Life Scripts

Beginning in earliest childhood, each person decides upon a plan for her life. This plan is known as the *life-script.* (Berne, 1972; Steiner, 1974; Stewart and Joines, 1987: 99-169).

The life-script is constructed in the form of a drama, with a clear-cut beginning, middle and end. The closing scene of the script is called the **script payoff**.

In grown-up life the person may play out parts of her infant life-plan. She does this without being consciously aware of it. At such times she is said to be *in script,* or to be engaging in **scripty** behaviours, thoughts or feelings.

Early decisions

The young child's life-plan is not determined solely by external forces, by the parents or by the environment. Instead, the child **decides** on the life-script as a response to these external pressures. To express this idea, we say that life-script is **decisional**. It follows that two children exposed to the same environmental pressures may compose different life-scripts in response.

In script theory, the word *decision is* used in a specialized sense, different from its usual dictionary meaning. The child's early decisions are not made in the deliberate thinking way usually associated with adult decision-making. Instead, they are made non-verbally, in the form of emotional responses. They may also be reflected in the person's body as held physical tensions.

Script messages

Though the parents cannot dictate the child's script decisions, they can exert a strong influence upon them. They do so by conveying **script messages** to their children. These messages may be conveyed verbally or non-verbally. The non-verbal messages, conveyed earlier in the child's life, are likely to underlie the person's most fundamental script decisions.

Script messages may take the form of *commands,* e.g. `Drop dead!', `Don't get close to people.' Alternatively they may be given *as **attributions***, i.e. statements about what the child is. An attribution may be said to the child directly ('You're stupid!') or passed on as a statement made about the child to a third party ('Little Jean isn't strong, you know.'). Both these kinds of message may be accompanied by an element of **modelling** on the part of one or both parents. For example, a mother who never allows herself to be angry with her children may be modelling for them the script message `Don't show anger.'

Origins of script

The infant decides upon a life-script as a best strategy for surviving and getting needs met in a world that often seems hostile (Woollams, 1977). The young child is small and physically vulnerable. In her earliest infancy, she accurately perceives her parents as holding the power of life and death over her. Later, as a toddler, she is aware that she will probably survive her parents' anger or temporary absence. But she still experiences the parents as having power to satisfy her needs or leave them unsatisfied. She also sees them as defining reality: to her, what her parents say must necessarily be true.

The infant experiences emotions differently from an adult, and uses a different form of reality-testing (see e.g. Erikson, 1950; Piaget, 1951). It is on this basis that early decisions arc made. The young child's emotional experience is of rage, despair, terror or ecstasy (Zalcman, 1986). She also does not have the adult's understanding of time. Thus, for example, when Mother is

absent for a while the infant may conclude: `Mother has gone away, and maybe she'll never be back. And that means I'm going to be left alone for ever and ever.' With this perception go emotions of terror, desolation and rage at Mother for her act of abandonment.

With an infant's concrete and magical thinking, the child may go on to `make sense' of what has happened by deciding without words: `Mother has gone away and left me. That must mean there's something wrong with me, though Mother isn't telling me what it is.' With this, the child makes a tentative script decision. This sequence may have to be repeated many times before the child arrives at the firm conclusion that there is, indeed, something the matter with her.

Three tragic script outcomes

When the young child is composing her life-script, she may decide that it is to have a tragic ending. There are three possible tragic outcomes to the script:

- killing or harming self
- killing or harming others-
- going crazy

I shall say more about how the infant may come to decide upon such a disastrous closing scene for her life-story. In fact, most people who decide upon a tragic outcome never carry it out. But they may spend much of their lives engaging in various kinds of self-limitation that they perceive outside of awareness as defences against suicide, murder or going crazy. Current TA practice thus lays much importance on forestalling these tragic outcomes as an essential early step in personal change. The rationale and technique for doing this are explained in Chapter 7.

Life-script and life course

Tragic or otherwise, the closing scene of the script is not seen as being pre-determined. Berne (1972) distinguished the life-script - the life-story planned by the person in infancy - from the *life course,* i.e. what actually happens. He suggested that the life course is the resultant of four interacting influences:

- heredity
- external events life-script
- autonomous decisions

The last-named are decisions the person makes in the here-and-now with her full adult powers of action, feeling and thinking. **They may include decisions for change which she makes during counselling**.

Strokes and stroke-seeking

In talking about the life-script so far, I have said that it represents childhood strategies for `surviving and getting needs met'. The most basic of these infant survival needs are food and drink, shelter and the presence of the caretaker. Close on the heels of these, however, comes the need for *stimulation* and contact with others.

In his formulation of TA theory, Berne (1961) emphasized the importance of this *stimulus-hunger* as a developmental need. He cited the work of researchers such as Spitz (1945) and Levine (1960). For the infant, an important source of stimulation is physical touching by the caretaker - literally, stroking. Berne extended the term *stroking* to mean not only physical touching, but any form of recognition extended by one person to another. In adult life, he suggested, we still need strokes, though we learn to accept them in symbolic as well as literal

form.

Key Ideas 3.2 Strokes

1 *Stimulus-hunger* is the need for stimulation and contact with others. It is a central developmental need for the infant.
2 The infant therefore works out strategies designed to keep up the supply of attention and stimulation she receives from others (colloquially, her supply of strokes). In adult life, people still need strokes. They learn to accept strokes in symbolic form (as words or gestures) as well as through physical touching.
4 When under stress in adulthood, the person may revert without awareness to the stroke-seeking strategies she used in infancy. At such times, she has moved into script.

Positive and negative strokes

Strokes are traditionally classified as either *positive* or *negative:*
A *positive stroke is* one that the giver of the stroke intends to be pleasurable to the person who receives it. A *negative stroke is* one that the giver of the stroke intends as unpleasant or unwelcome to the person who receives it.

Either type of stroke may be given verbally or non-verbally.

Why people may seek negative strokes
In your counselling experience you will have noted how some people seem to set up time and again for painful things to happen to them. Different counselling approaches have different ways of accounting for this paradoxical behaviour. TA explains it in terms of strokes and the life-script.
No parent, no matter how loving, can provide the infant with all the positive strokes she demands. There will always be occasions when, from the young child's perspective, it seems frighteningly possible that the supply of strokes may dry up. She experiences this literally as a matter of life and death. Therefore every child develops strategies for extorting strokes from her caretakers. She continually tests out and refines these strategies, learning which of them most often get results in her family.
One thing the infant soon discovers is that when positive strokes seem to be running out, there are many things he can do to get a harvest of negative strokes in their place. When Mother seems reluctant to hold him, he can throw a tantrum. Then she does pay him some attention, even if it is by scowling and speaking harshly to him. The infant is satisfying his inborn need for stimulation, though his means of doing so are painful to him. Without conscious reasoning, he is following a simple principle: `*Any stroke is better than no stroke at all*' (Stewart and Joines, 1987: 73).
When this infant becomes an adult, he may at times go into script. When he does he will replay the same childhood strategy. Outside of awareness, he becomes scared in case his supply of strokes is going to run out. Yet he holds the belief that positive strokes are hard to come by. He responds by setting up situations in which others are likely to offer him plentiful negative strokes.
By the time he reaches adult life, he is no longer aware of how he sets up these situations, or of his infant motivation for doing so. Thus each time he reaches a painful outcome and reaps his negative strokes, he wonders how he has managed to get into this situation again. This is the basis of many of the repeating painful patterns that TA calls *games* (see Chapters 6 and 9).

Strokes as reinforcement
Behaviour is often intended to attract strokes. Thus when that behaviour does attract the wanted strokes, the person will be more likely to repeat the same behaviour in future. In that sense we can say that stroking reinforces the behaviour that is stroked.

Since people may sometimes seek negative strokes as well as positive ones, it follows that they may choose behaviours that are likely to gain them negative as well as positive responses.

Stroking invites reinforcement not only of behaviours, but also of the life-script. Suppose a person replays a script belief, and that he behaves, thinks or feels in some way that expresses that belief. If others then stroke the person in response to these behaviours, thoughts or feelings, he is likely to construe their strokes as `confirming' his script beliefs. Thus he comes to hold those script beliefs more strongly than before.

In the final section of this chapter, I shall discuss how you can use stroking in a directed manner to facilitate change in counselling.

How the life-script is maintained

As adults, we have left the original process of script-formation behind in our past. Yet we carry our script with us in the present. Usually we are not aware we are doing so. At times of pressure, we may revert to our old strategies. Unfortunately, these may sometimes be self-limiting or painful for us in our adult circumstances.

Key Ideas 3.3

HOW THE LIFE-SCRIPT IS MAINTAINED

1 The script decisions made in childhood are carried into adulthood as script beliefs.
2 In the course of growing up, the script beliefs are repressed from conscious awareness.
3 When under stress as an adult, the person may re-play the script beliefs outside of awareness. At such times she is said to be *in script*.
4 When in script, the person responds to stress in the here-andnow by re-enacting her childhood strategies.
5 These strategies are likely to bring the same results as they brought in childhood.
6 The person, outside of awareness, perceives these outcomes as 'confirming' the script beliefs. Thus each time this process is repeated, she comes to hold her script beliefs more strongly than
  before.

The task of the counsellor

"The converse of *script is autonomy*. When a person is acting autonomously, she meets here-and-now problems in ways that use her full resources as an adult. She responds to the present *in* the present, instead of repeating self-limiting strategies from her own past.

Thus your task as counsellor can be summarized in four words:

CONFRONT SCRIPT; INVITE AUTONOMY.

Whatever detailed therapeutic techniques you choose to use, this remains the basic purpose of intervention.

I speak here of *inviting* autonomy or *inviting* reinforcement of script. This is to underline TA's philosophical stance that you cannot `make' someone change, either for better or for worse. In the end it will be the client who decides to change or not change. Your skill is consistently to present him with the options he has available in his grown-up reality. In so doing, you confront his belief that he is still limited to the resources he had as a young child.

The meaning of confrontation

In TA usage, **confrontation** does not imply the use of aggressive or harsh interventions. It simply means *any* move you make that invites your client to test his script beliefs against here-and-now reality.

Stroking for change

The converse of confrontation is **stroking**. *To* stroke, in this context, means to offer some kind of recognition or reward. (See this chapter, in the section above on *Strokes and Stroke-Seeking.*) In the technical shorthand of TA, we can say that:

- An effective intervention **confronts script** and **strokes autonomy**.
- A harmful intervention is one that **strokes the script**.

From the discussion earlier in this chapter, you know that stroking is a powerful means of inviting the person to repeat whatever behaviour or feeling is being stroked. Thus whenever your client makes a move out of script and into autonomy, you can help her consolidate that move by stepping in to offer a stroke (Goulding and Goulding, 1979: 94).

Equally important is that you do *not* stroke script beliefs or their accompanying behaviours or feelings. Obviously you would not deliberately praise a person in a counselling session for destructive or painful behaviours. Recall, though, that the person in script is eager to see the world as `confirming' her script beliefs. Therefore she will sometimes issue subtle invitations for you to join her in her script beliefs.

Key Ideas 3.4

AIMS OF INTERVENTION

1 An **effective intervention** is one that confronts the script and invites the client into autonomy.

2 A **harmful intervention** is one that invites the client to reinforce the script.

3 **An ineffectual intervention** is one that is irrelevant to the client's movement into or out of script.