ITAA SUMMER CONFERENCE

MONTEREY, CALIFORNIA, AUGUST 20-21, 1966

SUMMARY OF PROCEEDINGS

PRELIMINARY ORIENTATION

Eric Berne, M.D. (San Francisco)

After summarizing recent developments regarding ITAA membership and the establishment of new branches, Berne outlined some of the current focal points of interests in various branches. The nature and effects of verbal stroking are being investigated by the Monterey Peninsula branch, while existential positions are of particular interest to the Sacramento Institute. Injunctions and permissions (as illustrated by Steiner and Crossman, TAB 5:150-4, July 1966) form the present theoretical and clinical frontier at the San Francisco Seminars. With this approach it now becomes practical to introduce second order structural analysis in the early stages of treatment, as illustrated in the script matrix, Figure 1, below.

Berne noted the presence of articles in psychiatric journals in which the author explains that "he is not omnipotent," and which confuse omnipotence with potency. Therapists have to be more potent than the patient's Parent, he said, so that they can give patients permission to succeed. "Our therapists have permission to be potent enough to cure patients."

A script is essentially a series of parental injunctions and every script can be found in Greek drama or myth. When a patient's favorite fairy tale is reduced to a series of transactions it is possible to predict where the patient started and where he is headed. In considering a script such as Cinderella, it is well to ask such questions as "What went on when the fairy godmother got all the kids and the stepmother out of the house so that she was alone with father?" It is also worth examining the script of Cinderella's stepmother, a lady who always found a way to make herself comfortable and who, after the wedding, probably said to her own daughters, "I always knew Cinderella would amount to something—if you two slobs had done what I told you, you could have married the prince."

While much of the time the therapist "comes on Adult," a point comes at which he has to be Parent in order to revoke parental injunctions. There is a special class of patients, Berne said, who because of death or other circumstances, have, in a gross way, no parent. There is an actual gap in the Parent which is not filled by an uncle or aunt or other person, even if the patient says it has been. In these cases the patient's "parent hunger" must be met before script changes can be accomplished. Permission is usually given by the parent of the opposite sex, as for example, with a little girl whose father gives her permission to be pretty and whose mother shows her how.

The script matrix shows two Parents within the patient. P2 is derived from the Parents of mother and father; these, in turn, were derived from the Parents of their parents. Thus, the concepts of "cultural transmission" (or

"how parental prejudices get spread around") can be expressed in terms of specific transactions at specific times between child and parent over the course of generations.

In contrast, the source of P1 is the Child of the patient's parents. This is usually mother's Child, because of mother's overriding importance during the early years of life, and is perceived as a witch, a troll, or a good fairy. The effect of this parent is like that of an electrode: it can make the patient jump to obedience. "The main thing to watch out for," Berne said, "is mother's Child." The therapist must be more potent than mother's Child.

In conclusion, Berne pointed out that it is now widely recognized that almost all psychiatric disabilities are closely allied to somatic disabilities. The whole muscle tone of the body tells you when a patient is cured. So much of a patient's energy has gone into controlling certain physiological reflexes that an appropriate motto might well be, "Think sphincter."

Figure 1