

THE RELATIONSHIP OF A LIFE-SCRIPT TO ACCIDENT FREQUENCY:
AN APPLICATION OF TRANSACTIONAL ANALYSIS THEORY

by

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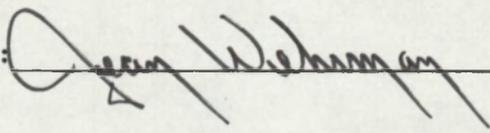
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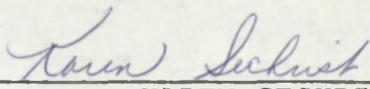
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ABSTRACT

The purpose of this study was to investigate the relationship of the life-scripts of individual hospitalized as the result of an accident and patient's accident history. Eric Berne's theory of transactional and script analysis was utilized to identify the subject's script. Fourteen subjects, identified by script analysis as eight losers and six winners, that had been admitted to the hospital following an orthopedic traumatic injury were used for this study.

Measures of central tendency and variability, a Pearson product moment coefficient of correlation, a t-test for difference in means, and an analysis of variance were the statistical methods utilized.

The findings of the study supported the hypothesis, that individuals with a loser script experienced more accidents as compared with individuals with a loser script.

Further studies are recommended in the area of specific types of accidents, specific cultures or ethnic groups, specific ages, similar educational levels, and single versus married or widowed subjects. Additional studies patterned after this research which would embrace a larger, more heterogeneous sample, utilize other settings and encompass the number of variables presented in this

study would be of import to nursing as a science to improve individualized patient care.

CHAPTER I

INTRODUCTION

Transactional analysis is a theory which has many applications in nursing practice. It can be utilized as a communication tool, for understanding one's own behavior, and for individualized or group therapy. The understanding of transactional analysis can be helpful in identifying and understanding the motivational factors which make persons react as they do. In identifying a script the nurse may be able to define why a patient has repeated hospitalizations. With the "difficult" patient, the nurse can analyze from which ego state the patient is reacting and then strive for communication from a paralleled ego state. Transactional analysis can be utilized to understand the family of a patient perpetually "bothering" nurses with miniscule problems and questions and therefore causing the nursing staff to lose their patience. Transactional analysis can also be utilized to explain and understand various reactions and interactions on the part of the nursing staff.

Two very important aspects of the nursing process are communication and interpersonal relations. In order to communicate and establish interpersonal relationships, two or more individuals bring their past experiences and

expectations to the present situation and attempt to find ways to express, understand, and act on them. In the basic nursing unit, the individuals attempting to communicate and to establish interpersonal relationships are the patient and the nurse.

As nursing has accepted the responsibility of giving comprehensive care, the profession is faced with the problem of understanding human behavior and using this understanding for therapeutic results. Sanford (1957:56) stated,

If medical care is to be truly comprehensive, and truly humane, there cannot be treatment of mere case or mere symptoms. There must be treatment of people--whole people, complicated people, weak and strong and courageous and frightened and cantankerously individual and mousily conformist people. . . . It is the nurse who must carry the therapeutic light in this very human side of medical care. It is the human skills--skills based on both knowledge and onpersonal attributes--which give the nurse a highly unique therapeutic function, the true significance of which has very probably not yet been fully appreciated.

It is generally accepted that all humans have the same physiological and psychological needs. Competent people may describe or label these needs differently, but no one seriously disputes that in all cultures and in all degrees of civilization men have the same essential needs. It is also generally accepted that needs do not vary with age, sex, or race (Glasser, 1965).

It is involvement with someone you care for and who you are convinced cares for you that is the key to

fulfilling basic needs, needs which cause suffering unless they are fulfilled. The fulfillment of the physiological needs for food, warmth, and rest are a large concern of the nursing process. Also, the nurse must be concerned with helping the patient fulfill the two basic psychological needs: the need to love and be loved and the need to feel that we are worthwhile to ourselves and to others.

The body of knowledge about human behavior has expanded explosively in this century. Many schools of nursing have utilized concepts from psychiatry, psychology, sociology, and anthropology toward better understanding of patients, colleagues, and the nursing situation. Writings of men such as Freud, Sullivan, Erikson, Maslow, Reusch, Berne, Perls, and Skinner have presented theories and findings in the areas of psychodynamics, psychopathology, communication, and behavioral change, all of which have become increasingly useful in nursing.

In the 1950's Eric Berne introduced a theoretical framework and a treatment approach called transactional analysis (Berne, 1957). The term transactional analysis, in its simplest form, is a way of talking about human behavior. The words that are used are specifically defined and direct. They are decontaminated of technical jargon and provide a public language well suited for the discussion of universal problems in our society.

The basis of the theory of transactional analysis, known as structural analysis is three observable forms of ego function; the Parent, the Adult, and the Child. They are all manifestations of the ego representing visible behavior rather than hypothetical constructs. A person operates in one of these three ego states at any one time. Diagnosis of ego states is made by observing the visible and audible characteristics of a person's appearance or ego. The ego states are distinguishable on the basis of skeletal-muscular response and by the content of verbal utterances (words and sounds). Certain gestures, postures, mannerisms, facial expressions and intonations as well as certain words, are typically associated with each one of the three ego states.

Just as the ego state is the unit of structural analysis, so the transaction is the unit of transactional analysis. The theory holds that a person's behavior is best understood if examined in terms of ego states, and that the behavior between two or more persons is best understood if examined in terms of transactions. A transaction consists of a stimulus and a response between two specific ego states. For example, I do or say something and you respond. The analysis is: What part of me initiated the transaction (transactional stimulus) and what part of you responded (transactional response)? Therefore, transactional analysis is a study of the communication process, the

ongoing exchanges (transactions), verbal and nonverbal, between people.

The study of games is also involved in the theory of transactional analysis. Games are defined by Berne (1964: 48) as an ongoing series of complimentary crossed and ulterior transactions that lead to a predictable payoff. Games are a method of structuring time for individuals and may behaviorally illustrate specific feelings of an individual at a given time. Descriptively, games are a recurring set of transactions, superficially plausible, with a concealed motivation. Games are a means of getting recognition from others while avoiding intimacy and responsibility.

Transactional analysis is also a study of scripts. The concept of script is a life-plan, generally operating on an unconscious level. Based on decisions made early in life, when not all the information was available or accurate, and judgmental powers were unformed, a script is formed on the basis of messages, verbal and nonverbal, that children get from their parents. The script guides the person's behavior from late childhood throughout life, determining its general but most basic outlines. Therefore, the script an individual decides upon early in life contains within its lines what, of significance will happen to the person. Viewpoints related to worth, loveliness, sex, work, responsibility, authority, and any number of other aspects of everyday life

fit into a pattern by which one views oneself and acts accordingly as a winner or loser in life.

Another aspect of script analysis has to do with a person's basic position toward oneself and others. "OK" refers to a feeling of worthwhileness, competency, intelligence, attractiveness, and lovability. "Not OK" denotes the feeling of lack of these qualities. The basic positions are four: (1) I am O.K.; others are O.K.; (2) I am O.K.; others are not O.K.; (3) I am not O.K.; others are O.K.; (4) I am not O.K.; others are not O.K.

According to Perls (1969), each person has two stages--the private stage where in the hiddenness of his secret thought, he continually rehearses for the future, and the public stage where his acting can be seen. Perls (1969:5) claims, "We live on two levels--the public level which is our doing, which is observable, verifiable and the private state, the thinking stage, the rehearsing stage, on which we prepare for the future roles we want to play."

In the life of every individual the dramatic life events, the roles that are learned, rehearsed, and acted out, are originally determined by a script, a life drama a person may be unaware of but feels compelled to live by and which the individual decides upon in the early years of life. The most important forces in forming a script are the messages that parents give to the child. Through early transactions with parent figures children learn to play

roles and seek others to play complementary roles. This is readily seen in the early game of "House" where children imitate parental behavior; wearing one of mother's old dresses and having tea.

An individual plays out his script within the context of the society in which he lives and which has its own dramatic patterns. Cultures follow scripts, families follow scripts, individuals follow scripts. Each individual's life is a unique drama which can include elements of both family and cultural scripts. The interplay of these scripts affects the drama of each person's life, and thereby unfolds the history of people.

Wolman (1963) states that the structure of our society, with its great variety of cultural elements, influences the values and behavior of different groups and their reactions to specific situations, thus affecting their accident involvement as well. Considering this, social and cultural factors are perhaps best viewed as part of the chain of causation in terms of their effect on overall accident probability, as well as their influence on other factors that are involved more directly in the accident situation. Certain characteristics of people, and the hazards to which they expose themselves by the ways in which they live, are in large part responsible for accidental deaths and injuries.

There are obvious differences in the types of accidents that occur to men and to women, and to persons of different ages. For instance, injury resulting from accidental ingestion of poisonous substances are largely the problem of young children. The death rate from automobile accidents is highest among persons in their late teens and early twenties and much higher in males than in females. Factors in the host do not themselves determine types or frequency, but they do contribute to probability of occurrence (Iskrant and Joliet, 1968).

Factors with less obvious effects on frequency and types of accidental injuries include marital status, race, geographic location, income, education, family size, housing, and occupation. Still less clear are the effects of such social factors as customs, influence of peer groups, social status, role changes, major life disruptions, and other social and socio-psychological factors.

Not considering specific hazards (the automobile, guns, highdiving), there is in the United States a general cultural acceptance that exposure to risk is associated with manhood and is part of our heritage. Potentially dangerous activities must be accompanied by appropriate safety training so that proper safeguards can be utilized when needed. Brody (1959) has concluded that the psychology of safe behavior is no more or less than the psychology of human behavior in general, and that driving a motor vehicle, like

other activities in our society, is essentially a social undertaking where cooperative behavior and a sense of social responsibility are predominantly needed. These attitudes cannot be considered apart from personality patterns.

Statement of the Problem

Is there a relationship between an individual's script and the number of accidents that the same individual may have experienced during his life in patients admitted to an orthopedic service following trauma.

Significance of the Problem

The problem is significant to the care a patient receives while hospitalized in that the individual's script components are an important contributing factor to the comprehensiveness of care required by him. Psychiatrists beginning with Freud, have encountered individuals who have expressed or acted out self-destructive tendencies.

That these expressions of subconscious wishes have included accidents was presented by Menninger (1936) after studying certain "accidents" which on analysis, proved to have been unconsciously purposive. In many of the accidents studied, Menninger noted that although on the surface they appeared to be entirely fortuitous, they could be shown on deeper analysis, to be aimed at partial or focal self-destruction. Menninger postulated that the patients sustained injuries which in certain accidents can be shown to

fulfill so specifically unconscious tendencies of the victim that we are compelled to believe either that they represent the capitalization of some opportunity for self-destruction by the death instinct or else were in some obscure way brought about for this purpose.

Purpose of the Study

The purpose of this study is to inquire into the life scripts of individuals who are hospitalized as the result of an accident to discover a possible relationship between the patient's accident history and life script. The tools of transactional analysis are used to discover the patient's life script.

If the study indicates that a relationship does exist, it may be possible in the future to identify those individuals who exhibit behavior programming them for future accidents. Nurses and other health professionals may then be able to intercede and assist the patient to modify his life script.

An understanding of the relationship of the physiological problem and the patient's response according to his life script may add to nursing knowledge and indicate the need for continued collaboration between the social sciences and nursing for better understanding of total nursing care and the prevention of unnecessary discomfort. Leininger (1967:27) stated that, "Nursing theory and

practice must take into account man's cultural and social behaviors so that the nurse's mode of thinking and interacting with individuals will reflect new and penetrating views about behavior in health and illness."

Hypothesis

Using transactional analysis criteria, individuals with a loser script, when compared with individuals with a winner's script, as analyzed by a script questionnaire, would have a significantly greater number of accidents.

Limitations

This study is restricted by the following factors:

1. While stressors are indicated in the literature as potentially causative, complete data for the correlation of stressors is beyond the scope of this study.
2. The subjectivity of researcher may limit the interpretation of script responses.
3. There may be an accident-prone period in any individual's life.

Assumptions

The following factors were assumed for the purpose of this study:

1. Ego states, and therefore scripts, can be identified.

2. Stressors are present in individuals and may contribute to accidents.
3. Verbal and nonverbal communications contribute to script responses.

Theoretical Framework

The theoretical framework upon which this study is based comes from Eric Berne who has used the concept of transactional analysis as an explanation for the behavior of individuals and thus, their scripts. Background for the theory of script analysis is provided here.

In 1952, Dr. Wilder Penfield, a neurosurgeon from McGill University in Montreal, conducted a series of experiments wherein he transmitted a weak electrical current into the temporal cortex of the brain while treating patients with focal epilepsy. "The evidence seems to indicate that everything which has been in our conscious awareness is recorded in detail and stored in the brain and is capable of being 'played back' in the present" (Harris, 1969:5). Under the influence of Penfield's probe when the patient recalled a specific event from the past he also felt again the emotion which the original situation produced in him.

The stimuli of day-to-day experience can also evoke recollections in much the same way they were artificially evoked by Penfield's probe. These recollections can more

accurately be described as "reliving" than recalling. The reality produced by the stimulus may last from a fraction of a second to many days. When early, original experiences are introduced into consciousness the experience seems to be taking place in the present. Only when it is over can a person recognize it as a memory of the past. During the time these recordings are being relived, the person is the same age he was when the feelings were originally recorded.

Spitz (1945) has found that infants deprived of handling over a long period of time will sink into an irreversible decline and that this emotional deprivation can have a fatal outcome. Experimentally, an allied phenomenon known as sensory deprivation can send grown-ups into a transient psychosis and give rise to other mental disturbances. These observations indicate that the most necessary and favored forms of stimuli are provided by physical intimacy. Berne (1961) has coined the word "stroking" as a general term for intimate physical contact. An extension of its meaning may be used colloquially "to denote any act implying recognition of another's presence" (Berne, 1964:15).

Very early in his work Berne observed that if you really watch and listen to people you can actually see them change before your eyes. These changes are noticeable in body posture, voice, vocabulary, gestures, facial expressions, demeanor, body function (breathing, heart rate), and

other aspects of behavior. These changes are usually accompanied by shifts in feelings as well. These patterns, which include external behaviors and internal feelings, have come to be known as "ego states." Each individual has a repertoire of ego states which are not concepts, as Freud's Superego, Ego, and Id, but they are psychological realities. "The state is produced by the playback of recorded data of events in the past, involving real people, real times, real places, real decisions, and real feelings" (Harris, 1969:7). It is as though several different people exist inside every individual. The ego states are separate and distinct sources of behavior and these various selves transact with other people in ways that can be analyzed. Colloquially, ego states are termed Parent, Adult, and Child.

In essence "when you are acting, thinking, feeling, as you observed your parents to be doing, you are in your Parent ego state. When you are dealing with current reality, gathering facts, and computing objectively, you are in your Adult ego state. When you are feeling, acting as you did when you were a child, you are in your child ego state" (James and Jongeward, 1971:17). The ego states therefore refer to the three observable patterns of thinking, feeling, and behaving that are a part of everyone's personality and therefore are vitally important in the communication process, the ongoing exchanges (transactions) between people.

When two people encounter each other, sooner or later one of them will acknowledge the presence of the other. The ego state of the second person will respond to the ego state of the person who initiated the transaction. All conversations are a series of transactions, one exchange following another. Transactions may be classified as complementary, crossed, or ulterior.

When a response is expected and appropriate the transaction is complementary. Communication lines are open and transactions proceed smoothly. As long as the verbal and nonverbal messages are congruent and the response is predictable the lines remain parallel from one ego state to another and this assures straightforward communication.

When an unexpected response is encountered and an inappropriate ego state is activated the lines become crossed and result in a breakdown of communication. The person who initiates the transaction does not get the response he expects which causes him to feel confused, angry, and discounted.

Ulterior transactions are the most complex because they always involve more than one ego state. There is a hidden message in a transaction that is disguised to appear socially acceptable. It is important to note that in both crossed and ulterior transactions communication is lost and achievement of the goal is delayed since the participants must first deal with the psychological vector then restore

the Adult to the controlling position in order to get on with the business of living.

The purpose of transactions is to get or give strokes. As grown-ups we often have to settle for symbolic stroking; words, awards, gifts. At about the third year of life a child decides how he feels about himself and about other people solely on the basis of the stroking or non-stroking he has received. This first adult decision is called a basic life position. Transactional analysis classifies four possible positions held with respect to oneself and others.

1. I'M NOT OK--YOU'RE OK. This is the universal position that all of us begin with simply because it is the situation of childhood and not the intention of parents which produces the problem.
2. I'M OK--YOU'RE NOT OK. This is a position of distrust and results from deprivation of positive strokes. The child has received negative strokes and will seek these in preference to no stroking at all.
3. I'M NOT OK--YOU'RE NOT OK. This is a pathological position that results when all stroking ceases. The adult stops developing and the person gives up. He received his initial stroking by being handled but then mother decides his babying days are over.

4. I'M OK--YOU'RE OK. This is the position of the autonomous person (Harris, 1969:43).

People structure their time with each other in six possible ways, depending on which life position their child has taken and on what kind of stroking they want. The first way that a person can structure his time with others is physical or psychological withdrawal. This can come from any of the three ego states.

A second way to fill time is by rituals. Ritual transactions are fixed ways of behaving toward others and may be a ceremony or a simple greeting.

Pastiming transactions are superficial exchanges that people use to get to know each other better or use simply for chit-chat or bull sessions. These are usually pleasant ways of exchanging strokes.

A fourth way to fill time is by activities. This is commonly thought of as work, getting something done. This includes caring for children, going to school, or holding a job.

A very common way to fill up time, provoke attention, and reinforce a life position is by playing psychological games. Games usually begin with an ostensible Adult to Adult stimulus but end up being a series of moves with a gimmick. Games also serve to prevent honest, intimate, and open relationships between people.

The sixth way of structuring time is called intimacy. This is the best way to get the strokes we need and reinforces the I'M OK position. Intimacy involves genuine caring and is often frightening because it also involves risk. "Recovering the capacity for intimacy is a major goal of transactional analysis and is one of the marks of an autonomous person" (James and Jongeward, 1971:59).

People attempt to live out their life position by the manner in which they structure their time. They also live out their life position by a life script. In the life of every individual the dramatic life events, the roles that are learned, rehearsed, and acted out are originally determined by a script.

According to James and Jongeward (1971), a psychological script bears a striking resemblance to a theatrical script. Each has a prescribed cast of characters, dialogue, acts and scenes, themes, and plots, which move toward a climax and end with a final curtain. A psychological script is a person's ongoing program for his life drama which dictates where he is going with his life and how he is to get there. It is a drama he compulsively acts out, though his awareness of it may be vague.

The drama of life starts at birth. Script instructions are programmed into the Child ego state through transactions between parent figures and their children. As children grow they learn to play parts (heroes, heroines,

villains, victims, and rescuers) and unknowingly, seek others to play complementary roles.

The parental injunction is the "command" from the Child in the nurturing parent (usually the mother) to the Child in the offspring ordering the infant not to offend if he wants continued nurturing (milk, approval, love). The mother communicates her desires very early in the offspring's life, in non-verbal ways. She may, and probably does, verbalize them later, but when the infant is very young he picks up the clues to her meaning by her tone of voice, her touch, her responsiveness to him, her consistency of response, etc. The infant seems to interpret her signs of disapproval as very serious threats to his well being, to his very life. When a mother disapproves of a boy child being independent, manly, spontaneous, intimate, bold, self-sufficient, or the like, her injunction is "witchy." If she disapproves of his failing to develop these qualities, her injunction is constructive.

Common witch messages are; (1) Don't be, (2) Don't be what you are (which includes "Don't feel what you feel"), (3) Don't come close, (4) Don't grow up, and (5) Don't succeed. Most destructive injunctions probably fall under one of these five. All are tragic. The first one is an instruction to get killed or commit suicide. The second one is an entrapment; that is, no matter what kind of person the child is, he is not exactly what mother, or father, or both,

wanted. The third includes the unspoken advice: "And if you're smart, you won't let anyone get close to you, either." The fourth fosters dependence; and the fifth forbids surpassing the parents, which, in their Child's eyes, is what the child's success would do.

Witch messages are don'ts because they are almost invariably communicated by mothers showing displeasure. To the baby, mother's frown appears to be a threat that she will cut off the milk supply if he persists in doing what she disapproves of. If cuddling up to her bothers her, the baby interprets her displeasure as, "Don't come close."

Many irrational messages are also gotten from the Parent in the parent. Parental sayings such as "You can't trust anyone"; "A kid doesn't have a chance these days," etc., are not witch messages in the technical sense, but they help to reinforce witch messages.

Counterinjunctions are frequently rational and constructive, but they are not as potent as the injunctions. Counterinjunctions are from the Parent in the parent to the Parent in the offspring. Mothers and fathers frequently tell their child how they hope he will impress the rest of the world. "Get an education"; "Make money"; "Be a good boy," etc., are common counterinjunctions. They are called "counter" because they are often directly contradictory to the witch messages. Some people spend their lives struggling between obeying their counterinjunction (living

out their counter-script) and slipping back to their witchy script, all the while assuming that their inclination to obey the witch message is a "character weakness," or "concupiscence" resulting from original sin, or some such inherent flaw. The autonomous person has probably discarded both the witchy script and the counterscript, and put his own show on the road.

People receive scripting messages about many areas of life: education, occupations, marriage, religion, recreation and health. Failure or going nowhere scripts may result from unrealistic or inaccurate programming. For example, a person may be encouraged to be a doctor or lawyer but at the same time may not be given any messages about the time, intellectual ability, education, and money it takes to get there. Sometimes parents script a child by saying one thing while implying another. No matter what a parent says, a child is most likely to respond to nonverbal messages.

While parental messages contain varying degrees of constructiveness, destructiveness, or nonproductiveness, some parents, because of their own pathology, send blatantly destructive injunctions to their children. When a person lives under destructive commands, and refuses to think for himself he may feel helpless in the face of his fate. Direct commands that a child might hear that could lead to repeated accidents later in life are: "Kill them if they get in the way," "You are a born loser," "You will never

get ahead." The child who is manipulated with guilt often hears "torture yourself."

Messages as the child receives them, lead him to take his psychological positions and to develop the roles necessary to fulfill his life dramas. Once the roles are decided upon, a person selects and manipulates others from his Child ego state to join his cast of characters. For example, a person who has selected a discounting or loser's script will function below their real potential and will select friends with a similar script. Therefore if an individual has experienced multiple accidents, which he has not caused, it may be because of the loser script of the cast of characters he has chosen to surround himself with, and is therefore involved in their accidents.

When grown up, an individual plays out his script within the context of the society in which he lives and which has its own dramatic patterns. Individuals follow scripts; families follow scripts; nations follow scripts. Each individual's life is a unique drama which can include elements of both family and cultural scripts.

Cultural scripts are the accepted and expected dramatic patterns that occur within a society. They are determined by the spoken and unspoken assumptions believed by the majority of people within that group about expected roles, stage directions, settings, and final curtains. Cultural scripts reflect what is thought of as the "national

character," and the same drama may be repeated generation after generation.

In summary, each person has a psychological script. The psychological script contains the ongoing program for the individual's life drama. It is rooted in the messages a child receives from his parents, which can be constructive, destructive, or nonproductive, and in the psychological positions he eventually takes about himself and others. Positions can be related to people in general or directed toward those of a particular sex. To the extent that the script messages are not in tune with the actual potentials of the child and negate his will to survive, they create pathology.

While all scripts are like spells, some scripts serve the function of giving the person fairly realistic ideas about what he can do with his talents in his society. Others misdirect the person to follow a star that was unrealistically or perhaps resentfully selected. Still other scripts program the Child for destruction.

Definitions

The following definitions of terms were used for the purpose of this study:

1. Accident: Any unpleasant or unfortunate occurrence involving an orthopedic injury requiring hospitalization.

2. Loser: Someone who does not accomplish a declared purpose or someone who works hard just to break even.
3. Script: Script refers to the selected life plan that an individual chooses to live out on the basis of messages received from biological parents or other authority figures. The life plan which is chosen, or the winner versus the loser script, is based on decisions made early in life, when the degree of information may not be complete and the judgmental powers not totally formed. A life plan based on a decision made in childhood, reinforced by the parents, justified by subsequent events, and culminating in a chosen alternative.
4. Winner: Someone who accomplishes his declared purpose.

CHAPTER II

REVIEW OF LITERATURE

The literature was reviewed in relation to the potential psychological, social, and culture causative factors of accidents. No studies were found which utilized script analysis in relation to accidents. The literature reinforces the premise that cultural components, familiar components, personality components, components of age, and accident proneness might influence an individual's experience with accidents.

Personality Components

Iskrant and Joliet (1968) indicate that there is evidence that personal factors and factors related to attitudes play a role in accident involvement, and that certain psychophysical and sensory variables (reaction time, visual and auditory acuity, depth perception) may be involved. To date, however, attempts to isolate stable personality traits for the development of a personality profile of the "safe" individual have met with little success. Not enough research has been done to discriminate with accuracy between the accident-susceptible and the non-susceptible person, although studies have shown that some relationships between them do exist. The problem is

complicated in that psychological response is not stable and varies according to situations. Also that certain psychological factors that predispose accidents may be of a somewhat temporary nature.

The objective of one study by Freeman (1960) was to determine the contribution that a more thorough understanding of human factors can make toward enabling man to live safely in the presence of danger, free from all but the minimum number of constraints imposed as essential for safety and survival. Freeman's concern was with human factors which influence the liability of man to accident involvement. Attention was directed to behavioral, physiological, and pathological characteristics.

Finch and Smith (1970) did studies questioning if the victims of driving fatalities would show significant differences in personality patterns from those seen in control drivers. In other words, is there a precrash state? The precrash state refers to the emotional and behavioral condition of the driver prior to crash, as the result of a stressful event, altering the functioning of the individual and therefore leading to an accident.

Aggression and irresponsibility have been consistently related to motor vehicle accidents. One of the soundest approaches to this problem has been the comparison of accident-free and accident-repeater groups with respect to their social adjustment. This approach is based upon

the postulate that the socially maladjusted would appear in the records of adult and juvenile courts, credit bureaus, social service agencies, and be associated with higher public health and venereal disease rates. Studies done by Freeman (1960) using this approach have demonstrated rather conclusively that the individuals who have repeated motor vehicle and industrial accidents also have difficulties in other personal and social aspects of their lives. Accidents appear to be another expression of their general social maladjustment.

Tillman and Hobbs (1949) discussed the high accident record that appears to be associable with aggressiveness and conflict with authority, originating in an insecure background and continuing in a history of frequent conflict with community standards. Drivers with few accidents are usually serious, stable, well-adjusted individuals with well-integrated home backgrounds. Le Shan (1952) supports the hypothesis that conflict with authority bears a definite relation to accident causation.

In a study conducted by Beamish and Malfetti (1963) it was determined that adolescent traffic violators differ from adolescent nonviolators with respect to certain psychological characteristics. Significant differences were found in measures of emotional stability, social conformity, objectivity, and mood.

Schulzinger, (1956a) indicates that although the statistical evidence seems to be rather tenuous it appears probable that the twenty to thirty per cent of the population who suffer from neurotic symptoms at any given time are, in large part, the same twenty to thirty per cent of the population who have most of the accidents, at any given time of study. Only a relatively small percentage of those who present symptoms of neurosis and those with a high accident frequency are relatively fixed in their neurotic behavior and/or accident habit. Almost any person may respond with neurotic symptoms and/or accidents under the stimulus of appropriate stressful life situations.

Three abnormal behavior patterns which often occur in normal individuals under "temporary emotional upset" are classified by the American Medical Association Committee on Medical Aspects of Automobile Injury and Deaths as follows;

1. Absorption with a problem to such an extent that the individual is indifferent and inattentive to external conditions.
2. Despondence so great as to cause psychomotor retardation.
3. Heightened aggressiveness or impulsiveness to such a degree as to impair judgment and decrease caution (Woodward, 1959).

Shaw and Sichel (1971) found that road accidents were apparently often yet another manifestation of a person's inability or failure to adjust to the demands of life. As such they apparently had features in common with manifestations of maladaptive behavior: with scholastic failure, with truancy, with a limited earning capacity, with unemployment, with delinquency, with sex problems, with marital difficulties, with crime, with drinking or alcoholism, and with various forms of psychosis. Also they stressed the degree to which proneness must permeate the whole accident problem.

Krall (1953) also did studies which showed that tension and anxiety may have relationships with accident causation.

Family Influence

Studies done by Dunbar (1943) indicated that persons belonging to maladjusted and irresponsible families tend to have a significantly higher incidence of accidents, solitary as well as multiple ones, than those not so designated.

It seems likely that the example set by parents in the motor vehicle strongly influences the child's attitude, especially in later life when he himself drives. "Cop-watching," unpleasant remarks about other drivers, and boasts about speed, and the breaking of traffic regulations probably profoundly affect attitudes of children, attitudes

difficult to change when driving age is reached. This problem is magnified if a child's peers, who in turn are influenced by their parents' attitudes, exert similar influences upon him (Freeman, 1960).

Guralnick (1961) also found an indication that every "group" to which an individual belongs has some influence in developing and modifying his attitudes and beliefs. Interpersonal relations (those between parent and child, for example), many aspects of child rearing, daily routines, and activities are influential in determining accident experience. The kind of supervision provided for a child by his parents or another responsible adult certainly is an important underlying factor in many injuries occurring to children in the home. Langford's (1953) study suggests that "nonaccident parents" are close to their children and supervise them carefully, and that these families have more fun together than "accident families."

Backett and Johnston (1959) in a study of one hundred and one children injured in pedestrian road accidents compared the children with a nonaccident control group and found among other things, that maternal preoccupation, lack of protection during play, and fewer play facilities were factors associated with accidents. Schulzinger (1956b) suggests that teaching a child safe practices by example and providing him with continuing exposure to a peaceful, orderly home environment may be important aids to

"immunizing" him against accidents. He suggests that persons encourage the child toward safe practices and show him by example that they themselves engage in such practices.

Cultural Components

Iskrant and Joliet (1968) say that the behavior of children and perhaps of older persons is unquestionably influenced by their peers. The risks a child takes are to a large extent determined by the mores and play patterns of his "group." It appears that driving after drinking and "chicken-out" competitions, not only in driving, but in other forms of activity, have an influence on the deaths and injury rate of young people. Programs based on efforts to change group behavior and to develop alternative behaviors through group discussion and other methods offer a profitable line of endeavor toward accident prevention, especially among young people.

It has been speculated that both "under-involvement" and "over-involvement" in the social environment are associated with high accidental injury rates. It seems reasonable to assume that people's attitudes, whether formed individually or by group, influence frequency of accidental injuries and types of accidents. General attitudes exist, which are determined by "society," but it is well to remember that there are also cultural subgroups. What may

appear deviant to a larger group may represent conformity to a subgroup's cultural norms. Different groups may differ in accident susceptibility because of different norms of risk-behavior or safety behavior. The risk behavior of hot-rodders or leather-jacketed motorcycle enthusiasts may be entirely different from the risk behavior of the tennis crowd (Iskrant and Joliet, 1968).

A belief held widely is that the lower the income and the economic status of a person or family, the higher the accidental injury rate. Data from the National Health Survey and elsewhere do not support this view. The injury rate is lowest in families with annual incomes of under two thousand dollars, as is the rate for medically attended injuries, but not for activity-restricting injuries. It is possible, of course, that persons of very low income do not seek the medical attention for injuries that those of higher economic status do (Guralnick, 1961).

Other National Health Survey data suggest that most injuries in the labor force are among laborers, craftsmen, and operatives and least among managers and sales people. When classes of accidents are considered it is noted that injuries from moving motor vehicles are higher in operatives and farm laborers than they are in farmers and clerical workers. For work accidents, rates are high among laborers, craftsmen, operatives, farmers, and farm laborers, and, as might be expected, lowest in sales workers, clerical

workers, managers, and professional workers. Injuries from home accidents are highest in household workers and among professional and technical people.

The literature on accident prevention is replete with statements that home accidents can be associated with poor housing and low socioeconomic status; but available data on income and education do not support the accidental injury-low economic status theory. Living arrangements do have some bearing on frequency of injury. In general, people who live alone or with others not related to themselves have the highest accidental injury rates (Guralnick, 1961).

Accident Proneness

Conger (1959) has postulated that the accident prone individual is self-centered, emotionally unstable, unconventional, and antiauthoritarian, dislikes everyday life, has poor or ill-defined goals for self, and tends to act out feelings both verbally and physically. In essence, these individuals have psychopathology which manifests itself in hostile behavior, withdrawal, or excessive emotional immaturity and lability.

Many workers may work for years, never experiencing a bad accident, others in the same work situation may suffer repeated injuries. They are so-called "accident-prone" individuals. Research has not indicated that all or nearly

all such persons share a single, specific type of unconscious conflict. However, it has been shown that unconscious motivational forces are at work in such individuals, and that their repeated accidents are not due merely to chance. One of the commonest of such forces is a strong unconscious sense of guilt over unacceptable rebellious impulses toward authority, according to Tillman (1948), on the basis of sexual or dependent needs, leading the individual to "punish" himself repeatedly through his injuries.

Vernon (1936), one of the early and foremost investigators of the accident problem states that the accident-proneness of various individuals is not a fixed quality, but is liable to be affected by any and every change in their bodily condition. This condition is influenced by external changes of environment as well as by internal changes of physical and mental health.

Farmer and Chambers (1926) are credited with coining the term accident-proneness. In defining accident-proneness they state that the fact that one of the factors connected with accident liability has been found to be a peculiarity of the individual allows us to differentiate between accident-proneness and accident liability. Accident-proneness is a narrower term than accident liability and means a personal idiosyncrasy predisposing the individual who possesses it in a marked degree to a relatively high

accident rate. Accident liability includes all the factors determining accident rate.

The difficulty of detecting accident-proneness suggested to Adler (1934), the existence of an unknown "x" factor in the human personality which tended to cause the individual to subject himself to accidents. American research workers have sought a more rigid definition of accident-proneness, others have felt there is no way of putting a finite time limit on proneness. Vernon (1936) concluded that the accident proneness of various individuals is not a fixed quality, but is liable to be affected by any and every change in the bodily condition. This condition is influenced by external changes of any environment as well as by internal changes of physical and mental health. McFarland, Moore, and Warren (1955) have concluded that accident proneness is a much more restricted phenomenon than it was thought to be originally; they suggest concentration on persons who are accident repeaters.

Ackerman and Chidester (1936) have described two types of benefit which the accident-prone individual may derive from his accident:

1. Primary gain--the accident serves the self-destructive tendency, the feelings of hatred and guilt and the need for punishment. Most people have the tendency to act out their feelings of hatred or guilt. The primary motive seems to be

the expression of a self destructive tendency due to guilt feelings or of a tendency to destroy others as an expression of hatred.

2. Secondary gain--the accident helps the avoidance of disagreeable or dangerous situations, evasion of responsibility, monetary benefits, attention and sympathy. Secondary gain or motive is closely tied up with the personality of those who exhibit the primary motive in many instances.

Age Components

Freeman (1960) found that preventable accidents at different age ranges are related to human factors in a manner that needs to be more clearly understood. The same factors appear to contribute differently to accidents at different periods of life. It is necessary, therefore, to consider the age variable when studying roles in accident causation.

Freeman goes on to say that in the early year, because of physical and mental immaturity and attendant helplessness the child is more susceptible to accidents. As he develops greater physical skill and judgment there is still some delay before he has matured to the point where physical and mental factors enable him to cope independently with his environment. Because physical activity begins before the child has developed the necessary knowledge and

judgment, he is led into a greater number of hazardous situations.

Major disruptions, especially in the later years of life, also seem to have influence on the incidence of accidental injuries. Such disruptions include reduction in income and scale of living, moving to different quarters, death of a spouse or loved one, and other unfortunate occurrences so common among elderly people. Such changes can create situations with accident potential individuals, especially when accompanied by psychomotor and sensorimotor decline (Iskrant and Joliet, 1968).

Sheps (1961) points out that death rates for accidents are lower at all ages in married persons than in single, surviving, or divorced persons. It has frequently been pointed out that the death rate is highest for widows and widowers, followed by divorced and then single persons.

Because of the frightful impact motor-vehicle accidents have made upon the nation, much research has been undertaken to discover whether there are personality traits and psychological factors distinguishing the "good driver" from the "bad driver," and whether it is possible to predict in advance the accident susceptibility of a particular personality. Statistics show (McFarland et al., 1955) that those under twenty-five and over sixty-five years of age have disproportionately high death rates from motor-vehicle accidents, but the reasons for this have not yet

been identified. There is some indication, evidenced in the studies of McFarland and others mentioned above, that certain stable or enduring characteristics can be associated with high frequency of motor-vehicle accidents. These include youthfulness, low rate of intelligence, and personality composition that features ego-centricity, aggressiveness, anti-social feelings, and social responsibility.

The review of the literature emphasized that no one factor causes an accident but that various factors contribute to its probability and increase the likelihood and severity of injury. These factors are not independent and frequently they are interrelated.

CHAPTER III

METHODOLOGY

The design of this study was to compare the accident history of individuals and the relationship of the accident history to the individual's script. The relationship of the number of accidents experienced by an individual and the individual's script is nursing knowledge and demonstrates a need for continued collaboration between the social sciences and nursing as a general science to achieve "wholeness" which is imperative in assessing the needs of any individual.

Design of the Study

This comparative investigation focused on the pertinent accident history of individuals and the relationship of the accident history to the individual's script. The Chief Physician of the Orthopedic Service, the Hospital Administrator, the Director of Nursing Service, and the Head Nurse of the Orthopedic Unit were approached for permission to do this study. Verbal permission was received from the above listed personnel.

The researcher designed an explanation for human subjects describing briefly what participation in this study would entail (see Appendix A). The patient was allowed to

read this explanation, ask any questions and then give their written agreement to participate in the study.

A consent sheet for doctors to give their permission for patients to participate in this study was designed by the researcher (see Appendix B). The researcher designed this consent sheet following discussions with various doctors who were reluctant to allow death to be discussed with patients hospitalized following trauma. Various reasons projected for not allowing patients to participate in this study due to the questions about death on the script analysis questionnaire were: (1) too traumatic for patients; (2) patient may already be thinking of death as a result of their accident, so why stress it; (3) death comes soon enough without talking about it before it is eminent; (4) an unprofessional question; (5) too frightening.

Population and Sample

The population of this study included all patients admitted to an orthopedic unit, as the result of traumatic injury, during a two week period of time in which a sample of twenty-five patients was obtained. The only criteria for not including any patient in this study were: the patient's unwillingness to participate in the study, the patient's inability to communicate in English, and if the patient's injury was not caused by a traumatic accident.

Of the twenty-five subjects interviewed only fourteen completed their questionnaires satisfactorily enough for analysis. Three of the subjects withdrew from the study for personal reasons, before they completed the life-script question. Eight persons interviewed did not provide enough information, in the limited time that was proscribed for the interview, to illicit a life script from their responses and behavior.

The patients represented a cross-section, ethically, socially, and economically, of the population in this area. Although the majority of patients were self-supporting and covered by medical insurance, some of the patients' hospital expenses were supported by public funds.

The hospital selected for this study was a three hundred and fifty-five bed, non-profit, University Medical Center located in the southwestern part of the United States. The orthopedic unit of this hospital receives a large number of trauma patients.

Research Tools

A life script questionnaire was designed to evaluate a winner or loser script (see Appendix C). This questionnaire is the compilation of the works of Paul McCormick. Script analysis in its present form was mainly developed at the San Francisco Transactional Seminar during the years 1966-1970, and it is almost impossible to dissect out the

originator of many of the ideas, since more than one hundred clinicians took part in the weekly discussions during this period. Specific contributions have been published in the Transactional Analysis Bulletin by Pat Crossman, Mary Edwards, Stephen Karpman, David Kupfer, I. L. Maizlish, Ray Poindexter, and Claude Steinger. The original stimulus came from Berne (1961).

A patient data sheet was designed to show accident history of the individual patient. Additional data were obtained from the patients regarding their backgrounds, with consideration of potential future research and future predictions regarding stressor factors and their correlation with accident causation. The patient data sheet was designed by the researcher (see Appendix D). The review of the literature indicated certain factors as major contributors to the probability of accidents. The major factors which were gleaned from the literature and included in the patient data sheet were: personal problems, age, physical disabilities, sex, education, psychiatric treatment, and the use of medications.

The script matrix (see Appendix E) was used to diagram for analysis, the responses by each of the subjects on the life script questionnaire (see Appendix C). The matrix served as a chart for the injunctions and the counter-injunctions which led to the script decision by the individual.

Collection of Data

As each patient was admitted to the orthopedic unit, information was obtained from the patient's chart to ascertain if the reason for hospitalization was trauma, as the result of an accident. If the patient met the criteria, a doctor's consent sheet (see Appendix E) was placed in the chart along with the patient's explanation and consent sheet (see Appendix A) and copies of the accident history questionnaire (see Appendix D) and the life-script questionnaire (see Appendix C).

After obtaining the doctor's signature, an initial introductory interview was held with the patient to verify their willingness to participate in the study. During the initial interview the nurse researcher strove for a level of rapport with the patient which was conducive to trust and cooperation needed for this study. After verification that the patient was willing to participate in the study, further information was obtained from the patient's chart regarding age, marital status, actual diagnosis, and occupation. This information was later verified with the patient.

An appointment time was then arranged with the patient and with the orthopedic nursing staff allowing for at least thirty minutes for the second interview to verbally give to the patient the accident history questionnaire (see Appendix D) and the life script questionnaire (see Appendix C).

For patients able to ambulate from their beds, arrangements were made for the second interview to be held in a private conference room, since all the rooms on the orthopedic unit were semi-private. For patients confined to their beds, arrangements were made to carry on the interview at a time when the other patient would be out of the room and so that there would be no interruptions by visitors or nursing staff during the course of the interview. All patient responses were tape recorded for analysis of the ego state from which the subject was communicating.

Data Analysis

Measures of central tendency and variability were utilized to initially describe the population and its characteristics.

In addition, a Pearson product moment coefficient of correlation was utilized to determine the relationship between the variables. The categories of variables subjected to statistical analysis were: age, sex, accidents, script, marital status, education, psychiatric treatment, medications and physical disabilities.

A t-test for difference in means was employed to ascertain whether the number of accidents differed statistically for the winners and losers. This test applies in a situation in which the two samples are independent, meaning that the results of one sample in no way whatsoever

influence the results of the other. The same principles that apply to means taken singly also apply to the sampling distribution of differences between means for pairs of samples, drawn independently and at random. This is significant in that confidence intervals of differences between means can be constructed (Hays, 1967).

An analysis of variance was utilized to determine the effect of marital status upon the number of accidents. For both the t-test and the analysis of variance, a 0.05 level of significance was selected. The variance is defined as the average squared difference between a score and the mean of all the scores. For a great many purposes, the variation of a distribution, or of a set of data not put in a distribution form, serves as a satisfactory way to discuss the spread of the distribution or the heterogeneity of a set of scores.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The analysis of the data of this study which compared individuals with a loser or a winner script and the number of accidents had by persons with either script, are presented in this chapter. Measures of central tendency and variability, a Pearson product moment coefficient of correlation, a t-test for difference in means and an analysis of variance were the statistical methods utilized.

Measures of central tendencies and variability were obtained for all variables included in the study. A discussion of these results is presented first.

Characteristics of Sample

Sample characteristics are presented in Table 1. For the sample characteristic of age the range was 16-63 years with a mean of 41 and a mode of 43 years. An adjusted range of 30-43 years could have been utilized in this study by eliminating one subject. However, this adjusted range was not used because, in the opinion of the researcher, the one sixteen year old subject did not sufficiently detract from the overall measures of central tendency and variability. The other population characteristic considered was

Table 1. Characteristics of Sample for Age, Script, Marital Status, Psychiatric Treatment, Medication, Sex, and Problems

Subject	Age	Sex	Accidents	Script	Status	Education	Psych Rx	Medcs	Physical Disabilities	Problems
A	43	F	7	Loser	Single	2 y Col.	No	No	No	None
B	31	F	1	Winner	Married	2 y Col.	No	No	No	Tr sx exp B-G Str Ed. Stress
C	53	F	2	Loser	Married	H.S.	No	No	No	P-C Loss Rel & Fr Finan Diff
D	37	F	1	Winner	Married	H.S.	No	No	No	None
E	36	F	1	Winner	Married	H.S.	No	No	No	None
F	30	M	8	Loser	Single	4-Col	No	No	No	P-C Job/Finan Diff B-G Stress
G	35	F	8	Loser	Single	4-Col	No	No	No	Loss of Fr & Rel G-G Stress Finan. Diff
H	48	F	3	Winner	Single	Mast.	No	No	No	None
I	16	M	5	Winner	Single	lly	No	Yes	No	Loss Fr & Rel
J	52	M	3	Loser	Married	H.S.	No	No	No	Loss Fr & Rel
K	55	F	7	Loser	Married	13 y	Yes	Yes	Yes	Lonely Loss Fr & Rel
L	63	F	6	Loser	Widowed	H.S.	No	Yes	No	None
M	40	F	3	Winner	Married	H.S.	No	No	No	Loss Rel
N	38	F	8	Loser	Single	R.N. H.S. R.N.	Yes	No	No	Tr. Sex Ex Loss Fr Finan Diff

Key: TSE = Traumatic sex experience; B-G Str = Boy/Girl Stress; Ed. Str = Educational Stress; P-C Str = Parent/Child Stress; Loss Rel = Loss of relative; Loss Fr = Loss of friend.

that of sex. Of the subjects interviewed, three were male and eleven female.

The number of accidents experienced by the subjects ranged from one to eight, with a mean of 4.5. This variable had a trimodal distribution with modes at 1, 3, and 8 accidents. For the variable of script there were 6 winners and 8 losers.

The distribution of the variable of marital status showed 6 single, 7 married, and 1 widowed subjects. The education level attained by the subjects ranged from 11-17 years with a mean of 13.7 years and a mode of 12 years. Two of the subjects had received psychiatric treatment, at some time prior to their current accident. Three of the subjects were taking medications. One subject stated that she had chronic physical disorders.

Nine of the subjects stated that they had personal problems within the six months prior to their accident. Although this finding would appear superficially to be important, the breadth and scope of this variable category detracts from this importance. Because of the diversity of problems included in the variable category the likelihood of subjects responding positively to the variable was increased.

Script Analysis

Script analysis, which is the study of people's decision early in life based on the injunctions and counter-injunctions of their parents, requires an understanding of

the way in which parents transmit information to their children about what it is they want them and do not want them to do. Restrictive injunctions and counterinjunctions are passed on to children in order to satisfy or comfort the parents. This is how household pressures, over a period of years, combine with a set of circumstances so that people make life decisions.

The script is based on a decision made by the Adult in the young persons who, with all of the information at their disposal at the time, decide that a certain position, expectations and life course are a reasonable solution to the existential predicament in which they find themselves. Their predicament comes from the conflict between their own autonomous tendencies and the injunctions received from their primary family group.

The most important influence or pressure impinging upon the youngster originates from the parental Child. That is, the Child ego states of the parents of the person are the main determining factors in the formation of scripts.

When diagnosing the various aspects of the script questionnaire, a list of items that form its make-up was utilized (also see Appendix E). Each questionnaire completed by a subject was analyzed by this checklist.

1. Life course is what the person himself is doing, or the outline of his life. It usually can be

stated in a succinct sentence such as "almost always succeeding," "going crazy," or "never having fun." The life course is best stated in the first person singular and in language understandable by an eight-year-old to emphasize that it represents the person's early formulation of what the life course would be.

Four sub-items of the life course are the decision, the position, a mythical hero, and a somatic component. The decision is the moment when the existential position (O.K., not O.K.) and life decision were embraced. The mythical hero is the character in real life, history, or fiction that the person's life course is intended to emulate. The life course is the reaction to negative injunctions and attributions; and this usually has a somatic component which may involve any effector organ such as the tear glands, neck muscles, heart, sphincter, or any bodily system.

2. Counterscript: During periods of the script when the person seems to be escaping the script's life course, he engages in activities which appear to be departures from the script. These activities form the counterscript and represent acquiescents to a cultural and/or parental influence.

3. Parental Injunctions and Counterinjunctions: It is important to know which parent was the enjoiner and what the injunctions and counterinjunctions were. The injunction is thought always to be an inhibiting statement. If the injunction is not preceded by "Don't," or if it is too complicated, it has not been distilled to its most basic meaning. When investigating the content of a person's injunctions and counterinjunctions it is important to obtain their most essential meaning. Certain injunctions have been found to be very common. "Don't be close" and "don't trust" are related to Loveless scripts; "Don't succeed," "Don't be important," and "Don't think" are related to Mindless scripts; and "Don't feel your feelings" and "Don't be happy," are related to Joyless scripts.
4. Program is how the youngster has been taught by the parent of the same sex to comply with the injunction coming (usually) from the parent of the opposite sex. Thus, if the injunction is "Don't think!" the program may be "drink," "fog out," or "have a tantrum."
5. Games are the transactional event that produces the payoff which advances the script. It appears that for each script there is one basic game of which all the other games are variants. Thus, for a "killing

myself" life course, the game might be "Alcoholic" with variants such as "Debtor," "Kick Me," "Cops and Robbers," all of which produce the same payoff, namely, stamps that can be traded for a free drunk (Berne, 1964).

6. Pastime is the social device whereby people with similar scripts structure time. With a depression or Loveless script, the game might be "If it weren't for Him" with the pastimes "Debtor" and "Ain't it Awful" filling in the time structure gap between games.
7. Payoff includes stamps, rackets, and sweatshirts. The stamps represent the kind of affect accompanying the end of the game--anger, depression, sadness, etc. The act of pursuing and collecting the stamps is the racket. Every person has his own individualized racket and type of stamps. The sweatshirt refers to the fact that people prominently display their racket on their chests, so to speak, as an advertisement to willing players (Steiner, 1964).

Each item on the checklist was determined for the individual subjects completing the life-script questionnaire. A script matrix, depicting the most significant messages a person received from his mother and father, was then

diagrammed for each subject by the researcher. This enabled the researcher to visualize the different forces which influenced the child to make its decision. The messages received from their parents by the fourteen subjects who were accepted for the purpose of this study were clearly indicative of either a winner or a loser script, of whether they had freed themselves of negative messages and were script-free or were restricted by parental messages of achieving autonomy or life potential. The decision of the researcher was based on the life course, injunctions, counterinjunctions, program, games and racket indicated by each subject.

Of the eight subjects who completed their questionnaire and were not included in this study, the amount of information provided was not sufficient to determine a specific life-script. Even when a numerical summarization was done to delineate the number of positive versus negative messages received by each subject by their parents, it was difficult to differentiate a specific life course.

The researcher then shared the gathered material, maintaining the anonymity of the subjects, with a transactional analysis therapist. The transactional analysis therapist also diagrammed a script matrix for each of the subjects completing the script questionnaire. Of the fourteen subjects analyzed, the researcher and the

Findings

A Pearson product moment coefficient of correlation was obtained for the variables included in the study. Direct relationships were obtained for the variable of age with script. A positive correlation of .4829 with script indicated that older subjects were more likely to be losers.

The Pearson correlation coefficient of the variable of number of accidents showed direct relationships with script and psychiatric treatment, and an inverse relationship with marital status. A positive correlation of .4549 between the numbers of accidents and psychiatric treatment suggested that people undergoing psychiatric treatment have more accidents. The variable of number of accidents and marital status showed a negative correlation of .4564 which indicated that single people have more accidents. A direct relationship was also obtained for the variable of script correlated with psychiatric treatment. This suggests that losers are more likely to have had psychiatric treatment.

The educational level of the subjects, when correlated with marital status, yielded a negative correlation of .5679 which indicated that married or widowed subjects had less education. Educational level and medications showed a negative correlation of .4607 which

indicated that the subjects with more education were taking fewer medications.

A direct relationship was demonstrated between psychiatric treatment and physical disorders. This relationship yielded a positive correlation of .6794 which showed that individuals with physical disorders are more likely to receive psychiatric therapy. However, this result is falsely high because of the one individual in the study for whom this relationship existed. The variable of physical disorders also showed a positive correlation of .5311 with medications. This indicated that subjects with physical disorders take more medications.

A t-test for differences in means to determine whether the number of accidents differed for winners and losers. The obtained t-value of 3.3659 exceeded the tabled t-value of 2.160 for 13 degrees of freedom. Therefore, at the 0.05 level of significance, the t-test for these variables was statistically significant. This demonstrated that winners and losers, as defined in this study, were identifiably different in the number of accidents experienced. This supports the hypothesis of the researcher that losers have more accidents.

An analysis of variance was utilized to ascertain the effect of marital status upon the number of accidents experienced by the individuals in the sample. The obtained F-value of 5.8433 exceeded the tabled value of 3.98 for 2 and

11 degrees of freedom. This significant difference was demonstrated at the 0.05 level of significance. This demonstrated that married persons have fewer accidents.

In summary it was seen that the number of accidents differed for winners and losers, with losers having more accidents. Also that older subjects were more likely to be losers, that people undergoing psychiatric treatment have more accidents, and that single persons have more accidents. It was also seen that the messages which parents pass on to their children, and by which children live, could be determined for individuals and therefore a life-script could be identified.

CHAPTER V

DISCUSSION OF FINDINGS

This chapter discusses the findings as they relate to the theoretical framework. The hypothesis of this study, using transactional analysis criteria, that individuals with a loser script, when compared with individuals with a winner's script, as determined by a script analysis, would have a greater number of accidents, was supported by the findings. The interpretation of the script analysis for the fourteen subjects participating in this study demonstrated eight losers and six winners. The t-test for difference in means determined that the number of accidents differed for winners and losers, and those subjects with a loser script have more accidents than those subjects with a winner script. On the basis of Eric Berne's theory of transactional analysis, as described in Chapter I, these findings would suggest that the subjects with a loser script would continue to have accidents throughout their life as part of the life plan for fulfilling the script that they have selected.

The findings in this study also support Wolman's (1963) findings that characteristics of people, and the hazard to which they expose themselves by the ways in which

they live, are in large part responsible for accidental deaths and injuries. In other words, the person selecting a loser script which entails having more accidents, is behaviorally projecting personal characteristics and is selecting the hazard to which he exposes himself by the life script that he has chosen.

Therefore, if the subject has selected his script on the basis of messages received from parents which were negative, such as: "don't be happy," "don't think" "don't be healthy," or "don't be successful," and the individual accepts these injunctions and counterinjunctions, he will have accepted a loser script, and he will live out his life in a manner that will bear out the script that he has selected. For example, with the injunction of "don't be successful," the subject will participate in activities which will insure his failure to be successful. An accident could be the excuse necessary to miss an appointment which may have been the chance for a new, more successful job. Also, an accident would be an excuse for not performing on a "successful" level in any of life's daily occupations and therefore allay responsibility for not getting ahead.

The literature discusses at some length the accident prone individual. Adler (1934) suggested the existence of an unknown "X" factor in the human personality which tended to cause the individual to subject himself to accidents.

The researcher believes, on the basis of the findings of this study that the unknown "X" factor could be the selection of a loser script. Therefore, explaining the difference in the number of accidents experienced by two persons in the same type of work, or with the same life styles.

Other findings generated from this study, pertaining to the number of accidents experienced by persons with a winner or a loser script, are supported by the literature. There are several existing studies which have examined the unfortunate occurrences so common among elderly people, such as death of a spouse or loved one, reduction in income and scale of living and therefore influencing the incidence of accidental injuries. Also, the aged may be affected by psychomotor and sensorimotor changes, therefore increasing the number of accidents experienced in their later years. These findings are supported by the findings in this study which demonstrated that older subjects are more likely to be losers and therefore have more accidents.

A person's script can change at any given time, and it is conceivable that the elderly person, who has lost a spouse, who is no longer needed by children, who no longer needs the large home which they have cared for throughout the years, and who is having difficulty maintaining the activities they have been accustomed to performing could accept a loser script at this time in their life as a result of the above kinds of changes in their circumstances. If

the individual continues to feel worthless and useless at this time in their life, in spite of a winner script throughout their productive years, they will die living out the worthless feelings of their loser's script. The feelings of worthlessness may stimulate an earlier time when the individual had a loser script, but which they had changed through the years with feelings of worth and O.K.ness. This perhaps accounted for the findings in this study which stated that older subjects were more likely to be losers.

This study demonstrated a direct relationship between a loser script and an increased number of accidents. The study also manifested a direct relationship between the number of accidents and those undergoing psychiatric treatment having a loser script. Freeman (1960) demonstrated rather conclusively that the individuals who have repeated motor vehicle and industrial accidents also have difficulties in other personal and social aspects of their lives. As is indicated by this study and the correlation of script theory, so Freeman concludes, that accidents appear to be another expression of general social maladjustment.

The findings of this study indicated that single people have more accidents. Sheps (1961) supports these findings, pointing out that death rates for accidents are lower at all ages in married persons than in single, surviving, or divorced persons.

To individually look at each of the problems that a subject may have experienced during the six months prior to the time of their accident was far beyond the scope of this study. It is interesting to note that of the fourteen subjects, only five indicated that they had no problems. Three were winners and two were losers. The problem indicated most frequently by those subjects with a winner script was death of a friend or relative. The tension and anxiety of this loss may have had a relationship with the accident (Dunbar, 1943).

The fact that six out of the eight subjects with a loser script indicated problems prior to their accident may correlate with studies done by Finch and Smith (1970) who questioned if the victims of driving fatalities would show significant differences in personality patterns from those seen in control drivers. Finch and Smith ask: Is there a pre-crash state? This researcher believes that the subject with a loser script is living out a life plan which indicates that his personality pattern reflects itself in his susceptibility to an accident in order to live out the script that has been chosen.

In regard to the two subjects in this study with a loser script, and indicating that they had no problems, the researcher analyzed in their script questionnaire responses, injunctions and counterinjunctions telling them not to become involved with, or to get close to people. Therefore

their script would dictate to them, not to give information that would open the doors to their inner self. It is surprising that either of those individuals completed the script questionnaire. Each in turn had a counterscript of be helpful, and though unwilling to give highly personal information, they were very helpful in answering all of the questions presented to them. When asked further questions to illicit more information, the body posture and gestures indicated a drawing up close, and they were unable to offer any more information on that specific question.

The literature suggests that differences in the types of accidents occur to persons at different ages (Iskrant and Joliet, 1968). Also that those persons involved in potentially dangerous activities are more often exposed to accident situations. We see these factors affecting one sixteen year old subject in this study who exhibited a 'winner script and yet demonstrated five accidents. This subject is very actively involved the year round in contact sports, and all of his accidents, except for one, were related to his athletic endeavors. This subject is also at an age when the risks that he takes are influenced to a large extent by the more and play patterns of his peers. This subject is also receiving strong messages from his Mother to be involved and to keep busy. Many researchers have speculated that both "under-involvement" and "over-involvement" in the social

environment are associated with high accidental injury rates. This subject could definitely be classified as "over-involved" in the social environment.

Cultural scripts are also projected upon individuals in our society. A very strong cultural script of today is the differences in the roles and expectations between men and women. Men are to be unemotional, not demonstrate their feelings, strong, and silent. This perhaps accounts for the number of men who did not sufficiently complete their questionnaires so that a script analysis could be done.

Studies done by Dunbar (1943) indicated that persons belonging to maladjusted and irresponsible families tend to have a significantly higher incidence of accidents, solitary as well as multiple ones, than those not so designated. Since the messages which evoke the selection of a script come from mother and father, a loser or a winner script can be passed down from generation to generation. And until a single individual chooses to change their script, the specific script will be prevalent in a family situation. Therefore, if mother and father have a loser script and they pass the same messages received from their mothers and fathers which produced a loser script, on to their children, they in turn are projecting loser messages onto their children. Thus, a tendency for a higher

incidence of accidents may be present in several generations of a family as well as within an immediate family.

One of the assumptions of this study was that scripts could be identified. In transactional script analysis a diagnosis of a certain kind of script, injunction, counterinjunction, time of decision, or somatic component, is derived by culling information from a number of different sources. For the purpose of this study the only source of information was obtained from the subject, both verbal and nonverbal, and a script diagnosis was obtainable. Works done by Berne, Steiner and others in the area of scripts also verify the ability to determine scripts. Therefore the theory of transactional analysis could be used to validate other studies.

What makes a transactional analysis script diagnosis an instructive, human, and helpful statement is the manner in which it is arrived at and communicated. The researcher believes that the nurse is in an ideal situation to be involved in the data gathering process in regards to individual person's script and also in a good position to communicate the findings to the patient. The time spent with the patient by the nurse and the rapport established would make the nurse an acceptable liaison for initiating the script change process.

The use of transactional analysis theory and the script analysis could be utilized to validate other areas

of data than accidents which are of concern to the health professions. For example, script analysis of the parents of battered children, with follow-up on the battered child as well; script analysis of patients with ulcers; and script analysis of patients with other chronic illnesses.

In conclusion, the results of this research support the belief that those persons with a loser script have a higher number of accidents. Also that a single person with a loser script would have an even greater chance of an increased number of accidents. If the single person with a loser script were older, the chances of an increased number of accidents is even greater.

Recommendations

Truly humane treatment of whole people, and not just treatment of symptoms has been a matter of primary concern for many years for persons in the health field. An exploratory study of persons with a loser script and an increased number of accidents would be of benefit in determining specific factors that could be utilized in the nursing care of persons when hospitalized. These factors would be of prime importance in assisting the patient with a history of accidents to change his script.

Toward this end a recommendation is that additional studies, which could be patterned from this research, be undertaken, but which would embrace a larger, more

heterogenous sampling. It is also recommended that additional studies be done, utilizing subjects of the same age, another study with subjects who have similar educational backgrounds, another study with only single subjects, and one looking at cultural scripts, with control groups, in order to further delineate the variables that possibly affect the results of this study. Also further studies would be beneficial on the accident history and the life-scripts of entire families for as many generations as is available. Another recommendation is that more studies be done on the problems indicated by the subjects participating in this study and their effect on accidents as correlated with their life-script.

Another recommendation is that, unless the initial interviewer is to be the person to assist the subject in the change of script process, it would not be necessary to include the questions on the script analysis which deal with the subject's desire to change and with contracts for those changes.

It is also recommended that when utilizing the script analysis that the researcher, if interviewing patients within a hospital setting, verify with doctors their understanding and acceptance of the questions regarding death on the script analysis. This researcher found doctors generally reluctant to allow the mention of the word

death, no matter what the association, in the presence of their patients.

A further recommendation would be to solicit persons from a transactional analysis therapy group, where scripts could be delineated by the therapist, as well as other members of the group and by the subject himself, and then conduct the accident history questioning. In this type of setting, the individual, aware of his script, could be analyzed in regards to script changes and therefore a potential decrease in the number of accidents.

A final recommendation which should be of importance to nursing as a science would be to conduct a comparative study of the nurse's understanding of human behavior and using this understanding for therapeutic results. The findings of such a study might have the effect of evaluating the nurse as a highly unique therapeutic tool in the care of patients.

CHAPTER VI

SUMMARY

Nurses frequently find themselves caring for paper-work, tending machines and solving problems with the other personnel on a unit, all of which take her away from the patient. Many nurses express dissatisfaction in the diversities of their role which tend to eliminate their contact with the patient and therefore limit her caring for the patient. In order to treat the whole patient as an individual, utilizing human skills based on knowledge and on personal attributes, it is necessary to improve the communication and interpersonal aspects of the nursing process. The study described in the preceding chapters was an attempt to isolate one very specific area where the skills of communication and interpersonal relations, integrating concepts, theories and principles from Eric Berne's theory of transactional and script analysis, would benefit the patient. Knowledge and understanding of the loser script personality would potentially eliminate the repetitious admissions to the hospital of a patient who utilizes accidents as one method for living out their script.

The purpose of this study was to investigate the relationship of the life scripts of individuals hospitalized as the result of an accident and patient's accident history. Eric Berne's theory of transactional and script analysis were used as the framework for this study.

The problem which was researched was: Is there a relationship between an individual's script and the number of accidents that the same individual may have experienced during his life previous to his present orthopedic accident. It was the belief of the investigator that persons with a loser script would have more accidents than persons with a winner script. The problem is significant to the care a patient receives while hospitalized in that the individual's script components are an important contributing factor to the comprehensiveness of care required by him.

Included in this investigation were variables such as age, marital status, sex, psychiatric treatment, medications, physical disabilities and personal problems. Evidence in the literature indicates that these variables demonstrate a relationship with the frequency of accidents.

This comparative study was designed to focus on the identification and analysis of the relationship between life script and number of accidents. Eric Berne's theory of transactional analysis was employed.

The instruments used were:

1. A structured interview questionnaire devised by the researcher. Number of accidents and other variables were categorized.
2. A life script questionnaire devised by Paul McCormick.
3. A script matrix to diagram each subject's script.

The sample for the study included fourteen subjects, eleven females and three males who were admitted to the hospital with trauma as the result of an accident and met the following criteria:

1. The patient's willingness to participate in the study.
2. The patient's ability to communicate in English.
3. The patient having an injury caused by a traumatic accident.
4. The attending physician's willingness for his patient to participate in the study.

The specific hypothesis that was tested in this study was: a relationship between a loser script and the number of accidents that the same individual may have experienced during his life.

The t-test for differences in means to determine whether the number of accidents differed for winners and losers was analyzed. The t-test for the variables of winner

and loser was statistically significant. This demonstrated that winners and losers, as defined in this study were identifiably different in the number of accidents experienced. This supports the contention of the researcher that losers have more accidents.

The findings of the research point toward a basis in fact for the premise that losers have more accidents. The conclusion is predicated on the results of a comparative study from data collected on fourteen subjects hospitalized after a traumatic accident.

Since life scripts were found to have an effect on the number of accidents experienced by individuals, these findings should be of importance to nurses in caring for patients with repeated hospitalizations as the result of accidents.

A recapitulation of the recommendations stated in Chapter V would suggest that an extension of this same type of study, together with more diversified investigation would open more avenues germane to nurse-patient interaction,

APPENDIX A

PATIENT EXPLANATION AND CONSENT SHEET

I am Jean Wehrman, a student in the University of Arizona College of Nursing Graduate Program. I am doing a study and am interested in interviewing patients who have had an accident. Your participation in this study would involve answering some questions in regards to the circumstances surrounding your accident and occurrences in your past which may have affected the accident. Some of the questions may not seem pertinent to you, yet from your responses I hope to draw some conclusions regarding accidents which may improve the care provided for patients hospitalized as the result of an accident.

You are under no obligation to participate in this study with me. If you do consent to participate, but later wish to withdraw from the study, you may do so at any time.

The interview will be tape-recorded so that your answers can be analyzed at a later date. All information will be kept confidential and at no time will your name be identified.

The interview will take approximately thirty minutes of your time. Your Doctor has already granted permission for you to participate in this study.

Do you have any questions that I can answer for you?
I consent to participate in this study as described
above.

Signature: _____

Date: _____

APPENDIX B

DOCTOR'S CONSENT SHEET

Dr. _____

I am Jean Wehrman, a graduate student in the University of Arizona College of Nursing Graduate Program. I am doing a study and am interested in talking with patients who have had an accident. If you consent to have your patient interviewed by me will you sign below.

The instruction sheet explaining the study to the patient is attached to this sheet. It will not be given to the patient until your consent has been received. A list of the questions to be asked the patient is also attached.

Thank you for your consideration.

I give my consent for _____
to be interviewed by Jean Wehrman.

Dr. _____

Date: _____

APPENDIX C

LIFE-SCRIPT QUESTIONNAIRE

Key:

Identification No.: _____

PI Parental Injunction
CI Counterinjunction
BP Basic Position
G Game (favorite)
R Rackety
P Program for life course
C Contract

1. Which Parent named you? Why did they pick those names? (PI, CI)

2. a. What do you think your mother wanted you to be when you grew up? (PI, CI)

b. What do you think your father wanted you to be when you grew up? (PI, CI)

3. What does your mother usually say when you do something wrong, or disappoint her? (PI, CI)

What does your father usually say when you do something wrong, or disappoint him? (PI, CI, R)

4. What nicknames have people called you? What do the names mean? (PI, BP, R, G, P)

5. What do you like most about yourself? (PI, BP, R, G, P)

6. What do you like least about yourself? (PI, CI, BP, R, G)

7. Do you ever feel that something might be wrong with you? (PI, BP, R, G, C)
8. How did you get caught? (R, G)
9. What are your major physical symptoms? (G)
10. Do you ever take out your bad feelings on others? (R, G)
11. Does it seem to you that sometimes you go out of your way to find something to feel bad about? (R, G)
12. Who is your favorite character from the movies, or T.V., or stories you've read or heard? (R,P)
13. What was your favorite fairy tale, story, or movie as a child? (P)
14. What in your life do you feel best about? (PI, CI, BP, R, G)
15. What in your life do you feel worst about? (PI, CI, BP, R, G)
16. If everything goes right, what do you imagine you might be doing in five years? (CI).
17. If everything goes wrong, what do you imagine you might be doing five years from now? (PI, CI)
18. How long do you imagine you'll live? How do you suppose you might die? What will it say on your tombstone? (PI, CI, C)
19. What would "heaven on earth" be for you? (PI, P, C)

20. What do you feel is your biggest problem? (PI, BP, R, G, P, C)
21. What about yourself do you most want to change? (C)

APPENDIX D

DATA COLLECTION FORM

Date: _____ Patient's Hosp. #: _____

Age: _____ Diagnosis _____

Education: _____

Occupation: _____

If unemployed, what was last job held? _____

Marital status:

Single, never married _____

Married and living with spouse _____

Separated _____

Widowed _____

Divorced _____

Were you raised by your parents? _____ Other? _____

Do you have any physical disabilities? _____ Specify:

Do you have any major illnesses? _____ Specify:

Have you had any psychiatric treatment? _____ Specify:

Are you on any medication routinely? _____ Specify:

Were you taking any medications at the time of your accident?

Specify medications taken at time of accident.

What kind of accident did you have?

How did it happen?

What are your injuries?

Do you have any ideas about what might have caused the accident?

Have you had any other accidents in the month previous to this accident?

In the previous six months?

In the previous year?

At any other time in your life?

Have you had any broken bones?

bad burns?

lacerations?

Have you had any operations as the result of an accident?

Were you having any problems with the following during the six months prior to your accident? (Check all appropriate answers and indicate degree of severity.)

<u>Problem</u>	<u>Yes</u>	<u>No</u>	<u>Mild</u>	<u>Moderate</u>	<u>Severe</u>
Marital Problems:					
Parent-child Problems:					
Job Problems:					
Traumatic Sex Experience:					
Loss of Close Friend:					
Loss of Relative:					
Boy-girl Stress:					
Postpartum Problem:					
Financial Difficulty:					
Alcohol:					
Other, specify:					

APPENDIX E

GUIDELINES FOR USE OF LIFE-SCRIPT QUESTIONNAIRE

No single question can be relied on to supply definitively the script items listed to the right of the question, but all the questions, taken as a whole, will almost certainly provide very significant script information.

Question No. 1 is a clue as to how close a person and his parents are. If the person has no idea of who named him, or why they named him what they did, alert yourself to the possibility that the person and his folks did not do much talking to one another about very personal topics. If the person knows the answers to the two questions regarding his names, try to discern whether or not parental expectations were attached to the names. If a boy is a Jr., for example, do they expect him to be "just like his father"?

Question No. 2 usually gets response having to do with an occupation. Parents frequently tell their children to be sure to get a good job, or to marry well, and to have enough money to be financially secure. This of course is rational, Parental advice, which is what most counter-injunctions are. If the job they advise is far beneath the

son's capacity, the counterinjunction may be destructive. This question, and the next, are divided into two parts because the mother's and father's messages are not always the same.

Question No. 3 will yield both the counterinjunctions and the witch message. If the parents say, "We're all better off when you're in jail" that is witch of course, as if "I give up." Try to find out what the parents say, exactly what words they use, when they are angry.

Question No. 4 is a good one to get at the basic position. Find out what the parents called, or still call, the person. If they used a derogatory nickname, they were probably giving out a you're not O.K. message. Also try and find out what the person's peers call him. If the nickname is a derogatory one, you can bet that the person's Child feels it as a putdown even if he tells you he likes it. Remember that people prefer negative strokes to none at all, especially if their basic position is "not-O.K."

Question No. 5 often stops a person cold. When it does, you can suspect that he did not have permission from his mother and father to enumerate the good things about himself. In other words, they did not approve of self-stroking. They told him, in effect, "Don't approve of yourself" (a witchy parental injunction). If he says, "I like the way I do things for other people," you may be on to his counterinjunction, which may be something like, "Do

what we decide is good for you and we will approve of you." This is an example of a counterinjunction that is not contradictory to the witch message, but in line with it, the message being: "Don't be you," which reinforces a not-O.K. basic position, promotes depression, and sets up depressive games.

Question No. 6 tips you off to the same kinds of information as above. Responses to this question often refer to dissatisfaction with self because of a lack of autonomy. Encourage the person to talk about qualities that are not merely physical. Also keep in mind that parents often point out physical defects as evidence of not-O.K.-ness.

Question No. 7 often elicits an Adult response, such as "No, I know nothing is really wrong with me." Question further to see if the individual always feels that way.

Question No. 8 helps expose games. Getting caught is an important part of the game. Getting caught and being punished is a way of getting strokes, and ways of reinforcing the not-O.K. position.

Question No. 9 may be evidence that the individual is setting himself up to be caught at games and therefore live out a "not-O.K." feeling.

Question No. 10 very often gets a "yes" answer. As soon as you hear the "yes" you know that at least part of the person is aware that he plays games, and that he has a

bad feeling racket. The individual is telling you that he uses his bad feelings as justification for a "free mad," or a "free sulk." If he answers "no" to the question, and adds that he only takes his bad feelings out on himself, you are hearing about his depression racket, and perhaps the way he saves up brown stamps for an accident.

With Question No. 12, you are likely to get a hero whom the person cannot possibly emulate. The hero worship sometimes is a way the person has of contrasting what he would like to be with what he sees himself as in fact, and then feeling bad about the disparity. Fictional characters the person mentions seem usually to represent a way of living that the person yearns for but never really expects to reach. His fantasies about the ideal life ultimately pay off, most probably with depression, because he sees the reality of his own life as impoverished when contrasted with his dream. These fantasies, then may be one of the ways to perpetuate a bad feeling racket.

A person's favorite plot (Question No. 13) may provide him with a program for living out his life course. Ask if the person feels that the story is in any way similar to their life, or if it is what they would like theirs to be.

Question No. 14 gets responses that may give clues to the person's script element. The same kind of clues are gleaned from Question No. 15.

The answer to No. 16 is often a clear statement of the counterinjunction: What the Parent in the parents has told the person he ought to do. "I'll be through college and I'll have a good job, a home, and a family." This may be exactly what the person wants for himself, too, but if reaching the goals depends largely on "everything going right," that is, on conditions beyond the boy's control, his Child believes in "luck," and he is probably waiting for it to happen magically. If he is, you know he has an unproductive script.

With Question No. 17, listen carefully for the possibility that the worst is what the person really expects. Many responses to this question sound like predictions of what the person predicts will happen. Such predictions may be the person's decision that that is how they are going to happen.

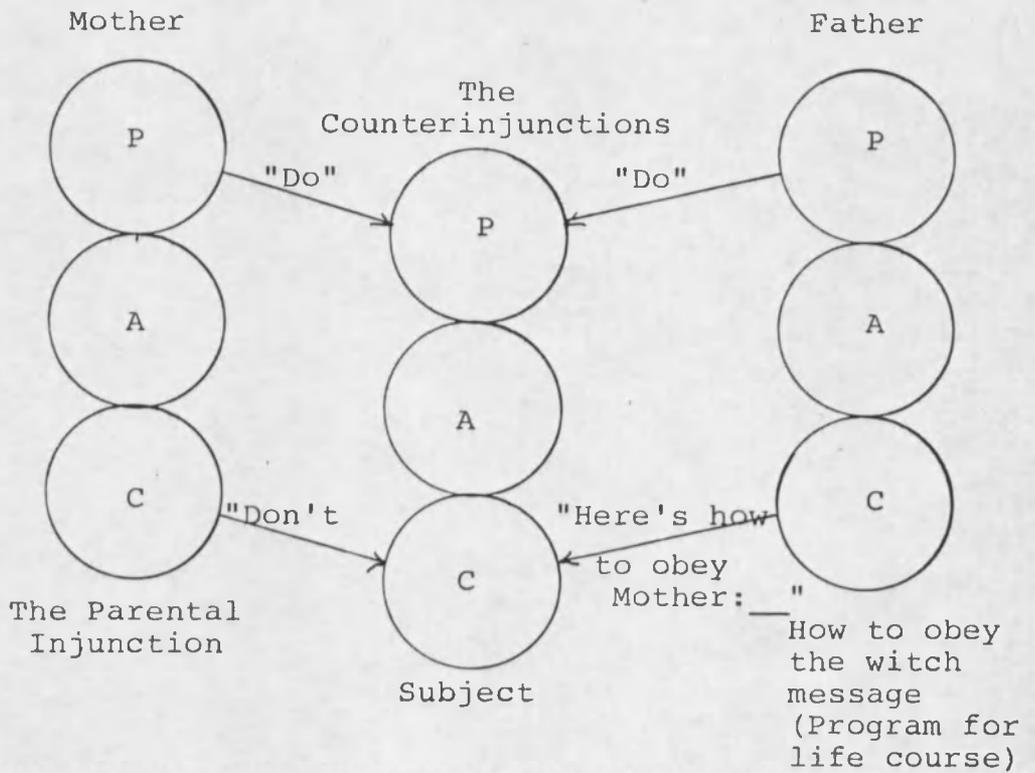
Question No. 19 is a good one for getting at the person's bleak expectations for themselves. This question can be used for contract material later.

Question No. 20 can help to get at a variety of script elements. The verb feel rather than think is used in the question in order to elicit a Child response. This is also used for contract material.

Question No. 21 is intended primarily to provide contract material.

APPENDIX F

SCRIPT MATRIX



APPENDIX G

SUPPLEMENTAL DEFINITIONS

The following definition of terms were also used for the purpose of this study:

1. Adult Ego State: That part of the personality which is the computer and data processor. It deals with facts and verifiable information. The Adult Ego State operates on what works, what is most efficient, and what will solve the problem. An important function of the Adult is to make decisions based on the computation of information from the Parent, the Child, and previous data in the Adult. It examines data from the Parent to decide if it is still applicable today. It examines data from the Child to determine if feelings and actions are appropriate to the present or are left over from the past. An ego state oriented toward objective, autonomous data-processing and probability estimating.
2. Child Ego State: That part of the personality which is a carryover from chronological childhood. These recordings represent the way the child saw, heard, felt, and understood the world around him. Powerful emotions reside in the Child and these can be in

reaction to past reality or to present situations. Within the Child are also the qualities of creativity, excitement, sensual and sexual enjoyment, curiosity, and spontaneity. This is the natural Child. There is another part of the Child ego state, the adapted Child. This is the manner in which the child learned to get along with his parents.

Adaptation (or adjustment) includes lifelong patterns of withdrawal, anger, and fear, getting sick, or being overly submissive, helpless, or whining.

3. Counterinjunction: Messages from the Parent in the parent to the Parent in the offspring. They are called "counter" because they are often directly contradictory to the injunctions. Counterinjunctions are not as potent as the injunctions.
4. Decision: A childhood commitment to a certain form of behavior, which later forms the basis of character.
5. Ego State: A consistent pattern of feeling and experience directly related to a corresponding consistent pattern of behavior.
6. Games: A series of transactions with a con, a gimmick, a switch, and a crossup, leading to a payoff. Games are an ongoing series of complimentary ulterior transactions progressing to a well-defined, predictable outcome. A recurring set

of transactions often repetitious, superficially plausible, with a concealed motivation.

7. Injunction: The "command" from the Child in the nurturing parent to the Child in the offspring ordering the infant not to offend if he wants continued nurturing. A prohibition or negative command from a parent,
8. Life Plan: What is supposed to happen according to the script.
9. Parent Ego State: An ego state borrowed from a parental figure. It may function as a directing influence or be directly exhibited as parental behavior. It can be identified when behavior includes the language, intonation, attitudes, posture, and mannerisms of one or both parents or other authority figures. It also makes many automatic responses concerning ethics, manners, and the way things "should" be done. The Parent ego state refers to both these aspects of the personality, the nurturing, sympathetic reassuring, caring part, and the critical, opinionated, prejudiced and judgmental parts.
10. Payoff: The ultimate destiny or final display that marks the end of a life span.

11. Position: A concept of O.K.ness and not-O.K.ness which justifies a decision; a position from which games are played.
12. Role: A set of transactions played out in any of the three ego states according to the demands of the script.
13. Stroking: Any act implying recognition of another's presence.
14. Structural Analysis: Analysis of the personality, or of a series of transactions, according to Parent, Adult, and Child ego states.
15. Transaction: A transactional stimulus from a certain ego state in the agent plus a transactional response from a certain ego state in the respondent. A transaction is the unit of social action.

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