SCRIPT REHEARSAL

*JOHN M. DUSAY, M.D.**

INTRODUCTION AND INDICATIONS

Script rehearsal is a new technique which has developed in TA groups and draws heavily upon the expanded theory of scripts as recently discussed by Steiner (1970). It has been experimentally introduced by the author for nine months in six of his groups, of seven to eight patients in private practice, and has also been used as a method of teaching basic psychiatry to post-graduate students. Its use was first suggested by a patient who had attained an adequate Adult understanding of her game of "Do Me Something" (Help, I'm Going Crazy-type), and had achieved moderate social control. It was not certain that she had overcome her script curse (Campos 1970) and she was uneasy that her games would recur after leaving the group. Another patient in the group, Ed, had the ability to make her feel most anxious, and she said, "Ed's so like my mother. If I could get into it with him, I can find out why I get so anxious about leaving." The scene began with role playing and over the months evolved to a full-blown psychodrama similar to that described by Moreno (1959). Because of significant differences and its use of TA concepts, it has been called script rehearsal.

Game control with the script curse remaining is the chief indication for script rehearsal. Other indications are to bring out the creative Child when the therapist decides that the group is too Adult, and when it is necessary to explore a situation occurring outside of the confines of the group, e.g.: "I'm going to ask my boss for a raise tomorrow." This is also useful when emergency situations arise in which a patient must make a critical decision quickly.

TECHNIQUE

The therapist serves as *director* and is active in setting the stage and running the show. The arrangement of the players is of special importance. The *star* is usually the patient who requests the presentation, and he sits in a prominent position vis-a-vis the *co-star* with whom he will act a pertinent scene, e.g., the *star* is the employee and the *co-star* assumes the role of the feared boss. (Other typical scenes are, e.g., a frightened boy asking a girl for a date; or a daughter discussing an unwanted pregnancy

with her father.) Two patients request or are selected to sit in high prominent positions immediately behind the *star.* They are to be the Parent ego-states. Others sit on the floor, preferably with their shoes off, and they are the Child ego-states. They are allowed to have certain props such as toys, crayons and paper, bubble gum, soft drinks, etc. One patient is placed in a position of total visability and serves as a *computer,* being the Adult ego-state. The *director* roams the stage and has no fixed seat. Viewed from above the seating arrangement structurally resembles the script matrix.

The *director* instructs the patients to be the ego-state they are assuming. They are specifically given permission to become the child they once were, or to be their biological parents. The Adult is told to be a *computer,* to perceive, gather data, and describe, not to judge or intuit. The distinction between role-playing and being a child or parent is important (Berne 1966). Certain patients may be unable to cathect a certain ego-state; however, this is not considered a failure of the rehearsal, but a significant clinical finding.

The *director* begins a session by telling the *star* and *co-star* to enact their scene (Scene One, Take One). They are instructed not to respond directly to the other players. The other players inject statements or noises whenever the spirit moves them, e.g.:

STAR (Employee): Sir, I would like to ask you something?
CO-STAR (Boss): What is it?
PARENT (Mother, whispering in Star's ear): Don't be assertive.
CHILD (Naughty): Fat Ass!
STAR (Employee): Do you think I could possibly get-ah-ahh-a raise?
CO-STAR (Boss): Possibly next year.
PARENT (Mother): That-a-boy, go slow.
CHILD (Naughty): I don't like Fat Ass.

As the *star* talks to the *co-star,* he is bombarded by outside influences, some of which resemble or infrequently are identical to his inner Parent and Child, or adapted Child which is basically the same as the Child in his Parent. The distinctions between these ego-states and their clarification are important aspects of the rehearsal. The therapist goes around the room giving permission for players to experience their different ego-states, sometimes by direct example, and occasionally by encouragement, correction, or suggestion. He allows a scene to proceed for about ten minutes or longer if it is especially productive and then calls for a rehash. At this point the *computer* who has been quietly watching is turned on, and if able to cathect Adult may say, e.g.:

ADULT (Computer): George slumped in his chair immediately after Parent whispered "Don't be assertive" in his ear.

Occasionally the *computer* goes on the blink and sympathizes, cries, or in some other way slips out of Adult. The rehash is usually a live A-A discussion of what went on, focusing on the responses of the *star* and *co-star* to certain stimuli, or on the inability of a patient to cathect a certain ego-state.

Following the rehash, usually about ten minutes in length, the *director* calls for a replay or a switch in the position of the players. This switch is sometimes dramatic and reminiscent of the drama triangle (Karpman 1968). For example, a player in the Child position "smiles" as he climbs into the Parent chair anticipating his opportunity to persecute the *star*. Each scene is followed by a rehash. The scenes may be continued from one meeting to the next, and the tendency is for frequent requests by the patients to continue using rehearsals. The *director* usually allows for the patients to set up their positions and their scene; however, he makes it known that everybody will try different positions from time to time.

Script rehearsal is to be distinguished from classical psychodrama (Moreno 1959) in that it focuses on specific, observable transactions and does not place the major emphasis on the freeing of unconscious processes. It relies on the Adult rehash by using the *computer,* and it is seen as an auxiliary to treatment and not the entire treatment process. It does, however, borrow heavily from Moreno's concept of creativity and spontaneity. It differs from most gestalt encounters in that attention is focused on the treatment contract. There is a certain resemblance to the Permission classes (Steiner, U) but differs in that the therapist directs the rehearsal rather than an auxiliary therapist, and the action takes place during the group meeting.

GENERAL FINDINGS

Each member of the group receives permission to do something different and to experience ego-states directly. The Child is turned on and people see themselves differently as they try different ego-states, "Wow! I didn't know I had that in me!" is a typical statement.

The rehearsals are instructive and the Adult of the patients gathers further data by which to analyze games and scripts. Without exception

there have been lively A-A discussions following the scenes. As a method of teaching basic psychiatry, the presence of different ego-states visually emphasizes the different parts of the personality and their interaction. One physical therapy student said, "I'll always be looking for the hidden Parent on my back when I'm talking to my alcoholic patients." (Average attendance in a Friday afternoon class increased from 60% following the introduction of the script rehearsal technique of instruction.)

Protection is afforded the patient by preparing them for external events. Psychotics are less afraid to experience different states as they have some meaningful structure in which to experiment, and there is also protection against wasting time as patients immediately rehash the scenes and can make some sense out of what has happened.

SOME SPECIFIC FINDINGS

Of the multiple stimuli presented to the *star,* it has been noted that certain statements have special meaning, i.e., the *star* may pause, slouch, come on strong, etc., after certain Parental stimuli. Infrequently a stimulus may be so strong that the *star* may stop the entire proceedings and argue with the Parent, interrupting the entire scene, expressed colloquially as, "walking off the stage." The first time that this happened the *star* turned to the *director* and tearfully said, "That's the voice, that's what I'm up against." This was following a Parent statement of "Be a man, hee, hee." The star was in treatment for inability to be assertive with his wife, and he suffered from sexual inhibitions. He then was able to draw a script diagram on the blackboard in the rehash session although he had been unable to do this before attaining an Adult assessment of his problem. The therapist and the group then knew specifically what area needed attention and were able to present alternatives to the injunction laid down by his mother. Many such examples of eliciting key stimuli have occurred, allowing for script discovery by actual experiencing rather than by historical inference.

The inability to cathect certain ego-states was illustrated by a patient who was orphaned as a small child and who, when asked to sit in the Parent seat said, "I am speechless," revealing the lacunae in his Parent ego-state which accounted for his tendency to withdraw from girls whenever they wanted him or needed him to be a Parent. His treatment contract was to have a long involvement with the girl. Shy and inhibited patients who have trouble experiencing Child ego-states have appreciated this opportunity and encouragement.

All groups who have had script rehearsals have requested to have more as this tends to speed up the treatment process. Antitheses to curses are experienced and one of the most rapid contract cures (six weeks) in the author's experience was accomplished during a script rehearsal. Also this seems to be an actual situation in which the script theory can be tested. And patients, either by their direct experiencing or Adult rehash, may confirm or modify present script theory. Students, patients and the therapist find this technique to be fun.

BIBLIOGRAPHY

Berne, E. "Transactional Analysis and Psychodrama" *Principles of Group Treatment* Oxford University Press, New York, 1966, 313-314.

Campos, L. "Transactional Analysis of Witch Messages" *Transactional Analysis Bulletin* 9:34, April, 1970.

Karpman, S. "Script Drama Analysis" *Transactional Analysis Bulletin* 7:26, April, 1968.

Moreno, J. L. "Psychodrama" *American Handbook of Psychiatry* Basic Books, New York, 1959. Vol. II 1375-96.

Steiner, C. "Scripts" *Script Analysis in Alcoholism—Grove Press,* New York, 1970, 33-34.

Steiner, C. and Steiner, U. "Permission Classes" *Transactional Analysis Bulletin* 7:28, October 1968.

**Psychiatrist Jack Dusay is a teaching member of ITAA and Chairman of the Examining Board. His address is 2709 Jackson St., San Francisco, CA 94115. This paper was first presented at the Eighth Annual Summer Conference of the ITAA in Monterey, California, on August 21, 1970.*