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Theme Issue on TA and the Disabled:
In Honor of the International Year of the Disabled Person

"Barkis" or Good Games for Bad

By Cyril Simmons and Christine Wenham

The purpose of this article is to take a fresh look at "good" games, specifically within the context of work with mentally handicapped children. The authors are teachers, one in a university and the other in a school for mentally handicapped children. Christine Wenham, who is an MA student at the university where Cyril Simmons teaches, presented him with an essay on the extent to which the concept of *games* is useful in analyzing unprofitable transac*tions* between teachers and pupils. However, in the course of the essay she argued cogently that, for her children, games were frequently the *only* means of communication with their teachers and, what is more, that they can result in *profitable* transactions.

At first sight, this seemed to turn game theory on its head, but then again, it raised the question, if "bad" games *are* turned on their heads, can they become "good" games? In order to attempt an answer to this question, we shall present some of the essay and then discuss it in terms of game theory.

The Wenham Essay

It is difficult to describe the children in my class. They are not "cabbages" because each, in his/her own way, is alert and active, although none has an IQ which can be measured. They cannot thread beads, suck through straws, bounce balls or clap in time with music. However, they are most adept at turning light switches on and off, smashing fire alarms, opening doors with complicated fastenings, distinguishing the edible from the inedible, undoing screws and spotting a Smartie at thirty paces.

At first, it did not seem that an understanding of Bernian games would be of any real value in my classroom because the children do not speak and thus cannot play complex verbal games like normal children do. However, on closer consideration, I realized that these children do play games which, although nonverbal, can still be understood in terms of Transactional Analysis. I also realized that I both play along with the children and play games of my own.

In some ways, self-expression through games is one of the only ways these children have to communicate. They have no intimate relationships with adults. The staff in the hospital works shifts so that the nurse who gives a child breakfast one day may not reappear for several days. In addition, there is always the problem of high staff turnover.

Because of all this, the children acquire most of their strokes through game playing and they are all hardline players. If they did not all play, the quiet ones would be ignored while the staff attended to the needs of the louder, more demanding children. As a result, if one starts any form of behavior, including a game, they all start.

The most unprofitable games are of the disruptor variety and the most common is "Uproar." In my class, I must have one of the hardest-line players in the county. In normal "Uproar," Gear 1, she screams and bangs, jumps two feet up and down on her chair, and then throws herself, still screaming, onto the floor. If this has no effect, she starts to take off her clothes and throw them. In "Uproar," Gear 2, she picks up and throws the water play tray containing at least three gallons of water, the sand tray, any furniture at hand, or milk bottles, full or empty. Sometimes she goes into Gear 2 with no preliminaries.

If the class is ignored at this stage in order to attend to her, all the other children will start "Uproar" as well. So, ignoring the player, we clear up and continue. At this point, the transaction is basically unprofitable. This pupil will do anything to gain strokes and she wants our sole, undivided attention. The attention most acceptable to her is negative rows, so if we admonish her we are, basically, rewarding her for throwing the furniture.

The antithesis of this stage of the game is to ignore her, but this is difficult, especially if the classroom is awash and the other children have started to play. However, ignoring her does not turn off the game, as she then goes into "Uproar," Gear 3 and forces us to play. One of her milder tricks in Gear 3 is to vomit, anywhere and everywhere. We cannot ignore this and have to give her attention, if only to clean her. This often entails a complete change of clothes, so the attention is considerable. Almost without exception, she acquires her strokes, manipulates the staff, and the game is not turned off until she is rewarded.

For mentally handicapped children, games are frequently the *only* means of communication and can result in profitable transactions.

In this situation, knowledge of TA is useful in helping a teacher to understand what is happening so he/she can save time and energy by short-circuiting the game, either by giving the child the stroke sooner rather than later, or by turning off the game more quickly. With this pupil, it is far quicker and easier to reward Gear 1 behavior than to wait until Gear 3. The outcome is always the same; the child wins. In both cases, the teacher is manipulated by the pupil and knows it, but when these children have almost no other means of communication, it becomes unprofitable not to play.

To some extent, mentally handicapped children play most of the games listed by Ken Ernst (1972). Some versions are so subtle and fleeting that they defy description, but others stand out more clearly. For instance, most of the children play a version of "Stupid" or "Clown." Even mentally handicapped children can act stupid. Ignoring this game is the antithesis, although sometimes they do things which are so funny that it is very difficult to ignore them. The danger of this game lies in the fact that the children are sometimes so funny that the staff can join in the game without realizing it. It is easy to take the next step of encouraging the child to play, and "Circus" develops, in which the child is manipulated into acting the fool. This is totally unacceptable, unprofitable and unethical.

The children are also highly competent at playing "Let's Find" and "Want Out." These two games are very similar to a mentally handicapped child and they often start when all the staff are needed for toileting the children and two or three children are left in the classroom. "Let's Find" entails pulling all the leaves off the potted plants, grazing the nature table, tearing the art work, and rubbing off the window paintings by means of saliva. "Want Out" consists of escaping to other parts of the school or to the hospital grounds, if an open door can be found. One girl sits quietly all day until she is alone, and then sprints like an Olympic athlete, although she stops if we do not give chase. Some form of this game occurs every day; it cannot be prevented and we play along with it. Though the children are hardline players, they seldom do any serious damage.

Far from being unprofitable, the game is necessary because it allows the children freedom and fun, both of which are in short supply for them. We tell them they are "very naughty" but we are not serious and they know it. The game is necessary for the staff as well as the children; if we were seriously upset by all of this, we could not teach in this kind of situation. It becomes an outlet for frustration and tension both for staff and pupils. The game turns itself off naturally when the child is "caught." Afterwards everyone settles down to work quite happily.

These children cannot tell us if they are ill. When a child stops playing games, it is a strong indication that something is wrong. Even when "healthy," these children are ill by normal standards. One has to admit that some are dying, slowly and rather horribly in some cases. One fact has struck me most forcibly; no child in my reasonably wide experience has ever played "Wooden Leg." They habituate to diseases and conditions which we would not wish to contemplate. Instant recognition of the sick child takes years of experience, but the knowledge that a sick child does not play "Wooden Leg" invests a new teacher with valuable information and expertise.

The games played by teachers working with these students include all those listed by Ken Ernst. Some are indistinguishable from pastimes, but others take on a special significance. For example, "Buddy" is always played because, in this particular situation, if the children do not like the staff, little learning takes place. These are not like normal children who can overcome their natural dislikes. Thus, "Buddy" is

continued on page 2

Barkis (continued)

highly profitable because it ensures that the children are, as far as possible, happy with their mentors and ready to accept instruction.

One totally unprofitable game for the teachers is "Look How Hard I've Tried." The progress of these children is measured in decades, not weeks, so it is all too easy to fall into the LHIT trap when a child does not seem to be progressing. In this situation, if a teacher becomes a hardline player, the only solution is for him or her to leave the school, because all actions and transactions become negative.

Another game played by all new staff to the school, both teachers and nursery nurses, is one I call "Crusader." The game is that no one else has ever really tried with these children and the player is determined to "show them" how the children will improve dramatically after a few weeks of intensive instruction. There is no payoff because the children carry on regardless. The game usually peters out after a term and then the real work begins. However, this game is not unprofitable because it bridges the time of adjustment which is needed when learning to deal with these children and it often masks the emotions of those who have not worked with mentally handicapped children before.

Visitors to the school play another game which can be called (you must have the fortitude of an) "Early Christian Martyr" or (you must be a) "Saint." After a silence, they start to play these games to cover their appalled senses and we play along with them to relieve the tension. This game is profitable because it helps people through what is often an embarrassing situation.

Commentary

The essay clearly shows that mentally handicapped children can play games. For example, in "Want Out," the payoff is being caught and the children ensure that they are. In the rare cases of real escape attempts, they avoid capture and the police have to be brought in. Similarly, in "Let's Find," the payoff is not the destruction of school property, but the attention gained by pretending damage. For example, the child who tickles the fire alarm has no real intention of breaking the glass, but looks around to see if the teachers are watching. If the teachers consistently refuse to play this game, the child will almost certainly set off the alarm. "Clown" and "Stupid" are easily played by mentally handicapped children; so much so, that the problem for the teacher lies in distinguishing gamey humor from OK fun and the gallows laugh from an OK laugh.

But, can the destructive behavior of the severely subnormal girl interpreted earlier as "Uproar" truly be described as a game? It is true that her behavior is poorly differentiated and has little internal structure, but it does have a payoff — the sole and undivided attention of the teaching staff. To the extent that this payoff is a legitimate goal for a severely subnormal child, if in her terms "she frankly asks for reassurance and gets it" (Berne, 1968, p. 44), then her actions might be considered an operation and not a game. However, the evidence is that the teachers feel manipulated and, according to Berne, "if someone asks for reassurance and after it is given turns it in some way to the disadvantage of the giver, that is a game" (Berne, 1968, p. 44). But what if the teachers are "Happy to Help?" Can the teacher's knowledge of what is happening and his/her willingness to accept bizarre behavior as a legitimate means of communication turn a "bad" game into a "good" game?

"Barkis" is for OK players who possess wit, a high level of creativity and who are generous with their strokes.

Berne described a good game as one "whose social contribution outweighs the complexity of its motivation, particularly if the player has come to terms with these motivations without futility or cynicism" (Berne, 1968, p. 143). He went on to say that a good game is one "which contributes to the well-being of the other players and to the unfolding of the one who is 'it'" (Berne, 1968, p. 143).

Of the five "good" games discussed by Berne, "Cavalier" stands supreme. It is distinguished from the rest by its grace, creativity, and ability to stimulate mutual stroking. It is played by OK agents and OK respondents and leads to OK outcomes. It is, in fact, a *good* "good" game and an OK version of "Rapo."

"Happy To Help," on the other hand, is played by Not-OK agents who attract Not-OK respondents. The agents help other people, but with ulterior motives ("doing penance for past wickedness, covering up for present wickedness, making friends in order to exploit them later or seeking prestige") (Berne, 1968, p. 145). "Happy To Help" is clearly not in the same league as "Cavalier." It is a *bad* "good" game and can in no way describe the motivations of those who work happily with mentally handicapped children.

So, what is the name of the game for those who are "Happy To Help OK?" Well, perhaps just that, or better still, "Barkis" (is willing). (Dickens, 1966, p. 115) "Barkis" conveys both the sense of openness to future experience and the hope that the experience will lead to successful communication that epitomizes the unconventional, unstructured life of a teacher of the mentally handicapped.

"Barkis" resembles "Cavalier" in some ways. It is for OK players who possess wit, a high level of creativity and who are generous with their strokes. It is for people who help simply because they are in a situation where help is needed. It is for practical people who, when they see something to be done, just do it. It is for people who can turn "bad" games into "good" games. And this, of course, reveals the payoff — the ability to communicate with those for whom communication is often regarded as impossible.

Games are indispensable for analyzing the behavior of the mentally handicapped child. When applied to this area of education, they acquire a new meaning because, basically they do not consist of unprofitable transactions. If the children did not play games, their ability to communicate would be so restricted as to be almost negligible. "Barkis" is played not only that the teacher may understand the child's behavior better, but also that he/she may come to understand his/her own behavior in relation to that of the child.

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Cyril Simmons, BD, London, MEd, Nottingham, ARM. Lecturer, Department of Education, University of Technology, Loughborough, Leicestershire, England.

Christine Wenham, BA, Wales. Teacher at a hospital school for severely subnormal children.

Guest Editorial

Rights of the Disabled

By Norman James



By the early 1970's, many of our nation's Black leaders, political activists and liberal reformers had become exhausted by a decade of confrontation and violence. However, sparked by the enthusiasm of these crusaders, people with disabilities began to organize a civil rights movement of their own. New groups like the American Coalition of Citizens with Disabilities and Mainstream Inc. lobbied for better social services and treatment by America's institutions. Their goals included changes in archaic and discriminatory attitudes held by people who possessed old and inappropriate expectations. Thus, to the degree that organizations for the disabled pursued the eradication of prejudice and changes in attitudes, they shared a commonality of purpose with the larger and more powerful civil rights movement.

The ITAA, during phases of its development in the late sixties and seventies, identified heavily with the social action demands of equality and fair treatment for all. With the beginning of a Social Action Committee in ITAA, with its goal of sensitizing the membership to prejudice and oppression, disabled issues have been a focus of organizational concern.

However, in many ways our approach possesses an inherent liability. To the degree that disabled issues have been viewed as a part of the larger spectrum of problems related to oppression, we have failed to expand our awareness about the distinctive features of handicapped persons and how we might improve our organizational response to them.

This lack of initiative is due primarily to a posture of omission. As a humanistic organization, we often seem to want to respond to problems by providing simple acknowledgements. We need to be reminded from time to time that social problems need eternal vigilance and, at times, concrete action.

This issue of the *Script* is of special interest to me, particularly since I have a physical disability. The dedication of staff and membership to once again prompting our memory reflects our continuing commitment to taking a stand. We must further integrate our knowledge and awareness of the needs of the disabled into our conference planning. We must encourage the development of theoretical applications of our concepts to the problem of the disabled person.

In an effort to raise your personal sensitivity, I suggest that, the next time you attend a conference, you ask the person next to you the following question: "do you have a physical disability?" I wish you a pleasant surprise as you discover who is or is not one of America's 20 million disabled persons.

Norman James, CTM, has been a member of the Board of Trustees, the Executive Committee and currently a Vice-president of ITAA.

Women's Directory Now Available to those women who are listed in it. Order by sending $2 check made out to Frances Bonds-White and a self-addressed, stamped envelope to her at 1601 Walnut, Ste. 1417, Philadelphia, PA 19102. Also, someone is needed to do additions and changes for the Women's Directory. If you are interested in helping, contact Frances.

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Keeping in Touch

The Third Annual PTM Training Workshop (Europe) took place in London at the end of January, 1981 and was very well attended with a total of 23 participants, including many of the senior European's PTM's from Holland, Belgium, Switzerland, Scandanavia, England and Scotland. The workshop was co-led by Michael Reddy and Rudiger Rogoll.

Consistent PTM training and supervision is not easy to come by in Europe and the event has become a fixture. The emphasis is on training - it is not a contract workshop. Such evaluation as there is refers to the end of the PTM process rather than the beginning and part of the aim of the course is to establish common standards of TM competence.

Mike Reddy says, "Next year we are delighted to welcome Ken Mellor from Australia as co-leader and we have taken the suggestions from previous participants to make the event even more enjoyable and worthwhile. At £80.00 it is a good bet and there may be one or two Americans and others who would like to join us. They will be very welcome."

For information, contact Michael Reddy at 90, Church Road, Woburn Sands, Bucks. MK17 8TR, England.

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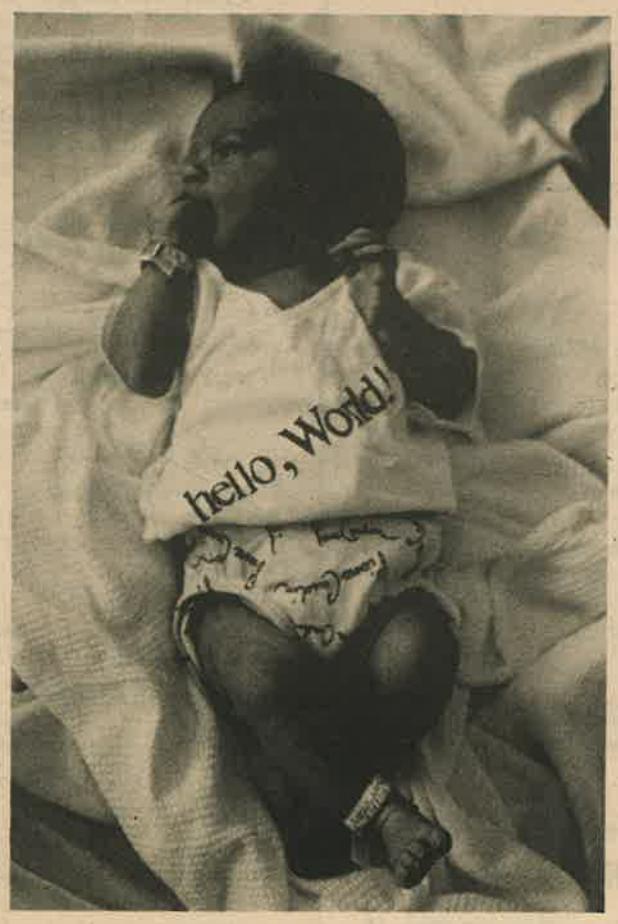

Valerie and Menaicus Lankford had their own special "workshop" in Baltimore during the ITAA Summer Conference. On August 12 at 12:15 am, Ashby Rachel appeared. Valerie says she'll see you at the Southeast Conference next spring.

The Institut Francais d'Analyse Transactionnelle (IFAT) organized a day of discussion and information exchange on the concept of "Protection." The event, on September 12, 1981, was attended by over 50 participants. All aspects of protection were discussed, including the client, therapist and society. A transcript of the discussion (in French) will soon be available. For more information, contact Jean-Jacques Berreby, 3, rue Eugene Flachat, 75017 Paris, France.

Jim Allen writes that he wrote the chapter on TA in *Six Approaches to Discipline and Child Rearing,* D. Door, Editor, International Universities Press, 1981. The book compares TA with Psychoanalysis, Piaget, Gennot, RET and behavioral approaches. He also reports that the second edition of the Allens' *Guide to Psychiatry,* Medical Examination Publishing Company, Garden City, New York, will be published next summer. The book integrates TA into traditional psychiatric concepts.

IFAT Summer Community A Big Success

In 1980, the Institut Francais d'Analyse Transactionnelle (IFAT) combined a large part of its TA training program with vacation and other activities into a ten-day summer community. The experiment was a resounding success and so was repeated again this last summer. From August 23 to September 2, 1981, 120 Frenchwomen and men and some 30 children, all drawn together by a common interest in TA, shared their experiences both in formally organized workshops and in day-to-day living situations. Children, ranging in ages from two months to 12 years, were offered a special TA program prepared by Annie Rapp, MD.



The children's dining room at the IFAT Summer Community

This second IFAT Summer Community was fully booked only two weeks after it was announced and many members remained on a waiting list. This is due, in part, to the fact that trainees from the outlying provinces could get the bulk of IFAT courses at one time (45 hours worth, in 15 courses spread over 10 days). Depending on the course subject matter, between 30 and 50 people attended each class, including some experienced TA practitioners in search of new ideas and approaches or who wanted a refresher course in TA.

The teaching of the courses was the responsibility of the IFAT "Training Group," which includes several advanced members such as Vincent Lenhardt, IFAT President, Isabelle Crespelle, President of this year's Community, and Gysa Jaouis. The other confirmed therapists and TA trainees who helped with the teaching included Alain Crespelle, Alain Cayrol and Josiane de Saint-Paul.

Besides the official TA course, there were an incredibly large array of workshops offered by participants on such subjects as writing, massage, African dance, yoga, meditation, bioscripts, intuition, social and political issues, photography and sexual disorders.

The Summer Community met in the city of Grasse, only ten miles from the world-famous resort of Cannes on the French Riviera. The hotel, discovered by Isabelle, had a swimming pool in the garden and a breath-taking view of the hills and sea from the dining room. In addition, swimming in the warm Mediterranean Sea was only a short drive away.

The Community worked smoothly, despite initial problems centered mostly around what to do with small children while parents were busy in courses. However, several "general assemblies" and a group process allowed time and space to discuss problems and find solutions. We learned lessons which will help to further improve the quality of future communities. In addition, there was discussion of the need for decentralizing the teaching of TA, now mostly concentrated in Paris. In the coming years, Lyon will begin having its own TA courses.

One of the pleasant events at the conference was the spontaneously organized dancing at the bar, music courtesy of some members, a hired piano and the talents of Anne-Marie, Isabelle and others. Probably the peak-experience was the two shows, the last one on the evening before departure, performed by actors, singers and dancers of professional skill.

The goal of the gathering was to live, work and play TA fully. Some found it hard, but no one found it unpleasant. Everyone was ready to start again next year and the challenge then will be to satisfy both newcomers and old-timers without the Community getting out of hand. The number of participants will be maintained at 120 plus children, so we are betting that the waiting list will be even longer in 1982.

Jean-Jacques Berreby

Organization Development Network Report

About 35 people attended the Organization Development Network meeting at the Boston Summer Conference. Nine countries were represented, and participants included management consultants, organizational trainers, corporate training and organization development directors, and people wishing to enter the organization development field.

After initial introductions, various issues and interests were raised. Some of these were:

1. Include more workshops on organizational/special fields topics in conference programs. Several participants volunteered to submit proposals for upcoming conferences.

2. ITAA should foster or initiate an official Special Fields Practicum training program, and most people agreed that it should be a follow-up to the 101 rather than an alternative 101. It was pointed out that ALAT may already have such a course.

3. Practitioners of Organizational/Special Fields TA should more effectively promote the use and teaching of TA as an explicit model. TA works, and people in organizations can benefit from knowing about it.

4. There is a need for definitive articles and books both in TA literature and in other journals on the organizational use of TA, and a need for new theory to be developed, articulated and disseminated.

5. Education for other members of ITAA, especially clinicians, on the value, skills, and services provided by Special Fields people. This is in part for internal public relations.

6. Several participants shared the over-all designs for TA workshops they conduct with various groups, and reported on various achievements such as publication of books in the field.

7. The general issue of "What is the market value of Special Field certification in TA?" was raised.

One member agreed to get the group list typed and mailed out. Some participants volunteered to act as informal consultants to each other to answer questions and meet needs that were raised in the group, such as requests for TA exercises, ideas for entry into organizations, and information about the availability of Special Fields Training. We also will continue to meet as a network.

Lucy D. Freedman

Money Network Report

Members attending the meeting were interested in creative ways to earn money, money management skills, how to value skills and services, money and competition, how to get money to grow, using money for self, personal money issues and collecting money owed. There was discussion of using money for oneself and what that meant and personal/social issues about work, savings, what is enough money, etc. related to family and personal script issues. The group requested that ITAA provide meeting places at conferences and suggested that a theme issue of the *Script* be devoted to money issues.

Frances Bonds-White

POST SCRIPT

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TALKING TOGETHER (COUPLE COMMUNICATION) INSTRUCTORS WORKSHOP: December 11-13 (9-5 daily), 1981. $300/couple or $175/person. Contact Marjory and Edward Zerin, 951 Westlake Blvd., #206, Westlake Village, CA 91361. (Los Angeles area) (213) 889-3731.

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RICHARD G. ERSKINE, PH.D., is a clinical psychologist who has integrated various therapy modalities and explains them using the theoretical concepts of T.A. He is a trainer in Gestalt Therapy, a Clinical and Teaching Member of ITAA, and is the author of numerous articles on psychotherapy.
REBECCA L. TRAUTMANN, RN, M.S.W., is a psychiatric nurse and a clinical social worker. Her focus is on an existential approach to psychotherapy which integrates Western psychotherapy with Eastern philosophical and religious thought, based on 18 years of living in the Indian culture. She is a Clinical and Provisional Teaching Member of ITAA.

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TOM WILSON, M.D., C.P.T.M.
I am a psychiatrist certified by the American Board of Psychiatry and Neurology. I am currently an Assistant Professor at USC and have lectured and taught courses for USC, UCLA and the Los Angeles Group Psychotherapy Society. I am President of the Medical Staff at the Westwood Hospital in West Los Angeles.

Co-Director ROBIN HEIBER, M.A., L.C.S.W., R.M.
I am a Licensed Clinical Social Worker and a Regular Member of ITAA. I have had experience treating individuals and families as well as working with groups. I have assisted with workshops for the Los Angeles Group Psychotherapy Society and UCLA Medical Center.

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Members Forum

Foot Story Found

Hi:

In a recent issue of the *Script*, Genevieve Gross asked about the origin of Eric's "foot story." I have the answer. Eureka!

In 1970, I was president of the Northern California Group Psychotherapy Association. Eric had never been asked to be the luncheon speaker for the organization (then the Golden Gate Group Psychotherapy Association), and even though in those days we weren't on speaking terms, I invited him to be the principle speaker. He accepted.

The meeting was held on June 20, 1970 out at Langley Porter in their luncheon-meeting room. The address was originally entitled, "How to Win at Poker." Claude Steiner came in during the address with some of the radical psychiatry people and ate off the luncheon plates, much to Eric's amusement and to my discomfiture.

Anyway, Claude put the original text of the speech in the January 1971 Eric Berne Memorial Issue of the *TAJ*, and the foot story starts at the bottom on page 11, last paragraph in the right-hand column. At least, this is one "foot story." There may be others.

By the way, as far as I know, this was Eric's last public appearance, as he died shortly after. Also by the way, in addition to my having Eric there as the speaker, I held a memorial service for Fritz Perls, who had died a few months before. Quite a tough day for me — introducing Eric, and burying Fritz. I remember it well. I cried all through my talk about Fritz.

Cheers,
Bob Goulding

Editor's Note: *the Berne trivia prize is shared with Karin Smith, who also correctly identified the reference, and supplied the title of the address: "Away From a Theory of the Impact of Interpersonal Interaction on Non-Verbal Participation." She also indicates that it was reprinted as the first chapter of* ***Beyond Games and Scripts.***

Riding Electric Bulls and Juggling Ice Cream Cones

Dear *Script:*

I'm writing to share my excitement about the 1981 Summer Conference and to state a concern I have for ITAA. I went to the conference with low expectations because there were only limited organizational development offerings on the program. However, the best OD show was the spectacle of a superb leader, Muriel James, and her competent organizational staff, led by Bob Andersen, managing an organization in transition. It reminded me of skilled cowpokes riding the electric bull at Gilley's in my hometown.

The earmarks of transition were clear. There was hope, frustration, nostalgia and awkwardness. Muriel was, at once, symbolizing hope for the future, understanding those who felt pain in the present, and reassuring those who expressed nostalgia for the past. I was fascinated with her charismatic warmth as she kept the lines of communication open for everyone who chose to speak.

However, her real leadership was evident as she symbolized the future. Two events come to mind: the President's Panel on National Scripts and the International Presidents' Reception (or "Hanging of the Sashes") after the keynote address. The former was a dramatic series of statements indicating "this is my cultural script so you can understand and accept me." The latter was a ritualistic reply saying, "We have accepted you and are committed to the process of understanding." Muriel James, who came up with the idea for both events, has truly been the right leader for this organization at this point in time.

However, there was some awkwardness in adjusting to such transitions, which is natural. At the keynote address, those of us who can only communicate in one language experienced interruptions due to the simultaneous translation of the speech into Spanish. For me it was exciting to see our organization "opening up." It seemed no more awkward to me than making change while buying three ice cream cones. However, others complained and some were so dissatisfied that they left the address.

Awkwardness also results when organizations are willing to experiment, to risk, to be flexible, to not have to be perfect and to feel OK when they occasionally fail. The Saturday night banquet didn't work out as planned. I saw it as batting .500 by a staff that was willing to move an entire conference away from the "safe" hotel environment to sample the culture of the host city. As a result of the experience, I know a little more about Boston's problems and I have an increased appreciation for Bob Andersen and his innovative, dedicated staff.

So, ITAA is in transition and the leadership is managing it rather well, thank you. My concern is, *where* are we headed as we move through this transition?

I have looked over the Statement of Purpose for ITAA. It looks like a splendid first step. However, I think whether this organization survives depends, in part, on how well we describe and understand a clear picture of where we want to be.

Sincerely,
Donald Cherry

Requiem for Susan B. Anthony

Dear *Script* Readers:

Recently we received some complaints and heard some grumblings about the Susan B. Anthony column. The column was intended to be satirical and tongue-in-cheek. If we have offended anyone, we sincerely apologize.

The column was also intended as a trial balloon, to experiment with ways to enliven the *Script. We will* try others and would appreciate your suggestions.

The *Script* Editorial Board

Book Reviews

Existential Psychotherapy
By Irvin Yalom
Basic Books, Inc., New York, 1980. $18.50
Available through Trans Pubs
Reviewed by Marian Weisberg, CTM

This important new book is a synthesis of existential philosophy and modern psychotherapy theory. Yalom focuses on those fundamental concerns which may surface in the process of therapy and which are rooted in the very basis of being alive. His definition of existentialism includes the notions that "because existence is free, it is uncertain," and "when we are aware of our finiteness we are apprehensive." The ultimate human concerns are described as anxieties about death, freedom, isolation and the lack of meaning in life.

Yalom accepts the fact that existential problems offer no easy solutions. Rather, he suggests ways of living *with* them. Two commonly held escape hatches against the fear of death are beliefs in "personal inviolability" or in an "ultimate rescuer." Fear of freedom is stressed as that supreme fear of recognizing that one is in "authorship" of one's own life. Yalom stresses that accepting responsibility for creating the outcome of one's life can create non-neurotic, existential guilt, which stems from not having lived life to its fullest.

This book is wise, scholarly, well-written and covers a wide range of knowledge, from psychological to poetic. While reading the book, I was aware of a desire to defend against the sobering material and simultaneously delighted and intrigued by the clarity of thinking and writing. This is not a book of therapy techniques. Rather the reader is introduced to the awareness of those forces, some entirely unconscious, which exist at varying levels of awareness. Yalom successfully describes, with clear examples, their manifestations in daily life and clinical practice. The model he presents is less oriented to "cure" than to process, and he shares with Transactional Analysis practice a respect for an interactional model and working with the here and now.

Ambition: The Secret Passion
By Joseph Epstein
E.P. Dutton, New York, 1980. $13.95
Available through Trans Pubs
Reviewed by Mark Brady

Joseph Epstein has much to say to psychotherapists about psychotherapy and I don't think he mentions either subject a single time in his book. It is described as "a wide-ranging look at changing attitudes about achievement in America," but primarily the book is concerned with the notion that we live in an age in which "a predominant feeling is that the world is pretty well used up, the people are exhausted and left without a dream."

> Public and private schooling teaches people that . . . business is hypocritical and sterile (see *Babbitt*). Ambition is unseemly and everywhere suspect (see *What Makes Sammy Run, The Great Gatsby,* and, for non-readers, the movies *Citizen Kane* and *The Apprenticeship of Duddy Kravits*). Middle-class life is essentially boring (see modern literature); upper middle-class life, worse (see, these students say, their own families). Affluence is a sham, a greedy affair bringing no happiness (see Galbraith et al.) . . . Most of these (sons and daughters of the middle classes) will nonetheless next go into business of one sort or another . . . but with a clouded mind and less than half a heart. (Pg. 131)

These same people will go through their lives with little real purpose and even less direction, with their tanks empty of the "fuel of achievement." Many certainly find their way into psychotherapists' offices looking for answers. How do we aid them?

"One must be wary of ambition," Epstein warns, "one's own and the next fellow's especially where it contends against things of the spirit. Yet today most people have gone well beyond wariness to a crippling ambivalence."

One task of psychotherapy (which Epstein implies and I have adapted) is to help unstick such ambivalence and, at the same time, to safeguard those ever-precious "things of the spirit." From there, we can alloy ambition to something larger than ourselves, while simultaneously protecting against aggression and coercion. Eventually we need to foster mutual support and cooperation and to establish time for comfort, play and peace of mind. These are certainly ambitious endeavors, but I think they are moving in the direction that Transactional Analysis and, in fact, all the transpersonal psychotherapies, seem to be headed.

The Other Side of Power
By Claude Steiner
Grove Press, Inc., New York, 1981. $6.95
Available through Trans Pubs
Reviewed by Mary Goulding

With the publication of each of Claude Steiner's books, I learn a great deal. I enjoy his clear writing and look forward to each new book as a gift to his readers. *The Other Side of Power* is his finest gift to date. It is a beautiful, lovely, important, gentle, intelligent guide to true maturity.

Claude offers wisdom in simple statements: "Paranoia is the last vestige of our intuition, denied." "There are two kinds of truly insane people: those who think everyone is after them, and those who think no one is after them." He spells out clearly what power plays are, whether made by lovers, neighbors, major oil companies, or the president. He suggests how to avoid being controlled by power plays.

Steiner tells what to do when men call women "girls," when a child won't go to bed "on time," when you find yourself hogging the conversation and when nuclear power advocates are winning.

He is candid, using his own history to explain personal power plays. He advocates that each of us understand power and give up the power plays we use to diminish others and, ultimately, ourselves.

I plan to give his important gift, *The Other Side of Power,* for birthday, wedding and holiday presents to family and friends. I urge everyone to read it.

The Developmentally Disabled Need Warm Fuzzies Too!

By Eric Brown, Emily Kleinert and Linda Sullivan

As staff members at Pathfinder Pre-vocational Community Program, we have been using TA in group discussions with institutionalized, moderately to severely developmentally disabled adults between the ages of 18 and 30. The students in this community school setting are often very aggressive, exhibiting behaviors such as hitting, screaming, swearing, kicking, scratching, spitting, stealing and throwing things. In working with them, we became disenchanted with the usual behavior modification approaches, especially those advocating adversive conditioning. We felt that, for behavior to change on a permanent basis, we needed to address the inner essence of each individual, involving a restructuring of his or her self-concept. We felt humanistic principles, such as TA, could be adapted to work with these individuals as adults.

D.S. is a student with ambulation difficulties. She requires constant encouragement to walk independently from class to class. Through TA, other students and staff have been encouraging her. "D.S., children lie on the floor! You're an adult. Let's see some good Adult walking." Her response has been to rise to the occasion.

While there are many publications that describe the use of behavioral techniques with the developmentally disabled, we could not find material that applied humanistic principles to work with this population. Therefore, we decided to adapt *TA for Kids* and *TA for Teens* by Margaret and Alvyn Freed.

These excellent books proved to be a valuable resource for us, although we did encounter some problems in applying them to our own situation. For instance, both books are geared towards individuals at a lesser chronological age who are participating in family units. We hold the firm belief that our students are adults and should be treated as such rather than talking down to them using "childish" language structure and vocabulary as many direct care workers and professionals do. In addition, all the students live in an institutional setting and most have had no experience living within a normal nuclear family.

However, once we made some modifications in the material to make it suit our setting more, we were able to proceed. We decided to establish TA classes within the regular school curriculum. Each group consists of six students and two teachers. The sessions begin with each student sharing something "new and/or good" that happened to them during the day. Comments range from, "I had a good day because the job was hard and I could do it," or "I had a good day because I earned coffee," to "I like your shirt." These examples represent the range of cognitive functioning our students possess. Some of them are nonverbal and represent this concept at a very basic level by just smiling.

Prior to introducing TA to the school, P.K. would only talk about herself by saying, "P.K. is bad. P.K. is crazy. I'm an animal. I'm crazy." She constantly hid her face in her hands, refusing to smile or make eye contact. After months of unconditional love from the staff and daily times to discuss her feelings, we now hear things like, "P.K. is a good person. I like you. Do you like me?" She smiles more easily, and often laughs and jokes with staff and peers. We are teaching P.K. that people are not good or bad, but that their actions can be. She now says, "If I'm getting upset, I can bang the table. Tables don't get hurt, but people do."

Our next step is to focus on a chapter from one of the books. We began by discussing the difference between Parent, Child and Adult. The PAC model had to be modified because most of the students have never related to their biological parents on a consistent, regular basis. Since most of the negative, "I'm Not OK" tapes that they have were instilled by staff and/or teachers, the Parent ego state was changed to "Teacher." We then had TAC.

The differences between ego states are taught through role-playing. First, a five-minute play is performed by the instructors, with one taking the part of the "Adult" and the other taking the part of the "Child." In order for each mini-play to be more meaningful and realistic, the Child instructor acts out Child behaviors previously exhibited by students. When the students become adept at identifying the two roles, they are given the opportunity to do the role-playing themselves, and again, those who are watching are asked to identify who is Adult and who is Child. Another way we help the students integrate these concepts is to have them make collages using clippings of men, women and children in various situations.

After we feel they are able to differentiate between Child and Adult, we slowly introduce the concept of "Teacher." We use phrases such as "I want (Child)," "I can (Adult)," and "I should (Teacher)." We have to use an exaggerated stereotype of a "bossy" teacher to establish the concept, but once they begin to understand it, we then demonstrate that all "should" and "should not" statements are not negative. We also introduce the concept of "Teacher" to the ward staff.

A.J. has a history of setting fires, lying on the floor for hours in a fetal position, defecating on the floor and head banging. Recently, in a role-play involving A.J., the teacher was modeling non-compliant behavior by pretending to be asleep. A.J., who is prone to withdrawing in a similar fashion, reached out, put her hand on the teacher's head, stroked it, showed facial signs of concern, and said, "Don't cry." This was the first time in a year that we had seen her show concern for another person. It was the beginning of a breakthrough for her and she has acted more like an adult since then. Recently A.J. was heard to say, "Baby gone. No more baby. Adult here. Me talk, me adult." She has been able to incorporate what she has learned into her job in a factory that is not a sheltered workshop. Her story demonstrates that curriculum cannot be developed based on an arbitrary IQ score.

The results of applying the TAC model have been significant. Throughout the day, students remind each other of what "mode" they are acting from. Now, when a student is exhibiting inappropriate, violent behavior, an instructor can ask, "What are you acting like right now?" The student will usually respond, "Child." Instructor: "Is there a different way to behave?" Student: "Adult." Instructor: "What would an adult do?" Student: "Talk." Instructor: "OK, what are you upset about?" This sort of dialogue calms the student in about 75% of the behavioral outbursts we witness.

The class closes with each student relating a particular goal for the coming day. These will include goals like, "I will be more friendly to other people," "I will do all my work," and "I will have coffee at Donut Dip." After each student tells of his/her goal, he/she must give the student next to him/her a positive stroke such as "I like you" or "I want to give you a hug."

We have discovered that the developmentally disabled, even those diagnosed in the severe range of mental retardation, need respect, just as everyone else does. They need understanding, positive strokes, feelings about being OK and to be treated as adults. We have seen and documented changes in students' negative self-concepts and in the corresponding violent and destructive behavior. We feel that this type of therapy is an effective tool in dealing with the developmentally disabled population, just as it is in dealing with human relationships in general, and we have high hopes for the success of this program and others like it.



(Left to Right) Emily Kleinert, Linda Sullivan and Eric Brown

***Eric Brown,** MEd, MFCC, is a school behavior specialist. **Emily Kleinert,** BEd, MEd in Special Education is the client program coordinator. **Linda Sullivan,** BEd, MEd in Special Education, working on her CAGS, is a school teacher.*

Ethics Principles: Installment #11

If members of the ITAA become aware that personal conflicts or medical problems might interfere with their ability to carry out a contractual relationship, they must either terminate the contract in a professionally responsible manner, or ensure that the client has the full information needed to make a decision about remaining in the contractual relationship.

This principle is designed to ensure that ITAA members provide appropriate protection for their clients in the event that their own problems prevent them from providing it. Obviously, if it is clear to the ITAA member that s/he will not be able to carry out his/her part of the contract, then termination is in order.

The exact nature of a professionally responsible termination procedure will vary depending on the needs of the client. Care should be taken, however, to see that, particularly where a client has opened up and become more vulnerable in the context of working on the contract, that this be taken into consideration in planning. It should not be assumed that the client is as capable of handling the issue on their own as they were when they began working on the contract.

If the ITAA member is unclear as to whether or not his/her problems might interfere with the contract, then protection can best be afforded by ensuring that the client knows what the possible areas of interference might be so as to be able to make an informed decision about whether his/her needs are being adequately met within the relationship.

For example, a clinician, while working with a couple on making their marriage work, discovers that his/her spouse has left and experiences getting stuck in his/her own grief and anger, leading to a cynical outlook on the value of relationships.

Bob Morriss

The Statement of Ethics and the "Procedures for Handling Ethics Charges Within the ITAA" are available upon request from the ITAA office.

Calendar

January 13-17, 1982 ITAA Winter Congress, Monterey, California
August 4-8, 1982 ITAA Summer Conference, Snowmass, Colorado

	Exam Date	Location	Application Deadline
CM/SFM Oral Exams	November 8, 1981	Zurich, Switzerland	August 11, 1981
	November 8, 1981	Yugoslavia	August 11, 1981
	December 6, 1981	Sao Paulo, Brazil	August 30, 1981 For information, contact Sofia Caracushansky
	January 13, 1982	Monterey, California	October 15, 1981
	February 1982	Perth, West Australia	November 2, 1981
	March 13, 1982	Wellington, New Zealand	December 14, 1981
	April 7, 1982	Rome, Italy	January 7, 1982
	April 14, 1982	Raleigh, North Carolina	January 14, 1982
	May 1982	Brazil	February 1982
	July 4, 1982	Wellingen, West Germany	April 5, 1982
	August 4, 1982	Snowmass, Colorado	May 4, 1982
	November 7, 1982	Brussels, Belgium	August 9, 1982
	January 1983	Mexico City, Mexico	October 1982
	July 1983	Italy	April 1982
TM Exam	January 13, 1982	Monterey, California	October 15, 1981
	August 4, 1982	Snowmass, Colorado	May 4, 1982
	January 1983	Oaxtepec, Mexico	October 1982
Written Exam	March 25/26, 1982	To Be Announced	December 28, 1981
	September 24/25, 1982	To Be Announced	July 15, 1982

All fees are due on or before the deadline for applying for an exam. All exam fees are non-refundable but will be kept as credit in your account if at least 30 days notice is given for cancellations. Otherwise fee is forfeited. Fees: $75 written exam, $100 oral exam, $30 all contract filing fees.

Training and Exams

New Clinical Members — Passed July 5 and September 25, 1981

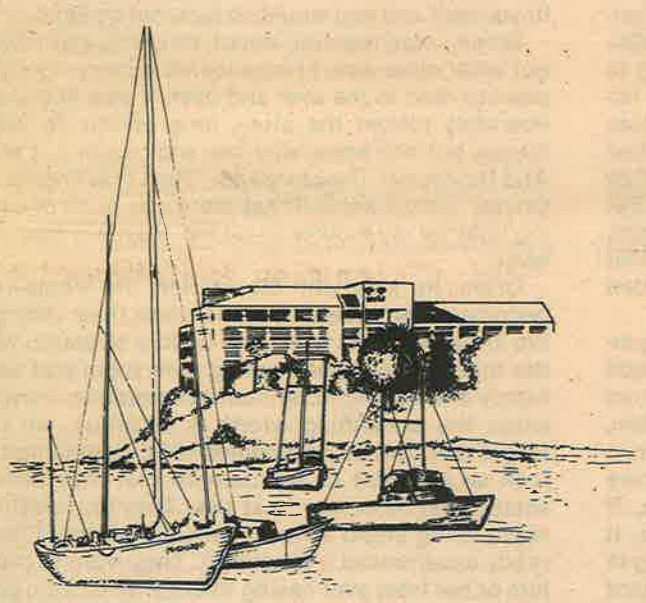
Hans Bergstrom, Jonkoping, Sweden
Virginia Jacquelyn Brown, MEd, Vancouver, British Columbia, Canada
Tommy Carlsson, Julita, Sweden
Joyce Chesterton, Oxon, England
Janice Dowson, DMin, Maple Ridge, British Columbia, Canada
Carole DuShane, Seattle, Washington
Ute Hagehulsmann, Wehnen, West Germany
Jan Hennig, MD, Burgkirchen, West Germany
Suzanne Lundblad, Katrineholm, Sweden
George Sanders, BD, Orillia, Ontario, Canada
Sonja Tran, RN, Scarborough, Ontario, Canada
Erica Woertman-Seynaeve, MS, Heverlee, Belgium

New Special Fields Member — July 5, 1981

Mil Rosseau, PhD, Antwerpen, Belgium

ITAA Winter Congress

A Meeting for All TM's: Sponsored by the Training Standards Committee for all Teaching Members (even if not taking part in the exams.) Tuesday the 12th, 7:00-8:30 pm. The meeting is designed for Teaching Members to talk about who we are as a group: our values, our levels of competence, our needs for continued skill development and how we train and access others for Teaching Membership. It is planned that we will go to dinner together afterward. Richard Erskine, Ph.D., Coordinator.



1982 ITAA Winter Congress

JANUARY 13th—16th

Wednesday night — Saturday night

MONTEREY, CALIFORNIA

Doubletree Inn (408) 649-4511

Thursday, January 14th, the Winter Congress will open with Dorothy Jongeward and Ed Musselwhite co-leading the morning session. Information about Dorothy appeared in the October *Script*. Ed Musselwhite, SFM, is the President of the Systems Growth Institute in Santa Cruz, California and consults with large organizations, such as General Electric, I.B.M., and Stanford University, as well as with small New Age organizations nationwide. Ed focuses most of his work on helping people in organizations achieve a fuller measure of their potential through effective strategic planning, open systems growth, inner personal clarity, conflict resolution, and team effectiveness. Ed is a much sought-after speaker at organization meetings and conferences across the country. Ed Musselwhite and Dorothy Jongeward, the Winter Congress co-conveners have collaborated on many organization and training projects over the past ten years.

Attention Teaching Members

Attention all Teaching Members interested in getting together to share ideas and expertise: we have scheduled a meeting for Friday, January 15th from 5:00-8:00pm. This meeting has been called at the request of a large number of Teaching Members who have expressed a felt need for this network. After the Business Meeting in Boston, a spontaneous grouping of TM's occurred and they decided to meet together in Monterey. Marian Weisberg and Harry Boyd agreed to organize and co-chair the meeting. All TM's are invited.

Afternoon (1:30-4:30) Programs Scheduled for the Winter Congress

Subject	Thursday	Friday	Saturday
Family Mediation	Introduction Led by O.J. Coogler, J.D., Director of Training for the Family Mediation Association	Part II	Part II continued
Training & Supervision	Bill Holloway	Bob Goulding (video supervision)	Emily Ruppert-Skinner
Styles of Co-therapy	Laura & Harry Boyd	Jon & Laurie Weiss	Richard Erskine & Rebecca Trautmann
Family Systems & Therapy	George Thomson	Barbara Mueller	Ellyn Bader
OD/Business	Terri White	Ed Musselwhite & Lucy Freedman	"Managing Your Finances Better" Michael Harris & Dean Westly

Additions to the Winter Congress Program
(published in the October *Script*)

Monday 11th	1:00-6:00 pm	Meeting of the "old" Training Standards Committee
Tuesday 12th	4:00-4:30 pm	Meeting of the Ad Hoc Committee on Winter Congress
Tuesday 12th	7:00-8:30 pm	Meeting for all TM's
Friday 15th	5:00-8:00 pm	Teaching Member Network Meeting
Sunday 17th	9:00-5:00 pm	PTM Contract Workshop
Monday 18th	9:00-5:00 pm	PTM Contract Workshop
Tuesday 19th	9:00-1:00 pm	PTM Contract Workshop

Profile:

Valerie Chang



Valerie Chang, MSW, CTM, has been a member of ITAA for eight years. Her professional background includes work in a mental health clinic, a family service agency and six years of private practice and training. She is currently Director of the Human Service Program at a regional campus of Indiana University and does some private practice and training. She is active in her community, sitting on the boards of several organizations, and has two children, ages 11 and 14.

Having lived with physical problems since the age of four, Valerie has some "untried theories" about what helps a disabled child maximize their potential as a person while minimizing the fact of the disability. In a recent conversation, which she graciously agreed to let us excerpt here, Valerie shared some of these theories using her own childhood experiences as examples.

I think with kids who have any kind of a disability it is common practice for parents to be overprotective and to give script messages to the child such as "don't grow up," which is actually stated as "we don't think you can grow up." Other messages from parents include "we're afraid you're going to be dependent on us forever," "you're different," "you don't fit in," "you don't belong," "you need us," and "you won't be accepted."

However, much of the time, the parents may actually be projecting their own fears onto the child. This is not out of any necessary pathology on their parts, but out of their concern. The child may have faced a life threatening problem and the parents may have been afraid the child would not make it. Not that they didn't want the child to make it, but they were afraid he or she wouldn't make it. And, of course, on some level, a child responds to messages like that.

In my family, I'm the oldest — I have three younger brothers. I was the only girl in the extended family and grandmother's favorite. If I'd lived with her, she would have carried me around on a pillow and probably never let me grow up. However, my father, and I'm not sure where he got the wisdom to do this, insisted that I be treated just like everybody else. If one of my younger brothers was going to do something, I was going to do it too, whether that involved helping around the house, walking to school, or roller skating. The expectation was, "Of course you'll do that. Why would you ever think of not doing it?"

I grew up not really perceiving myself as any different from anybody else. Sure, I walked on crutches, but it was a minor issue that I never thought about much unless somebody drew it to my attention. If a sport required some adaptation in order for me to do it — like with baseball I'd bat and somebody else would run — the modifications were kept as limited as possible.

In school, if I was given special treatment, I would reject it because I wasn't used to it. For many years I would overcompensate, not taking help very well at all. Marge Reddington helped me with this once when we were going to a conference and found ourselves in a large airport. They had motorized carts, but it hadn't occurred to me to ask for one until Marge said, "Why the heck don't you get that motor cart — we've got miles to walk!" So, I did and we both enjoyed the ride.

While my father seemed quite comfortable with the position he had taken with me, on a Child level it was much harder for my mother. I can remember when she would be criticized by neighbors for letting me walk to school. It wasn't a long walk, maybe three blocks, but if everyone else walked, I walked too, even in cold, snowy weather.

My father's role seemed to be to help my mother deal with her discomfort. He would say, "Now look, we're not going to treat her any differently. She's going to cope with life the same way anybody else will." As a result, my mother didn't show me her feelings about it much and so I was protected from the anxiety she had. I was encouraged to do whatever I wanted, and I think, because I had had early positive scripting, prior to developing the disability, I pretty quickly felt good enough about myself to do just that.

While I think most children with a physical disability are teased, I don't ever recall that happening to me. The fact of walking on crutches had so little importance in my own perception of myself, that other people didn't pay much attention to it either. If I had been self-conscious and worried about what they were thinking, I'm sure I would have been teased. For kids with disabilities, often the stresses and strains from the disability are compounded by the pain of being looked down upon, of being socially isolated and of having a very low self-image.

One of the things that helped me was that my parents didn't run me in and out of doctor's offices and hospitals looking for the latest "treatment." We tried a brace but I didn't like it so they said, "Well, then, don't wear it." The doctor thought, in the long run, a brace woud be better, and who knows, it might have been. But in terms of my social development, it wasn't better at all. It made me self-conscious, it limited me and it slowed me down. As a kid, fitting in with everybody else is one of the most important things in terms of how you feel about yourself and how you get along socially.

A funny thing happened to me when I was 12. A friend and I were racing on roller skates. I could beat most of the kids because the way I skated was kind of a combination of skating and skiing — I'd use the crutches like ski poles — so I could go very fast. We were racing on a cement driveway and I caught one of my skate wheels in a ridge in the cement, fell and broke my leg. At the hospital, they asked me how I'd broken my leg and when I told them, they looked at me like I was crazy. So they asked my mother what had happened and when she told them, they had the same response. Finally, they talked to my father, and after asking him and getting the same answer, they wrote down on my chart, "Cause unknown."

It never particularly occurred to me that I couldn't do things like roller skate or that my doing them was special in any way. If someone came on with the "Oh, wow, you're wonderful to be doing this," bit, I found it kind of offensive because it set me apart and I didn't like anything that did that.

I think we often make more exceptions or set narrower limits for kids with disabilities than we need to. The difficulty for parents is to stand by and let the kid do it however they do it. From the parent's point of view, it may look like a struggle and they are tempted to get in there and help. Kids like this bring out all the Rescuer that any of us have. But I know as a child, I didn't experience what I did as struggling.

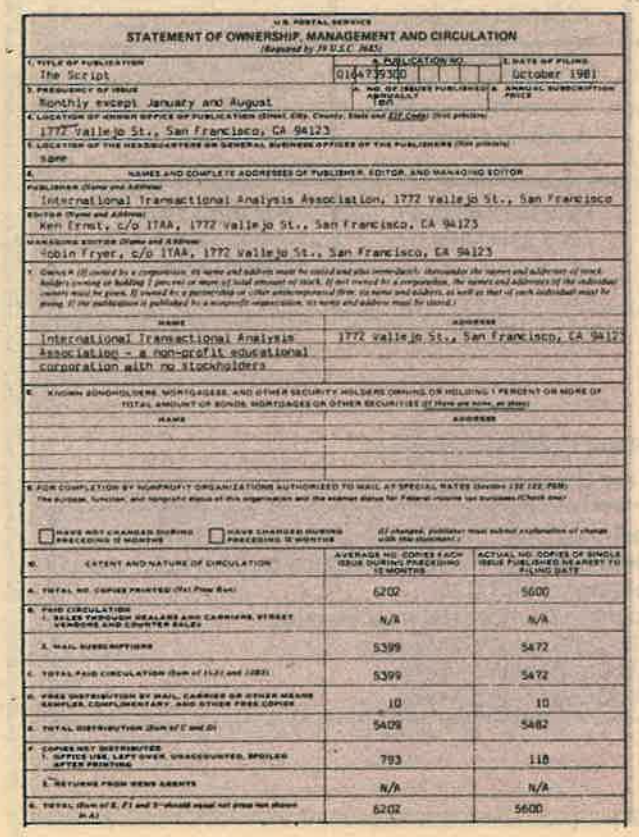
Kids with physical problems adapt to them very creatively and develop their bodies in ways that compensate for the difficulties they have. For example, if you tried to climb a tree utilizing the methods I used, you probably would fall. However, I had certain adaptations such as stronger arms and better balance that allowed me to do those things safely, even if in a somewhat unorthodox fashion. I was a lot safer climbing a tree than you'd be able to see from the ground because you would perceive me in terms of yourself and you would, in fact, not be safe.

When I was learning about scripting and I figured out what mine was, I remembered a story my mother used to read to me over and over. It was like she deliberately picked the story, long before TA was in vogue, but she knew why she was reading it to me. And I knew too. The story was "The Little Engine That Could." I don't know if that story was more of a guiding light for my mother or for me. Maybe it was for us both.

Often, for kids with disabilities, the whole focus becomes their disability rather than their strengths. We know that kids who grow up in a situation where the focus is on what's wrong with them end up unhappy and feeling lousy about themselves. However, when the something wrong is physical, we often forget that. The way a disabled child does things may look so different to the parents that they are convinced that he or she is at risk. They're probably already living afraid anyway because the child has already experienced a lot of hurt. They want to protect him or her from ever having to experience pain again. However, as soon as they take that attitude, their only alternative is to keep the child cooped up. This, of course, would do even more damage to the kid, who may, in fact, not feel any need to be protected like that. As much as anything else, the parents may be keeping themselves safe from the pain of standing by and not being able to do anything while their child is hurting.

I think once the parents get through the first year after the child develops the disability, it is probably a whole lot easier. Gradually they will build up some confidence in the child's ability to handle himself or herself, the child will begin to develop the necessary adaptations and compensations, and, hopefully, the parents will have developed some ways of dealing with their own fears so they don't project them onto the child.

It is hard for parents, as I think it is for most people, to deal with their feelings in this area. It is threatening and scarey. In our society, differences are tolerated only within a very narrow range and those who fall outside of this range are isolated. I think that has happened to many people who are disabled and out of it comes the whole mystique about being disabled that scares others away. You can see it in two people with the same disability — one where all you notice is the wheelchair and the other where you notice the wheelchair and then you notice the person and forget about the wheelchair. The disability is the same, but the person who has not been isolated and made to feel different, who has been given some of the messages that I, for example, was given by my parents, is much more likely to project the message, "It's true I'm in a wheelchair. Now, let's get on with what's important!"



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