Using Conscious Self-Integration in my Practice

by Bruce M. Small

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This paper was completed in fulfillment of the final essay requirement of the Ontario Institute for Studies in Education (OISE) graduate course AEC1202HF entitled Theories and Techniques of Counselling delivered in the fall of 2012 by Prof. Becky Liddle.

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This paper outlines a brief overview of Conscious Self-Integration and presents my rationale for adopting and developing it in my psychotherapy practice. The first section below describes its theoretical components and how I apply them in practice. The second section responds to the specific questions posed for the final paper in AEC1202HF (Theories and Techniques of Counselling).

Part 1: Conscious Self-Integration (CSI)

Conscious Self-Integration is my personally branded therapeutic approach that I have used in my psychotherapy and peer counselling training practice in various forms over the last twenty years. Its primary components are as follows:

⚔ I provide person-centred, experiential counselling that builds a strong and collaborative client-therapist relationship. I try to convey unconditional positive regard and I focus on understanding the client's view of the world in detail. In doing so I prepare myself to accept a strong, deep and permanent connection with each client, if they so choose.

⚔ I believe that some human behaviours are triggered and/or directed by parts of our mind or personality that we are not highly conscious of. Furthermore, I believe that it is possible to become more conscious of these aspects of our mind or personality.

⚔ I believe that human beings tend to develop generalized, adaptive, automated behavioural strategies and routines for living and for relating to others, as part of normal development and also in response to the specific and sometimes distressing circumstances they find themselves in. It is as if they tell themselves "*If life is going to be like this, I must .....*".

⚔ I also believe that these strategies and routines are adopted, chosen and/or implemented

by a child, adolescent or adult, consciously or unconsciously, based largely on cultural

examples available to the individual in family, neighbourhood, media, history, spoken

and written stories, folklore, mythology and other sources.

⚔ I have both read and observed that for some individuals, their adaptive life strategies and

routines seem to be woven into a complex life plan that they refer to or act out frequently.

I think of it as a dramatic work that has an ongoing plot and that predicts specific life

outcomes at various stages of life. Clues to this life plan might be revealed when a client

might say, for example, *"I don't see myself surviving past fifty",* or *"I am the clumsiest*

person alive; I am going to die alone and unmarried".

⚔ I believe that specific injunctions, attributions, prohibitions and other similar attempts by

parents, caregivers and others to direct an individual's behaviours, for protection or other

purposes, can also strongly influence these strategies, routines and life plans. I help

clients uncover these old messages from others so they can be free to operate differently.

⚔ I think that pressures from others to adopt hegemonic norms of thinking and behaviour,

(e.g. around characteristics of gender, class, "race", nationality, age, ability, sexual

orientation, sexual activity, business activity, personal relationship and other life aspects)

can also strongly influence the development and detail of a client's strategies, routines

and life plans. I try to help clients understand that they do not have to follow every norm.

⚔ I am also quite convinced that oppressive and abusive actions by others, whether in

isolated incidents or on an ongoing basis, can influence the development of a client's

automated behaviours in the form of *internalized oppression* and *defense mechanisms*

adopted to survive oppression and trauma. If a client wishes to explore early negative

experiences or traumas, I will help guide them through that, slowly and carefully, in the context of a therapeutic relationship that specifically does *not* resemble the early trauma.

✦ I believe that participation in dominance, oppression or abuse of others, whether in isolated incidents or on an ongoing basis, is probably more common than we think, and that it also can become part of automated behavioural strategies, routines and life plans. If a client is willing to examine their own oppressive behaviour, I will help them do that in a context which recognizes the adaptive value, *at the time,* of having chosen to be oppressive, and the positive aspects, *now,* of extinguishing such behaviour.

✦ I am also convinced that unbidden automated behaviours can in some individuals over time become even more rigid, repetitive, compulsive and maladaptive than before. In fact, sometimes it feels to me that those who have no ongoing way to resolve everyday distress may inevitably become more automated and less spontaneous. I try to help clients understand that regular processing of daily distress (with or without a therapist) can lead to being more flexible, resourceful, optional and useful. Most people don't seem to notice this gradual change from flexible to rigid over time, but if I can help them loosen up a bit, they certainly notice the difference and become more conscious of their rigidities.

✦ I also believe that in extreme cases an individual's automated behaviours can make the individual appear or feel like he or she has been "taken over", either temporarily or chronically, by his or her life plan. Others around them may ask *"What's gotten into him?"* My job as therapist in such cases is to reestablish contact with other parts of the client's personality and to help strengthen the more conscious components.

✦ It is my contention that *some components* of such generalized and automated strategies, routines or life plans (developed in the past but played out more or less unconsciously in

present time) are strongly implicated in situations where current client behaviours seem to be contributing to adverse life outcomes that bring the client to therapy. In therapy, I am alert to what the client might have done repeatedly (consciously or unconsciously) that may have somehow contributed to their present difficulty or complaint.

⚔ I believe that with appropriate human attention, regard, support, assistance and personal reflection, most individuals can become much more conscious of these automated behaviours, exercise greater conscious control or agency over whether, when, why and how such behaviours are exercised, and learn how to consciously modify, extend, or extinguish them. I see that my job as therapist is to either give my clients that attention, regard and assistance directly or to help them arrange for it within their everyday lives.

⚔ I am trying to expand and extend my counselling approach to incorporate more post-modern, social constructionist counselling concepts (e.g. in which language and personal enactment creates meaning, and reality is thereby socially constructed), more feminist concepts, as well as more radical concepts of power and oppression.

While this concept of automated behavioural strategies (developed unconsciously by an individual as part of normal development, in response to hegemonic pressures to conform to norms, as well as to adapt more or less successfully to specific life circumstances and events) is central to my approach, I am also conscious that is really just *a model* for guiding and organizing the manner in which I think about my clients, and *sometimes* for assisting the client in thinking about himself or herself. I do not in any way intend it as a literal prediction of the exact internal mechanism of the human mind, nor do I always offer its language to the client if I perceive that it might not be useful to them, or might be received badly.

Whether an individual's automated behaviour manifests solely as a loose collection of optional strategies and routines for specific circumstances, or whether it also manifests as a complex drama prescribing the full life course, I think that the general idea of automated behaviour appears to be compatible with emerging knowledge about neural development of the human brain. We know that we build our brains, neural connection by neural connection, based on what happens to us and on what we choose to do in response. Emerging knowledge about brain plasticity also indicates that there are childhood "windows" of time in which the brain is highly plastic and many skills can be built quickly, and later times in life where changes in neural structure do not come as easily. The saving grace seems to be that with sufficient focused attention, adult brains at any age can change. This is why therapy can work and behaviours can change. This is also why I am currently expanding my practice to include a more physical side in which I assist people in using their remaining brain plasticity to regain skills that they are starting to lose.

The sequence of steps that I employ and the length of therapy vary depending on the presenting goals of my clients and their current degree of self-awareness. Naturally, the sequence has evolved over time. Generally, the steps I guide them through can be summarized as follows:

- a period of getting to know each other and to hear the client's presenting concerns;

- a period of probing, with the permission of the client, in which I hear more of the client's story but at the same time accumulate my own detailed observations of the client's presenting behaviours, including body language, gestures, speech inflection, spoken lines, dramatic scenes and narrative themes;

- a period of experimentation and education, in which I help the client become more aware of specific subterranean messages that they may be delivering along with his or her main

presentations; I may at this point also shares in more detail with the client the theory behind and steps involved in Conscious Self-Integration;

- a specific negotiation between my client and me regarding which aspects of the client's self will receive more specific attention from both of us and which recurrent behaviours they would like to target for in-depth understanding and re-integration; if things are going well, this is the point at which the client begins to assume the role of prime mover and planner in the therapy;

- in-depth work, involving multiple-chair, narrative and other techniques for parsing out components of self, in which the client and I co-investigate and support different aspects or parts of the client's earlier selves and make unconscious motivations and behaviours more conscious; if things are going well I am acting in the capacity of an experienced assistant to the client, and the client is establishing the goals from session to session;

- a period of consolidation and practice using behavioural and other techniques as necessary, in which the client and I devise ways of replacing some of their specific automated behaviours with more spontaneous and conscious behaviours based on a more integrated use of many parts or aspects of their self, in ways appropriate to the client's current circumstances;

- a final period in which the client and I complete the client's education in Conscious Self-Integration and other supportive methods, arrange for further support in terms of ongoing peer counselling classes and/or sessions, and establish a way of keeping in touch as needed by the client in order to maintain the gains achieved and/or extend them into new aspects of self-integration.

In practice, this sequence has lasted anywhere from a single session to years of therapy according to the needs and wishes of the client. Major progress on one or two automated behaviours can be initiated within several sessions and carried on privately by the client. A more comprehensive therapy, for example to reverse a client's contribution to a longstanding marriage breakdown, might take weekly or biweekly sessions for up to a year, depending on the client's self-awareness at the starting point. Clients with longstanding recurrent behaviours (e.g. chronic anxiety and physical illness) have sometimes chosen to space out sessions more widely (e.g. monthly) and maintain the therapeutic relationship over a period of years.

To summarize, I see Conscious Self-Integration as no more and no less than helping clients take a close look at their own behaviours, helping them to discover how and why some of their more automated behaviour was built, and helping them focus sufficient attention to alter their neural structure and automated behaviours to their own satisfaction. In the latter stage, my form of therapy begins to appear more eclectic, in order to choose whatever method works best for each individual client to create those new neural pathways, to strengthen them, and to extinguish undesired responses. I have, for example, used to advantage Gestalt methods like *multiple chair* techniques, Psychodynamic constructions such as *cyclical maladaptive patterns*, Adlerian procedures like *subjective interviews*, Process-Experiential methods of *therapeutic attunement* and *experiential processing*, Behavior Therapy involving *relaxation training* and *in vivo exposures*, Cognitive Therapy methods like *examining schema* and *framing alternative schema*, approaches like *acceptance/willingness* and *cognitive defusion* that derive from Acceptance and Commitment Therapy, *reframing* from Neuro-Linguistic Programming, as well as a number of techniques from Narrative and Emotion-Focused Therapies. I should be the first to admit, however, that I might not have always known what I did by these particular names and

therapies, prior to my recent undergraduate and graduate classes in counselling theory and technique.

Part 2: Using Conscious Self-Integration in my Practice

My psychotherapy practice and my client populations

My current psychotherapy practice has been conducted on a part-time basis and has attracted people whose issues have fallen roughly into the following descriptions or groupings:

- people with physical illnesses (e.g. multiple chemical sensitivity or chronic fatigue) who are aware that their personal psychology has become "wound around" their illness;

- people who identify as queer or questioning and who are wrestling with relationship issues or a lack of relationships;

- people who are married and either unsatisfied with their relationship or struggling with specific issues or conflicts with their spouse that have resisted resolution;

- people who perceive themselves as somewhat "on the fringe" or outside of mainstream culture and who struggle with feelings of isolation as a result;

- men who are struggling to adapt to new visions of masculinity and/or feminist demands to eliminate their sexist or other oppressive behaviour;

- people who have experienced prejudicial mistreatment in their interactions with others or with institutions and who feel hurt, angry and frustrated as a result;

- people who have experienced profound and unexpected losses.

What is common to my clients to date is that their psychology could be considered to be well within the normal range for their culture, but they may have had to deal with specific distressing circumstances or events. In the future, I plan to continue to pass on to other

psychotherapists, psychologists or psychiatrists those clients who more obviously fall into

categories considered to be significantly abnormal psychology (e.g. bipolar, borderline,

psychotic, schizophrenic and other personality disorders). I would at the same time like to

expand my clientele to include other groupings, e.g.:

- ⚔ people who have a history of having been physically, emotionally or sexually abused, who know this has affected them adversely and who want to be less impaired by this;

- ⚔ people who have been oppressive or abusive or angry towards others and who either want to change or who have been told or ordered to seek therapy in order to change;

- ⚔ people who have strong goals or desires but have determined that some of their own behaviours are getting in the way of achieving these goals;

- ⚔ people who are having trouble with family, social or cultural expectations or who would like to challenge norms or be fully themselves even if that means looking different.

Why did I choose Conscious Self-Integration?

The simplest answer is that I grew up with the concept of *life script theory*, which I used

to formulate Conscious Self-Integration. Various forms of it were available in popular writings

during a period in my youth when I was trying to understand myself, my issues and my

relationships. During the 1970s I came across writings by R. D. Laing (1959, 1964, 1967, 1971),

Eric Berne (1961, 1964, 1972, 1976), and Claude Steiner (1971, 1974), that introduced me to the

concept of life scripts in a way that resonated with my personal views. Basically, Eric Berne felt

that people developed a preconscious life plan, or *script*, much like the manuscript of a dramatic

play, which helped to structure their time throughout life and to fill it with "rituals, pastimes and

games" which furthered the theme in the script (Berne, 1972/76, p. 25).

In the 1980s and 1990s I participated in peer counselling classes and workshops and also taught peer counselling using life script concepts as an easy framework for guiding a listener to assist another person by offering careful attention. These concepts worked powerfully for me personally and I found them effective with others whom I was counselling. Over the intervening years while using it as a guide, I borrowed and developed numerous additional insights that I have since incorporated into my approach and which I outlined above. So far it has served me and my clients well and while other methods I have become acquainted with (e.g. CBT, REBT) have yielded very useful ideas and techniques for my practice, none has jumped out at me as being universally more powerful as an overview than my own current formulation. Upon recent review of literature I decided to rebrand my formulation to purge my use of the expression *life scripts*, which now has conflicting meanings among many contributors to the psychological literature.

What are its strengths and weaknesses for my future client populations?

I think that the greatest strength of Conscious Self-Integration is its ability to help me as a therapist to recognize things about my client that are *not* as visible to the client, i.e. unconscious or only partly conscious behaviour. If I can help a person bring into the light of day those of his or her behaviours that have hitherto been unconscious, subconscious or preconscious, I think I will have empowered that person in such a way that he or she can take full charge of the behaviour changes they wish to achieve.

I also feel that using the concept of automated behaviours as a model in discussion with clients has enabled my clients to either *separate* themselves from some of their behaviours, or to *parse out* those aspects of themselves or their personalities that are rooted in past circumstances and that have given rise to behaviours that are being repeated automatically or even

compulsively in the present (often much to the displeasure of the client once he or she is fully

aware of them when they occur). Almost like splitting white light into its constituent rainbow

colours, Conscious Self-Integration allows a client to see more clearly how different aspects of

his or personality manifest at different times, how some aspects seem to take over completely at

times, and why they do what they do. This has allowed creative multiple chair work in which a

client is able to query his or her own "parts" and appreciate perhaps for the first time their

positive motives and incredible coping skills. Rewriting a previously inflexible life plan *in*

committee can lead to a more integrated personality with far more flexible strategies to guide the

way forward with the help of all the personal skills that were developed in the past, now applied

in some updated way, along with new skills that can now be developed and welcomed much

more whole-heartedly into the client's repertoire.

These strengths are particularly suited to the relatively normal population I am proposing

to deal with as clients, who have sufficient self-awareness to distinguish between behaviours

they wish to continue developing and those they would like to alter or extinguish. I do not have

experience in applying Conscious Self-Integration to clients with obvious and severe mental

disorders or clients who are so unaware of their own thinking and behaviour that they cannot

easily parse their personality into various constituent parts or realize how much of their

behaviour has become automatic and/or compulsive. I do have some experience with persons

who would prefer not to think in behavioural models, and with those I may use the framework in

my own mind but not express it explicitly in the sessions.

One weakness of Conscious Self Integration is that some clients and occasionally myself

as therapist have lost sight of the automated behaviour model as an adaptation or as coping

behaviour and instead consider it either to be an excuse for continuing unsuccessful behaviour or

to be an enemy that must be exorcised from the client as if he or she were possessed by it. While a person may act as if his or her life plan has taken on a malevolent life of its own, it is important to always recognize such behaviour as adaptive and well-meaning, no matter how bizarre are its current manifestations and no matter how it appears to be fighting back against the therapy. In the context of the pressures that originally gave rise to them, a person's automated behaviours usually make a great deal of internal sense, despite their potentially tragic effects or limitations on the individual's life. To reduce this tendency to lose sight, I have found it important to proactively seek my own therapy (of any kind, but extensive peer counselling and self-counselling in particular in my case), in order to remain as clear-headed and as far out of my own unbidden automated behaviours as possible. I personally think that this kind of therapeutic approach does require a well-supported therapist who has already dealt solidly with his or her own emotional baggage and any maladapted automatic or compulsive behaviours.

An additional weakness is that there are always surprises with new clients, and someone who appears relatively free of severe mental pathology at first contact may turn out to be a lot more complicated than first anticipated. To my knowledge no life script therapy has been fully tested for its applicability to more disordered or abnormal psychology and it might represent a disservice to such clients to attempt to use Conscious Self-Integration once serious pathology becomes apparent. When and if it becomes apparent that one of my future clients needs major repair rather than minor tweaking and polishing, it would be practical, ethical and advisable to refer the client on to practitioners who are experienced in treating more severe mental pathology or dysfunction. This does not, however, close the door to the client returning later to me for addressing more minor changes that my methods are well suited for.

How will its particular techniques be helpful with my present and future clients?

Conscious Self-Integration helps a client identify and organize some of his or her previously inexplicable behaviours that have become maladaptive in current circumstances. Understanding the origins of a seemingly inconsistent, bizarre and/or repetitive behaviour helps to reassure an individual that he or she is not crazy or stupid, *but in fact the opposite.* Having developed life strategies (usually as a child or adolescent but sometimes well into adult life) that ultimately kept him or her safe and sane under difficult circumstances, the client can claim a feeling of success and self-efficacy that will carry him or her through further life changes that are better geared to today's circumstances. Armed with a feeling of normalcy, cleverness and sanity, and supported by a therapist willing to recognize and reinforce those positive feelings, a client is in a much stronger position than someone who feels different, incapable and impaired.

By using the analogies of automation and dramatic rehearsal in Conscious Self-Integration, I also help individuals understand better why the world around them can feel bizarre, abusive, hurtful and uncaring. In learning to focus on and deal with the *playwright* rather than the drama, individuals can often reframe their interactions with others in organizations, institutions, and family or intimate relationships in terms that allow them to ride through ups and downs with fewer feelings of distress and less damage than before. They learn methods of not only anchoring themselves in a stable, aware place personally, but of being able to see or at least imagine the good parts of others, no matter how much those parts may be distorted or obscured by their unbidden automated behaviours borne of previous or current difficult circumstances.

Once they feel better about themselves and about others, my clients have been more likely to make productive decisions about how to relate to other people, and to structure those relationships in a way that nourishes themselves and others rather than discourages and stresses

themselves and others. I think this is an important factor in improving people's lives on an ongoing basis and creating circumstances where they have plenty of support without needing me as a therapist for too long a time.

What additional readings did I do, what did I learn and how will this help me?

In general, the readings I discuss below helped me to discover that some authors like Richard Erskine (2010) and his colleagues have adapted and extended the original work by Eric Berne to include concepts like *body script theory* and techniques like *narrative script therapy*, but yet others have appropriated the words *script* and *life script* with other definitions and for other purposes. As I went through them all I saw the necessity to rebrand my version to distinguish it from these many conflicting variants, some of which insisted on disavowing connections with each other despite their similarities. My reformulation focuses more generally on automated behaviours than before, only some of which may be based on a complex life plan. I also dropped the word *script* completely. I feel that my new way of describing it is less confining than my previous formulation, and may cause less confusion when interested readers follow up by using its keywords in search engines. Notwithstanding, some of these references have offered ways of understanding automated behaviour which are still very useful to me in this new reformulation of my approach.

Erskine: Life Scripts: A Transactional Analysis of Unconscious Relational Patterns

Erskine's (2010) book is full of detailed suggestions and has now become a part of my ongoing therapeutic library. Below are but a few of its many highlights:

$\frac{35}{17}$ portrayal of script beliefs: Look in fantasies, body tension, transference, reinforcing memories, unaware prefixes, parenthetical phrases, concluding statements, body posture

and movement, forgotten appointments, misplaced objects, repeated physical injuries, or errors in reasonable judgment (O'Reilly-Knapp & Erskine, 2010, p, 294).

$^{35}_{17}$ crucial needs and feelings: Script beliefs and associated behaviours can repress and distract from awareness of crucial needs and feelings; the therapeutic relationship helps to reveal unrequited needs (O'Reilly-Knapp & Erskine, 2010, p, 305)

$^{35}_{17}$ transgenerational scripting: Life scripts can be transmitted to successive generations through *ulterior transactions* containing covert messages, *psychological games* with repetitive interactions, *transference* re-enactments with other people, and *projective identification* of personal feelings onto others (Noriega, 2010, p. 274).

$^{35}_{17}$ existential viewpoint: The shaping of one's offspring's life scripts can also be viewed from an existential viewpoint as "each generation's best attempt at managing the real existential givens of life". The offspring, in a sense, continue to wrestle with "core life questions" that the parents could never properly figure out, and traditional script analysis that assists individuals in ignoring or eliminating haunting parental injunctions does not necessarily relieve them of that burden (Heiller & Sills, 2010, pp. 243,257).

$^{35}_{17}$ script development as normal, not pathological: Children naturally build stories that unconsciously structure how their lives develop; these are updated, elaborated, and staged over time. Having incorporated some harmful messages from parents or the surrounding culture does not negate the value of the script as a "creative endeavour" that is an important part of the natural development process (English, 2010, pp. 223-225).

$^{35}_{17}$ organizational scripts: Organizations such as corporations operate like a family and develop scripts of their own with which individuals interact, each also making a contribution from their individual script to the collective one and vice versa; script

pressures from one's surroundings may be an important consideration in therapy (Napper, 2010, pp. 189-190).

Schank and Abelson (1977): *Scripts Plans Goals and Understanding*

In Eric Berne's era, there were others who already used the term *script* differently than he. For example, in a study of knowledge systems and procedures for applying past knowledge to new experience, Schank and Abelson (1977) used the metaphor of a computer in order to seek better understanding of human psychology and to determine how to create artificial intelligence. In their usage, a *script* is merely a "standard event sequence" like a computer program – something that everyone is familiar with that follows a certain series of steps, like ordering food in a restaurant, or entering a bus and paying a fare (p. 40). They do make a useful distinction, however, between a *situational script* (which everyone knows in common and knows immediately what role they must play, like customer and waiter), and a *personal script* (in which one person knows what to do from repeated practice, such as befriending another person by using flattery, but other participants are less certain how to respond). This particular reference reminded me that there is a great deal of work I need to do in my formulation to consider carefully the dynamics of different kinds of automated behaviours on both sides of any human interaction, particularly in cross-cultural contexts. For example, an individual who has led a conversation by triggering into his or her own automated social behaviour may be particularly disappointed when the other participant does not "respond in kind". In such a situation there could be both personal and cultural differences and either the other conversant is unfamiliar with the automated sequence invoked, or he or she prefers to offer his or her own automated sequence, or a non-automated spontaneous reply, instead. Each may also use their own automated sequences when attempting to interpret the behaviour of the other. Schank and

Abelson (1977, p.131) also suggested that more general life *themes* lead to *goals*, then *plans*, and later to *scripts* or event sequences. For example, an individual who focuses on attaining position might set a target of becoming a professor, create a plan for getting there, and play out all the sequences of events (such as passing courses) needed to achieve his or her goal. This suggests to me that I need to give further consideration in my therapeutic formulation to the underlying concepts, stages, and components that individuals use to create their automated behaviours. At a certain life stage I might, for example, have decided the general attitude I will take with the world, or the position I might seek, but not yet how to accomplish it. In other words, people may have not only *already-automated-behaviours*, but also *behaviours-under-construction* that also need to be understood within therapy.

Berntsen & Bohn (2009): Cultural Life Scripts and Individual Life Stories

Much later, D. Berntsen & A. Bohn (2009) also use the word *script* differently in the context of memory and knowledge structures in their chapter in the book *Memory in Mind and Culture*. Similarly to Schank and Abelson (1977) cited above, they refer to a *script* as "a general knowledge structure that organizes the way that we think about a recurrent everyday event" (Berntsen & Bohn, 2009, p.64). In other words, I know automatically how an ordinary event is supposed to play out. They also refer to a *life script* specifically as "a mental representation of culturally expected life events and their age norms" (2009, p. 64), in other words, how I expect that a normal or prototypical life should be structured in my culture, which clashes with Eric Berne's use of the term.   .

Tomkins (1978): Script Theory: Differential Magnification of Affects

During the same era that Berne was publishing his concepts, Tomkins (1978) used the words *script theory* quite differently from Berne. Ironically this divergent use brought to my

attention Tomkins' incredibly rich theory of affect magnification, which I think will be useful to me in distinguishing within clients those automated behaviours that are merely common learned sequences invoked as needed (like crossing the street safely), from those that are unbidden but far more laden with drama (like launching into a tearful diatribe about how no one ever likes me, ever). Tomkins defines *scenes* as specific life happenings, involving a perceived beginning and end, and involving at least one affect, and at least one object of the affect. He describes *scripts* as "an individual's rules for predicting, interpreting, responding to, and controlling a magnified set of scenes", where "magnified" implies magnification by means of affect (Tomkins, 1978, p. 217). He specifically divorces his concepts from similar concepts, including that of Berne (p. 217), but draws a parallel between his use of *script* and that of Schank and Abelson (1977). The interesting thing about Tomkins' script theory is his assertion that the effect of any set of scenes, whether considered good or bad, "is indeterminate until the future happens and either further magnifies or attenuates such experience" (Tomkins, 1978, p. 219). He stresses that while one would think that scenes are magnified by repetition (e.g. two bad experiences in a row at the dentist), scenes are actually magnified by being repeated with some difference (e.g. an unexpected visit of a mobile dental clinic to one's school). Tomkins suggests that new scenes can be amplified, connected to previous scenes, and made similar to them even by the affect accompanying them (e.g. crying). As an individual attaches meaning and affect to these growing sequences of scenes, and in turn develops strategies for avoiding or escaping such scenes in the future, a full-blown script is created, including a set of rules that individual adopts for responding to similar situations. While this concept is not all that far from that of Berne and Steiner, Tomkins insists his is at a more general level. Reading his article motivated me, in order to avoid confusion, to abandon the term *script theory* altogether and just describe such phenomena as

automated behaviours and then distinguish them by type. Nonetheless, I am quite willing to let

my approach be informed by Tomkins' ideas. Among them that are useful to me is the idea that

an individual's response to similar scenes in life is constantly being modified, and may be either

amplified or attenuated in time. The implication for therapy is that we may need to be wary of

unanticipated amplification, and alert for opportunities for attenuation, of scenes that the client

considers negative. The converse may apply to positive scenes – there is an opportunity to add

positive meaning to a collection of scenes using affect as an amplifier, and a danger of reducing

meaning for positive scenes if attenuated. Tomkins' example of the latter is the loss of excitement

or pride in applying a complex skill once mastery has been achieved.

Carlson (1981): Studies in Script Theory

Carlson (1981) applies Tomkins' version of script theory to a single case study which

traces the importance of a childhood experience to how the same person thought, felt and acted

as an adult thirty years later. Carlson suggests that Tomkins' script theory is useful in organizing

complex case material. What I found useful in this reference is his assertion that while an

individual may assemble a *script* (or set of rules to handle life events) out of a series of life

scenes in early life, once the early experience is thus consolidated, the script becomes the

determinant for future scenes. In other words scenes beget scripts, then scripts beget scenes.

Overall, how we interpret what happened to us in the past can influence strongly how we create

our lives in the future. Carlson divides life's scenes or events into: a) those that are *transient*, that

have little effect on us; b) those that are *habitual*, which we repeat often but with little thought or

feeling; and (c) those that are *nuclear*, that capture a person's "most urgent and unsolved

problems and that continue to grow by recruiting ever more thought, feeling and action" (p. 502-

3). He suggests that when scenes with negative affect are connected and magnified, a person may

typically adopt a "vigilant stance in which new situations are scanned for old dangers and disappointments" (p. 503). Also useful is his concept that some individuals develop "idealized scenes that capture the perfect negation of old dangers and disappointments" and which imply "positive, active and organized coping strategies" (p. 503). I am partial to the idea that the therapeutic sessions and relationship themselves provide such idealized scenes, and that one of the roles of therapy is to help clients learn how to create a life that does contradict their earlier distresses. Since there are numerous other details in Carlson's paper that could contribute to my own approach, I have made it part of my resource library for my psychotherapy practice.

What are the weaknesses of my approach and how will I protect clients from them?

Weakness 1: Lack of Development

Conscious Life-Integration is nowhere near fully developed. I can therefore expect to perceive inconsistencies, gaps, and inadequate aspects as I go along.

Weakness 2: Lack of Radicalization

I have not yet fully radicalized the theory to incorporate as many useful postmodern viewpoints as possible, including radical feminism, constructivist concepts like Michel Foucault's power analysis and Judith Butler's performativity, and other counter-hegemonic ideas. Burstow's (1992, p. 56) discussion of script therapy may be a good starting point.

Weakness 3: Lack of Testing

None of the other versions of script therapy that I encountered, nor my own synthesis under the name Conscious Self Integration, have been tested adequately; rather most of that literature is anecdotal in nature. Neither is my approach yet properly formulated in a way that clearly exposes its hypotheses so that they can be tested empirically and rigorously.

My plan to protect my future clients from these weaknesses includes:

⚲ being eclectic and incorporating other techniques whenever they are more appropriate;

⚲ undertaking independent research and reading as part of my M.Ed. Program in Counselling Psychology at OISE, to further develop and radicalize this therapy;

⚲ reformulating the theory in a way that invites empirical investigation of its hypotheses;

⚲ publishing my version of Conscious Self Integration to allow others to critique it;

⚲ helping my clients to become independent of any one particular approach by encouraging their exposure to many ideas and also by teaching them peer counselling skills that will enable them to develop their own approaches and maintain their own continued therapy long-term without cost.

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