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BOOK REVIEW

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TITLE OF THE BOOK : I'M OK – YOU'RE OK: A
PRACTICAL GUIDE TO
TRANSACTIONAL
ANALYSIS

NAME OF THE AUTHOR : THOMAS A. HARRIS

PUBLISHER : HARPER & ROW NY

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REVIEWED BY
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Transactional analysis is the method of examining a transaction wherein, "I do something to you and you do something back" and determining which part of the multi-natured individual is "coming on."

Transactional analysis is the method of systematizing the information derived from analyzing transactions in words which have the same meaning, by definition, for everyone who is using them. This language is clearly one of the most important developments of the system. Agreement on the meanings of words plus agreement on what to examine are the two keys which have unlocked the door to the "mysteries of why people do as they do."

In the development transaction analysis, it was observed that as you watch and listen to people you can see them change before your eyes. It is a total kind of change. There are simultaneous changes in facial expression, vocabulary, gestures, posture, and body functions, which may cause the face to flush, the heart to pound, or the breathing to become rapid. The individual who changes in these ways is still the same person in terms of bone structure, skin, and clothes. So, what changes inside him? He changes from what to what?

This was the question which fascinated the early workers in the development transactional analysis. A thirty-five year old lawyer, whom Berne was treating, said, "I'm not really a lawyer, I'm just a little boy." Away from the psychiatrist's office he was, in fact, a successful lawyer, but in treatment he felt and acted like a little boy. Sometimes during the hour he would ask, "Are you talking to the lawyer or to the little boy? Both Berne and his patient become intrigued at the existence and appearance of these two real people, or state of being, and began talking about them as "the adult" and "the child."

THE CHILD

Changes from one state to another are apparent in manner, appearance, words, and gestures. A thirty-four year-old woman consulted for help with a problem of sleeplessness, constant worry over "what I am doing to my children," and increasing nervousness. In the course of the first hour she suddenly began to weep and said, "You make me feel like I'm three years old" her voice and manner were that of a small child. The doctor asked her, "What happened to make you feel a like child?" "I don't know," she responded and added, "I suddenly felt like a failure." The doctor said, well, let's talk about children, about the family. Maybe we can discover something inside of you that produces these feelings of failure and despair." At another point in the hour her voice and manner again changed suddenly. She became critical and dogmatic: "After all, parents have rights, too. Children need to be shown their place." In a span of one hour this mother changed to three different and distinct personalities: one of a small child dominated by

feelings, one of a self-righteous parent, and one of reasoning, logical, grown-up woman and mother of three children.

These state of being are not roles but psychological realities. Berne says that "Parent, Adult, and Child are not concepts like superego, ego, and Id . . . but phenomenological realities. The state is produced by the playback of recorded data of events in the past, involving real people, real times, real place, real decisions, and real feelings.

The Parent

The parent is a huge collection of recordings in the brain of unquestioned or imposed external events perceived by a person in his early years, the data in the parent was taken in and recorded "straight" without editing. The situation of the little child, his dependency, and his inability to construct meanings with words made it impossible for him to modify, correct or explain. Therefore, if the parents were hostile and constantly battling each other, a fight was recorded with the terror produced by seeing the two persons on whom the child depended for survival about to destroy each other. There was no way of including in this recording the fact that the father was inebriated because his business had just gone down the drain or that the mother was at her wit's end because she had just found she was pregnant again.

In the parent are recorded all the admonitions and rules and laws that the child heard from his parent and saw in their living. They range all the way from the earliest parental communications, interpreted nonverbally through tone of voice, facial expression, cuddling, or non-cuddling, to the more elaborate verbal rules and regulations espoused by the parent as the little person became able to understand words. In this set of recordings are thousands of "no's" directed at the toddler, the repeated "don'ts" that bombarded him, the looks of pain and horror in mother's face when his clumsiness brought shame on the family in the form Aunt Ethel's broken antique vase.

When we consider that the recorder is on all the times, we begin to comprehend the immense amount of data in the parent. The examples-coercing, forcing, sometimes permissive but more often restrictive are rigidly internalized as a voluminous set of data essential to the individual's survival in the setting of a group, beginning with the family and extending throughout life in a succession of groups necessary to life.

While external events are being recorded as that body of data we call the parent, there is another recording being made simultaneously. This is the recording of internal events, the responses of the little person to what he sees and hears. In this connection it is important to recall Penfield's observation that the subject feels again the emotion which the situation originally produced in him, and he is aware of the same interpretation, which he himself gave to the experience in the first place.

During this time of helplessness there are an infinite number of total and uncompromising demands on the child. On one hand, he has the urges (genetic recordings) to empty his bowels ad lib., to explore, to know, to crush and to bang, to express feelings, and to experience all of the pleasant sensations associated with movement and discovery. The predominant by product of the frustrating, civilizing process is negative feelings. On the basis of these feelings the little person early concludes, "I'm not OK." We call this comprehensive self-estimate the not OK, or the not OK child. This conclusion and the continual experiencing of the unhappy feelings which led to it and confirm it are recorded permanently in the brain and cannot be erased. This permanent recording is the residue of having been a child.

As in the case of the parent, the child is in a state into which a person may be transferred at almost any time in his current transactions. There are many things that can happen to us today which recreate the situation of childhood and bring on the same

feelings we felt then. Frequently we may find ourselves in situations where we are faced with impossible alternatives, where we find ourselves in a corner, either actually, or in the way we see it. These “hook the Child,” as we say, and cause a replay of the original feelings of frustration, rejection, of abandonment, and we relive a latter-day version of the small child’s primary depression. Therefore, when a person is in the grip of feelings, we say his Child has taken over. When his anger dominates his reason, we say his Child is in command. In the child reside creativity, curiosity, the desire to explore and know, the urges to touch and feel and experience, and the recordings of the glorious, pristine feelings of first discoveries.

Frequently, people asked, when do the Parent and Child stop recording? Do the Parent and Child contain only experiences in the first five years of life? By the time the child leaves the home for his first independent social experience-school-he has been exposed to nearly every possible attitude and admonition of his parents, and henceforth further parental communications are essentially a reinforcement of what has already been recorded.

THE ADULT

At about ten months of age a remarkable thing begins to happen to the child, he begins to experience the power of locomotion. He can manipulate objects and begins to move out, freeing himself from the prison of immobility. Adult data accumulates as a result of child’s ability to find out for himself what is different about life from the “taught concept” of life in his Parent and the “felt concept” of life in his child. The motility which gives birth to the Adult becomes reassuring in later life when a person is in distress. He goes for a walk to “clear his mind” pacing is seen similarly as a relief from anxiety. The adult, during these early years, is fragile and tentative. It is easily “knock out” by commands from his Parent and fear in the Child. Mother says about the crystal goblet, “No, no! Don’t touch that!” the Child may pullback and cry, but the first opportunity he will touch it anyway to see what it is all about.

The adult is “principally concerned with transforming stimuli into pieces of information, and processing and filing that information on the basis of previous experience. It is different from the Parent, which is “judgmental in an imitative way and seeks to enforce sets of borrowed standards, and from the Child, which tends to react more abruptly on the basis of prelogical thinking and poorly differentiated or distorted perceptions. One of the important functions of the adult is to examine the data in the Parent, to see whether or not it is true and still applicable today, and then to accept it or reject it, and to examine the Child to see whether or not the feelings there are appropriate to the present or are archaic and in response to Parent data. The Adult, in the words of Emerson, “must not be hindered by the name of goodness, but must examine if it be goodness”; or badness, for that matter, as in the early decision, “I’m not OK,”

I’M NOT OK – YOU’RE OK

This is the universal human position of early childhood, being the infant’s logical conclusion from the situation of birth and infancy. There is OK-NESS in this position, because stroking is present. Without at least minimal handling the infant would not survive. There is also not OK-NESS. That is the conclusion about himself. The evidence points to the overwhelming accumulation of not OK feelings in the Child, making logical his NOT-OK conclusion about himself.

In the first position the person feels at the mercy of others. He feels a great need for stroking, or recognition, which is the psychological version of the early physical stroking. In this position there is hope because there is a source of stroking- YOU’RE OK- even if the stroking is not constant. The Adult has something to work on: what must I do

to gain strokes, or their approval? There are two ways in which people may attempt to live out this position.

The first is to live out a life script that confirms the not OK. It is written unconsciously by the Child. The script may call for a life of withdrawal, since it is too painful to be around OK people. A more common way to live out this position is by a counter-script (also unconscious) with borrowed lines from the parent: YOU CAN BE OK. OK strokes can only come from OK people, and the Parent is OK. The not OK writes the script; the you're OK, however, because the position has not changed, no matter what I do, "I am still not OK."

I'M NOT OK – YOU'RE NOT OK

Life, which in the first year had some comforts, now has none. The stroking has disappeared. If this state of abandonment and difficulty continues without relief through the second year of life, the child concludes I'M NOT OK – YOU'RE NOT OK. In this position, the Adult stops developing since one of its primary functions-getting strokes is thwarted in that there is no source of stroking. A person in this position gives up. There is no hope. He simply gets through life and ultimately may end up in a mental institution in a state of extreme withdrawal, with regressive behavior which reflects a vague, archaic longing to get back to life as it was in the first year during which he received the only stroking he ever knew-as an infant who has held and fed.

I'M OK – YOU'RE NOT OK

A child who is brutalized long enough by the parents he initially felt were OK will switch positions to the third, or criminal, position: I'M OK – YOU'RE NOT OK. There is OK-NESS here, but where does it come from? Where is the source of stroking if YOU'RE NOT OK?

This is a difficult question considering that the position is decided in the second or third year of life. If a two-year-old concludes I'm OK, does this mean his OK is the product of "Self-stroking," and, if so, how does a small child stroke himself? This stroking occurs during the time that a little person is healing from major, painful injuries such as inflicted on a youngster who has come to be known as the battered child. I'm OK by myself. As the brutal parents reappear, he may shrink in horror that it will happen again. You hurt me! You are NOT OK. I'M OK – YOU'RE NOT OK.

For a child the I'M OK – YOU'RE NOT OK position is a life-saving decision. The tragedy, for him and for society, is that he goes through life refusing to look inward. He is unable to be objective about his own complicity in what happens to him. It is always "their fault." It's "all them."

The person in the I'M OK – YOU'RE OK position suffers from stroking deprivation. A stroke is only as good as the stroker. And there are no Ok strokes. Such a person may develop a retinue of "yes men" who praise and stroke him heavily.

I'M OK – YOU'RE OK

The fourth position, I'M OK – YOU'RE OK, because it is conscious and verbal decision, can include not only an infinitely greater amount of information about the individual and others. The first three positions are based on feelings. The fourth is based on thought, faith, and the wager of action. The first three have to do with why. The fourth has to do with why not? Our understanding of OK, is not bound to our own personal experiences, because we can transcend them into an abstraction of ultimate purpose for all men.

Finally, it is essential to understand that I'M OK – YOU'RE OK is a position and not a feeling. The not OK recordings in the Child are not erased by a decision in the present.

The task at hand is how to start a collection of recordings which play OK outcomes to transactions, successes in terms of correct probability estimating, successes in terms of integrated actions which make sense, which are programmed by the adult, and not by the Parent or Child, successes based on an ethic which can be supported rationally. A man who has lived for many years by the decisions of an emancipated Adult has a great collection of such past experiences and can say with assurance, "I KNOW THIS WORKS," The reason I'M OK – YOU'RE OK works is that instant joy or tranquility is not expected.