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**Life Scripts: Unconscious Relational Patterns
Life Scripts: Unconscious Relational Patterns
and
Psychotherapeutic Involvement
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A Cognitive-Behavioral Approach: Treating Cocaine Addiction Part I

Course meets the qualifications for 3 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences.

Life Scripts are a complex set of unconscious relational patterns based on physiological survival reactions, implicit experiential conclusions, and/or explicit decisions, made under stress, at any developmental age, that inhibit spontaneity and limit flexibility in problem-solving, health maintenance and in relationship with people (Erskine, 1980/1997). Scripts are often developed by infants, young children, adolescents and even adults as a means of coping with disruptions in significant dependent relationships that repeatedly failed to satisfy crucial developmentally based needs. These unconscious script patterns most likely have been formulated, reinforced and elaborated over a number of developmental ages as a result of repeated ruptures in relationships with significant others. Life Scripts are a result of the cumulative failures in significant, dependent relationships! Such Life Scripts are unconscious systems of psychological organization and self-regulation primarily formed from implicit memories and expressed through physiological discomforts, escalations or minimizations of affect and the transferences that occur in everyday life.

These unconscious relational patterns, schemata or life plans influence the reactions and expectations that define for us the kind of world we live in, the people we are and the quality of interpersonal relationships we will have with others. Encoded physically in body tissues and biochemical events, affectively as sub-cortical brain stimulation, and cognitively in the form of beliefs, attitudes and values, these responses form a blueprint that guides the way we live our lives. Such scripts involve a complex network of neural pathways formed as thoughts, affects, biochemical and physiological reactions, fantasy, relational patterns and the important process of homeostatic self-regulation of the organism. Scripts formed from physiological survival reactions, implicit experiential conclusions, relational failures, prolonged misattunements and neglects, as well as chronic shock and acute trauma, all require a psychotherapy wherein the therapeutic relationship is central and is evident through the respect, reliability, and the dependability of a caringly, involved, skilled real person (Erskine, 1993/97).

Unconscious Processes. The purpose of a serious in-depth psychotherapy is the resolution of a client's unconscious script inhibitions or compulsions in relationship with people, inflexibility in problem-solving and deficiencies in health care. Such a "script cure" (Erskine, 1980/1997) involves an internal reorganization and new integration of affective and cognitive structures, undoing physiological retroreflections, decommissioning introjections

and consciously choosing behavior that is meaningful and appropriate in the current relationship or task rather than behavior that is determined by compulsion or fear or archaic coping reactions. The aim of an in-depth and integrative psychotherapy is to provide the quality of therapeutic relationship, understanding and skill that facilitates the client becoming conscious of what was previously unconscious so that he or she can be intimate with others, maintain good health and engage in the tasks of everyday life without preformed restrictions.

What most people generally consider as "unconscious memory" is usually composed of explicit memory "the type of memory that is described as symbolic: a photographic image, impressionistic painting or audio recording of what was said in past events. Such explicit or declarative memory is usually anchored in the capacity to use social language and concepts to describe experience. Experience that is "unconscious" usually lacks explicit recall of an event because it is sub-symbolic. Sub-symbolic memory is potentially "felt" as physiological tensions, undifferentiated affect, longings or repulsions, and pre-reflective relational and self-regulating patterns (Bucci, 2001).

When we define Script as a complex set of unconscious relational patterns based on physiological survival reactions, implicit experiential conclusions and/or explicit decisions made under stress we are including script patterns that are formed from explicit memory embedded in conscious or preconscious decisions of a previous developmental period. Additionally, we are also describing the structured result of implicit memory as well as unconscious procedural ways of relating to others, unconscious bodily processes, the unconscious aspects of acute trauma and dissociation, the unconscious effects of cumulative misattunement and neglect, unconscious introjection and/or pre-reflective unconscious organization of attachment styles, relational-needs and self-regulation. Each of these antecedents of a Life Script requires a specific form of therapy to enable the unconscious experiences to become conscious and to facilitate the emergence of new patterns of thinking, feeling, body process, behavior and interpersonal contact.

Injunctions and Decisions: Explicit Memory. Berne (1972), English (1972), Steiner (1971), Stuntz (1972), and Wollams (1973) have each described script as being formed by parental injunctions and a child's acquiescence to the parents' messages. Their ideas vary in how injunctions are communicated, the critical developmental periods when a child is most susceptible to such messages, and the psychological lethality of both injunctions and the resulting compliance. Each of these theorists basically views script as an interaction of injunctions, counterinjunctions, compliance and early developmental protocol. Generally therapy of these script dynamics is described by these authors as consisting of explanation, illustration, confirmation and interpretation.

Steiner (1971) put particular emphasis on the coercive power of the parents' overt and ulterior messages to lethally shape a child's life while Bob and Mary Goulding (1978) described a list of such injunctions that formed the basis of a child making script decisions. Their examples of script decisions are examples of explicit memories wherein an actual scene from childhood is consciously remembered, a corresponding parental injunction is identified and the child's original decision to comply with the injunction is articulated. Because these memories and the resulting script decisions are explicit forms of memory they may be amenable to a redecision therapy. As a result of this conscious awareness of how the script was originally decided, with an awareness of the life long consequences, and with the therapist's support, a life changing redecision is possible (Erskine, 1974/1997). Several examples of how redecisions are an effective form of script therapy when the script dynamics and decisions can be explicitly remembered are in Bob and Mary Goulding's book "Changing Lives Through Redecision Therapy" (1979) and their videotape "Redecision Therapy" (1987), as well as in Erskine and Moursund's "Integrative Psychotherapy in Action" (1988/1998).

Allen & Allen (1972) suggested that the therapists' permissions to live differently than the parental injunctions dictate are an important element in counterbalancing or altering

the effects of such script forming memory because the permissions provide new explicit memories of an involved other person who is invested in the client's welfare. In a 1980 article, I identified the behavioral, intrapsychic and physiological dimensions of "script cure" and established the theoretical basis for the Script System, originally referred to as the Racket System (Erskine & Zalcman, 1979/1997). The Script System provides a model of how script beliefs are formed from explicit decisions, implicit and pre-symbolic experiential conclusions, and/or introjections and are actually lived out in current life where they are expressed through behavior, the quality of relationships, fantasy, internal physical sensations and selected explicit memories (Erskine & Moursund, 1988/1998).

Implicit Memory: Cumulative Misattunements and Experiential Conclusions. Not all Life Scripts are based on parental injunctions or script decisions. Unconscious conclusions based on lived experience account for a major portion of Life Scripts. Implicit experiential conclusions are composed of unconscious affect, physical and relational reactions that are without concept, language, sequencing of events or conscious thought. Implicit script conclusions may represent early childhood preverbal or never-verbalized experiences that, because of the lack of relationship, concept and adequate language, remain unconscious. Later in life these unconscious conclusions are sensed and expressed through a sense of unfulfilled longing or repulsion and unexpressed or undifferentiated affect. They may also be sensed as confusion, emptiness, uncomfortable body sensations and/or a procedural knowledge of caution in relationships. These physiological sensations are sub-symbolic or pre-symbolic affective memories.

In my clinical experience many clients' Life Scripts are an expression of procedural, sub-symbolic and implicit memories of conditioned affective and sensorimotor responses, repetitive self-regulating behaviors, preemptory anticipatory and inhibiting reactions that culminate in unconscious conclusions. Such implicit experiential conclusions provide a variety of psychological functions, such as orientation, self-protection and a categorization of experiences. Implicit memory refers to the processing of subliminal stimuli, physiological sensations and affect, as well as lived experience that, rather than becoming conscious as explicit memory, remain unsymbolized and therefore unconscious until there is an interested and involved other person who facilitates internal contact, concept formation and linguistic expression.

Implicit script conclusions may unconsciously express developmental needs that were not satisfied, crucial relational interactions which never or seldom occurred and the repeated failure of optimal responsiveness by primary caretakers. When primary caretakers are repeatedly distressed, anxious or angry, crucial infancy and early childhood relational interactions may never have occurred. Examples of such crucial parent-child interactions are vital eye-to-eye contact, soothing touch, or the reflective mirroring on the parent's face as the child is either delighted or distressed. Such repeated parental failure to attune and respond to the developmental needs of the young child constitutes psychological neglect. These failures are not necessarily - or even usually - the result of deliberate and conscious choices on the part of caretakers. They are more often caused by parental ignorance, fatigue, or preoccupation with other concerns; or the parents may be tangled in script patterns of their own that are incompatible with meeting the child's needs. The child, however, is unlikely to understand adult preoccupation or fatigue or script manifestations and may well fantasize intentionality when none is present. "Mom has no time for me"; "Dad is not important enough." "Dad doesn't even look at me; he must be really mad at me because I am so bad." Such implicit experiential conclusions, over time, form an unconscious Life Script.

Children who grow up with or go to school in an environment of psychological neglect, prolonged affective misattunements or repetitive ridicule, often fail to develop a sense of competency, self-definition or the capacity to make an impact on others. As a result, they often give up any notion that they can influence the course of their own lives or make an impact on other people. Their necessary sense of security, self-value, efficacy and agency, or

self-definition, can be slowly and repeatedly undermined by disparaging comments, ridicule or humiliating remarks from parents, teachers, siblings and other children. The result may be a pervasive sense of shame and the conviction "something's wrong with me" (Erskine, 1994/1997). In some situations, children and adolescents may unconsciously overcompensate by becoming extremely competent, demandingly self-definitive or insistent on making an impact on others. The affective memories of such repetitive neglect, misattunement or criticism, although implicit rather than explicit or conscious, shape conclusions about self and a style of attachment that may linger for many years. The result of such neglect is referred to as cumulative trauma, a delayed reaction to scores of implicit memories of significant relational disruptions and repeated nonverbal conclusions about self, others and the quality of life (Lourie, 1996; Erskine, Moursund & Trautmann, 1999). Many personally disturbing feelings and script beliefs about self-value, belonging within a group, or the capacity to learn have their origin in the unconscious physical and affective responses to the cumulative criticism, disregard and rejections that may have occurred in school or on the playground. As well as the early child-parent-sibling interactions, the interpersonal dynamics between peers from pre-school to university have a significant influence in forming unconscious procedural patterns and script beliefs about self, others and the quality of membership in a group. The attitudes and behaviors of teachers may also be significant in shaping unconscious identification and/or experiential conclusions.

Body Script. Life Scripts are often encoded biochemically within bodily tissue. In almost every case of script, whether formed by explicit decisions, unconscious experientially based conclusions or survival reactions, there may be a corresponding biochemical and physiological response within the body. Because of the intense sub-cortical brain stimulation and biochemical activity at the time of script conclusion or decision, the person may be unable to freely express emotions and act in accordance with needs (Damasio, 1999). The amygdala and limbic system of the brain are overwhelmed and the natural physiological and affective expression may be turned inward - a physiological retroreflection (Perls, Hefferline & Goodman, 1951). This retroreflection that is paired with a lack of safety, an unexpressed protest, unexpressed fear, or a shutting down of physical action, is often maintained years later as a physiological structure, habitual action or inhibition of expression. When misattunement and neglect from significant others have persisted over time, these inhibiting retroreflections actually become the person's physiological sense of "this is me". The stiff neck, the muscle pain in the shoulders, the grinding of teeth, the clenched fist, are what the client has always known. These manifestations of body scripts are encoded as physiological, as well as psychological, structures.

Life Scripts that have an origin in either acute or chronic trauma, or even cumulative neglect, are almost always physiological "the script is within the body" as a result of the survival reactions within the hypothalamic-pituitary-adrenal axis of the brain and the corresponding muscular tension (Cozolino, 2006). These psychological survival reactions often reoccur as automatic and sudden responses that involve various organs, muscle groups, or even the total body, because of the brain's stimulation of neurotransmitters and hormones that affect every organ system (Van der Kolk, 1994). The sudden reactivation of physiological survival reactions are not conscious (until after they have occurred) because the associational networks of the brain have become "fear conditioned" and are paired with other script dynamics such as core script beliefs, behavioral patterns, and a conglomerate of emotional memories (LeDoux, 1964).

When stress or neglect occurs early in life, is prolonged or extreme, brain functioning and behavior become organized around fear, rigidity and an avoidance of stimulation and exploration (Cozolino, 2006). The earlier the misattunement, neglect, or physical and emotional trauma, the more likely that the script will be within the body and not accessible through language or a narrative form of therapy and, in many cases, not available to consciousness. Several writings and research reports on early child development support the idea that script is formed by sub-symbolic physiological survival reactions and

unconscious conclusions in response to the quality of both early and ongoing significant relationships (Beebe, 2005; Bloom, 1997; Field et al., 2003; Lyons-Ruth et al., 1986; Tronick & Gianino, 1986; Weinberg & Tronick, 1998).

An effective and complete psychotherapy aimed at script cure must identify and ameliorate the physiological restrictions, inhibitions and body tensions that interfere with affect, expression of current relational-needs or the maintenance of good health. When I engage in body script therapy, the treatment goal is to energize the body tissue that was inhibited and rigidified when developmentally based physical and relational-needs were unsatisfied and primal feelings were repressed. Body script therapy may be the entrance into doing affective or cognitive therapy or it may be a concluding step in the treatment of specific script restriction. Interventions at the level of body script include those approaches that lead to somatic change, such as attentive awareness to bodily process, deep massage work, tension relaxation, proper diet, exercise and recreational activities that enhance the flow of energy and movement of the body.

Script cure at the physiological level is a letting go of tensions, body armoring, and internal restrictions that inhibit the person from living life fully and easily within his or her own body. Changes in body script are often evident to an observer as a more relaxed appearance, freer movement, increased energy, and an established weight level that is appropriate for the person's frame. People report having a greater sense of vitality, an ease of movement, and an increased sense of well-being.

A description of the methods that are useful in the cure of physiological aspects of Life Scripts is beyond the scope of this chapter. However, it is the responsibility of the psychotherapist to focus on bodily processes, physiological reactions, retroreflections and early childhood coping strategies, and even minute movements or silences as an expression of the physiological reactions that are imbedded in a life script.

Introjection: Whose script is it? Introjection is an unconscious self-protective identification with aspects of the personality of significant others that occurs in the absence of full contact, where crucial needs were unfilled in a dependent relationship. Introjection provides a psychological compensation for unsatisfied relational-needs and disruptions in essential interpersonal contact. An external relational conflict is avoided but the conflict is, instead, internalized where it is seemingly easier to manage (L. Perls, 1978). Therefore, introjection is accompanied by physiological survival reactions.

Many aspects of a person's Life Script may actually be the result of introjecting parents', teachers' or significant others' feelings, bodily reactions, attitudes, script beliefs, behaviors and relational patterns. It may be imperative in a thorough treatment of Life Script to identify the origin of the client's depression, disappointments, bitterness, spitefulness or internal criticism. Are such attitudes, beliefs, anticipations and behaviors the result of one's own life experiences, conclusions and decisions? Or, are these the assumed thoughts, feelings, behaviors and coping systems of a significant other that have been introjected? Is the script the result of a self criticizing defense against awareness of the internal influence of an introjection (Erskine, 1988/1997)? The therapeutic explanation and identification of the many aspects of introjection and the necessary psychotherapy are important in the treatment planning and selection of methods that lead to script cure. The specific methods in the treatment of introjection or vehement self criticism and actual case examples are detailed in several other writings (Erskine, 2003; Erskine & Trautmann, 2003; Erskine & Moursund, 1988/1998; Erskine, Moursund & Trautmann, 1999; Moursund & Erskine, 2004). In a thorough psychotherapy aimed at script cure, it may be essential that the psychotherapist addresses the internalized elements of the personality of significant others and either provides a therapeutic interposition or a complete decommissioning of the introjection (Berne, 1961).

Transferences of Everyday Life. Although Life Scripts may be formed at any developmental age, in my clinical experience, tenacious Life Scripts are not formed by explicit decisions alone but are most commonly formed from a composite of implicit experiential conclusion,

survival reactions, and introjection. The implicit memories of these script forming conclusions, survival reactions and introjections are not directly available through the client's explicit memory or in any organized narrative about his or her early life experiences. Such early memories and implicit conclusions are revealed through bodily reactions, pre-reflective relational patterns, transference within the therapeutic relationship and, most commonly, through the transferences of everyday life (Freud, 1912/1958). The hurts and angers with family or friends or the fearfully anticipated reactions of coworkers, the disregard for one's health or general welfare, and the habitual worry, repetitive fantasies or obsessions are examples of the unconscious transference of early emotional memory into the current events of everyday life.

Berne defines scripts as a "transference phenomena" that may be reenacted over a lifetime and that are derived and adapted from "infantile reactions and experiences" and the "primal dramas of childhood" (1961, p. 116). In an effective psychotherapy, it is often necessary for the psychotherapist to help the client construct a narrative of his or her early emotional and relational experiences in order to gain an understanding and resolution of his or her transference reactions. This is often accomplished through the therapeutic method of implication wherein the therapist co-constructs with the client meanings for his or her experience and provides both concepts and a sense of the significance to the affective and physiological memories. Transference both within the therapeutic relationship and the course of everyday life is often an expression of "the first traumatic experience, the protocol" and the cumulative "later versions or palimpsests" (Berne, 1961, p. 124) of the Script "the unconscious experiential conclusions.

Transference within a therapy relationship, and even more commonly and frequently in the relationships and activities of everyday life, is an expression of the effects of previous relational disruptions and failures, as well as an expression of relational-needs and a desire to achieve intimacy in relationships. It is an unconscious enactment of past affect-laden experiences and psychological functions such as self-regulation, compensation or self-protection (Brenner, 1979; Erskine, 1993/1997; Langs, 1976). Transference is a manifestation and expression of the unconscious dynamics of Life Scripts.

Elizabeth: an unconscious search for love

The following case example of Elizabeth's unconscious search for her mother's love is an illustration of how her Life Script was the result of implicit experiential conclusions, cumulative parental misattunement to her affect and relational-needs and an explicit script decision. In Elizabeth's psychotherapy we explored her bodily sensations and physiological survival reactions and how she may have introjected her mother's depression when she was an infant and pre-school child. My phenomenological and historical inquiry, affective, developmental and rhythmic attunement, and therapeutic inference revealed that the very young Elizabeth was deeply affected by her mother's depression. One of our therapeutic tasks was to separate her own unconscious reactive early childhood depression from the introjected depression of her mother and to provide a sensitive therapy to both aspects of the depression. Our psychotherapy focused on making her unconscious affect and physiological experience conscious and attending to her developmental needs for a dependable, consistent and involved relationship. Interwoven through this case illustration are some examples of how the script was manifested in everyday life and the necessity for a relational and integrative psychotherapy aimed at achieving a script cure.

Elizabeth looked like a lost child when she began her psychotherapy. She described herself as "empty, lost and confused". In her initial sessions, she wondered if she had "inherited a depression" because she often felt "so empty inside". She dressed poorly, even though she had a well paying job. Her clothes neither fit her well nor did the colors or patterns match. Her hair often looked uncombed and in need of a cut. My early impressions of Elizabeth were that she was a neglected and unloved child.

Elizabeth was married and described her relationship with her husband as "we mostly

just live togetherâ€• without much physical contact. She saw no problem with her marriage because she and her husband often did things together such as going to many cinemas and she was pleased that he did the grocery shopping and all the cooking.

Elizabethâ€™s father once angrily told her that Elizabethâ€™s mother was â€œdepressedâ€• and that the depression was why her mother â€œabandonedâ€• the family when Elizabeth was five years old. Her father would get angry and critical if Elizabeth ever asked any questions about her mother. There were no photos of Mother nor was there any contact with members of Motherâ€™s family. Mother ceased to exist. There was never any conversation between Elizabeth and her father about her motherâ€™s disappearance. Elizabethâ€™s father never made any acknowledgement of Elizabethâ€™s emotional loss of her mother and certainly no validation of her intense grief and need to be loved. She unconsciously concluded during her childhood years that her feelings, emptiness and longings meant â€œIâ€™m a bother to peopleâ€•.

Elizabeth could not consciously remember anything about her mother. She could not recall what her mother looked like. Father admitted that he had destroyed all of the photographs of Mother, including wedding photos and photos of Elizabeth with her mother when she was a baby and preschooler. The result was that she walked the streets of New York City searching for a face that could be her motherâ€™s. Elizabethâ€™s longing for love was unconscious. She was only aware of the emptiness inside and of a desperate â€œsearchâ€•.

She had no consciousness of her needs for mothering and loving. Whenever I inquired about any relational-need Elizabeth might have, or about her mother, she would unconsciously stroke her lips or hair. I recognized these unconscious gestures as a need for security and early mothering even though she could neither think about nor verbalize her needs. Her self-soothing initially had no meaning to her until we talked about her lip and hair stroking many, many times and related the self-soothing to the need for mothering affection and soothing touch. Even though she had no consciousness for her need for mothering, she acted out her unconscious needs in the transference through her helplessness and demeanor of neglect.

Elizabeth found it incomprehensible that I would think about her between sessions. She had no sense that she could make an impact on me. Unlike other clients, Elizabeth never missed me when I traveled. She often said that she did not know what to talk about in our sessions. She expected me to be critical of her. In our early sessions, she was able to identify this expectation of my potential criticalness and related it to explicit memories of her fatherâ€™s â€œconstant criticism of everyoneâ€•. During this phase of therapy, she became conscious of having made an explicit script decision between the ages of 10 and 12 to be cautious of everyone because â€œpeople are criticalâ€•.

Elizabeth could recall some stories and explicit memories of interactions with her father, particularly about special events or vacations where they did activities together, such as going to football games or swimming. But, Elizabeth had no capacity to either conceptualize or talk about feeling cared for in a relationship, nor did she have any awareness of her relational needs. During the psychotherapy, Elizabethâ€™s implicit memories were transformed into explicit stories.

Elizabeth described how she would tighten her body in bed rather than snuggle into her husband. Through ongoing phenomenological inquiry about her sensations, affect and internal images she eventually said â€œI think I could not snuggle into my father. His embrace was hard and he was always in a hurry or criticalâ€•. This comment was the opening in our examining several transference reactions in her marriage and also to the realization of her disavowed anger at her father for the absence of loving in her family. She began to wonder about the cause of motherâ€™s alleged depression and why the mother might have left the family.

I never did any therapy with Elizabethâ€™s possible introjection of her fatherâ€™s attitudes or feelings. If I had had the opportunity I would have investigated if it was also he who was depressed, particularly after his wife had left him when Elizabeth was five years old. It is

possible that his "constant criticism of everyone", his destroying all the photographs and his not ever speaking about Elizabeth's mother was an expression of either his depression or bitter resentment or both.

By the third year of therapy, I gently and persistently inquired about Elizabeth's early relationship with her depressed mother. I felt an intense tenderness for the little girl she once was and an attunement to the needs of a neglected baby and preschool child. I realize that I kept my eyes on her all the time, particularly on her eyes whenever I caught a glimpse of her downward or inward looking gaze. I experienced a simple innocence in her and a willingness to "please at any cost". My tender comments and reflections of her possible childhood needs were met with confusion and/or distracting comments " comments unrelated to her vulnerability, needs or relationship with her mother. These juxtaposition reactions included Elizabeth's disregard of my caring gaze, words of tenderness or descriptions of the relational needs of a young child - a juxtaposition between what she desperately needed from both parents and for which there were neither implicit nor explicit memories. Her deflection and distancing comments also expressed the unconscious Script Belief, "I don't need anything".

Elizabeth had neither explicit nor implicit memory of either mother's or father's vital eye contact, caring gestures or words, or any attention to her loss, vulnerability or needs. Elizabeth had no concept of relational needs, only the longing, empty searching for "something". Her internal working model, an implicit memory " or, in this case, her non-memory because the events had never occurred " shaped her sense of confusion, distress and emptiness in response to each of my caring comments. She could not be conscious of the cumulative trauma of what never happened but what should have happened in a loving family relationship. Instead, her unconscious conclusion built up over many years of neglect was "I'm not loveable".

My psychotherapy with Elizabeth often focused on her physical sensations as an unconscious expression of possible needs that were not responded to and remained unsatisfied while she was a child. I was particularly sensitive to her unconsciously expressed needs for security, validation, and to rely on someone who is consistent, dependable and attuned to her affect. The relational-need to make an impact on a significant other, or to have the other initiate any caring gestures, was conspicuously absent in her sparse narrative about her family life. Each of these needs became an integral part of our psychotherapy together. I repeatedly identified, validated and appreciated these essential needs.

Interwoven in our therapy was a careful therapeutic attentiveness to Elizabeth's sense of shame " a shame she felt with her school peers about coming from a one-parent family and having a mother who had disappeared. Elizabeth described how she had often lied to the other kids by telling them about a dramatic childbirth in which her mother had died heroically.

Through a great deal of phenomenological inquiry and explanation of the normal needs of children " and by inference, her own needs " Elizabeth and I co-created a story that began to make sense to her of her longings and self-neglect, her frequent soothing gestures, her emotional discomfort with both eye contact and affectionate touch and her endless search for a mother's love.

My affective and developmental attunement served to continually inform both of us of the unrequited needs of a young child. The tenderness, kindness and gentleness that I strove to bring to the therapy provided an involved therapeutic relationship " a relationship that facilitated Elizabeth's valuing, for the first time in her life, of her vulnerability and needs. At the same time, I was facilitating her identification and understanding of the unconscious script conclusion that "life is an empty search". Putting this unconscious conclusion into words in a number of sessions became important to Elizabeth because it gave meaning to her longings, emptiness and search for her mother. She slowly became secure enough in our therapeutic relationship to finally grieve for her lost mother and to acknowledge her

anger at her father's criticalness and emotional distancing. Her appearance improved slowly over time. Periodically she was dressed in something new that fit her attractively. One day, in the fifth year of therapy, she surprised me with a new stylish haircut and coloring – an adult form of self-soothing. She experimented in asking her husband to do things for her and to be more affectionate. As a result, she reported on an increased intimacy with her husband. She no longer searched for her lost mother's face on the streets of New York City; her unconscious search for love became conscious. She learned to be loved.

Psychotherapeutic Involvement. For clients who are similar to Elizabeth, script cure necessitates a relational psychotherapy that addresses affect and cognition, developmental and current needs, the transferences in everyday life, behavior and fantasy, physiological reactions and health maintenance and the psychological functions that perpetuate continual reinforcement of script beliefs.

It is necessary in a relational and integrative psychotherapy that the psychotherapist provides an ongoing inquiry into the client's phenomenological experience of each developmentally dependent relationship which includes the influence of parents, family members, teachers and peers on forming his or her relational patterns and script beliefs. Such a therapeutically useful phenomenological inquiry can only occur in an atmosphere of the psychotherapist's sustained attunement to the client's affect, rhythm, developmental level of functioning, cognitive style and relational-needs.

An effective relational psychotherapy includes the psychotherapist's acknowledgement of the client's psychological experiences, validation of his or her affect and attempts at meaning-making, normalization of the client's developmental attempts to adapt and cope with family and school stressors and provides an interested, involved and caring presence of a real person who communicates to the client that he or she is valued.

Script cure is the primary goal of an integrative psychotherapy. Script cure is the result of an integration of affect, cognition and physiology so that important aspects of one's life are available to consciousness and that behavior, health maintenance and relationships are the result of flexible choice rather than compulsion or inhibition.

People who are no longer functioning in a restrictive Life Script report that they have the capacity to contactfully express themselves in relationship, internally they are emotionally stable because they are both unfettered by predetermined and restrictive script beliefs and they are aware of their current needs in relationship. They have a sense of self-definition, agency and authenticity; their behavior is both contextual and sensitive to other people's relational-needs. Interpersonally, they are conscientious, gracious, curious, personable and intimate.

Scripts formed from a composite of physiological survival reactions, implicit experiential conclusions, relational failures, prolonged misattunements and neglects require a psychotherapy wherein the therapeutic relationship is central and is evident through the respect, reliability and dependability of a caringly involved, skilled real person. These Life Scripts are the result of cumulative failures in significant and dependent relationships and, therefore, an involved relational psychotherapy is necessary for script cure.

Post-script. A detailed description of the philosophy, therapeutic perspective, ethics and methods of a relational and integrative psychotherapy suitable for facilitating a cure of these tenacious Life Scripts is described in *Integrative Psychotherapy in Action* (Erskine & Moursund, 1988/1998), *Beyond Empathy: A Therapy of Contact-in-Relationship* (Erskine, Moursund & Trautmann, 1999) and *Integrative Psychotherapy: The Art and Science of Relationship* (Moursund & Erskine, 2004).

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