

Joining the Dots

Integrating developmental research with script theory
and practice

I've had a love affair with stories for as long as I can remember. I'm not alone in this. Hilary Mantel writes "it is commonplace to observe that we are storytelling animals, and that our urge to make sense of our experience through narrative form is ancient and powerful and remarkably strong. The trouble is, though, that many of our stories are fractured, incomplete and incoherent." (in Haynes 2007:xi)

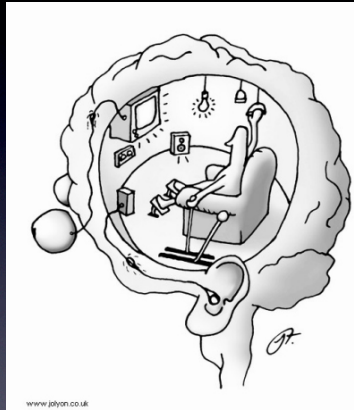
My aim this afternoon is to look at script theory in the light of recent findings from developmental research and to explore the implications for practice. I'm proposing that the goal of therapy is to enhance the client's ability to author coherent self-narrative. The therapist's job is to help the client integrate disowned or nonconscious experience, in other words to join the dots in the client's script.

The goal of therapy is to enhance the client's ability to author coherent self-narrative.

Outline

1. Conclusions from developmental research.
2. Implications for transactional analysis.
3. Implications for practice

The workshop will include exercises, client vignettes, opportunities for discussion and practicing therapy.



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We no longer think about the mind as an autonomous disembodied entity, like a little man living in the skull - a homunculus.

Cartesian view of the mind



René Descartes

- cognitive and internal processes.
- 'If a child decides her script she can re-decide.'

Post-Cartesian view of the mind



- relational, embodied
- 'If relationships form script they can transform script'.

The mind develops in co-created relationships.



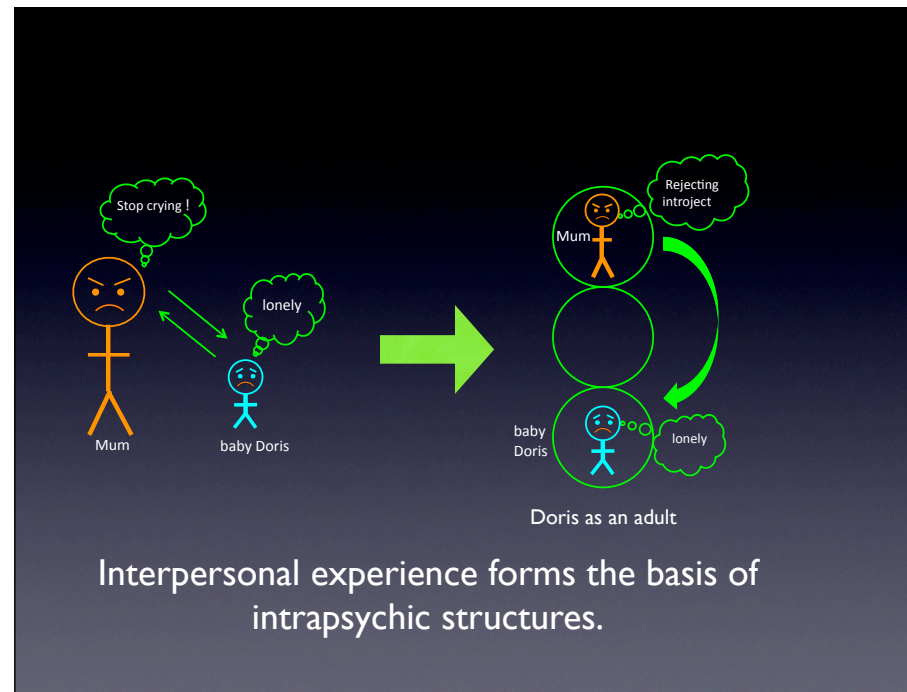


- Bowlby (1973): Everyday interaction between infants and caregivers is internalised to form mental maps that shape the infants mind.

Neuroscience and infant research have since confirmed many of Bowlby's insights. Researchers from these different fields have begun to elucidate how the mind forms representations of relational experience.

Protocol: a nonconscious relational pattern

This idea, that interpersonal experience forms the basis of the intrapsychic structure of the mind is a foundational tenet of transactional analysis. We would say these repeated non-verbal transactions (such as touch and facial expressions), between an infant and caregiver are internalised to form a series of Child and Parent ego states. In functional terms, these early blueprints for relating create a “protocol”, a nonconscious relational pattern which forms the core of the script.



Let's look at the example of baby Doris and her mother. Mum often feels tired, angry and exasperated when baby Doris cries. On a bad day she ignores Doris and leaves her to cry until she stops. Doris feels as if she is alone in the world. These transactions are repeated over and over in the first few years. As Doris grows up she internalises this whole relationship forming a rejecting Parent introject (based on her experience of Mum) and a despairing or lonely Child ego state. This relational pattern forms a protocol. As an adult Doris repeats this pattern internally and externally. She denies her needs for closeness and ignores her own feelings, just as her mother did. With others, Doris tends to avoid other people (Parent) or feel rejected (Child), reinforcing a rigid script over time.

2. The mind is embodied



The Infant Strange Situation: Mary Ainsworth (1978)



Mary Ainsworth a student and collaborator of Bowlby's established that these relational patterns are formed through non-verbal communication. She developed the The Infant Strange Situation (ISS) which measures emotional behavioural patterns of approach and avoidance.

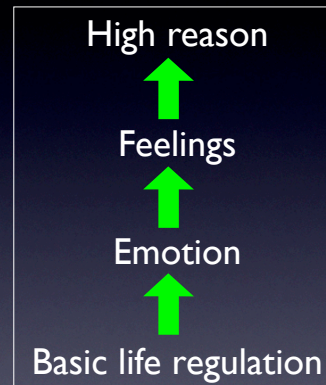


There is a reasonable consensus that attachment patterns are encoded in implicit memory (Cozolino, 2002; Siegel, 1999).

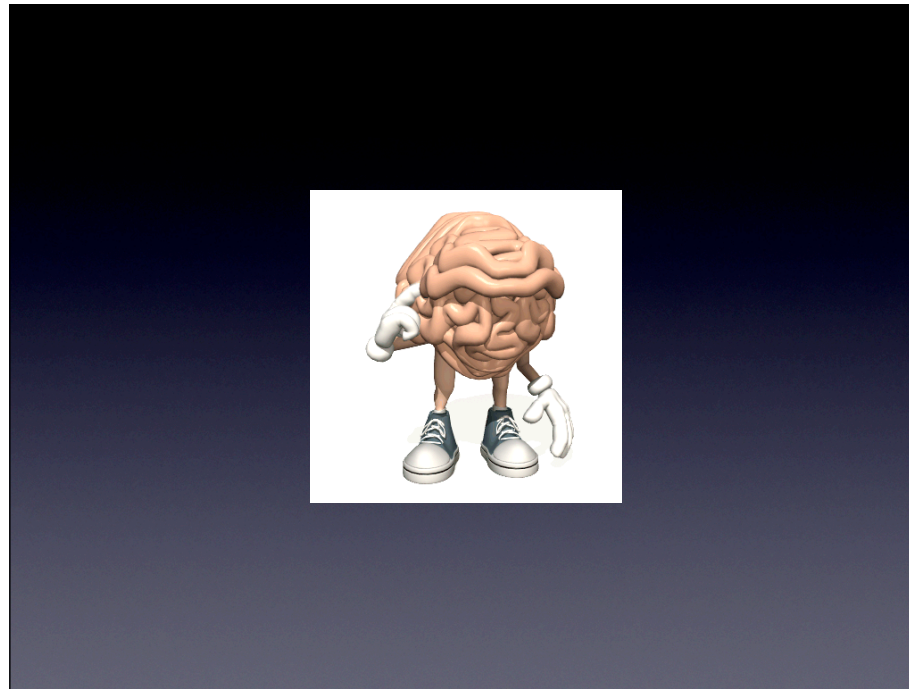
The infant's attachment pattern or protocol seems to be reasonably stable by 12 months of age. There is some consensus that these patterns are encoded in implicit memory (Cozolino, 2002; Siegel, 1999). This means that core script patterns or protocols are not conscious. Instead these patterns are experienced as sensations, feelings, behaviours and ways of relating. Implicit memory cannot be consciously recalled but it can be activated in the present, unconsciously influencing current perceptions of relationships.

For example if my partner spends all weekend working and I feel like he is rejecting me – I'm likely to be reactivating a relational protocol.

Levels of life regulation (Damasio 1990:55)



So we need to rethink the place of “script decisions” in the development of script. Damasio (1994), argues that cognitive decisions arise from gut feelings, which in turn depend on our ability to read bodily signals.



Traditionally transactional analysts have assumed that change occurs within the realm of script beliefs, focusing therapy on verbal interaction, content and cognition. Damasio's (1994) hypothesis suggests the reverse: that fundamental change requires a shift at the level of bodily emotional experience. Cognitive challenges to beliefs about self, others and life are unlikely to produce lasting change. Instead the therapist needs to read the client's bodily expressions, such as breathing, gestures and feelings to decipher a client's script, rather than quizzing to unearth decisions made in the past. To borrow a line from Mitchell (1997), the therapist is more like a war correspondent reporting from the front line than an archaeologist.

3. Coherent self-narrative in a parent predicts secure attachment in a child. (Fonagy, Steele & Steele 1991a)



Attachment research provides compelling evidence that the structure of one's self-narrative is more crucial to psychological health, than the content of the narrative.

Adult Attachment Interview - Mary Main (1994)

- measures an internal narrative process.
- the parent's attachment pattern will predict the infant's attachment pattern with a rate of 75% accuracy before the child is born.

Mary Main a student of Ainsworth's was interested in the internal dynamics behind the behavioural patterns which Ainsworth had documented. She developed the Adult Attachment Interview (AAI). These interviews focus on how a story is told rather than its content by analysing transcripts of conversation.

These findings show that a parent's adult attachment pattern will predict their child's attachment pattern with a high degree of accuracy even before a child is born (Fonagy, Steele, & Steele, 1991a; van IJzendoorn, 1995). A parent with coherent narrative is likely to have securely attached children, while incoherent narrative in a parent will usually lead to insecure attachment patterns in children.

Why? It seems that a parent's ability to make sense of their experience is more important than the events in a person's history. A reflective coherent stance toward experience predicts attachment security better than the facts of person's life.

Infant Strange Situation	Adult Attachment Interview
<p>Secure Actively greets parent on reunion</p>	<p>Secure/Autonomous Coherent, consistent clear discourse.</p>
<p>Avoidant Avoids parent on reunion</p>	<p>Dismissing Short sentences. Generalisations unsupported by evidence.</p>
<p>Resistant Seeks proximity, cries, gets angry</p>	<p>Preoccupied Overly long sentences, confused.</p>
<p>Disorganised Chaotic, contradictory behaviours</p>	<p>Disorganised Incongruous, missing information, silences.</p>

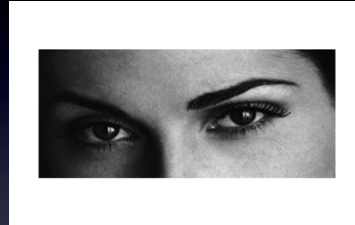
(Table adapted from Hesse, Main, Abrams & Rifkin in Solomon & Siegel eds 2003)

Mentalising:

an ability to understand mental states underlying behavior in one's self and others. (Fonagy et al 2002)

Peter Fonagy (2002) and his colleagues, elaborated the attachment research, focusing on this capacity to reflect on experience. They refer to this as mentalising. Mentalising concerns the ability to understand mental states underlying behaviour in ourselves and others.

- surprised
- joking
- sure about something
- happy



sure about something

In others words it gives us the ability to read minds and name feelings. Mentalising allows us to stand back and reflect, rather than simply reacting or equating feelings with reality. For example I can say, “I feel rejected because my partner is working however I understand he has a deadline to meet.”, rather than; “He is rejecting me”. This reflective function liberates us from repetitive relational patterns.

In TA terms we can think of this capacity to reflect and integrate experience into coherent narrative as a function of the Adult ego. However contrary to what Berne thought, it seems we are not born with an intact Adult ego.

We co-construct self-narrative through a process of contingent attunement.



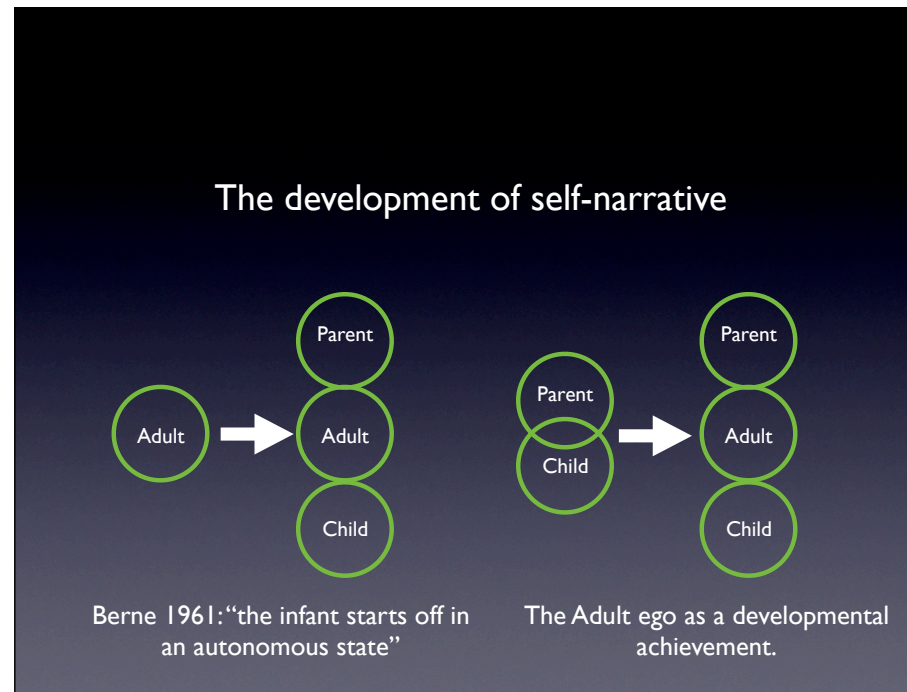
Fonagy's research demonstrates that a capacity to mentalise depends on adequate attunement from a caregiver. Children with insecure attachments failed to develop this reflective ability by 4-5 yrs.

When a mother accurately mirrors her infant's feeling states, the infant integrates a congruent representation of himself as seen, felt and touched by mother. For example he develops a sense of himself as lovable, angry or sad. We co-construct self-narrative through this process of contingent attunement.

A lack of contingent mirroring will lead to aspects of the child's experience remaining unintegrated.



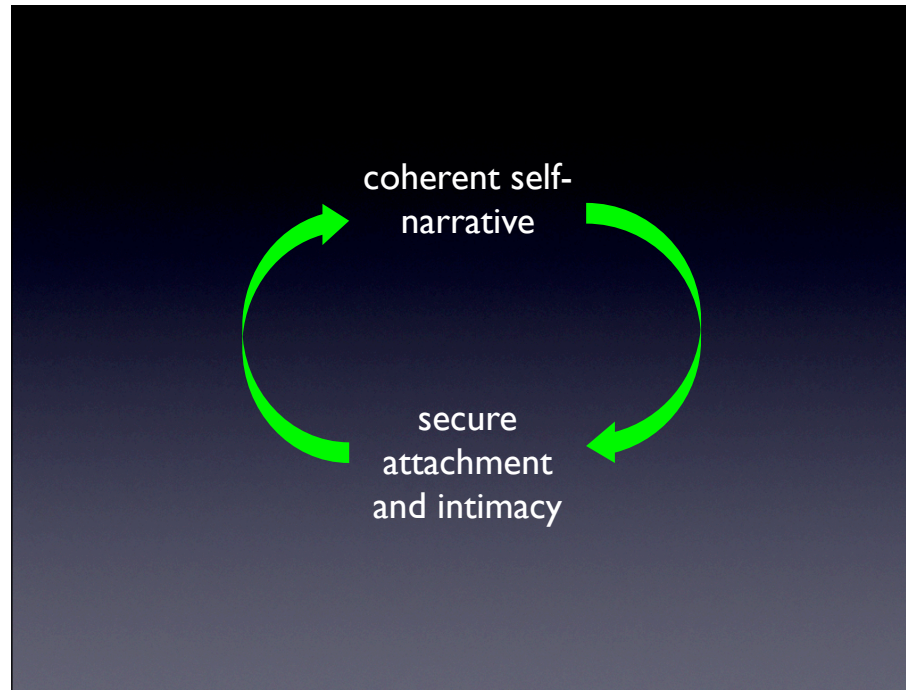
A lack of contingent mirroring will lead to aspects of the child's experience remaining unintegrated or disowned. For example, when a toddler expresses a feeling of hate toward the new baby, and the parent attacks, withdraws or shames the toddler - the child may exclude feelings of hate from conscious thought (Bruschweiler-Stern et al., 2007 p.13)



Berne (1964) assumed that "the infant starts off in an autonomous state" (p.182), implying we are born with this capacity to integrate experience. This idea was consistent with assumptions at the time, about development being an individual process. Fonagy's research suggests that the Adult ego is a developmental achievement.

Diagram: The capacity for integration or self-narrative is an emergent property of interaction. My diagram draws on Hardgaden and Sills 2002. The Adult ego is a social construction.

This idea challenges Berne's notion that we are born princes and princesses who are later turned into frogs. The evidence suggests instead that a princess requires a secure relationship.



A parent's ability to mentalise is crucial to the development of secure attachment in children and a secure relationship is essential for the development of mentalising.

Much of the psychopathology we see in clients can be understood as a failure to develop the capacity to mentalise. Correspondingly psychotherapy can be understood as an effort to develop mentalising in clients.

Neuroscience



Allan Schore (1994) and Daniel Siegel (1999) both explored the neurological correlates of attachment findings. They both conclude that the development of the prefrontal region of the brain, which is associated with co-ordinating a range of functions including affect regulation, autobiographical memory, and interpersonal communication is dependent on responsive attunement from caregivers. Likewise a lack of attunement will lead to impairment in these functions. Siegel (1999) suggests that incoherent narrative patterns revealed by the AAI reflect this lack of neural integration.

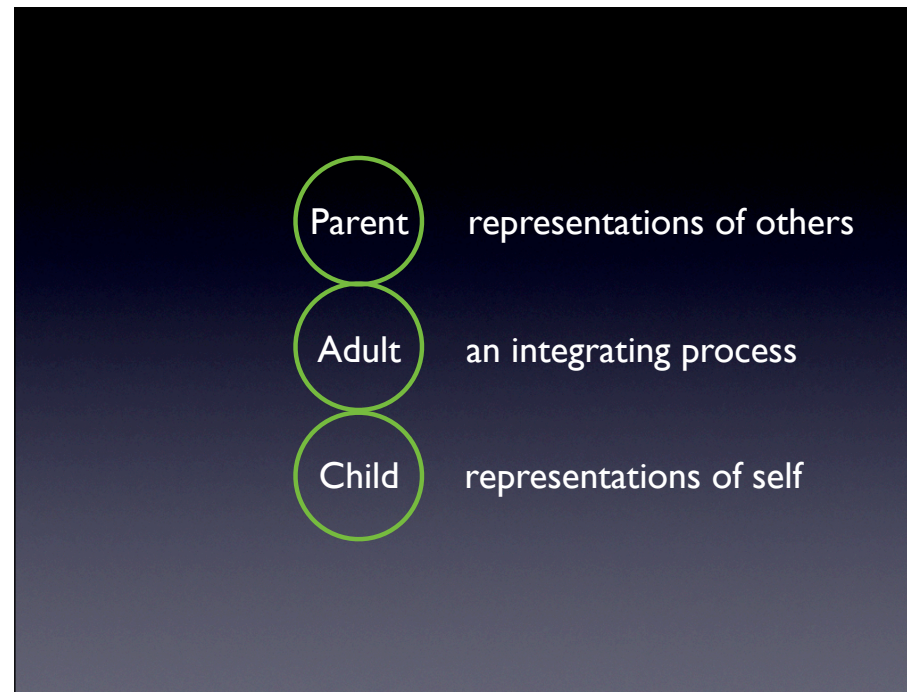


Interpersonal attunement is essential for neural integration (Siegel 1999).

Thus interpersonal attunement is essential for the development of neural integration in this part of the brain, which allows us to create coherent self-narrative and ultimately a unified sense of self (Siegel 1999)

“People don’t come pre-assembled but are
glued together by life.” (Le Doux 2002:3)

2. Implications for transactional analysis



We might conclude that interaction between the infant and caregiver produces two key outcomes:

1. Firstly; a matrix of Child and Parent ego states derived from early relationships.
2. And secondly a process of integration, which can be conceived as a function of the Adult ego.

1. Parent and Child

We can think of Parent and Child ego states as representations of self and other. Or as Berne (1961) put it, the mind contains “relics of the infant who once actually existed, in a struggle with the relics of the parents who once actually existed” (p. 55). These patterns are embedded in bodily sensations, feelings, behaviours. When Parent and Child ego states are activated we tend to repeat early relational patterns.

2. The Adult ego.

The Adult integrates disparate experiences to construct a sense of continuity and identity. The Adult ego allows us to create a story about the self, or a narrative self.

This Adult capacity to integrate experience into narrative will be more or less well developed, according to the quality of attunement that a child receives from others.

With adequate mirroring a child develops an ability to mentalise and integrate conflicting experiences into a complex self-narrative.

Subjectively, coherent self-narrative creates congruence and fluidity within the self, in the same way that an orchestra score creates harmony from a diverse range of instruments and notes.

Counterscript

- “narrative smoothing” Fonagy et al 2002
- “a good cover story”. Briere (2007)

Because parenting is never perfect most of us will experience some degree of fragmentation. With a reasonable ability for self-narrative the ordinarily neurotic mind can plaster these cracks with a good-enough story.

Fonagy et al (2002 p13) describe this process as “narrative smoothing” while Briere (2007) refers to a “good cover story”. In transactional analysis theory this is counterscript, “I’m ok if... I try hard, or please others”. For Hilary Mantel (cited in Haynes 2007) these adapted stories are, quote “slick and fake as an old dance routine, all high kicks and false smiles and a desperate sweat inside an ill-fitting costume, and didn’t our mother sew on the sequins with her own hands?”

Poor mirroring will compromise the Adult ego’s capacity to integrate experience. When the story is not good enough to cover the gap between the self and mother’s sequins, or the gaps are too wide, as with trauma or neglect, the child develops an incoherent script. The self remains disconnected. Incoherent script is a bit like living with background music that is discordant. Mantel says incoherent narratives are like “a jerky cinema flickering against a rumpled bedsheet, the reels out of order and the projectionist drunk.”



Bromberg (2006), likens these dissociated experiences to snapshots that have not been put in an album.

Experiences that are not validated by an attachment figure remain unintegrated and excluded from conscious thought. Bromberg (2006), likens these dissociated experiences to snapshots that have not been put in an album. Experience that is not integrated into narrative has no voice or words. Instead unsymbolised experiences are reenacted in the present, creating repetitive transference patterns, games and script drama.

Definition of script:

an internal narrative process that manifests externally as a predictable embodied, emotional pattern of relating to self and other.

This definition includes two key processes: the internal and external.

Internally, script is essentially a self-narrative process that organises the mind and sense of identity. Self-narrative can either link or fragment our sense of self.

Externally, script is concerned with unconscious relational patterns. Berne's (1961) use of the term "script" evokes images of the theatre.

Parent and Child ego states form the cast of characters which occupy the mind's stage, interacting with others to play out, quote, a "dynamically progressive transference drama" (p.174). Behind the scenes, a script dictates the action.

Implications for Practice

In a therapy relationship the client's internal narrative unfolds in a drama. Unintegrated ego states emerge in emotional, non-verbal transactions and transference script enactments.

1. Mind is relational

2. Mind is embodied

3. Coherent self-narrative is the goal of development and psychotherapy.

Taking the same 3 conclusions from the developmental research I'll briefly look at the implications that each idea has for therapy:

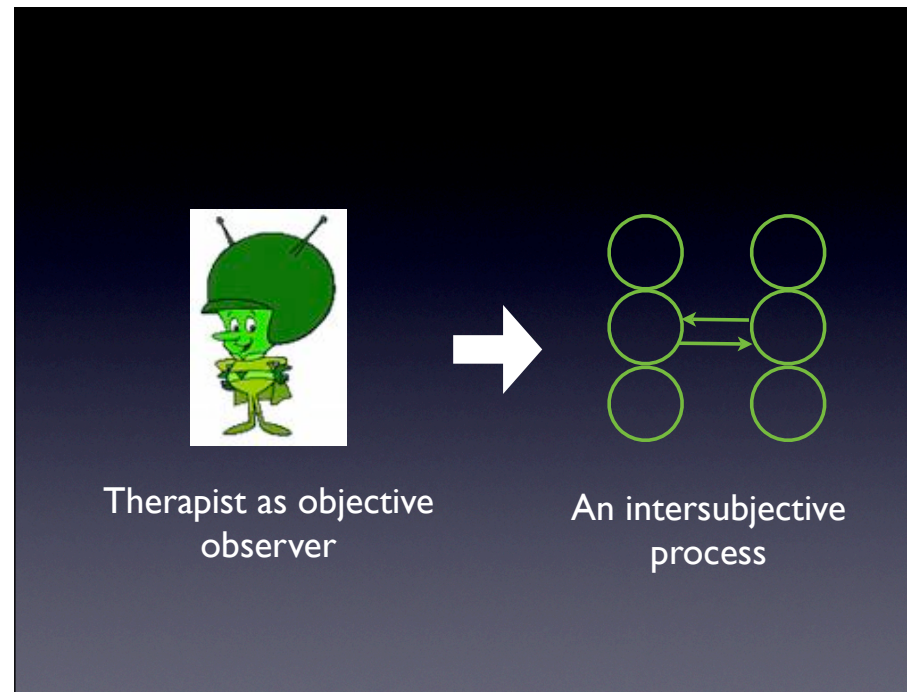
I. The mind is co-created in relationships



Therapy must use a relational process to foster development.

Because development is primarily a relational process, psychotherapy must also use a relational process to foster ongoing development. An intersubjective or 2 person approach to therapy can further the development of the self, as author of one's experience.

Two minds are needed. The therapist must put herself in the picture and utilise her subjective experience to discover the client's script. From a relational perspective the therapist's countertransference becomes a rich resource of information about the client's script.



Berne encouraged the therapist to be an objective observer, using a Martian perspective to detect script beliefs in the client. This view assumes that the problem or pathology is 'in the client's mind' which exists as an isolated entity. The therapist occupies a detached position to uncover script decisions buried within the client's past. The focus is on the client's intrapsychic structure, internal impasses, decontamination or redecision.

A 2 person perspective locates the client's problem in repetitive transactions in the present. The therapy relationship concerns an "unfolding drama" rather than a digging expedition for hidden truth (Wachtel, 2008). I'm suggesting that we shift our focus from intrapsychic process to interpersonal processes.

The whole idea that the therapist is neutral, or a blank screen is considered to be a fallacy in the light of contemporary philosophy of science. The therapist's participation is inevitable, always subjective, countertransference is ever-present and the unique person of the therapist will influence the outcomes of therapy. Rather than being a Martian observer the therapist's task is to find herself in the client's script. The key question is not am I playing a role but which role have I been recruited to play?

This idea is illustrated in a TV adaptation of Jane Austen's "Pride and Prejudice". In this version Amanda has become so engrossed in Austen's novels that she finds herself inside one. Her bathroom wall turns out to be a doorway into the Bennett's house. This film clip illustrates the idea of therapist as a participant /observer in the client's script.

The therapist, like Amanda has to find her way back through the door – to find a new way out of the script enactment. So the first task is to figure out which part am I playing in the client's script and the second task is to find a way out. Our subjective experience opens the door both ways. Immersion in the script is the only way of knowing what is being communicated.

2. The mind is embodied



Therapy must focus on non-verbal communication more than verbal interaction and cognition.

2. The second principle, the idea that the mind is embodied, underscores the importance of attending to non-verbal experience. This idea implies a shift in focus from cognition and verbal interaction to feelings, actions and bodily experiences. Wallin (2007) says this is like learning to listen to the music rather than the lyrics of a song.

Remember that the core script pattern or protocol is stored in implicit memory, meaning it cannot be consciously remembered. It can't be told. The only way to discover this story is reading between the lines.

Feelings and needs that were not attuned to by a caregiver are also beyond the reach of conscious narrative. Instead this unintegrated experience tends to emerge in the therapy relationship through actions and feelings. These unsymbolised stories cannot be conveyed with words. To access these stories, the therapist must attend to bodily, emotional and behavioral transactions in the present.

The client with no words for his experience will;

- embody it,
- enact it, or
- evoke it in others.

(Wallin 2007)

Without words the client will inevitably, (to use Wallin's phrase) embody, enact or evoke these experiences in others.

- 1) embodied – which refers to bodily or physical symptoms;
- 2) enacted – meaning it gets acted out in the relationship; or
- 3) feelings are evoked in the therapist, through projective identification.

Working with embodiment

1. Working with Embodiment

With poor attunement from a caregiver a child does not learn to translate bodily sensations into feelings. Rather than being identified, named and contained in a responsive relationship feelings remain unintegrated, experienced instead as bodily sensations or physical symptoms.

The body speaks. We can learn to listen to bodily expression by paying attention to the client's breathing, heart rate, gestures, nuances of posture, muscular tension, yawns, numbing, tone of voice, facial expressions or agitated movement. By reading these moment to moment changes in the body (our own as well as our client's) we can access the client's non-verbal story. (Client example)

By focusing on the body we can help a client to link bodily sensations with feelings, meanings and memories. Unintegrated somatic symptoms and physical sensations are translated into a verbal emotional self-narrative.

Working with enactments

Enactments are behavioural expressions of transference. Transference takes place when we perceive the old in the new. Enactments take place when we behave in ways that evoke the old in the new (Wachtel 2008). Chused states that “Enactments occur when an attempt to actualise the transference fantasy elicits a countertransference reaction” (Chused 1991 :p. 629) An enactment involves subtle forms of manipulation or pressure which nudge, push or pull the therapist to act in a certain special way.

In TA terms, the client’s intrapsychic structure is externalised through projections of Child and Parent ego states. The client then behaves in a way that subtly elicits a predictable reaction from the therapist, enlisting the therapist to play a part in his script. The protocol or unconscious relational pattern is repeated in the present. The client who expects betrayal will eventually feel betrayed. The client who expects to be exploited will invariably feel toyed with or used. While ostensibly the client is wanting something new, the unconscious agenda is always an attempt to reorganise the current relationship to conform to old patterns.

Parallels with game theory.

Enactments are co-created and unconscious: enactments take place at the intersection between the client’s script and the therapist’s script.

Enactments always have the potential either to reinforce or transform a script. The outcome largely depends on the therapist’s ability to mentalise, or move out of the emotional grip of Parent and Child ego states. A flexible self-narrative structure in the therapist allows her to move more easily between participation in an enactment and awareness of the enactment.

Working with evoked experience

3. Working with evoked experience.

Frequently a client is able to evoke some aspect of their unintegrated experience in the therapist. This is usually referred to as projective identification.

Traditionally PI was understood as a process where the client projects a feeling into the therapist. The therapist finds themselves experiencing something which feels unfamiliar, not myself. From a 2 person perspective the therapist is no longer viewed as an empty vessel which the client's projections can be poured into. Gabbard (2004) describes PI as a 3 step process:

1) The client projects some part of themselves.

2) The client then exerts pressure on the other person that nudges them into identifying with what has been projected. So rather than putting something into the empty therapist, the client manages to evoke a reaction in the therapist. From a 2 person perspective what is evoked belongs to the therapist – an unconscious aspect of the therapist's self is triggered.

3. A third step occurs when the therapist can reflect on the feeling, understand what part is their own and how they are recreating the client's script. This process involves active mentalising not simply containing the feeling.

To recap, the client's unintegrated ego states are embodied, enacted or evoked in the therapy relationship. To access this disowned experience the therapist must focus on the non-verbal realm and her own subjective experience. When this experience is felt and named the client creates a more coherent self-narrative. These meanings are always co-created emerging from the subjective experiences of both client and therapist in the relationship.

3. Coherent self-narrative in a parent predicts secure attachment in a child.



The goal of therapy is to foster the client's capacity to author coherent self-narrative.

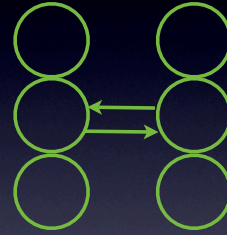
This third finding points to the goal of therapy. A therapist with a coherent self-narrative will be better able to enhance their client's capacity to mentalise. Therapy is not the same as parenting. However there are parallels. In both relationships responsive attunement is key to fostering the co-construction of self-narrative. Like a parent, the therapist needs to read the client's non-verbal story then be able to reflect and mentalise rather than react. This dialogue fosters the client's ability to mentalise.

So the ultimate goal of therapy is less about script content, and more about process; in other words, the client's capacity to author coherent self-narrative.

By gathering up the unwanted parts of self, the bits that have been embodied, enacted or projected, the client joins the dots in her self-narrative. The Adult ego connects previously disconnected Parent and Child ego states forming a more congruent sense of "I" as subject or author of one's experience. Therapy enables the client to develop a more congruent, coherent and whole sense of self. The aim is to move from enacting the script to reflecting. The client moves from being an actor in her script to being the scriptwriter.



- Objective approach
- Intrapsychic process
- Cognition



- Intersubjective approach
- Interpersonal process
- Bodily sensations, feelings

In sum, a classical view of script change emphasises an objective approach, intrapsychic process and cognitive beliefs. Developmental science, on the other hand, argues for an intersubjective approach focused on interpersonal processes, bodily sensations and feelings.