

PERMISSION AND PROTECTION

Pat Crossman, C.S.W.

By "permission" or giving permission I refer to a particular transaction that occurs between therapist and patient at a particular point in therapy, whereby the therapist effects a change in the direction of the patient's behavior or attitude which before that time would have seemed either impossible or untenable.

Permission has to do with scripts. A patient can be seen as having a script or life plan usually with a tragic ending, based upon injunctions given to him non-verbally by his parents, or undercover parents—the "witch mother" and "troll father." For example: "Don't grow up and outdo me!", "Kill yourself!" or "Drink yourself to death!". The script, originating in single injunctions, is elaborated by subsequent experience, and games play into and develop the script.

In order to change or give up the script the patient needs permission to cancel these injunctions, permission not to drink, not to kill himself, so that later he may make his own autonomous choices based upon his Adult's evaluations of the real world.

The therapist can give that permission, but can do so effectively only after he has understood something about the script, and has got to know the patient's Child and "undercover" Parent, and what they are up to. A patient may try to shock or seduce the therapist into playing into the script and thus "doing mother's business for her". A young single woman with a script derived from mother, "Be stupid and don't outdo me," can take a therapist's comment, "I hope you're using contraceptives" to mean "Yes, you are stupid, and here's how to get yourself into trouble." Then as the disasters unfold the therapist may be remembered affectionately as having "been so kind and done his best." A patient may describe an intolerable marriage and may appear, superficially, to need permission to get a divorce, but may in fact be asking for permission not to leave his wife, which is what his script demands.

A young child is helpless physically. It stays alive only if mother, or her substitute, is around to provide food, physical comfort and stimulation; it develops intellectually only if adequately stroked. Thus a "good enough" mother protects the child, enabling it to stay alive, and develop its growing Adult to explore and find out about the world around it with the certainty that it is alright and safe to do so. A child needs, first of all, to keep mother around for protection and the Adult in the Child, or "Professor," has to figure out from the available data just how to do this.

The difference between healthy and unhealthy mothering at the pre-Oedipal stage would seem to lie in the conditions the child has to accept and fulfill in order to keep mother around. In a healthy relationship, the mother's Parent responds to the young child's first primitive request "Protect me" with "I'll protect you"—possibly with one condition—"if you smile back at me." There is thus a straight transaction between the infant, (C1) and mother's Parent, which makes it "alright" for the young Professor. (A1) to start figuring things out independently—and "learning how" from mother's Adult.

Meanwhile mother's Child and her offspring's Child will enjoy life by dancing together.

When a script is set up, however, the child is operating with a confused parent. His request "Protect me" is answered by a pseudo-Parent, in that the response appears to come from mother's Parent, but in effect it comes from her frightened, sexually aroused Child "witch mother," who can only make bargains

"I'll protect you (stay around) if you play with me—it's fun if you kill yourself."

As any autonomous behavior on the part of the child will be swiftly punished, the young Professor learns that the only safe way is to play with mother's Child.

The young child has to accept whoever is around, but awareness that he is not in the care of a real parent may manifest itself by pains in the stomach.

At a later stage the frightened child, believing that protection is conditional, may make further bargains with father's Child, thus elaborating and extending his basic script and learning how, if not from father then from other adults or fictional characters, to maneuver his life towards its final tragic ending.

In a healthy relationship the individual can grow up. His parents with their three ego states will gradually become part of his internalized Parent, while the young Professor of his childhood can develop into his functioning Adult. When a script is being set up, however, the child can never really grow up, being immobilized by conditions. In a script the grown-up's Adult will be contaminated by the Child he once was, and in particular by the young Professor in that Child, who is only doing what appears logical, to keep mother around. Thus a patient's script has a life or death quality. If the patient gives up his script he will, logically according to the Professor, be punished, deserted and may possibly die. The patient's Child, fixed in time, strives always to keep the Parent there, even if he has to kill himself to do so.

The therapist, wishing to intervene must first hook the Professor by supplying more data, for instance by pointing out that the patient does really have other choices. Secondly he must be stronger than the patient's original parent. In giving permission such as "You don't have to leave your wife," or "You don't have to kill yourself," the therapist may appear to be coming on Adult, but in fact he will be heard by the patient's Child as Parent. The therapist is giving permission to the patient's Child to disobey the instructions of his Parent, and this is only possible if the patient's Child sees the therapist as better, stronger and more effective. So when a therapist gives permission he is implying protection, that is, that it will be alright to disobey mother, or father, that the Child will not be deserted, die, or be punished for disobedience. I have noticed that even in cases where the script appears to have been changed or cancelled, temporary excitement may be followed by depression or some form of acting out when the patient, in a moment of fear lest he be abandoned, if the therapist is not around, attempts to reinstate his own Parent. A patient who got himself beaten up in a street fight shortly after he had begun to figure out his "Don't be a man" script described this as "bringing back daddy."

Once a script is broken, as few parents give only bad messages, a patient may have a variety of courses to follow. The counter-script, if a patient has been working hard at it, can provide a new direction for life. For example, a man whose script carried the message "Be stupid and don't succeed academically" may already have worked hard and desperately for years acquiring facts and degrees which can now be effectively used. But in other cases the patient may only be able to move forward to autonomy after he has, for a time, substituted the therapist's Parent for his own, so affording protection while his Adult becomes strong enough—assimilating data, and learning how to process it—to take over.

During this period of dependence the patient may be curious about the therapist and what he does or does not do. The alcoholic may ask the therapist "Do you drink?", and although the reply is that this is really none of his business, such questions cannot be taken lightly (since they may be crucial to the issue of the protective value of the therapist).

A DIVORCE SCRIPT

I. Leon Maizlish, Ph.D.

During the ninth session of a couples' group in a clinic, Mrs. B. told about her alcoholic father, and that his alcoholism was the reason why her parents divorced when she was three years old. She remembered always to have seen him as very noble for letting her mother divorce him, and she idealized him for it as far back as she could remember.

Ever since she married Mr. B., she told him almost daily that they needed a divorce. When a group member objected, "How come you two have six children?" Mrs. B. responded heatedly: "That has nothing to do with it!" and explained that she used no birth control because of her bent pelvis, an RH factor, and the fact that her husband is a Catholic. (Mrs. B. managed to be engaged in full-time factory employment practically throughout her married life).

The therapist suggested that Mrs. B. divorced her husband a long time before she ever knew him, to wit, in idealizing her father she visualized divorcing her future husband as something noble, and this idea had been with her as a script since early childhood. Mrs. B. mildly resisted the interpretation.

Mrs. B. started the next meeting by saying approvingly to the therapist; "My mother agreed with you a 125 percent!" Her mother said: "Sure thing, you are like your father and you are all mixed up about it . . . and the doctor is absolutely right." Mrs. B. then exclaimed, "But I'm more stubborn—I'm still married." Then in this tenth session for the first time Mrs. B. came out with something in praise of her husband: he managed to do very well in his relationship with their older son. During the previous sessions, she been unable to report anything good about him.

SCRIPTS & ANNIVERSARIES

David Kupfer, Ph.D.

Sue entered a Transactional Analysis treatment group at the age of twenty-four. For one year she felt, in the group, that she was a little girl who had to please or defend herself from all the "grownups" in the group, regardless of