The Script

INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION

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Moving Beyond Tragedy

Stories of Survival, Coping, and Getting on with Life

This issue of *The Script* brings together moving, personal stories from several ITAA members who have survived devastating, life-threatening illnesses or accidents. So often, as transactional analysts, our attention is focused on the tragedies of childhood and the efforts required to overcome these powerful, historical forces that shape us. Here we read accounts of the tragedies of adult life and remarkable stories of recovery—of devotion, love, purpose, determination, and emotional skill. In inviting these authors to write of their experiences, we asked them to speak to the transactional analysis community in deeply personal voices and to link their experiences to transactional analysis in whatever way seemed appropriate for them. We invite our members to respond to these authors directly and, as always, invite ongoing discussions in *The Script*.

Motivators for Survival and Healing

Script Editor Bill Cornell Interviews Fanita English

Bill: Hi, Fanita—thanks so much for agreeing to this interview. I appreciate your willingness to talk with me about your burn accident and your remarkable recovery using the perspective of your theory of three motivators: survival, expressive, and quiescence. Perhaps you could start by talking about the accident itself.

Fanita: OK. It happened in October of 1999. I was making tea and getting ready for my daughter to pick me up to go to the theater when the sleeve of my kimono caught fire. Unable to extinguish the flames in the kitchen, I finally got to the bathtub and put them out. I saw my skin peeling in the cold bath water but did not feel pain, so I had no idea how *badly burned I was*. In fact, I had third-degree burns over 40% of my body, and at my age that's considered a death warrant. I put on a robe and went across the hall to ask my neighbor to put cream on my back and arms, which were beginning to sting, because I wanted to finish getting ready for the theater. Fortunately, she "overreacted," as I thought at the time, and called 911 over my protests. I left a message on my daughter's voice mail telling her to go directly to the theater and I'd meet her there later. However, as soon as I got into the ambulance I passed out.

"I learned firsthand how the survival motivator carries you, but it is the expressive motivator that pulls you out of collapse if there is a stimulating incentive."

Bill: Did you ever think you were going to die?

Fanita: NO. I didn't have time to think that. I must have been in such shock that I didn't realize I was so injured. When I woke up I was surprised to find myself in a hospital waterbed with my daughter standing in front of me. I had already had initial surgery and been bathed and fully bandaged. It was eight hours later, but I thought only about half an hour had gone by. I reproached my daughter, "Why didn't you go to the theater? A shame to waste both tickets." Normally my daughter is very articulate, but at that point she just stood there, saying nothing, her face all puffed up from crying. I told her to fix her make-up and hurry so she could still catch the second act of the play. I was still focused on missing the

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Living with Multiple Sclerosis

by Jonathon Wagner

The Experience

It is three in the morning and I awake needing to urinate. The toilet is eight feet away. I wonder if I can make it. Between my bed and the toilet my cell phone lies on the floor. If I fall I can dial for assistance. I pull each leg over the side of the bed and then use a bookcase to pull myself upright. Then I use a walker left over from when I could walk throughout my house and a shelf of the bookcase to pull myself up. It's a good night. My legs lock into place giving me some certainty that I will make the eight feet without falling.

I've only fallen twice. Both times I was able to pull myself back into bed and recover without calling for medics. A friend I met in a support group for multiple sclerosis (MS) would call medics at least once a week. I know if I am to be safe in my home I need to make further adaptations. Not just a hospital bed and catheters, but a specially designed apartment in my basement with cooking facilities lowered to wheelchair height and legless transfers from bed to bath.



"Strangely, in accepting help I am willing to be less helpful with my clients, to allow them to struggle with their own growth. Perhaps I now know the difference between help and rescuing."

Attitudes That Help

Years ago I printed up posters for clients that said, "What Is, Is" with a footnote Existential Therapy Rule #1. I was an existentialist before I became a transactional analyst. The idea that reality rules is an attraction that connects me with transactional analysis. The concept of life positions also appeals to me. When introduced to transactional analysis, I definitely favored "I'm Not OK with Myself, but I'm OK with You." After suffering by taking care of others I switched to "I'm OK with Me, but I'm Not OK with You." Learning to be OK with myself and with others definitely improved my quality of life. Now it supports me day to day.

MS as a Genetic Script

Both my grandmother and my mother had crippling diseases. My mother definitely lived with multiple sclerosis. My grandmother probably did too. At least my brother David, who is both a pediatric surgeon and a founder of the emergency medicine specialty, thinks so. This history makes the disease a family affair. I was diagnosed with the disorder when I was 52, just when I sighed with relief that I had passed the age at which my mother died from complications related to MS. When I told my brothers, David and Tom, about my diagnosis, both said they shared similar fears. I had hoped that reaching 52 would be a script breaker for me. In fact, my diagnosis became one for them. However, in our next generation, Tom's son has the same allergy to peanuts that I have and immediately took on the script, as did both of my children. Each identifies some negative physical trait shared with me and associates that as a sign that he will fall prey to the disorder.

At times I feel helpless when my sons make tangential comments that speak to fear of MS. Then I remember how important duration seemed to me when I was their age. In youth and middle age we sanitize death. And regardless of our age, we hear media reports that describe new medical treatments in terms of lives saved when the reality is that, at best, lives are extended.

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Touching the Memories

by Robin Maslen

Dear Bill:

You have asked me to reflect on some of the unhappiest times of my life. I am a bit scared to do this because I fear the pain will return as I touch the memories. You also asked me to talk about the role that transactional analysis played in these experiences. While I was thinking about what I might write, some of the participants on the ITAA Forum (our Internet discussion list) were helpful in sharing some of their stories. One person, in particular, gave me permission not to get too theoretical and just to "bare my soul, my heart, forget analysis," to write about the hole in my heart that I live with forever. What have I learned that might be of interest? Well, here goes.

I had had a great life until a year that even now I can only figure out by doing the sums. I lost a couple of years of memory when my son Andy died of burns after a car accident. Just like his dad, who at the same age was almost burned to death in a motorbike accident (scripting?). However, my accident was no big deal. I was young, indestructible, and had incredible hospital experiences with 17 skin graft operations in Australia and London. I married one of my nurses and became a hospital celebrity. When told by my plastic surgeon—famous Sir Archibald McIndoe, who treated World War II pilots—that I would always be scarred, I just decided to get on with life. My scarred face became a great asset—once seen never forgotten. Transactional analysis was yet to be discovered.

"I learned that there are no time limits to grieving, no transactional analysis rules for when to stop."

I say all of this because apart from some brief painful bits and things like sneaking into movie theaters when the lights were down so I wouldn't be seen, learning to be straight with little kids who would say, "Gee mister, what happened to your face?" and developing a very confrontive approach to stop people feeling sorry for me (attack being a good defense), life eventually was good.

In March 1985 my son was killed. I never knew such gut-tearing loss. A great big gaping hole that 17 years later still exists. The pain is less, but the loss is just under the surface. Seeing an old blue Ford with chrome mag wheels, hearing a particular song, seeing some old photos of this young person frozen in time in my mind. No more "howdy" with his shy smile. Seeing his twin sister getting on in life and having kids, his older brother losing a young brother with whom he never got to be mates and whose other brother is a totally

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TOUCHING THE MEMORIES

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dependent Down's syndrome child with no speech. With my training I knew about grief, had done quite a bit of grief counseling, knew to let the pain pass through and out of me as I breathed. I learned to go with the really bad times and not wallow there too long. To accept the little sparks of "non-pain" and go with that for a bit even though I felt really guilty doing it. After a couple of years I could actually laugh again, though not comfortably. I came to believe in a life after death and devoured any literature on the subject to bolster that belief. I kept trying to have out-of-body experiences so I could meet up with Andy to tell him that I loved him. No luck.

What did I come to learn? Life is full of trivia: the one sock in the wash, the cornflakes, the orange juice in the fridge, all gone, the hundreds of silly little nitpicking things a dad finds to connect with his teenager and to argue with his wife about. What is really important is none of those things. I don't think my wife and I have argued since Andy's death, and now I don't bother about the trivial. I also learned not to take my kids for granted, and for a while I went on a bit of a crusade telling other parents to make the most of their kids because they mightn't be there tomorrow. "Have you hugged your kid today" became my favorite bumper sticker. Life hereafter—I don't think so, but I hope so.

What have I yet to learn? Well, I got it back to front. Males are not supposed to get sad easily but showing anger is OK. I drowned at times in sadness, but I still haven't gotten in touch with any anger.

Yes, I often contemplated suicide. Why didn't I go through with it? I thought of the hurt that death causes others and thought I would hang in until I found something to live for again. I still find it hard to talk with those closest to me, but to go on air and tell the world seemed easier at that time and helpful. I also learned that there are no time limits to grieving. No transactional analysis rules for when to stop. You just grieve at times; at other times you find enjoyment and eventually even happiness.

Getting on with life 12 years later, suddenly with no warning during a routine check-up, I find I have a blocked artery to the heart. Two angioplasts and one bypass later I am getting over the shock of realizing that I will not live forever. Life now means living for each day, not making any long-term commitments, being scared to go too far from the emergency hospital, obsessing about every ache or pain and wondering if it is another blockage. Now my pre-1985 happy-go-lucky life is truly changed after this second shock. I get irritable, moody, short tempered, and aimless. The hardest bit is coming to realize that I won't be around to see my grandkids get too much older and knowing for a couple of them they will miss me also. This brings tears to my eyes. For a long time I don't let myself get too close to them so that the pain will be less, for them and me. That doesn't work. Young kids are too open with their love and need for contact.



"Contact with others is scary but also life giving. Yes, I knew about stroke theory, but now I live it."

For a while I suffered postcardiac surgery depression. No warning from the medicos that this is a common side effect. This is when I sit in a chair or bed all day, wish I was dead, try to talk myself out of it, but the black cloud hanging over me makes it an effort to do anything. Self-reparenting wasn't working and my "Being strong" driver wasn't so hot either. Finally, I overcame my guilt and resorted to antidepressants and wow!, magic when they kicked in. One day feeling miserable and not caring about life, the next, like nothing had ever happened. And it stayed that way after I weaned off them a year later. Now I wonder if I should have encouraged more of my depressed patients to seek medical advice about drug treatment as well as psychotherapy.

What did I learn this time? Drugs aren't as bad as I used to believe. As with Andy's death, contact with others is scary but also life saving. Yes, I knew about stroke theory, but now I live it. My wife and family are truly bonded together, and we have become closer than ever through these tragedies. Both my wife and I live each day because it might be our last, yet we don't smother each other.

And then, just as I get back on my feet, I find that I have prostate cancer. Luckily, it is caught early and hopefully cured. This time I am ready, back to the antidepressants for a few months until I get used to the cancer idea. Into all the complimentary medical, dietary, and healthy-living advice. The grieving time is much shorter. Now I am getting used to these existential crises. Maybe I will live forever, but hopefully only if I feel good and can be physically reasonably healthy.

All of these experiences, with hundreds of great times in between with good friends and colleagues around the world. Also, unfortunately, at a time when going into retirement meant some loss of structure, a yearning to go on achieving, to be useful while at the same time stopping working and helping voluntary organizations. I thought that I was a good planner, but I sure did a lousy job with regard to retirement. I hate that loss of control, but maybe trying to plan one's life isn't really possible. Setting a few goals keeps me moving, but taking each day and making the most of it seems to work.

This doesn't sound like a very happy ending, does it? On the brighter side, I do get inspired when I meet or hear about other "oldies" who go on forever enjoying life. Just look at Mary Goulding and Muriel James, for example. Bill, I was also very moved by your articles on how you experienced some of your struggles. Thank you for sharing them.

Warmest regards,
Robin Maslen

Robin Maslen is a past president of the ITAA and current cochair of the ethics committee and the bylaws review committee. He is retired from management consulting "almost," is learning to fish, reads a lot, and talks to transactional analysis colleagues on the Internet. He can be reached at 58 Hubert St., Hove, South Australia 5048; email: maslen@ozemail.com.au .

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Joy in Living and in Others

by Bertram Christoph

Memories: Where am I? What occurred? I am lying on my back and cannot move. "You had an accident with your scooter." Only my arms and hands do what I want.

I am a paraplegic. What are those hoses in my mouth? I cannot speak and I am in despair because I cannot make myself understood. Unwanted memories of an accident at the age of four urge into my consciousness. I must learn to breathe more deeply with a mask over my face. It releases terrible and frightening nightmares, as if a rubber skin covers my face and I do not get air. Maybe the rubber mask of the Ether Narcotics Agents . . . must have been in my childhood. I feel quite small and full of fear. Fortunately, I am allowed to call my friend Ravi Welch at night so that the loneliness of my childhood experience is not repeated.

Then the day came when my mother visited, and I experienced her fearfulness and how much she was concerned only for her own well-being. After mother left, I cried and confessed to my wife, Charlotte, how painful all this was and how grateful I was for her love. Our biggest bit of luck is that we have had 15 years of therapy and experience with Rebecca Trautmann and Richard Erskine; this helps us to connect about our feelings and needs rather than just over arguments.

One drama in the hospital occurs when visitors ask, "How are you?" If I wail they answer, "You are much better than that guy over there." I need recognition for my despair and anguish, otherwise I become lonely internally.

Fortunately, Charlotte had open eyes and ears for my misery, and later I could also be glad again about all those things that are still possible.

Many times during this difficult period I asked friends to care for Charlotte because her drama was, from my perspective, even larger and *not* visible. I tried to provoke her anger against me and "this bloody accident." It came out later when she kicked my wheelchair when it was in the way.

Sometimes it is beautiful to be pampered, but what shall I be proud of if others do everything for me? Often others ask, "May I help you?" And often I answer, "Yes, with your admiration if I manage it myself!" It is important to confess that I need something, but even more important to say what. The other problem with having so much done for me is this: How can I experience myself as a gift if I do not pamper someone and feel that person is grateful to *me?* I need to feel that I, also, am a joy for someone.

"How can I experience myself as a gift if I do not pamper someone and feel that person is grateful to me?"

Transactional analysis has been helpful to me in many ways since my accident. One important way is the personal therapy Charlotte and I both received during our transactional analysis training. One therapy hour with Rebecca Trautmann changed my life permanently, because it was there and then that I begged for assistance from a deep childlike neediness. Now it is easy to be helpless and ask for help because I am not angry that I need it. Because Charlotte and I shared these therapy experiences, we can now deal much better with our mutual needs and feelings.

After the accident, when I was in the hospital, transactional analysis was also helpful around my question, "Why did this happen to me?" It helped me to analyze—as I learned to do in therapy—how I would deal with my condition and if I knew the answer. Thus I was aware that I protested and could admit that I was helpless and in despair. Fortunately, Charlotte could understand what I was going through and regret my circumstances.

I also used my understanding of transactional analysis to make myself understandable and to prevent covert communication. For example, the nurses in the hospital might say, "We must help Mr. X and therefore cannot help you now. We know you will understand!" I might answer, "Yes, I will understand if I may wail and be disappointed." In other situations I chose examples that the other person was familiar with so that he or she would understand what I was saying. I even started business again while I was still in the hospital when at night the nurses would ask for supervision on how to deal with difficult patients or colleagues. As a result, I was asked by the chief psychologist to give a lecture to the staff, and they often put difficult patients in my two-bed room. In fact, the hospital still refers paralyzed clients to me.

Finally, my theoretical thinking about transactional analysis changed after my accident. I have a different understanding of the origin of problems. I just wrote an article for the German transactional analysis journal about transactional analysis as a two-person psychology in contrast to what I think is a sometimes incorrect understanding of autonomy. For example, I might ask a parent, "How would you treat a child so that it will be rebellious? How do you react to a child who is rebellious? How would you like to be treated if you were rebellious?" This is to emphasize that the rebellious behavior occurs in the context of a relationship, that I am dependent on the other, and how thinking in terms of "someone is rebellious" keeps the person from seeing his or her part in the relationship dynamics.



Bertram Christoph and Charlotte Christoph-Lemke visiting San Francisco in 2001.

After my accident in September of 1995 my mother died in March 1997 and our oldest son died in July 1997 in an accident. Then I had a chance to give back to Charlotte some of the understanding and caring she gave me during my six months in the hospital and later on.

Bertram Christoph received his university degree as a psychologist and became a Certified Transactional Analyst, a Teaching Supervisor (European Association for Supervision), and a Supervisor in the German Transactional Analysis Association (DGTA). He can be reached at Paradiesstr. 10, D-80538 Muenchen, Germany; email: B.Christoph@mita.edu .

Not Who I Used to Be

by Nancy Porter-Steele

I was 65 when my husband, Curtis, and I went to India for the January 1997 conference in Coimbatore. Both of us loved India—the people, the landscape. We visited a Tibetan monastery and settlement, making precious connections and learning a great deal. We appreciated the Indian transactional analysis community, their brilliance, exertion, and generosity. We talked about finding ways to return to India, hopefully to teach.

On the way home I began having strong symptoms of a digestive problem. Back in Halifax, I immediately sought medical evaluation and treatment. Nevertheless, the symptoms grew worse and I was soon seriously debilitated. Within a few weeks I was unable to do half the amount of work I was accustomed to doing, and I kept declining. One test after another, one treatment after another, yielded no useful information and no lasting improvement. I was exhausted, nauseated and in intense pain, and that was to continue for three-and-a-half years.

I referred out my clients and began receiving my old-age pension. I gave up trying to serve as editor of the *Transactional Analysis Journal*. Fortunately, Curtis and I had already simplified several aspects of our lives so that household management and other basics were minimally demanding, and I could handle my part of them in the few hours a day that I could function. Also fortunately, Curtis was willing to go cheerfully about life, pursuing interests that absorb him, in spite of my having to sleep most of the time that he was home. Our colleagues at the EastWind Institute were able and willing to carry more and more of the work that I had previously done in our training program. And the Nova Scotia transactional analysis community handled the work of the Halifax Conference in 2000 with great heart, intelligence, and skill.

I was fortunate that eventually, in July 2000,



"It is interesting to recognize 'myself' as a temporary patterning of some of the limitless energies that are the universe."

a doctor who had practiced in Nepal suggested the right solution to the mystery of my illness: cyclospora, treatable by a sulfa drug. With the first pill, exhaustion disappeared. It took a few weeks longer for the nausea to be gone.

What can I say that's likely to be useful to someone? Obviously, from the medical side, if you have digestive troubles and are not getting relief, ask to be tested for cyclospora. It requires different tests than those used for other parasites. In the past few years, it has been showing up around North America, too.

How do I think my experience of this long bout of illness was impacted by 30 years of transactional analysis? The fact that not only I, but also Curtis and our close colleagues, have been thoroughly processed using transactional analysis and redecision therapy contributed to freedom from the added pain and suffering that so commonly accompany illness when people fall into old rackets, games, avoidance of intimacy, belief in not OKness, and so on.

And from 25 years of study and practice in the Shambhala Buddhist tradition—again, not just me, but those around me having been thoroughly processed using mindfulness-insight meditation and other methods of this tradition—allowed freedom from the added pain and suffering of caring about no longer being the person I used to be. In fact, it is interesting to recognize "myself" as a temporary patterning of some of the limitless energies that are the universe, this particular patterning that started seventy-plus years ago, which will continue for a much shorter time than that, and then will dissolve, flow apart, become part of something entirely different. Makes it easy to relax and smile.

Now that I'm about as healthy as a 70-year-old can be, my focus is on what to do moment by moment to be as useful in as many ways as I'm able, for as long as this so-called "I" may last. New opportunities ceaselessly arise. I am grateful.

Nancy Porter-Steele, PhD, is a Teaching and Supervising Transactional Analyst and a psychotherapist and trainer. She is a founder and director of EastWind Institute and an authorized meditation instructor in the Shambhala Buddhist lineage. She can be reached at 6095 Coburg Rd. #706, Halifax, Nova Scotia, Canada B3H 4K1; email: steele@ns.sympatico.ca .

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TRANSACTIONAL ANALYSIS CONFERENCES WORLDWIDE

July 5-7, 2002: Utrecht, Netherlands. ITAA/EATA/NVTA World TA Conf erence. Contact:Ahoevah Praag: 31 (0) 33.4721764 (phone); 31 (0) 33.4759129 (fax); ypraag@wsx.nl .

ITAA News

Nominations for 2002 Election

The ITAA nominating committee is pleased to announce the following nominees for the 2002 election:

Position	Nominee
President-Elect	Jim Allen
	Claude Steiner
VP of Development	Fanita English
	Sari van Poelje
VP of T & C Council	Servaas van Beekum
Secretary	Denton Roberts
	Di Salter
Trustee—USA	Muriel James
Trustee—Other	Lalitha Mathew (India)
Trustee—Other	Valerie Redman (Australia)

The individuals elected to these positions will begin to serve 1 January 2003. All officer and board members are elected at large by the ITAA membership (all members will be invited to cast their votes for all positions).

Election Procedures: As per the ITAA bylaws (revised 1996), since there are several contested positions, a ballot will be sent to the voting membership within 60 days of the close of nominations (May 31). The deadline for return of ballots is 60 days from the date of mailing. The results of the election will be announced to the candidates within 30 days after the election results are determined and to the voting membership as soon as practical thereafter.

ITAA Election Campaign Guidelines

Preamble

These guidelines are intended to assist in maintaining a spirit of collegiality and essential fairness in all ITAA elections and to keep the amount of campaigning and electioneering for trustee positions within established procedures.

Endorsement of Candidates

1. Individual members may endorse candidates for elected positions within the ITAA provided that such endorsement makes clear that it represents the personal view of the endorser. If such personal endorsements are made by individuals holding an elected, appointed, or honored position within the ITAA, such individuals may not mention their position within the organization as part of the endorsement.

2. ITAA resources may not be used for the purpose of supporting any one candidate over another.

3. The electioneering use of newsletter or journal advertisements is prohibited.

4. The association's newsletter may be used to report the candidacy of members and election results provided that the report is included as a news article and all candidates for a nominated position are represented.

5. The staff of the ITAA are to refrain from electioneering in any form, including making personal statements regarding the qualifications of any candidate.

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Proposed ITAA Bylaw Changes

As advised in the April *Script*, proposed bylaw changes will be presented to the membership for discussion at the ITAA Business Meeting at 8 am on 6 July 2002 in Utrecht, Netherlands. A postal ballot will subsequently be required for voting membership approval. So that members will be informed, the bylaws committee offers here a brief explanation of these changes. The exact wording will be scrutinized by the association's legal advisor before going to a ballot.

1. Office Location
The new Oakland office location no longer conforms to our current bylaws, which require it to be located in the city and county of San Francisco. Therefore, it is proposed to change bylaw B1 to read: **"The principal office of the association shall be located at an address to be established by resolution of the Board of Trustees."**

2. Deletion of Membership Categories
When the bylaws were last revised in 1996, two membership categories—"Organizational" and "Institutional"—were added. In August 1998 the Board of Trustees voted to rescind these two categories because they were never implemented. Therefore, it is proposed: **"That bylaw C.1.b. be changed to delete the words 'Organizational or Institutional.' "**

3. Amendment of Power to Call Board Meetings
Following legal advice to conform with the California Code of practice, it is proposed: **"That bylaw H.2. be changed to read, 'Special meetings of the board for any purpose may be called at any time by the president or any vice president, the secretary, or any two trustees."**

4. Action to Expedite Board Meetings
Following legal advice about what constitutes a meeting of the board for the purpose of taking valid action, it was discovered that email voting did not constitute a legal meeting. It was also discovered that the only way that an action can be taken outside of a meeting is with the unanimous written consent of all board members. To clarify what is required by law to conduct a meeting by conference call, it is proposed: **"That a new bylaw H.1. be added to read, 'Any board meeting may be held by conference telephone, video screen communication, or other communications equipment. Participation in a meeting under this section shall constitute presence in person at the meeting if all of the following apply:**

(a) Each trustee participating in the meeting can communicate concurrently with all other trustees.

(b) Each trustee is provided the means of participating in all matters before the board, including the capacity to propose, or to interpose an objection to, a specific action to be taken by the corporation.

(c) The board has adopted and implemented a means of verifying both of the following:

(i) A person participating in the meeting is a trustee or other person entitled to participate in the board meeting.

(ii) All actions of or votes by the board are taken or cast only by the trustees and not by persons who are not trustees.

That Article H sections be renumbered from 1 – 7.' "

5. Members to Vote in Regions
Following the board decision in Sydney in August 2001 to have the nonofficer "at large" trustee positions elected by the voting members from the regions they represent, it is proposed: **"That bylaw E.2. (b) be amended to read as follows: 'At large' trustees shall be elected by the association's membership from the region they are to represent, in the manner prescribed by the Guidelines of the association, which are incorporated herein by reference, for terms of three years each. . . ."**

6. Change of Title of Executive Director
The job description for this position has changed since the departure of the previous executive director, as has the salary. To bring the position into line with California work requirements, the title, tasks, and salary are more that of an office manager. As the association is to no longer employ a person in the position of executive director, it is proposed: **"That all references to the title of 'executive director' in the bylaws be changed to read "office manager.' "**

7. Authority to Appoint and Compensate Staff
At the moment, a decision by the board is required to appoint staff and to fix the salaries for the office staff. Decisions outside of the once-a-year board meeting are difficult to achieve, so this requirement is considered to be cumbersome and inefficient. A guideline for California nonprofit organization staff salaries has been in use for a while, so it is proposed: **"That bylaw N4 be changed to read: 'The office staff of the association shall be under the supervision of the office manager and shall consist of such employees as the president, vice president of operations, and treasurer may authorize.' "** It is also proposed that bylaw N5 be changed to read, **"The office manager and staff members shall receive such compensation as the president, vice president of operations, and treasurer may determine."**

8. Term of Office for the President
The California Code for nonprofit organizations, the law under which the ITAA operates, specifies that a trustee's (director's) term of office cannot be more than three years. The ITAA bylaws state that no trustee can serve more than two successive terms of office. At the moment, the president–elect, president, and past president terms constitute three terms of office (excluding any other terms they might have served before or will serve after being elected), thereby conflicting with our bylaws requirement of no more than two successive terms. The ITAA cannot call these three positions one term because those five years are longer than the three years maximum allowed under the California Code. There seemed to be three options:

(a) Remove the limit on no more than two successive terms of office for all trustees. (This option is not recommended by the lawyer as good practice for nonprofit organizations.)

(b) Change the positions of the president-elect and/or the past president to ex officio honorary members of the board, which removes those positions as corporate officer positions. (The president-elect position is seen to be a more useful position than the past president's, and so to keep a maximum term of no more than seven years for a newcomer to the position or what might be seen to be ten years for a previous board member.)

(c) To keep the status quo, make special provisions for a president to be able to serve four terms to take account of three terms as president-elect/president/past president plus one term either before or after these three terms. This would make a possible eight years on the board if reelected. Following legal advice to resolve this dilemma, it is proposed that the bylaw be changed to keep the current situation (Option 3) whereby the president serves on the board as president-elect, then president, then past president, and to allow for one extra term either before or after these three terms. This will require a special provision in the bylaws to provide for a maximum four terms of office for a person seeking to be president. This, of course, requires the person to be reelected at least once. The exact wording to achieve this intent to be worked out with our lawyer.

9. Appointment of Training & Certification Council Representatives to the Board of Trustees
"At the moment there is fictitious election process for the vice president T & C Council position. This person can only be nominated by the T&C Council according to ITAA Guidelines and is then "elected" by the ITAA membership. No vote is required. The board proposes to have two T&C Council representatives on the board and the T&C Council proposes to have two ITAA representatives on the T&C Council. The California Code allows for the appointment of designated trustees. It is therefore proposed to alter the bylaws and the Guidelines to allow the board of trustees to appoint, rather than elect, the vice president of T&CC and to appoint one additional T&C Council representative. The exact wording to be determined with legal assistance should this proposal be approved by the board.

10. Clarify the Closing Time for Nominations to Be Received for ITAA Elections
It is proposed that bylaw G.2. be amended by the inclusion of the words "at the close of business" to now read **"The closing date for all nominations to reach the association's principal office will be at the close of business, 31 May of each year."**

Robin Maslen
Chairperson, ITAA Bylaws Committee

Members' Forum

CONCERN ABOUT REFERENCE TO PERMISSION CONCEPT

Dear Editor:

I noticed that on page 6 of the March 2002 edition of *The Script* reference is made to a paper I wrote many years ago entitled "Permission and Protection" (*Transactional Analysis Bulletin, 5*(19), 1966) and for which I was awarded the Eric Berne Memorial Scientific Award (EBMSA). The *Script* article is entitled "Berne Meets Covey: Integrating Transactional Analysis and the Seven Habits of Highly Effective people" by Jessica Leong. I thought it was already common knowledge that I returned my award in 1979 on the grounds that the paper was not scientific but pure speculation and as such potentially dangerous. How come I see it referenced again? I have had a lengthy correspondence with the *TAJ* Editor Tony Tilney that has gone nowhere. Who is in charge?

Patricia Crossman, Kensington, California, USA

Dear Pat:

I want to offer a word of explanation regarding the referencing of your article on "Permission and Protection" in Jessica Leong's piece in the March *Script*.

I was not aware of your correspondence with Tony Tilney, although I was aware that you had returned your EBMS Award and of your concerns about the validity of your original article.

I am sympathetic to your concern. I, too, have published a few articles that, in retrospect, I wish I had kept to myself. What we can do is dialogue with colleagues, clarify our thinking, and keep writing. I personally think that the Eric Berne Award has been given to several articles that have not withstood the test of time, let alone any scientific evaluation. I was relieved when the award was renamed to remove the word "scientific" and the selection process restructured. In the early days I think the award was granted more often than not as a reflection of the popularity or power of the author within the organization.

However, as an editor, I face a problem (probably similar to Tony's) in that your article is part of the transactional analysis literature and has had significant influence. Other authors can reference it because they agree with it, disagree with it, or are simply referencing their ideas within the context of the transactional analysis literature. We cannot ask an author to delete a reference to a published article because the original author has changed his or her thinking. Your published article is part of the literature, and the best you can do is publish what you think now.

Bill Cornell, Script *Editor*

RESPONSE TO MOHR

Dear Editor:

My thanks to Günther Mohr (January-February 2002 *Script*) for writing so clearly about the need for us to separate the metaphorical and generalized use of transactional analysis terminology in practical applications from the usage necessary for research. To achieve research results that will illuminate both theoretical constructs and real life processes, transactional analysis terminology needs to be specific, coherent, and conceptually consistent. To continue with Günther's example to do with ego states, it is necessary in research to differentiate between ego states, types of ego states, and types of behavioral manifestations of ego states and actual behaviors. Researchers need to state what they are measuring and avoid measuring one thing—for example, a behavioral tendency such as whining—and then calling it something else (e.g., a type of ego state such as Adapted Child). A measurement of behavioral tendencies may be useful and interesting, but it can only contribute one element of an ego state diagnosis.

This brings me back to what Günther writes in his last section about bearing in mind that each person's ego states are unique. I too consider it unhelpful to apply generalized category labels as a matter of course to the content of a person's ego states. I think this is important both in research and in practical applications of transactional analysis.

As I relax at last from the efforts of doctoral writing about such matters—to explain the transactional analysis theoretical background of the psychometric tool I have designed—it was synchronistically affirming to read Günther's article. Thanks again.

Susannah Temple, Ottery St. Mary, Devon, England

POLITICAL SPAM

I am worried that *The Script* is becoming a left-wing, anti-American propaganda rag under editor Bill Cornell. First, he abuses his power as editor, inappropriately cramming in a full page of his personal leftist politics, unanswered (January-February 2002); then he selects to publish a letter from Frances Bonds-White (April 2002) accusing the United States that our war is not to protect our attacked country from sworn assassins, but merely to get oil from a tiny Russian breakaway country, Uzbekistan.

Idiosyncratic personal political rantings are a dime a dozen. Do ITAA members have to subject ourselves to this divisive political spam? This same kind of stuff last fall on the ITAA Forum Internet discussion list drove participants away in droves. This is Bill's invitation to a game of "Let's You and Him Fight" (LYAHF), pitting the Left against the Right. What's the payoff? That he can sneak things in without people noticing? With 80% of the United States behind President Bush, does Bill actually think everyone is on his side and won't get mad, want their dues back, or quit the ITAA? Does he actually think that the Left cares more about our country than the Right? Absurd! If you're going to play LYAHF, why not open *The Script* up to competing religious opinions and get a real third-degree dialogue going that way?

An estimated 80% of US psychotherapists are Democrats, on the Left. In the Members' Forum (Letters to the Editor), the editor will get few challenges to his policies, and many cheers. Sometimes therapists scripted to Rescue Victims in the office too easily switch to Rescuing Persecutors in politics.

The Script is not Bill's personal newspaper, but the external apparatus of a scientific organization. I doubt that the journal of the AMA or APA would allow an editor to play LYAHF, no matter how he, or the letters of others, will rationalize it (which will come).

An Adult Use of The Script. Perhaps, as a TA publication, we should study why people have to push their political agendas without a contract. Are they Rescuers or Persecutors? Let's look at how amateur politics is time structuring for the Critical Parent. Or how easy it is for media con artists and propagandists to activate the Right by showing threats, and activate the Left by showing victims. Or, step by step, how biased, "I'm OK, You're Not OK" politicos exaggerate their own points and minimize the points of the other side; and then they omit their own flaws while exposing the flaws of the other side, and then they can make it all sound righteous, rational, and complete. Then our ITAA *Script* will be analyzing the games, not playing them.

I was one of the founders of *The Script* and even gave it its name. I hate to see it become a vehicle for political spam. Eric Berne, in his wisdom, originally wrote in the opening line of the ITAA Purpose, "The ITAA is a non-political. . . ." Sadly, some righteous LYAHF players along the way took that out so they could push their personal agendas.

Steve Karpman, San Francisco, California, USA

Editor's Note: In keeping with ITAA editorial policy and the ITAA Ethics and Professional Practices Guidelines, The Script *does not publish letters containing personal or ad hominem attacks. We make every effort to work with authors, when necessary, to help them shape their letters in keeping with these guidelines while still expressing their views. We have made an exception to these guidelines with this letter and are printing it unedited because it is addressed directly to the editor of* The Script *and challenges his perception of editorial policy. Our hope is always to establish dialogue, and in this case we are interested to know what members think about what role* The Script, *the ITAA, and transactional analysis can and/or should play in relation to events in the wider world.*

RESPONSE TO HARGADEN

Dear Helena Hargaden:

I just received my copy of the April 2002 *Script* containing your report on the first symposium for advanced transactional analysis in England. I am delighted. I only regret that I was not there to hear the presentations by Bollas and Cornell.

I was one of those who wandered away (bolted) from transactional analysis some years ago. Having formally resigned from the ITAA in 1985, I recently renewed my membership in response to what I perceive as a break in the formerly dogmatic stance that "all you see is all that there is." This prevailing stance is in sharp contrast to Berne's position that "You can't always tell what's going on from what's being said."

For myself, I am publishing an article in the next *TAJ* that provides a methodology for analyzing the unconscious component or communication as contained within the conscious content of the duplex transaction.

I am pleased to hear of the successful formation of the clinical practice subcommittee of the Institute of Transactional Analysis. At the last formal gathering of transactional analysis clinicians in this northwest corner of the United States, in response to my reference to unconscious processes, I was confronted with the question, "Why are you hanging out with a group of transactional analysts?" I responded, "Because I am a transactional analyst. I just devote more attention to the analysis of unconscious communications than others."

One of the issues I will be addressing in another *TAJ* article is that defining ego states as objects or things, although adequate for the purpose of organizational and educational specialties, is quite inadequate for clinical work. In clinical practice we need to consider conceptualizing ego states as verbs, that is, as defining psychological actions rather than objects.

Ken Woods, Belfair, Washington, USA

ELECTION GUIDELINES

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Campaign Statements

Candidates may make written statements to appear in the ITAA printed election booklet. Such statements will be confined to a discussion of issues facing transactional analysis and the ITAA as well as a personal biographical sketch. Statements made by nominees for president-elect may not exceed 400 words; for other officers, statements may not exceed 200 words; and for members of the board of trustees, statements may not exceed 150 words.

Campaign Spending and Membership Appeal

1. Mass mailings on the part of a candidate for elected position or on behalf of that candidate by other individuals or organizations is prohibited. While it is appropriate for nominees to elected positions within the ITAA to communicate their platforms and qualifications to the membership, mass mailings are deemed inappropriate because they create the possibility of unfair economic advantage for some nominees.
2. Individual personal letters or phone calls to friends and colleagues are appropriate.
3. Form letters or "Dear Colleague"-type letters sent by an individual or a group of individuals to a group of persons on a mailing list are not acceptable practice.

ITAA Business Meeting and Proxy Form

Members are urged to attend the 6 July 2002 membership meeting at 8 am in Utrecht, Netherlands. If you cannot attend, please fill out the proxy form below. The ITAA Bylaws state that the quorum for conducting business at the business meeting is 50 voting members or 5% of the qualified voting membership, whichever is smaller. Please sign and mail the form to the ITAA by 21 June 2002 or file it with the ITAA secretary at least 30 minutes before the scheduled time of the meeting. This general proxy will only be used to establish a quorum.

Proxy Vote Form

I (please print) _____ herewith assign my proxy vote to the secretary of the ITAA or to (print name) _____ to be used only to establish a quorum at the business meeting of the International Transactional Analysis Association, convening on 6 July 2002 at 8 am in Utrecht, Netherlands.

Signature: _____

Date: _____

MOTIVATORS FOR SURVIVAL

continued from page 1

theater! Even later I just didn't know I was supposed to die. I've ended up with the sense that this was not a traumatic experience for me (denial? If so, never mind), but it was clearly traumatic for my daughter. They told her I would die because statistically, given my age and the severity and extent of my burns, there was more than a 100% chance I wouldn't survive.

What I remember most vividly is hearing a child screaming with pain in an adjoining room. It was very hard to think of a child in such pain and that I could do nothing to help. Perhaps I was experiencing my own Child through that child's pain and distress.

Bill: I'm wondering what your treatment was like. I have some idea of what you probably went through because my youngest son, Caleb, had severe facial burns several years ago and was in an intensive care burn unit.

Fanita: Then you probably suffered the "bystander" pain the way my daughter did. I was extremely lucky. I was in a world-renowned burn center with wonderful, dedicated nurses and an extraordinarily good doctor who is also a fine human being. Whenever he came by, Dr. Ikeda's body language and facial expression communicated that I had his complete attention, as though I were his only patient. In contrast, my internist always had one foot in the room but his body turned away ready to leave. He'd say, perfunctorily, "You're OK, aren't you?" but he didn't want to hear it if I thought I wasn't. Dr. Ikeda always asked, with real interest, "Is there anything else you want to talk about?"

I believe that one of the things that kept the experience from being traumatic was that I insisted on receiving a good deal of morphine. Twice daily bathing and changing bandages was very painful, and I made a big racket about receiving more morphine than is usually given. Finally, after my daughter assured Dr. Ikeda that I am not an addictive personality, he authorized a pump that allowed me to control the dosage of morphine myself. That made a big difference.

Bill: What did you learn from your hospital experience that has influenced your work as a therapist?

Fanita: First, what the therapist communicates with his or her body language and attention is of utmost importance. It didn't matter how long Dr. Ikeda was there—often it wasn't very long—but I had his full attention every moment and a sense that he would be completely available when needed.

The second thing is the importance of caretakers having a sense of humor while also being sympathetic, rather than communicating a sense of doom. In my terminology, this involves one's expressive motivator surfacing through both Child and Parent, along with using a competent professional Adult. Most staff in the burn unit were able to joke with patients appropriately, not with gallows humor. It's a real skill to be playful with patients, to encourage and challenge people to get well without demeaning them by excessive infantilizing or bossing or condescending from a righteous Parent.

For instance, a few weeks after I left the hospital, I complained to Dr. Ikeda that I was still in pain and had many general bodily aches, my limbs were shaking, and my head felt woolly. I wanted stronger medication to deal with these symptoms, which I now know were drug induced. With a straight face, Dr. Ikeda responded, "Well, now you're home, you should vacuum your apartment." I was annoyed and repeated my request, but he persisted. Reluctantly, I caught on: He wasn't going to say with his Parent, "I told you so" about taking so many drugs. Instead, his Child suggested that pushing a vacuum cleaner around might be a good way to exercise and begin detoxifying my system.

I got the idea and it overcame some resistance I had to engaging in more physical activity and exercise as instructed by the rehabilitation department. His comments got me to recognize that I was now responsible for actively participating in getting myself well. This helped me move from the unconscious quiescence and survival alliance that had served me well in the hospital to a new alliance between my survival and expressive motivators.

So for me, the unpleasant memories related to the experience are connected more to the two difficult inpatient rehabilitation weeks and the time later, at home, with the mental side effects of confusion and anxiety.

So, the main things I learned as a therapist are: (1) that it is essential to give a patient full attention, however short the contact; (2) that Child-Child contact with a good sense of humor is curative; and (3) that for certain patients a sense of control (the morphine pump) is very important.

Bill: When you look back on your recovery process, how do you see your unconscious motivators coming into play?

Fanita: To answer that question I need to say something briefly about my theory of unconscious motivators. [For more information, see the end of this interview.] I conceptualize three unconscious motivators—survival, expressive, and quiescence—each with its own attributes that manifest as feelings, urges, needs, or thoughts in any one of our functional ego states. For example, hunger, fear, bodily needs, and everything related to strokes are attributes of survival (Berne's "recognition hunger"). Curiosity, playfulness, inventiveness, sexuality, excitability (Berne's "stimulus hunger") are attributes of expressive, which functions totally outside the stroke economy. Similarly, quiescence functions outside the stroke economy with attributes such as sleep, peacefulness, spirituality, and passivity. These attributes representing their respective motivators rotate constantly, with each taking its turn influencing me through any one of my ego states. Inner conflicts are experienced when two motivators conflict or are in too tight an alliance and exclude the third.



"It's a real skill to be playful with patients, to encourage and challenge people to get well without demeaning them by excessive infantilizing or bossing or condescending from a righteous Parent."

In relation to my accident, clearly my survival motivator operated strongly at first to pull me through in combination with quiescence, which (with the help of drugs) allowed me to sleep through some of the initial pain. There was no energy available for expressive.

But as soon as my body pulled through to the extent of wanting to experience myself as alive, expressive came on full force, using and misusing the extra surge of adrenaline-induced energy derived from the stimulation of codeine, with full manic impact. I had great creative ideas and wanted to communicate with as many people as possible. Of course, my organism couldn't sustain me with my expressive fantasies. I needed energy for healing, not for spinning ideas, and quiescence came on with great feelings of fatigue. I "crashed" from expressive to quiescence, and it was all survival could do to generate some appetite for the quantity of food I needed to grow new skin. I couldn't even open the many cards and letters I was receiving until months later, when I spent a beautiful day enjoying each message.

Leaving the hospital was more anxiety-provoking than entering it. I loved my apartment and living alone, and before the accident I often said I would not move until I died. But suddenly the prospect of returning to that apartment terrified me (survival again, with disoriented associations of "danger"), even with home care and visiting nurses. Finally I gave in to my new needs and moved to a retirement community where survival anxiety has abated with the knowledge that I can get care when I need it. I now believe survival motivated me well, even at the cost of uncomfortable panicky feelings about being alone. Fortunately, even though I had to wear an uncomfortable body suit for a long while after leaving the hospital, my flexible doctor allowed me to start swimming again right after moving.

Bill: I think that's a manifestation of the expressive motivator. When Caleb was ready to leave the hospital, he was upset that we were going to cancel a ski vacation because of his burns. The doctor was very respectful and responsive. He told Caleb that it would be a risk to ski so soon, but if he would keep his face bandaged and let his dad take care of the dressings, he would give permission to go. They constantly supported, even pushed Caleb to do the things that were important to him as soon as possible.

Fanita: Yes, I had the same experience.

Bill: When and how did the quiescence motivator come into play?

Fanita: All along really by getting me sleepy and passive. Also, I like meditation and Buddhist breathing techniques, and I deliberately went for these states at various times, which in effect associates quiescence to survival, because with burns like mine there are breathing difficulties that cause medical concern. According to my theory, you can't "will" yourself from one motivator to another; shifts happen as part of the flow of unconscious and conscious processes. But when a particular motivator is being neglected, you can move your attention from one direction to another by using a part of the self that I call the observing self or outside Adult. Apparently there is a part of the personality beyond ego states and motivators that can detach itself and look dispassionately at the ego state and/or the motivator operating at a given time and invoke Adult information to promote a shift or to make a new bond with a drive that is being relegated too long into the background. This reestablishes anew an internal balance.

This reminds me to tell you that in the end it was thanks to expressive motivation that I got well much faster than was expected. As a result of the accident, I had forgotten that I was scheduled to do a workshop in Germany in June. When Manfred Guehrs, the director of the institute where I supposed to do the workshop, called in the spring to see why I hadn't been in touch, I told him what had happened and that I wouldn't be able to fulfill the contract. However, since the workshop had already been announced, he urged me to postpone a final decision until May.

Well, that catalyzed expressive, and suddenly I felt a surge of enthusiasm. I decided I'd see if I could get off the drugs cold turkey. Dr. Ikeda gave me his support, and the incentive beat vacuuming—and survival transference helped too! April and the withdrawal process were hellish, and in May I was still not completely well, but I called Guehrs to tell him I was coming. So, more lessons for therapy: I learned firsthand how survival carries you, but it is expressive that pulls you out of collapse if there is a stimulating incentive (think of Berne's stimulation hunger). Such incentives are more likely to come from outside, unexpected sources, almost as surprises or shocks even; they cannot be "willed" by the individual who is in the throes of survival and/or quiescence.

I also learned a good deal about addiction and withdrawal: how difficult it was during withdrawal to stay away from the next "magic" pill that could make me feel better when I felt awful. At such moments it is hard to remember that it is the "soothing" medication that actually causes these painful side effects Without the deadline because of the workshop, I could not have sustained the cold-turkey approach.

So, for me, the accident and hospital experience were not that bad. The trauma was when I came home. Did Caleb experience his accident as traumatic?

Bill: No. He didn't remember the accident at all, and he remembers the hospital experience as positive. The trauma, the hard adjustments, came after leaving the hospital. Then last fall Caleb fell and smashed his face, breaking his front teeth. He needed substantial dental work and had a hard time understanding why this was so difficult for him, even when I explained that his reaction to having painful work done on his face was like a posttraumatic stress response. He said, "I don't ever think about the accident. What does it have to do with the dentist?"

Fanita: Oh, yes. Jim Allen, who has written about implicit and explicit memory, would appreciate this. Another example of this is how following my accident my body thermostat changed. I used to always be too cold, and now I usually feel too hot. I still can't stand hot water in the shower or bath. My whole body fears heat, including my legs, even though the burns were only on the upper part of my body.

And then there's what happens to memory. Recently my nephew referred to a four-day visit the week before my accident. I couldn't remember it at all. I suppose the visit was still in my short-term memory and hadn't yet made it into long-term memory before the accident. So like with a computer when you don't press the "save" button, everything in short-term memory got erased by the shock.

Another funny thing I experienced in relation to memory and trauma was that when I got off the plane in Germany in June I found to my horror I could not even muster a few simple sentences in German, although I speak German fluently. I panicked. When I met the friends who were waiting to welcome me, I said in English with great anguish, "I can't speak German any more!" They took this for a joke and laughed. That snapped on expressive (as a sympathetic statement would not have) so I persisted, still with anguish, but in German without realizing it: "But it's true!" Knowing a language seems to be a total gestalt: all or nothing. It had all gone, but with their laughter stimulating expressive, it all came back from the recesses of my mind.

Bill: Is there anything else you want to say by way of conclusion?

Fanita: Yes. It's about a strange phenomenon I experienced. At certain times in the hospital I felt healing waves of good wishes coming at me, like some beneficial communications from the world at large. If I were religious, which I am not, I would say I felt people's prayers helping me survive. I understand there is some research that

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A Near-Death Experience

by Tom Frazier

I have been a Teaching and Supervising Transactional Analyst since 1973, trained by the Gouldings and Paul McCormick. By 1981 I had learned to share "forbidden" feelings. I understood and applied script theory, I gained new autonomy, and I learned how to separate myself from others. But I learned little about dying and mourning.

With this background I approached 9 September 1981. My wife, Delphine, and I had two visitors from Germany, and we were taking them to see a fog-shrouded San Francisco. We went to see a movie about the Bahgwan from Poona, India, and the people in the theater, many of whom wore orange clothing, reminded me of my youth in Berlin, where young men wore brown shirts and black pants. I began to feel increasingly strange and uncomfortable in many ways, so that later when the three women went shopping, I stayed in the car overlooking the bay.

When they returned we decided to drive down Lombard Street—the "crookedest street in the world." While I was driving down the steep, serpentine curves, I felt like I was exploding, as though my breast was being torn apart and 100 knives were stuck into my chest. The pain radiated to my left shoulder. I remembered a French iridilogue (who diagnosed physical problems by looking into the eyes) who had just told me my heart was in excellent shape. At the foot of Lombard Street, I jumped out of the car and fell onto my knees in agony. I remember seeing there a cigarette butt, a dirty piece of string, and the glistening crystals in the curb stone. A passerby in a pickup truck offered to use his two-way radio to call an ambulance after Delphine assured him I was not drunk.

The pain was still intense, mostly on the left side. But then, from the right side, I was above my body looking down on myself moaning and groaning. Slowly an orange-yellow-green color flooded and penetrated me, its movement soft and gentle. Tones of an aeolian harp mixed in with the veil of colors and joined with the peaceful smells. I had separated from my body, and there was an indescribable, loving force emanating from me. Suddenly the face of a European friend appeared: beautiful, glistening, encouraging, happy. At that moment I had no fear of death; my life was fulfilled forever. I was truly in bliss. Yet the face of my friend encouraged me to return to my body, although I was tempted to stay away from it because it was in such pain.

Delphine drove at great speed through the red lights and stop signs over the hills of San Francisco with the car's hazard lights flashing. She rushed me to the emergency room, where the diagnosis was made of a massive coronary and pneumonia (since my heart was not beating strongly enough and my lungs filled with water). I was given morphine for the pain, oxygen, nitroglycerine, and so on. Since I was in danger they put me into a single room with a lovely nurse keeping watch by my bedside all night. I ended up staying in the hospital for 21 days.

The tremendous feeling of love was still present. Several doctors and nurses came to my room and noted this feeling of peace and contentment. One morning I gave my cardiologist a back rub—hardly a standard feature of the medical model. I received many letters and telegrams from all over the world, and Delphine was the greatest support, always loving with her tender, gentle, healing ways.

On the fourth day I let myself drift into a light hypnotic trance, and I found myself in a wheelchair, outside, among heart attack patients. I was in a loose fitting hospital gown and the wind was blowing through my hair. I heard myself saying to the other patients, "Trust yourself, your body and soul and your heart will heal and save you." As I looked down I saw a cluster of buttercups: thin stems surrounded by green leaves and yellow blossoms, all moved gently in the wind. It seemed as if great healing powers came through those little flowers. I felt that the buttercup and I were one and yet separate, just as life stayed the same and yet was changing constantly.



"This experience resulted in a kind of redecision for me, one that caused me to rethink the importance of love in my life and in my work with clients."

Slowly I found my way back to the hospital room, still experiencing a great love for humankind and also receiving such love, which felt like a healing salve for me. I wept with both joy and sadness. In this moment of life and death, it became clear that all the things I was longing for I already had. It was as if I was living in the present moment, which seemed like eternity if I could only retain it.

On 24 Sept 1981 the cardiologist wrote in his final note, "The patient recovered miraculously." Perhaps it was the little buttercup. I returned home with Delphine. I decided I will live and there is peace.

This experience resulted in a kind of redecision for me, one that caused me to rethink the importance of love in my life and in my work with clients and trainees. I believe that love plays a tremendous role in all forms of healing, and that by loving those with whom I work, I help them to find their own strength. I have thus become increasingly interested in much that goes on beyond our awareness. I note that therapy and successful life itself must include more than the cognitive aspects that transactional analysis does so well. The challenge is to bring the intellectual understanding and the spiritual or nonverbal aspects together just as we must also include the physical and emotional. For me, all of this has added an additional dimension to the redecision process.

Tom Frazier worked in California corrections using transactional analysis and then after retirement he and his wife traveled widely teaching in various parts of the world. He can be reached at tom_delphine@hotmail.com .

LIVING WITH MULTIPLE SCLEROSIS

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Chronic illness helps me get a perspective on how I live life, to value giving over getting. For instance, I find it important to face my disappointments. I very much wanted to go to the ITAA conference in Nova Scotia two years ago. Planes are difficult for me and the train had long waits in terminals. Two weeks before the conference it was clear I was not able to negotiate all the transfers, but I still did not cancel my room reservation. I ended up paying for a night in Nova Scotia that I spent in St. Louis, a humorous result of not facing my disappointment. The fact is, only when disappointments are faced do I move on to my next choice.

I notice that people who are consumed with their disease really experience dis-ease. Those who look for opportunities to relate and create are the ones who find peace. When I was diagnosed, my sons initially encouraged me to find an extended care facility and take life easy. Slowly they are catching on that life is about how we make the trip to death. I feel extremely fortunate to be a therapist. Every year I live I add to my skills and to the depth I can go with people. For me the way I'll live on after death is in the hearts and minds of those I touch. I think my sons—one a teacher, the other a domestic violence lawyer—are also catching on that life is about creating and giving, and a disease is just another opportunity to give. Mrs. Pratt, a woman who visited my bed-ridden mother when I was a teen, told me, "I say I'm coming over to cheer up your mom, but really she cheers me." Hope comes when my focus is on others. Hope comes when I am true to myself and accept what reality has to offer.

Personal Growth through Adversity

I have great shame over physical incapacities left over from embarrassment with my mother's MS. I have avoided contact with physically handicapped people all my life. Four years ago I left my elite childhood community of 100-year-old homes and moved to a town of accessible middle-class ranch homes. I moved in December. I did not meet my neighbors until spring when I looked outside and saw the 12-year-old neighbor boy mowing my lawn. He disappeared before I got outside. Two weeks later he was mowing my yard again, and he refused to accept any money. I was dumbfounded. People were not avoiding me. Eventually we worked out a payment program, but I find it impossible to stay ahead of the kindness of not just the five children who live around me, but also the adults. This past week I noticed small branches had fallen over the winter. Time to get Matt, my handyman, I thought. Today they are gone, but I did not need to call Matt.

Even more surprising to me is help I get when in the community. It does not take much moisture to make wheelchair wheels slip. While shopping I had difficulty getting my chair onto my van lift. Frustrated, I finally called to a man who had just stepped out of his car. "Can you help me?" He responded, "I thought you needed help, but I didn't want to offend you." I have been surrounded with so much love and sensitivity that not a shred of my childhood embarrassment remains. In a culture that many see as indifferent and violent, I am surrounded with consideration. Regularly, I experience acceptance and understanding, "I'm OK, You're OK," the basis of psychological healing. Even my snobbery is receding.

I like to do things on my own, yet I have come to value being helped, and I even enjoy it. Many people get a lift out of being able to give me a brief hand. Strangely, in accepting help I am willing to be less helpful with my clients, to allow them to struggle with their growth. Perhaps I now know the difference between help and rescuing.

Jonathon Wagner, MDiv, LCSW, can be reached at 1248 Dawn Valley Dr., Maryland Heights, MO 63043-3608, USA; email: jwagner@counseling-stl.com .

MOTIVATORS FOR SURVIVAL

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substantiates that even nonreligious people can benefit from prayers on their behalf. I myself believe that some day scientists will discover that waves of energizing goodwill can be beamed toward a recipient struggling for life who may receive them and benefit, especially when under quiescence influence. Maybe this is an expression of a universal interconnection among humans that we do not yet fully recognize. This experience left me with profound feelings of gratitude and appreciation for life and the hope that eventually peacefulness may be achieved among all peoples of the world.

Bill: It was great to talk with you, Fanita. Your story is fascinating. Caleb and I will be in Utrecht, so we'll see you there.

Fanita English can be reached at One Baldwin Ave., #516, San Mateo, CA 94401, USA; email: fanitae@aol.com . For more information on Fanita's theory of motivators, the ITAA has produced a tape of her work entitled "The Forces Within Us: Acknowledging the Impact of Unconscious Drives in Practicing Transactional Analysis." It is available from the ITAA office or the website at www.itaa-net.org .

WELCOME TO NEW MEMBERS

FEBRUARY 2002

New Members	*Membership Sponsor*
Andreas Egli	—
Melissa Ferrari	Elana Leigh
Mandy Hunt	—
Margaret Slater	—
Piter Van Der Woude	—

MARCH 2002

New Members	*Membership Sponsor*
Carolyn Benson	—
Gloria Chen	—
Dana Courtney	Vann Joines
Patrick Ellis	—
Delyse C. Green	Elana Leigh
Strahinja Dosen	Zoran Milivojevic
Auxiliadora Gutierres	—
Richard Hall	—
Matsuhashi Hitomi	Noriko Takahashi
Nanako Kamada	Noriko Takahashi
Ingrid Kepler	—
Megumi Ono	Noriko Takahashi
Asako Osawa	Noriko Takahashi
Maja Pavlov	Zoran Milivojevic
Renata Petric	Zoran Milivojevic
Sonja Radojkovic	Zoran Milivojevic
Kumiko Satou	Noriko Takahashi
Elisabeth Schropl	—
Mari Shirai	Noriko Takahashi
Yasuhiro Suto	Noriko Takahashi
Svetlana Velemir	Zoran Milivojevic
Yuka Zhang	—

APRIL 2002

New Members	*Membership Sponsor*
Jasna Flieger	Zoran Milivojevic
Lynne Koch	Carlos Welch
Milenko Kovacevic	Zoran Milivojevic
Maja Lazic	—
Ingrid Lewis	—
Jasna Micovic	—
Louis Morissette	—
Natasa Obradovic	—
Alireza Oskoui	—
Maryam Oskoui	—
Katarina Pfaff-Krstic	—
Dragan Stojanovic	—
Yasuko Takayama	—
Junichi Torigoe	Michiko Fukazawa

Keeping In Touch

PACIFIC/ASIA/AFRICA REGION

Susan George, Secretary of the TA Study Circle in Madras, India, writes, "The Don Bosco Youth Animation Centre, a serene campus with backwaters on one side, was a perfect setting for the 13-15 January 2002 Multilevel Training Workshop designed and executed by Charlotte Daellenbach and Elana Leigh. We at Chennai take great pride in having organized this program, which brought together for the first time most of the CTA trainees, CTAs, and PTSTAs in south India for a three-day residential workshop. The 57 participants were divided into five groups based on their experience and active association with transactional analysis. The groups were facilitated by the PTSTAs with supervision from the TSTAs. As the program moved on, session by session, some progressed, some buckled, some withdrew, some agitated, some enjoyed. . . . Yes, it was all happening inside each one as they related to the outside. The plenary sessions at the beginning and close of each day gave an opportunity for everyone to deal with what was happening in their own special ways. Wow! What a lot a of learning that was! Serious business was mixed with fun, including singing around a bonfire. At the end of the three days of hectic activity, the participants went back having built new relationships and feeling 'I have grown as a person.' Two other workshops—'Games People Play in Organizations: Options for Change' and 'Change Your Script: Live in Harmony' were also conducted by Elana and Charlotte."

NORTH AMERICAN REGION

Suzanne Robinson and Vince Gilpin, long-time ITAA members, were married on 22 July 2001 in Ottawa, Canada. Congratulations and best wishes to them both!

Award Nominations Sought

The **Eric Berne Memorial Award** (EBMA) is bestowed on a person (or persons) who has made an original and significant contribution to transactional analysis. The award is made for a published concept that is considered to be so important that all trainees will be expected to know it. *Deadline: 1 December 2002.*

The **Hedges Capers Humanitarian Award** recognizes ITAA members who have made significant, enduring contributions to humanity in keeping with the ideals and ethics of the ITAA. *Deadline: 1 January 2003.*

The **Muriel James Living Principles Award** honors ITAA members who have advanced the growth of transactional analysis by personal example as well as by contributions of an exceptional and lasting nature. *Deadline: 1 January 2003.*

For details on making nominations for any of these awards, please see the ITAA website at www.itaa-net.org or contact the ITAA office.

ETHICS COMMITTEE MEMBERS URGENTLY NEEDED

Looking for a way to be more involved with the ITAA? One of the more important and interesting ways is to serve on the ethics committee. Volunteers from various regions with at least seven years of practical supervisory experience will be considered for appointment to three-year terms by the board of trustees in Utrecht. Access to email is essential. If you are interested, please immediately contact ethics committee cochair Robin Maslen at rmaslen@ozemail.com.au .

BOOKS IN SPANISH WANTED

Curtis Steele writes, "We are collecting books in Spanish on transactional analysis to give to the growing TA community in Cuba. Because there is no reliable way we know of to ship them there, we will accumulate copies here in Halifax, and someone will carry them to Cuba in their luggage. The first copy of each title will go to the library at the CIMEQ Hospital, Havana. (This hospital has been the host of transactional analysis courses attended by about 60 psychiatrists, psychologists, and other medical personnel to date.) Any additional copies will be distributed to individuals, starting with those who are organizers of local study groups. Any Spanish-language transactional analysis literature you can donate should be sent to EastWind Institute: TA Books for Cuba, c/o Steele, 6095 Coburg Road #706, Halifax, Nova Scotia B3H 4K1, Canada."

BACK ISSUES OF THE *TAB* and *TAJ* AVAILABLE

Anyone interested in purchasing my collection of past issues of the *Transactional Analysis Bulletin* (from 1962-1970) and the *Transactional Analysis Journal* (from 1971-1978) please contact Trish Farley at trishf_90505@yahoo.com . They are in excellent condition. I live in Southern California and can ship them to you.

ITAA WEBSITE

The ITAA website provides comprehensive information about every aspect of the ITAA. Recent additions to the site include links to upcoming international, national, and regional activities as well as membership criteria and an application form. If you would like your website to be linked from the ITAA site, please forward the site address (URL) to Elaine Frances at elaine@itaa-net.org . Please also forward to her any suggestions, feedback, and information for upcoming events. Please share the website address with nonmembers. The website is located at www.itaa-net.org .

EXAM CALENDAR

Exam	Exam Adm.	Exam Date	Location	App. Deadline
CTA Oral	COC BOC	July 4, 2002 Nov. 12, 2002	Utrecht, The Netherlands Perth, Australia	April 4, 2002 Aug. 12, 2002
TSTA Oral	COC	July 4, 2002	Utrecht, The Netherlands	April 4, 2002
CTA Written	All Regions (Non-Europe)	Your choice	To be submitted to Regional Exam Coordinator after payment of $50 recording fee to T & C Council	Your choice
TEWs	PTSC	July 1-3, 2002	Utrecht, The Netherlands	March 1, 2002

* If COC CTA exam candidates are also doing the COC written case study, this must be submitted no later than six months ahead of the oral exam date. Full details and application papers can be obtained from the COC Language Group Coordinators.

Please Note: Exams are subject to availability of examiners and exam supervisors. BOC will not be responsible for expenses incurred where the unavailability of examiners or exam supervisors causes examinations to be canceled or postponed. To be an examiner for an ITAA/BOC exam, examiners must be at least a CTA for a CTA exam or a TSTA for a TSTA exam.

To make arrangements to take a BOC exam, contact the T&C Council, 436 14th Street, Suite 1301, Oakland, CA 94612-2710, USA. **To arrange to take a COC exam,** contact your EATA Language Coordinator. Check with the EATA office or the *EATA Newsletter* for the name of the appropriate Language Group Coordinator. **TSC Training Endorsement Workshop fee:** $395 payable in US dollars to T&C Council, c/o the T & C Council office, 436 14th Street, Suite 1301, Oakland, CA 94612-2710, USA. **COC Training Endorsement Workshop**: to take a COC TEW, contact the European TEW Coordinator, c/o the EATA office.



16th AUSTRALASIAN TA CONFERENCE
13-17 NOVEMBER 2002
PERTH, WESTERN AUSTRALIA
Rendezvous Observation City Hotel overlooking the white sands of Scarborough Beach

The theme "After Hello: Connection, Cooperation, Community" was chosen in reply to Eric Berne's question "What do you say after you say hello?" Our conference offers the many options open to people as they connect, cooperate, and create community with one another.

Keynote Presentations: "Connecting Heart and Mind in Transactional Analysis" by Charlotte Sills, MSc (Psychotherapy), CTM, author and coauthor of various books and head of the TA Department at Metanoia Institute, London; "Spirituality and Connectedness in Today's Society" by Dr David Tacey, Associate Professor and Reader in Arts and Critical Enquiry at La Trobe University, Melbourne, author of five books and 70 published essays on spirituality and culture; "The Family, Sustainability, and Business" by George Kailis, Professor of Management, University of Notre Dame, Western Australia.

Preconference Institutes: Charlotte Sills on "Deconfusion of the Child Ego State" and David Tacey on "Psychotherapy and Spirituality"

* Approximately 30 papers, workshops and discussion groups
* Social events and postconference tours for delegates and partners
* Range of accommodation options
* Stunning venue overlooking the Indian Ocean

Pre-earlybird registration before 14 July: $A495; earlybird before 25 August: $A565; after 25 August: $A635. Student/concession (proof of full-time study required with registration): $A350. One-day registration: $A150. Preconference institutes: $A140 each.

For further information: www.wpata.com.au . Conference convenor: Kate Meredith, 10a Itea Place, Mindarie, Western Australia 6030; fax 61 (8) 9305 1150