Life Scripts and Attachment Patterns: Theoretical Integration and Therapeutic Involvement

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Abstract

Eric Berne originally described life scripts as being formed from the primal dramas and implicit protocols of infancy and early childhood. John Bowlby's attachment theory and the supporting research provide a theoretical integration with script theory and suggest the necessity of a developmental focus in psychotherapy. Secure, anxious/ambivalent, avoidant, disorganized, and isolated attachment patterns are described in relation to life scripts and their implications for psychotherapy.

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Life scripts are unconscious systems of psychological organization and self-regulation developed as a result of the cumulative failures in significant, dependent relationships. Scripts are unconsciously formed by infants, young children, and even adolescents and adults as a creative strategy for coping with disruptions in relationships that repeatedly fail to satisfy crucial developmental and relational needs. The unconscious organizing patterns that compose a life script are often first established in infancy as subsymbolic internal relational models based on the quality of the infant/caretaker relationship. These early models are then reinforced and elaborated during a number of developmental ages. The results are the unconscious relational patterns that constitute a life script.

Eric Berne (1961) originally described a script as an "extensive unconscious life plan" (p. 123) that reflects the "primal dramas of childhood" (p. 116). This life plan is formed from the "script protocol" and "palimpsests," the preverbal, subsymbolic, and presymbolic procedural memories that form the unconscious relational patterns and implicit experiential conclusions that are the core of life scripts (Bucci, 2001; Erskine, 2008). The protocol and palimpsests are the preverbal, affectively charged physiological survival reactions. They are the earliest formations of unconscious relational patterns—the internal working models that are, by developmental nature, exclusively physiological and affective. Berne (1972) wrote, "The first script programming takes place during the nursing period, in the form of short protocols which can later be worked into complicated dramas" (p. 83).

Although Cornell and Landaiche (2006) have drawn attention to the clinical significance of the script protocol and the psychotherapeutic necessity for thinking and working developmentally, the transactional analysis literature has not sufficiently focused on the central role of the "primal dramas" that compose the script protocol—the parental misattunements and cumulative neglects of subsymbolic/preverbal infancy and presymbolic early childhood. Rather, the literature has emphasized how scripts are formed from parental messages, explicit decisions, and significant stories during the kindergarten and elementary school years, at an age when the child has the capacity for symbolic mentalization (Berne, 1972; English, 1972; Goulding & Goulding, 1979; Steiner, 1971; Stuntz, 1972; Woollams, 1973).

This emphasis in the transactional analysis literature on script formation occurring between 4 years old and adolescence may, in part, be due to Berne's (1972) statement, published posthumously, in which he referred to script as "a life plan based on decisions made in childhood, reinforced by parents, justified by subsequent events and culminating in a chosen alternative" (p. 446). In this comment Berne implied that scripts are conscious decisions that occur once the child has reached an age of language development, when symbolic reasoning, concrete operations of cause and effect, and awareness of alternative choices is possible (Bucci, 2001; Piaget, 1954).

The emphasis in the transactional analysis literature on scripts being formed in middle

childhood may also be due in part to the fact that, by this developmental stage, symbolic and explicit memory is possible, thereby making the memory of many script decisions, parental messages, and childhood struggles to adapt to family, peer, and school demands available to consciousness. Additionally, script decisions, parental messages, and behavioral patterns that are symbolic, conscious, and available to language are more amenable to cognitive explanation, behavior modification, and brief redecisional methods of psychotherapy.

The clinical transactional analysis literature has often neglected to emphasize the significance of infancy and early childhood subsymbolic, preverbal, physiological survival reactions and implicit experiential conclusions that form unconscious procedural maps or internal working models of self-in-relationship (Erskine, 2007). The recent literature on neuroscience, child development, and early child/parent attachment research has been a siren call reemphasizing the importance of psychotherapists focusing the therapeutic relationship on the client's early childhood preverbal relational experiences (Beebe, 2005; Cozolino, 2006; Damasio, 1999; Hesse, 1999; LeDoux; 1994; Schore, 2002; Siegel, 1999; Weinberg & Tronick, 1998).

The infant's and young child's physiological survival reactions and affective/procedural experiences—the life script protocol and palimpsests that compose the primal dramas of childhood—form subsymbolic internal working models of self-regulation and relational interaction (Bowlby, 1973). Later in life, these unconscious subsymbolic memories of physiological reactions, affect, and procedural experiences are expressed through physiological discomforts, escalations or minimizations of affect, implicit knowing, and the transferences of everyday life. These unconscious relational patterns influence the reactions and expectations that define for us the kind of world we live in, the people we are, and the quality of interpersonal relationships we will have with others. Encoded physically in body tissues and biochemical events, affectively as subcortical brain stimulation, and cognitively in the form of beliefs, attitudes, and values, these responses form a blueprint that guides the way we live our lives.

Life scripts involve a complex network of neural pathways formed as thoughts, affects, biochemical and physiological reactions, fantasy, relational patterns, and the important process of homeostatic self-regulation of the organism. Scripts formed from physiological survival reactions, implicit experiential conclusions, relational failures, prolonged misattunements and neglects, as well as chronic shock and acute trauma, all require a developmentally focused psychotherapy wherein the therapeutic relationship is central and is evident through the respect, reliability, and the dependability of a caringly involved, skilled, real person (Erskine, 1993).

Overview of the Literature

Fritz Perls described self-confirming, repetitive conclusions and patterns as a "life script" (Perls, 1944; Perls & Baumgardner, 1975) composed of both an "early scene" and a resulting "life plan" (Perls, Hefferline, & Goodman, 1951, pp. 305-306). Alfred Adler referred to these recurring childhood patterns as "life style" (Ansbacher & Ansbacher, 1956), while Sigmund Freud (1923/1961) used the term "repetition compulsion" to describe similar phenomena. Contemporary psychoanalytic authors are referring to a similar phenomena when they write about the life-shaping influence of developmentally formed unconscious relational patterns, although they do not use the terms "script" or "life script" (Arlow, 1969; Basch, 1988; Slap, 1987; Stolorow & Atwood, 1989).

The general psychology literature has described such unconscious relational systems as cognitive structures that represent an individual's organization of the world into a unified system of beliefs, concepts, attitudes, and expectations (Lewin, 1951) that reflect some aspect of unconscious relational patterns or life scripts (Andrews, 1988, 1989; Beitman, 1992; Kelly, 1955; Thelen & Smith, 1994).

The transactional analysis literature on scripts began with Berne (1961) describing the significance of the infant's primal or protocol experience with caretakers as the "earliest version of the script" (Berne, 1972, p. 447), the "original dramatic experiences upon which the script is based" (p. 446). He devoted only a few pages

to this important topic, leaving it to other transactional analysts to research, refine, and expand the concepts and develop the clinical acumen for effective life script psychotherapy. Steiner (1971) illustrated one aspect of the theory of scripts with his ego state matrix, which diagrammed parental influence. He put particular emphasis on the coercive power of the parents' overt and ulterior messages to lethally shape a child's life. Robert and Mary Goulding (1978) described another aspect of the theory with a list of injunctions that formed the basis of a child making script decisions. Their examples of script decisions are instances of explicit memories wherein an actual scene from childhood is consciously remembered, a corresponding parental injunction is identified, and the child's decision to comply with the injunction is articulated.

In his last writing, Berne (1972) emphasized three antecedents of a life script: parental programming, the child's decision, and the influence of stories. He described how children, particularly within the "magic years" of 4 and 7, will use fairytales and mythology as the inspiration on which to model their lives (Freiberg, 1959). Such childhood stories are often a culmination and elaboration of parental messages, earlier childhood experiences, and life-determining decisions. They serve to provide a sense of meaning and definition about self, others, and the quality of life. In his 1972 book, written for popular rather than professional reading, Berne did not emphasize his view that the origin of life scripts was in the primal dramas, protocol, and palimpsests of very early childhood; rather, he provided only a partial definition of script: "A script is an ongoing program, developed in early childhood under parental influence, which directs the individual's behavior in the most important aspects of his life" (p. 418).

It was Cornell (1988) who emphasized the significance of the script protocol in infancy—the physiological survival reactions and "tissue level" of life scripts. Cornell's article raised the consciousness of transactional analysts to again think developmentally and to focus our psychotherapy on the fundamental importance of the earliest relationships in life.

Although Berne and other transactional analysis authors described various ways in which a life script may be formed, they did not provide a comprehensive definition. It was in a 1980 article entitled "Script Cure: Behavioral, Intrapsychic, and Physiological" that I provided the first operational definition. I defined script as a

> life plan based on decisions made at any developmental stage that inhibit spontaneity and limit flexibility in problem solving and in relating to people. Such script decisions are usually made when the person is under pressure and awareness of alternative choice is limited. The script decisions emerge later in life as constricting script beliefs about self, others, and the quality of life. These script beliefs, along with the feelings repressed when the person was under pressure, are manifested in internal and external behavior and, together with selected memories, form a closed system of experiencing one's life. This closed system is the script. (Erskine, 1980, p. 102)

This definition, like the descriptions of other transactional analysis authors, gives the impression that script is formed from conscious decisions, as if the child was aware of making a choice. If the term "decisions" refers to explicit experience and conscious choice, then the script-forming effects of the subsymbolic and implicit primal dramas of childhood, the protocol and palimpsest, are not part of an explicit decision because they occur prior to symbolic reasoning. If, however, we use a broader definition of "decisions" to include the subsymbolic, prelinguistic, and bodily reactions of infancy and early childhood that are not available to symbolic mentalization, then the term "decision" may include these early implicit and presymbolic self-regulating life experiences that are composed of undifferentiated affects, physiological reactions, and relational patterns.

Recently I elaborated on this earlier definition and provided a comprehensive definition of scripts that includes the profound influences of infancy and early childhood. "Life Scripts are a complex set of unconscious relational patterns based on physiological survival reactions, implicit experiential conclusions, explicit decisions, and/or self-regulating introjections, made

under stress, at any developmental age, that inhibit spontaneity and limit flexibility in problem-solving, health maintenance and in relationship with people (Erskine, 2007, p. 1). The physiological survival reactions and implicit experiential conclusions that I describe are the child's subsymbolic and presymbolic attempts to manage the misattunements, cumulative neglects, traumas, and family dramas of infancy and preconceptual early childhood.

Bowlby (1969, 1973, 1980) also wrote about unconscious relational patterns and described the biological imperative of prolonged physical and affective bonding in the creation of a visceral core from which all experiences of self and others emerge. He referred to these patterns as "internal working models" that are generalized from experiences in infancy and early childhood. Bowlby proposed that healthy development emerged from the mutuality of both a child's and a caretaker's reciprocal enjoyment in their physical connection and affective relationship. His research collaborators (Ainsworth, Behar, Waters, & Wall, 1978) found that the mothers of secure infants were attuned to the affect and rhythms of their babies, sensitive to misattunements, and quick to correct their errors in attunement. It is these qualities of reparation, interpersonal contact, and communication of affect that are of utmost importance in forming secure relationships, a sense of mastery, and resilience in later life.

Bowlby went on to describe insecure attachments as the psychological result of disruptions in bonding within dependent relationships. His ideas influenced a number of researchers and developmentally focused writers who further identified specific patterns of insecure attachment that were the result of repeated disruptions in dependent relationships. They refer to these insecure patterns as ambivalent, avoidant, disorganized, or isolated attachment styles (Ainsworth et al., 1978; Doctors, 2007; Main, 1995; O'Reilly-Knapp, 2001). Bowlby's theory provides an understanding of how an infant's or young child's physiological survival reactions and implicit experiential conclusions may form internal working models, the antecedents of an unconscious life script.

Each author just cited suggests a therapy that involves some combination of analysis, interpretation, explanation, interpersonal relatedness, and/or behavioral change. It is my opinion that to do a thorough life script cure, it is necessary to provide a developmentally focused relational psychotherapy that integrates affective, behavioral, cognitive, and physiological dimensions of psychotherapy while paying particular attention to the client's unconscious communication of subsymbolic and presymbolic relational experiences that are revealed through their style of self-regulation, core beliefs, metaphors, avoidances, stories and narrative style, and transferences both with the psychotherapist and in everyday life. It is the therapist's task to decode the client's infant and early childhood physiological and affective experiences and to facilitate the client's becoming conscious of implicit relational patterns.

Attachment Patterns

The literature on psychological attachment is relevant to understanding life scripts in that it provides an alternative perspective on how early childhood patterns of coping with relationships may be active years later in adult life (Hesse, 1999). Each person's internal working model of attachment (i.e., script pattern) is revealed in his or her characteristic patterns of behavior and transactions with others, core beliefs, fantasies, and personal narrative about his or her life. Bowlby (1973) described how a child's internal working model provides "a sense of how acceptable or unacceptable he himself is in the eyes of attachment figures" (p. 203). These internal working models determine anticipation, emotional and behavioral responses to others, the nature of fantasy, and the quality of interpersonal transactions. They are subtly evident in conversations and narrative, often as either prefix or suffix to a story or as a parenthetical phrase such as, "You won't believe me but . . . " or "There's no use trying . . . " or "What can you expect from people?"

Fear-induced physiological survival reactions, prolonged neglect of relational needs, cumulative trauma, and unconscious conclusions are all recorded in the brainstem as procedural memories of self-in-relationship (Damasio, 1999). Attachment patterns—what Bowlby (1973) re-

ferred to as internal working models—provide a reflection of the script protocol, the procedural memories that form the core of a life script: "Internal working models organize the child's cognitions, affects and expectations about attachment relationships" (Howell, 2005, p. 150). These internal working models emerge from a composite of implicit experiential conclusions, affective reactions, and unconscious procedures of relationship in response to repetitive interactions between child and caretaker(s). They are an adaptation and accommodation to the relational styles of significant others to ensure that a semblance of needs is met. Attachment patterns are composed of unconscious subsymbolic procedural forms of memory based on early self-protective physiological and affective reactions (Bowlby, 1988).

Secure attachment patterns provide affect regulation, reduce anxiety, and enhance feelings of well-being. They develop when caretakers are consistently attuned, available, and responsive to the young child (Doctors, 2007). Security is developed in the youngster through the caretakers' ongoing availability and emotional responsiveness, consistency, and dependability, where such caretakers are experienced as "stronger and/or wiser" (Bowlby, 1988, p. 12). Securely attached children and adults deal with emotional disruption and distress by expressing and/or acknowledging it as it is emerging and then reaching out for comfort (Mikulincer, Florian, & Tolmatz, 1990). Securely attached children develop the ability to self-reflect, to remember their personal history, and to comment on their own process of thinking (Main, Kaplan, & Cassidy, 1985). Fonagy and his colleagues (1996) report that securely attached children make spontaneous, self-reflective comments and have complex and coherent narratives. They can judge their impact on others and evaluate their own behavior.

In summarizing their research on attachment patterns, Ainsworth and her colleagues (1978) concluded that the young child's security or lack thereof is generally determined by the quality of emotional, physical, and nonverbal communication in primary dependent relationships. Tasca, Balfour, Ritchie, and Bissada (2007) report that patterns of insecure anxious ambivalence or attachment avoidance both develop in response to infant and childhood caretakers who are unavailable or insensitive. Children who develop anxious ambivalent attachment patterns usually have parents who were unpredictably responsive, whereas those with avoidant attachment patterns had parents who were predictably unresponsive (Main, 1995). Other authors indicate that avoidant attachment results when a child (and perhaps even an adolescent or an adult) perceives the primary attachment figure(s) as rejecting and punitive (Cozolino, 2006; Wallin, 2007). In each of these situations, it is the quality of the early childhood relationships that affects the person's capacity to reflect on life's experiences and to put such emotional experiences into a coherent narrative.

Anxiously ambivalent attached individuals express intense affect and distress in a hypervigilant and/or preoccupied manner. They tend to form dependent and clingy relationships and make unreasonable emotional demands for security, reassurance, and nurturance (Bartholomew & Horowitz, 1991) while also being either passive or overwhelmed in intimate relationships. If, in early development, significant others are experienced as inconsistent or unpredictably responsive, an excessive focus on clinging dependency and physical attachment may ensue. Their relationships may become overvalued, and the person may be overadapted to others as a result of an anxious ambivalent attachment pattern (Main, 1990). The life scripts of such individuals involve an unconscious escalating and/or minimizing of both awareness and expression of relational needs and feelings of attachment (Main, 1995).

Hesse's (1999) research revealed that adults with ambivalent attachment patterns may alternate between affective expressions of confused/passive and fearful/overwhelmed narratives about the course of their lives. They use psychological jargon, vague phrases, or irrelevancies to describe their life experiences. Hysteric or histrionic relational patterns reflect an ambivalent attachment style (Schore, 2002). In my clinical practice, I have found that clients with a life script based on ambivalent attachment patterns are highly adaptive within important

relationships, such as in a marriage or a close friendship. They often feel unhappy with the other person's lack of emotional acknowledgment and care, yet they remain uncomfortably dependent in the relationship, always attached to the other's misattunements yet unable to separate. Perhaps rather than thinking of such individuals as "ambivalent," it would be useful to think of them as desperate for connection and anxious about loss. They have an implicit fear of abandonment.

Individuals with avoidant attachment patterns express their distress by dismissing or undervaluing the importance of relationships, either inhibiting or exaggerating emotional expression and avoiding intimacy (Kobak & Sceery, 1988; Main, 1990). They may be disdainful of vulnerability and tender expressions of affection and/or prone to anger. Main's (1995) research indicates that mothers of infants with an avoidant attachment style were emotionally unavailable; they tended to withdraw when the child was sad and were uncomfortable with physical touch. As an adaptive survival reaction to the caretaker's predictable unresponsiveness to the infant's affects and relational needs, the child learned to inhibit his or her communication of emotions, needs, and internal experiences. As a result, people with a history of avoidant attachment patterns unconsciously create a life script wherein they anticipate rejection. They form strategies of interpersonal relatedness in which they do not express, or may not even be conscious of, their attachment-related feelings and needs.

Hesse's (1999) Adult Attachment Interview reveals that avoidant patterns of attachment in adults (and therefore a possible indication of a troubling life script) are evident in adults' contradictory statements about their childhood experiences and the quality of contact with their parents or in other significant relationships. They engage in denial and disavowal of negative relational experiences, and they lack memory about dependent relational interactions. They diminish the significance of punishment and rejection in their lives and insist on the importance of self-reliance. In adulthood, they may express this avoidant attachment style by being dominant or cold in interpersonal relationships (Horowitz, Rosenberg, & Bartholomew, 1993).

Schore (2002) has suggested that avoidant attachment styles are evident in the quality of interpersonal contact made by people who engage in either obsession or narcissistic self-enhancement. People who obsess are deeply lonely because of their avoidant attachment patterns. They fill the relationship void with habitual worry and repetitive fantasizing. Those who are narcissistically self-aggrandizing or self-depreciating are also deeply lonely as a result of their avoidant attachment patterns, but they distract themselves temporarily through their self-focus and their demands for attention. In my own psychotherapy practice I have found that clients who operate primarily from an avoidant attachment pattern disavow their affect and are usually desensitized from their bodily sensations. They may focus on how their body looks from the outside, but they lack a sense of feeling internal sensations and internal physiological communication. Effective psychotherapy usually involves helping them to identify and own their body sensations and related affect. They have an implicit fear of vulnerability.

Disorganized attachment patterns reveal the profound psychological disorientation caused by unresolved trauma and significant loss of reparative relational contact. In response to a sense of relational disruption, young children will engage in the self-protective behaviors of freezing, flailing, turning away, and transposing affect (Fraiberg, 1982). With repeated use, these self-protective maneuvers may become fixated and form, in part, specific attachment patterns that contribute to the disorganization of the sense of self. Disorganized attachment patterns emerge when caretakers are experienced as the only source of needs satisfaction and simultaneously as a source of danger. Children with disorganized attachment pattern perceive their caretakers as predictably neglectful and/or punishing.

Infant disorganization is the result not only of profound psychological disruptions with parents whose anger or abuse is frightening, but also with parents who are themselves frightened. Disorganized relational patterns are thought also to arise and become fixated in

response to repeated physical or sexual abuse or to caretakers who are themselves dissociated or having psychotic episodes (Bloom, 1997). When infants or young children are in the middle of ongoing violent arguments within a family, they become emotionally confused and their loyalties are torn; their affects and relational attachments may become disorganized. In my clinical experience I have found that clients with disorganized insecure attachment patterns may dissociate when under stress and may fragment into alter ego states or personalities. Each ego state or personality may express one of the other insecure attachment patterns, such as ambivalent, avoidant, or isolated (Doctors, 2007). With many borderline individuals, their emotionally confused narratives about their early relational experiences reflect a history of disorganized attachment (Schore, 2002). In my experience, an empathetic way to understand borderline clients is to think of them as very young children suffering from an early relational and emotional confusion that is profoundly disorganizing. They lack the capacity to find consistent affect regulation, comfort, stabilization, or enhancement in intimate relationships. They require psychotherapy that provides a calming regulation of affect and consistency in relationship.

Some writers have demonstrated that disorganized attachment is a crucial factor in the development of dissociation in children and adults (Blizard, 2003; Liotti, 1999; Lyons-Ruth, Dutra, Schuder, & Bianchi, 2006; Muller, Sicoli, & Lemieux, 2000). Some clients with disorganized attachment patterns, when not using dissociation as a self-regulating process, seem overwhelmed by painful bodily reactions. This is particularly evident in my clients who have experienced physical and sexual trauma. Their emotional memories are conveyed by pain, physical tension, and intense restlessness. When these physiological memories are too intense, such clients may either desensitize their body or dissociate entirely as a way to escape the emotional and body memories. Putnam (1992) describes such dissociation as the "escape when there is no escape" (p. 104). Clients with disorganized attachment have a physiologically intense, implicit fear of violation.

Our therapeutic task is to provide a quality of professional involvement that gives such clients a sense of safety, stability, and dependability in relationship. Such consistency often helps the emotionally disorganized client to know the story that is being conveyed by the pain, tension, or restlessness. Disorganized attachment patterns can change as a result of an ongoing attuned and reliably involved therapeutic relationship (Cozolino, 2006).

Isolated attachment results from a series of experiences wherein the caretakers are experienced as repeatedly neglectful, untrustworthy, and/or invasive (O'Reilly-Knapp, 2001). The child's natural dependency on parents is met with an accumulation of rhythmic misattunements and, alternately, invasive and/or neglectful caretaking. To be vulnerable is sensed as dangerous. The child may then develop patterns of relationship marked by a social façade, psychological withdrawal, intense internal criticism, and the absence of emotional expression (Erskine, 2001). An isolated attachment style is revealed in the quality of interpersonal contact made by individuals who use schizoid withdrawal to manage relationships. In my therapeutic practice I have found that clients who use emotional withdrawal to manage relationships report that significant caretakers were consistently misattuned to their physiological rhythms, misinterpreted their emotional expressions, and were controlling or invasive of the client's sense of identity. In some cases, their caretakers were themselves withdrawn and emotionally unavailable. Clients with an isolated attachment pattern have an implicit fear of invasion.

General Considerations. Children may develop more than one attachment pattern. In relationship with mothers, specific patterns of attachment may be formed that are uniquely different from patterns formed through interactions with fathers. If another dependent relationship is available to a child (such as a grandparent, aunt or uncle, older sibling, or nanny), alternative patterns of self-in-relationship may emerge and be significant in establishing and maintaining relationships throughout life. For example, individuals may have one relationship pattern with women and a distinctly different

one with men. Or, a person may have one pattern with those who are the in the same age range and a remarkably different pattern with someone who is much older. More than one relational or attachment pattern may be encoded in a client's stories or fantasies about family members, friends, or coworkers. These multiple patterns may also be enacted or engendered in the therapeutic relationship.

Throughout this article I have been using the generalizing term "attachment patterns." In both my clinical practice and in my teaching of psychotherapy, I make a distinction between attachment style, attachment patterns, and attachment disorder. I relate these three categories to the extent, pervasiveness, and quality of relational encounters inherent in a client's life script. I think of these three categories on a continuum from a mild to a moderate to a severe expression of an early childhood-influenced life script.

Attachment "style" refers to a general way in which an insecure attachment from early childhood may affect the client's way of being in the world. A "style" is not particularly problematic to the individual or to others except when that individual is under extreme stress and may revert to childlike patterns of self-regulation. Clients will reveal this level of their life script in their descriptions of how they managed a crisis or a family reunion, through dreams or an envisioned future, and through subtle transferential enactments.

Attachment "pattern" refers to a more problematic level of functioning on a day-by-day basis in relationships with others. An individual's repetitive attachment pattern is often more uncomfortable to family members and close associates than to the individual, who often sees his or her own behavior as natural and ordinary. As tiredness or stress increases, these individuals are likely to revert to archaic patterns of clinging, avoidance, disorganization, or isolation. When the internal stress becomes too great, they will seek psychotherapy in the hope of finding relief from the symptoms of depression, anxiety, relational conflicts and failures, low self-esteem, and physiological tensions. Attachment patterns become evident early in psychotherapy through the client's encoded stories, overt transferences enacted in both therapy and daily life, and the physiological and affective response engendered in the psychotherapist.

An attachment "disorder" refers to the continual reliance on early childhood internal working models of relationship and archaic methods of coping with relational disruptions. An individual's archaic form of self-regulation and coping is pervasive in nearly every relationship with people and in nearly every aspect of the person's life. Clients with an attachment disorder will often dramatically enact some element of their life script in their first and subsequent sessions. Evidence of the severity of the script may be embedded in their presenting problem, embodied in their physical gestures, and engendered in a strong physical and emotional reaction from the psychotherapist.

Therapeutic Involvement

Each of the four insecure attachment patterns —ambivalent, avoidant, disorganized, and isolated—results in an accumulation of emotional experiences and the creation of script beliefs about self and others and the quality of life that serve to shape ensuing perceptions and affect about relationships. Siegel (1999) suggests that a child's attachment relationship to someone other than the parents—such as a grandparent, aunt, older sibling, teacher, or adult friend —provides an alternative attachment pattern to ones that may develop with parents who are frightening, neglecting, depressed, abusive, or invasive. An affectively and rhythmically attuned psychotherapist provides the person with that other who is sensitive, respectful, validating, consistent, and dependable. The psychotherapist's attunement provides the client with the security of affect-regulating transactions (Erskine, Moursund, & Trautmann, 1999). Such affect regulation is then within a sensitive, caring relationship rather than in the client's archaic attempts at self-regulation through clinging and overadaptation, physical and emotional distancing, emotional confusion and fragmentation, or social façade and emotional withdrawal. Insecure attachment patterns can become secure through a caring therapeutic relationship.

While practicing psychotherapy, I often work through therapeutic inference, a decoding of

the minute and subtle client/therapist transferential affects and enactments, interruptions to contact, and body sensations and movements as well as the client's reported stories that reflect his or her transferences with other people. A sensitive phenomenological and historical inquiry often reveals an outline of the client's early relational experiences. Examples of such an inquiry include: "What was your experience when your mother or father tucked you in bed at night?" "Imagine what it was like for you to be spoon fed by your mother"; "What was the quality of care your received when you where sick or injured?" "What kind of greeting did you receive when you returned home from school?" Although this inquiry may not evoke explicit memories, almost every client has an emotional reaction that reveals procedural memories and provides some indication of the quality of his or her early relational experiences. The response to each inquiry may lead to further inquiry into the quality of the current relationship between the therapist and client and then return to further inquiry into the client's early physiological survival reactions and implicit procedural ways of relating.

Unconscious relational patterns may be "sensed" by the client as physiological tensions, confusing affects, longings, and repulsions. The unconscious memories of previous relationships may shape a person's interpretation of current events, orient or distract from what is occurring now, and form either anticipations or inhibitions of future events. The subsymbolic procedural memories that form attachment patterns may be revealed either through exaggerations or minimizations of affect, in stories or metaphors, in fantasy and dreams, and/or in emotional responses in others. Each of these aspects of the transference/countertransference dyad is an unconscious unfolding of two intersubjective life stories and a window of opportunity into both the client's and the psychotherapist's unconscious experiences.

In an attempt to understand the script dynamics that are preverbal, subsymbolic, and implicit, I attend to the various ways the infantile and early childhood dramas or script protocols are lived in current relationships. Each of the questions that follow here about the transference/countertransference relationship provides a window of opportunity to view the family interactions that may constitute the "primal dramas" and early emotional experiences of the client's life script. There are several ways in which the primal protocol is unconsciously expressed while involving intimate others, including the psychotherapist. I am continually curious as to what the client's unconscious early childhood story is.

1. *Enacted in the client's behavior:* What primal dramas of early childhood—such as emotional abandonment, neglect, abuse, ridicule, fear, rage, or despair—are possibly being lived out in the client's behavior and transactions with the therapist and/or other people?
2. *Entrenched in the client's affect:* What deprivation of attunement is expressed in the client's escalation or immunization of emotions?
3. *Embodied in the client's physiology:* What is the client experiencing within his or her body? What is the client's body revealing about his or her relational history?
4. *Encoded in the client's stories and metaphors:* What relational experiences are being revealed through the content and style of the client's narrative?
5. *Envisioned in the client's fantasies, hopes, and dreams:* What developmental and relational needs were unrequited and may require therapeutic responsiveness and/or validation?
6. *Embedded in the client's internal and external interruptions to contact:* At what developmental stage would this interruption to contact be a "normal" way to manage the cumulative failures in significant, dependent relationships?
7. *Engendered in another's emotional response:* What physiological and affective responses, concordant or complementary, are stimulated within me or other people in this client's life?

Attachment patterns—the protocol and palimpsest of a life script—are not "conscious" in that they are not transposed to thought, concept, social language, or narrative and therefore

remain as unformulated experiences. It is our task as psychotherapists to attune to the client's affects, rhythms, developmental levels of functioning, and relational needs while attending to the client's narrative. The client's narrative provides the basis for further inquiry about his or her phenomenological experiences. As psychotherapists, it is our skill and attunement in providing a new and reparative relationship that allows unconscious archaic insecure relational patterns to change.

In the psychotherapy of life scripts it is important that the psychotherapist understand and appreciate that attachment patterns, unconscious organizing principles, and life scripts are desperate and creative attempts to self-regulate while managing and adjusting to the failures that occurred in significant and dependent relationships throughout life; scripts are self-protective ways of compensating for what is/was missing in relationship while ensuring a semblance of relationship. The process of script formation is relationally interactive and personally creative—an accommodation, assimilation, and adaptation (Piaget, 1954) to the neglects, misattunements, relational requirements, or even demands of significant others. It involves a neurologically based generalization of specific affect-laden experiences and an unconscious anticipation that these generalized experiences will be repeated throughout life (Stern, 1985).

The psychotherapy of life script necessitates an understanding and appreciation of each individual's unique temperament as well as these creative adjustments, coping and adaptive styles, and resulting internal and external interruptions to contact. The psychotherapist's sensitivity to and understanding of unconscious experiential conclusions, contact interruptions, and the unique relational nature of the therapeutic involvement is essential for an in-depth psychotherapy of archaic relational patterns, current relational disturbances, and fixated systems of psychological organization.

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REFERENCES

Ainsworth, M., Behar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Andrews, J. (1988). Self-confirmation theory: A paradigm for psychotherapy integration. Part I. Content analysis of therapeutic styles. *Journal of Integrative and Eclectic Psychotherapy, 7*(4), 359-384.

Andrews, J. (1989). Self-confirmation theory: A paradigm for psychotherapy integration. Part II. Integrative scripting of therapy transcripts. *Journal of Integrative and Eclectic Psychotherapy, 8*(1), 23-40.

Ansbacher, H. L., & Ansbacher, R. R. (1956). *The individual psychology of Alfred Adler.* New York: Atheneum.

Arlow, J. (1969). Unconscious fantasy and disturbances of conscious experience. *Psychoanalytic Quarterly, 38,* 1-27.

Bartholomew, K., & Horowitz, L. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology, 61,* 226-244.

Basch, M. (1988). *Understanding psychotherapy: The science behind the art.* New York: Basic Books.

Beebe, B. (2005). Mother-infant research informs mother-infant treatment. *Psychoanalytic Study of the Child, 60*, 7-46.

Beitman, B. D. (1992). Integration through fundamental similarities and useful differences among the schools. In J. C. Norcroff & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 202-230). New York: Basic Books.

Berne, E. (1961). *Transactional analysis in psychotherapy: A systematic individual and social psychiatry.* New York: Grove Press.

Berne, E. (1972). *What do you say after you say hello?: The psychology of human destiny.* New York: Grove Press.

Blizard, R. A. (2003). Disorganized attachment, development of dissociated self-states and a relational approach to treatment. *Journal of Trauma & Dissociation, 4*(3), 21-50.

Bloom, S. L. (1997). *Creating sanctuary: Towards the evolution of sane societies.* New York: Routledge.

Bowlby, J. (1969). *Attachment. Volume 1 of Attachment and loss.* New York: Basic Books.

Bowlby, J. (1973). *Separation: Anxiety and anger. Volume II of Attachment and loss.* New York: Basic Books.

Bowlby, J. (1980). *Loss: Sadness and depression. Volume III of Attachment and loss.* New York: Basic Books.

Bowlby, J. (1988). *A secure base.* New York: Basic Books.

Bucci, W. (2001). Pathways to emotional communication. *Psychoanalytic Inquiry, 21*, 40-70.

Cornell, W. F. (1988). Life script theory: A critical review

from a developmental perspective. *Transactional Analysis Journal, 18,* 270-282.
Cornell, W. F., & Landaiche, N. M., III (2006). Impasse and intimacy: Applying Berne's concept of script protocol. *Transactional Analysis Journal, 36*, 196-213.
Cozolino, L. (2006). *The neuroscience of human relationships: Attachment and the developing social brain.* New York: Norton.
Damasio, A. (1999). *The feeling of what happens: Body and emotion in the making of consciousness.* New York: Harcourt Brace.
Doctors, S. R. (2007). On utilizing attachment theory and research in self psychological/intersubjective clinical work. In P. Buirski & A. Kottler (Eds.), *New developments in self psychology practice* (pp. 23-48). New York: Jason Aronson.
English F. (1972). Sleepy, spunky and spooky. *Transactional Analysis Journal, 2*(2), 64-73.
Erskine, R. G. (1980). Script cure: Behavioral, intrapsychic and physiological. *Transactional Analysis Journal, 10,* 102-106.
Erskine, R. G. (1993). Inquiry, attunement and involvement in the psychotherapy of dissociation. *Transactional Analysis Journal, 23*, 185-190.
Erskine, R. G. (2001). The schizoid process. *Transactional Analysis Journal, 31,* 4-6.
Erskine, R. G. (2007). *Life scripts: Unconscious relational patterns and psychotherapeutic involvement.* Retrieved 13 September 2009 from http://www.integrativtherapy.com .
Erskine, R. G. (2008). Psychotherapy of unconscious experience. *Transactional Analysis Journal, 38*, 128-138.
Erskine, R. G., Moursund, J. P., & Trautmann, R. L. (1999). *Beyond empathy: A therapy of contact-in-relationship.* Philadelphia: Brunner/Mazel.
Fonagy, P., Leigh, T., Steele, M., Steele, H., Kennedy, R., Mattoon, G., Target, M., & Gerber, A. (1996). The relation of attachment status, psychiatric classification, and responses to psychotherapy. *Journal of Consulting and Clinical Psychology, 64,* 22-31.
Fraiberg, S. (1959). *The magic years: Understanding and handling the problems of early childhood.* New York: Charles Scribner's Sons.
Fraiberg, S. (1982). Pathological defenses in infancy. *Psychoanalytic Quarterly, 51,* 612-635.
Freud, S. (1961). Beyond the pleasure principle. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 18, pp. 3-64). London: Hogarth Press. (Original work published 1923)
Goulding, M. M., & Goulding, R. L. (1979). *Changing lives through redecision therapy.* New York: Brunner/Mazel.
Goulding, R. L., & Goulding, M. M. (1978). *The power is in the patient.* San Francisco: TA Press.
Hesse, E. (1999). The adult attachment interview: Historical and current perspectives. In J. Cassidy & P. Shaveer (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 395-433). New York: Guilford Press.
Horowitz, L. M., Rosenberg, S. E., & Bartholomew, K. (1993). Interpersonal problems, attachment styles and outcome in brief dynamic psychotherapy. *Journal of Consulting and Clinical Psychology, 61,* 549-560.
Howell, E. F. (2005). *The dissociative mind.* Hillsdale, NJ: The Analytic Press.
Kelly, G. A. (1955). *The psychology of personal constructs. Vol.1: A theory of personality.* New York: Norton.
Kobak, R. R., & Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation, and representation of self and others. *Child Development, 59,* 135-146.
LeDoux, J. E. (1994). Emotion, memory and the brain. *Scientific American, 270*, 50-57.
Lewin, K. (1951). *Field theory in social science.* New York: Harper & Brothers.
Liotti, G. (1999). Understanding dissociative processes: The contribution of attachment theory. *Psychoanalytic Inquiry, 19,* 757-783.
Lyons-Ruth, K., Dutra, L., Schuder, M., & Bianchi, I. (2006). From infant attachment disorganization to adult dissociation: Relational adaptations or traumatic experiences? *Psychiatric Clinics of North America, 29*(1), 63-86.
Main, M. (1990). Cross-cultural studies of attachment organization: Recent studies, changing methodologies, and the concept of conditional strategies. *Human Development, 33,* 48-61.
Main, M. (1995). Recent studies in attachment: Overview with selected implications for clinical work. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory: Social, developmental and clinical perspectives* (pp. 407-474). Hillsdale, NJ: The Analytic Press.
Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50,* 66-104.
Mikulincer, M., Florian, V., & Tolmatz, R. (1990). Attachment styles and fear of personal death: A case study of affect regulation. *Journal of Personality and Social Psychology, 58,* 273-280.
Muller, R., Sicoli, L.,& Lemieux, K. (2000). Relationship between attachment style and posttraumatic stress symptomatology among adults who report the experience of childhood abuse. *Journal of Traumatic Stress, 13*(2), 321-332.
O'Reilly-Knapp, M. (2001). Between two worlds: The encapsulated self. *Transactional Analysis Journal, 31*, 44-54.
Perls, F. S. (1944). *Ego, hunger and aggression: A revision of Freud's theory and method.* Durban, South Africa: Knox Publishing.
Perls, F. S., & Baumgardner, P. (1975). *Legacy from Fritz: Gifts from Lake Cowichan.* Palo Alto, CA: Science and Behavior Books.
Perls, F. S., Hefferline, R. F., & Goodman, P. (1951). *Gestalt therapy: Excitement and growth in the human personality.* New York: Julian Press.
Piaget, J. (1954). *The construction of reality in the child.* New York: Basic Books.
Putnam, F. W. (1992). Discussion: Are alter personalities fragments or figments? *Psychoanalytic Inquiry, 12,* 95-111.
Schore, A. N. (2002). Advances in neuropsychoanalysis,

attachment theory, and trauma research: Implications for self-psychology. *Psychoanalytic Inquiry, 22*, 433-484.

Siegel, D. (1999). *The developing mind: Toward a neurobiology of interpersonal experience.* New York: Guilford Press.

Slap, J. (1987). Implication for the structural model of Freud's assumptions about perception. *Journal of the American Psychoanalytic Association, 35,* 629-645.

Steiner, C. (1971). *Games alcoholics play: The analysis of life scripts.* New York: Ballantine Books.

Stern, D. N. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology.* New York: Basic Books.

Stolorow, R., & Atwood, G. (1989). The unconscious and unconscious fantasy: An intersubjective developmental perspective. *Psychoanalytic Inquiry, 9,* 364-374.

Stuntz, E. C. (1972). Second order structure of the parent. *Transactional Analysis Journal, 2*(2), 59-61.

Tasca, G.A., Balfour, L., Ritchie, K., & Bissada, H. (2007). The relationship between attachment scales and group therapy alliance growth differs by treatment type for women with binge-eating disorder. *Group Dynamics: Theory, Research and Practice, 11,* 1-14.

Thelen, E., & Smith, L. (1994). *A dynamic systems approach to the development of cognition and action.* Cambridge, MA: MIT Press.

Wallin, D. J. (2007). *Attachment in psychotherapy.* New York: Guilford Press.

Weinberg, M. K., & Tronick, E. Z. (1998). The impact of maternal psychiatric illness on infant development. *Journal of Clinical Psychiatry, 59*(Suppl. 2), 53-61.

Woollams, S. J. (1973). Formation of the script. *Transactional Analysis Journal, 3*(1), 31-37.