dire predictions that would have been made for them by knowledgeable professionals had they been studied earlier.

Allen & Allen also pointed out that using script as a developmental theory is problematic because what the adult remembers are actually reconstructions of what may or may not have happened in childhood. Also, what is reconstructed also serves as maps and models for the world that the person then creates and what they project onto the environment; having 'decided' how we will be, we then interact in ways which will confirm our decisions. Hence, we cannot assume that the events in childhood are actually causing what happens and how we behave in the future. "We live in the present. This is our "lived time." Our remembrances we create in the present and project into the past. Our futures we imagine in the present and project into the future. If our past and our futures are projections from our present, then our script is also a projection. The script has often been regarded as something immutable rather than something that is created and recreated in the present. However, if we conceptualise it is created in the present, then it is highly changeable over time. It is not fixed in childhood. It is a way to make meaning of our existence. In order to preserve a sense of continuity and sameness, the facts need to remain more or less the same; however, their availability, interpretation, and synthesis can be changed markedly." (p. 288). Working with scripts is therefore really analogous to working with metaphors and dreams.

They go on to comment that script may also be seen as addressing the sources of anxiety identified by Tillich (1952), writing that he proposed that "non-Being manifests itself in Being in three major ways: (1) the threat of death or fate, (2) the threat of meaninglessness and emptiness, and (3) the threat of self-condemnation and guilt. These create three sources of anxiety: (1) ontic, in the sense of a threat to our being itself; (2) cognitive, in the sphere of meaning; and (3) volitional, in the sphere of choice and action. Depending on an individual's interpretation, script can be seen as addressing any of these sources of anxiety. It can be interpreted as a "fate"

imposed upon us, or as a way to make meaning of our day-to-day lives, or used to inform or justify our choices and to determine the most appropriate action at any point in time." (p. 288).

Allen & Allen conclude their article with some comments on the loose hierarchy of permissions that they had delineated in their Allen & Allen (1972) paper. They regard permissions as a major determinant in script formation and an important form of therapeutic intervention, with each necessary throughout life but needing to take different forms at different stages in the life-cycle. The first permission is 'to be' and the last is 'to make/find meaning'. In this 1988 article, they emphasised that a hierarchy should not be interpreted too concretely and that it may be more accurate to think of a matrix of permissions and stages, perhaps based on work by Greenspan (1979, 1981). This conceptual framework refers to the sequence of developmental tasks facing the infant in the first few years of life:

- the capacity to achieve homeostasis – the infant's ability to regulate states, habituate to stimuli, organise complex patterns such as self-soothing – for which they need permission to experience what one is experiencing, to influence the environment, to be OK, and to achieve homeostasis - for which is required a caregiver who intervenes in a soothing manner;
- the establishment of attachment relationships – by 2 to 4 months the infant engages in reciprocal interactions with the caregiver – for this is needed permissions to be, to feel one's own feelings, to 'make it', to be okay, to trust, to make meaning, and especially to be close yet separate – problems here may occur for children who are autistic, or for whom physical touch or other forms of stimulation are painful, or whose caregivers do not reach out to them;
- the differentiation of psychological and behaviour patterns – referring to this as the capacity for somato-psychological, or mean-ends differentiation, Allen & Allen described this as the infant differentiating one person from another, distinguishing moods and communications of the caregiver, and distinguishing the infant's own somatic and psychological states such as hunger versus the need for affection - permissions needed are to 'make it' and to feel what one feels – problems occur when the caregiver is withdrawn or intrusive, and it is during this stage that injunctions about certain feelings may arise;
- the attainment of higher-level organisational processes, characterised by internalisation - there is an increase in the infant 'taking in' as evidenced by more imitated behaviour after 8 to 10 months of age, and the infant's organisation of systems of affiliation and exploration – permissions now are needed to think clearly, to make meaning, and especially to be one's separate self;
- the development of initiative, originality, and autonomy during the second year - for this and afterwards, Allen & Allen say only that they could go through the rest of childhood, adolescence, and adulthood delineating the form each permission needs to take for a specific period.

Finally, Allen & Allen make the point that injunctions, permissions and attributions may arise from the context rather than from any one individual. They may be induced by the qualities of the child or arise out of the fit between the child and the caregivers. For example, a child born

hypersensitive to touch or sound will pick up the injunction 'Don't Be Close' more easily than a normal child. It is commonly observed that children receiving the same injunctions make very different decisions as a result of other factors; Allen & Allen point out that another example is of the child who receives a 'Don't Be 'injunction and also has an abnormality in the serotonin system, which appears to make them more likely to commit suicide than those with normal levels of serotonin.

References

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