Devolution: The Link Between Script Instructions and Physical Illness

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Abstract

This article considers the link between script and physical illness and proposes that humans respond to physical or emotional trauma with five inborn devolutionary lines of defense. These lines of defense are imposed on physiology as well as personality and thus can produce physical illness. Links between script issues and physical symptoms in relation to a variety of physical and psychological problems are discussed. Through rescripting, transactional analysts stand to make major contributions to clients who want to improve their physical as well as emotional well-being.

Some connections between unresolved traumatic script issues and physical symptoms are fairly easy to identify. For example, one group member was on her fifth weight-loss program and had almost reached her *desired weight* when, sitting at her desk as the last sip of liquid breakfast trickled down her throat, she caught the scent of a coworker's aftershave and immediately became sick to her stomach. She reported that a scene from long ago flashed before her mind's eye. Back in the year when she was a slender new bride, she had let a friend of her husband's in the door to wait for her husband. Instead, he raped her. In a flash of insight, she made the connection between her fear and her obesity. "For 27 years," she said. "I've been using extra weight to protect myself from being attractive enough for such a terror to occur again!"

Identifying the beginning of his scoliosis was also straightforward for a workshop participant who uncovered a scene in which he, as a six-year-old helpless passenger, watched their speeding vehicle drift over the centerline as his father slumped lifelessly over the steering wheel, the victim of a fatal heart attack.

Catalysts such as these, which occur in adulthood or the later stages of childhood, whether from physical abuse, war experiences, or combat fatigue, are relatively accessible. Other physical symptoms and their connections to script scenes may be far more difficult to identify. Nonetheless, clinical experience demonstrates time and again that unresolved traumatic experiences and their defensive systems lie at the root of many physical symptoms. How can this be?

When an event (or a series) of events occurs that is cataclysmic to the person and that remains unresolved, the individual's physiological response remains frozen in the form it took during the overpowering experience. Whether it took place in the heat of a battle, in divorce court, or in a funeral home, such events have one common effect: the individual's physiology is no longer organized around tasks that promote health. Instead, it is organized around maintaining defensive systems and keeping them out of awareness (Levin, 1994). This programming imposed on physiology operates outside the awareness of the person-with-symptom, who is likely to remain unaware of its roots. Nonetheless, bodily processes such as heart rate, blood pressure, sugar metabolism, and endocrine function all continue to receive instructions as if the trauma and the need to defend against it were still occurring. Such is the gift and the curse of ego states to our physical body: They record every incident of our lives and do not forget what we force from our

conscious mind (Berne, 1961).

When such disturbances occur in early childhood, they also disrupt the natural developmental process. Instead of writing each page of our life's story stage-by-stage as we focus on age-appropriate tasks during specific evolutionary moments (Levin. 1988), physiology must concentrate on responding to some cataclysmic event. An infant left abandoned must organize physiology around attempting to manage being cold, wet, and hungry rather than on sucking to take in nourishment. When confined to a playpen or hospital bed, a toddler must consolidate physiology to maintain inactivity-the exact opposite of nature's focus at that age on learning to crawl (pp. 51-56).

One such traumatic event, unfortunately common in countries practicing Westernized medicine, is medical interference that prevents the initial phase of maternal-infant post-birth bonding. One participant in a workshop focusing on birth trauma summarized her regressive work experience:

I went back to being a newly born infant. While my umbilical cord was still attached to my mother, I wanted to take in her scent along with my first breath of air to identify her. Instead of being immediately placed on her belly so I could make that imprint, my cord was cut-even before I could use my lungs to breathe-and I was passed off to some stranger who whisked me off to the nursery to he scrubbed down, ostensibly to make me "presentable." I needed to know that the mother I grew inside of in the world of water was the same mother in the world of air, but there was no way I could. In place of her smell is a series of shattering, painful events that severed my connection between me before they happened and me afterward. My inutero history was completely severed from who I was after birth until now.

Had this woman's experience of her birth followed nature's plan, the page of script instructions she composed at birth might have said something like, "Complete transition, make connection to source of nourishment and nurturing, and breathe huge sigh of relief." Instead it reads something like, "Make transition, disconnect from your own history, stay in unknown territory while receiving painful stimulation, feel lost, give up trying to get connection outside or inside, and eventually go on anyway." At a deeply unconscious level, her trauma-based imprint continued to instruct her physiology to give up sustaining bonding connections during transitions, for when just born, she concluded that "survival depends on staying unrelated." Without reversing it, such decisions stay embedded in the primal layers of scripting where they are unavailable to the conscious mind, but where they affect both body and personality throughout later life.

This woman's unresolved trauma became the focus of continuous low-level stress, instructing the grown-up to "stoke up the body furnace, race the metabolism, increase muscle tension, and go on alone." It operated as a mild, but always present, imposed organizing focus for her physiology. In fact, she had been plagued by outbreaks of severe eczema and hives, which, she realized, were always at their worst after a life transition such as moving or changing jobs, a symptom she felt expressed her newborn trauma of being roughly scrubbed down.

A man attending another birth trauma workshop shared his regressive work experience:

> *I was in the birth canal. I was being rhythmically pushed from behind, slowly and irretrievably rotating forward. Unfortunately, the cord was wrapped around my neck. I wanted to feel liberated by each move forward, but instead I was strangling more with each contraction. It was a slow execution?*

Unless he heals this traumatic script imprint, the memory of this hideous experience will be all his body has to provide directions for how to run his body during his life transitions (Levin. 1994, p. 47). During minor ones, he has a tendency to headaches, anxiety attacks, and asthma-like symptoms. In major transitions-ones in which he is going to change his life structure-he has been hospitalized with a ruptured disc in his neck. Naturally, his adult self had no clue that this debilitating condition might be rooted in script instructions imprinted during his first major life transition: birth.

Because of suppressed traumas such as these, the focus of physiology in the ego states recorded at this primal level switches from surrendering to the process of being moved forward in life to resisting in a massive effort to survive. Perhaps the script imprint imposed on his physiology read something like, "Danger. Transitions are deadly. Survival is at stake. All transitions require a red alert and a signal to run for the lifeboats."

Originally meant to promote survival in the face of a real physical event, ego state recordings such as these become routine bodily instructions to declare a physical emergency and to generate high-level defensive action whenever physiology calls on the function (in this case, moving forward in life) for which the imprint is used. To the baby, this experience is no treasure, but a life-threatening irritant. However, to the grown-up confined to bed in neck traction, discovering this underlying issue can seem like finding a buried treasure that not only reveals the moment a condition was born, but also implies a path for healing.

Because traumatic experiences that lie deep in the peri-natal period are manifestations of the script proper, as opposed to the counter script, they are therefore the most difficult to identify. Nonetheless, in my experience, revealing these pre-oedipal, nonverbal, preconscious, and visceral-level ego states and working with them directly is consistently associated with reversing physical symptoms. Experiences such as surviving an unsuccessful abortion inutero, birth trauma, failure in infant-maternal bonding, or early experiences of rejection or abandonment and the defensive systems constructed around them impose instructions on physiology that direct physical symptoms. While the content of such experiences is unique to each individual, the defensive systems employed have commonalities which can be used constructively to achieve healing. Working with clients' script-trauma systems in individual sessions, intensives, and workshops, I have observed that all people use up to five of the same phases of defense. These five reactions contain keys that can unlock doors to healing.

The Five Phases of Devolution

The way people respond, both bodily and emotionally to traumas, has to do with how the human brain works (Rice, 1986). To follow the process by which our brains lay the foundation for physical health or disease may seem like a task more suited to scores of scientists using billions of research dollars. But much of its mysteries can be unraveled by cathecting the ego-state systems contained in the script-trauma system, which reveals five mechanisms our brain uses to defend our lives.

I. The stress response: "I can cope."
2. The shock reaction: "I can't cope."
3. The chameleon's camouflage trick: "This *isn't really me."*
4. The "little fascist" or dictator: "Don't worry, I'll handle it."
5. Denial: "What problem?"

At the level of gross physical anatomy, our nervous system functions like the wiring in a house, running from brain to body tissue and back again, constantly turning on lights and turning them off, energizing appliances, routing impulses. To carry out its job of running the body, it uses the most primitive and the oldest, evolutionarily speaking (Ornstein & Thompson, 1984), part of itself: the brain stem (lower autonomic functions often referred to as the reptilian brain). In terms of survival, the brain stem is primary. We can live without our cerebral cortex, but if our brain stem is damaged, there is no center to run the body, and death is immediate. The fact that the brainstem carries out its functions regardless of circumstances and regardless of what some other part of the brain—say the cerebral cortex—thinks ensures our survival.

Our brain deals with threats and stresses by reversing the process of evolution, removing energy from the less important (in terms of survival), highest brain centers first. These five phases of shutting down not only are central to survival in the face of a threat, each is central to recovery

once out of danger. Transactional analysts can maximize the healing process by identifying each phase and responding accordingly.

The Stress Response

"I can cope'—the stress response *(*Pelletier, 1976)—is a Natural Child experience. Instead of using our cerebral cortex to think and figure out how to handle a situation, under stress our physiology gives up cerebral cognition and falls back to automatic, instinctual "thinking," which mobilizes this first defense. This more primitive cognition says, "To cope, you've got three options: You can fight, freeze, or flee. Shut down the digestive process, because all available energy is going to be poured into the voluntary muscles." The body switches into overdrive, adrenal glands kick out epinephrine, the heart pounds, and muscle tension increases so the individual can react quickly. The person is charged up and raring to go. It is as if a restful state of renewal does not exist and never did until the perception of danger is past (even the freeze reaction-playing possum-is a state of full alert). And notice, it is the perception of danger that is the key to turning this reaction on and off.

If our lower, instinctual, or reptilian brain centers (MacLean, 1975/1977) never realize the danger has passed, it will not turn off the stress reaction, even when our higher brain centers know better. Many of us can recall saying after such episodes of stress, "I know I need to rest now, but I just can't seem to relax." Ultimately, staying physically charged up depletes our body. We feel more and more exhausted but are unable to let go, stop activity, and calm down. And, the more depleted we become, the more our primitive brain perceives danger. Therefore, chances constantly diminish that-without outside intervention-it will ever turn off the stress reaction.

The healing power of accessing and attending to ego states locked in stress was demonstrated with a member of a training program I led for therapists. The trainee was talented, handsome, and eligible, but he could not seem to keep a girlfriend or to maximize his abilities. As a result of his personal work, he knew that he had needed to sacrifice his own need to be independent to have a place in his family and to receive affection. At this phase, his body had yet to learn that he could be separate and still belong. Every time he became more independent, he caught colds which prevented him from achieving his goals, kept his energy low, and discouraged him from socializing. When he called to say he would miss training group due to such an illness, the group asked him to attend anyway, which he did. He lay on his stomach in the center of the circle while receiving positive physical and verbal strokes. After a few repetitions of this intervention, his colds disappeared. Soon after, he changed his life by taking a job promotion in another city and moving in with his girlfriend

When a client is in the stress phase, clinicians can begin by focusing on how the client manages his or her grown-up life. General strategies, for example, might be to maximize time off, increase rest, engage in moderate exercise, and improve diet. However, transactional analysts are in a position to comprehend that the client is driven by a stressed ego-state system, which must be worked with directly to turn off the stress response. This system can be accessed using the usual methods, such as dialoguing, art work, psychodrama, and so on. The point is to achieve direct access to the stressed ego states, which can then indicate what they need specifically to end the stress reaction.

The Shock Reaction

"I can't cope"-the shock reaction (Guyton, 1959, pp. 127-129~-is accompanied by cathexis of the Adapted Child. The second line of defense is the physiological process commonly referred to as shock. During this response, the brain stem determines that the current stressor is too overwhelming, and the brain's current resources are too limited to handle it. It says, "Survival is best assured now by stopping trying to cope or to contend with this situation. Instead, I'm redirecting dwindling resources to the most basic survival systems: breathing, blood circulation,

keeping the brain oxygenated, and so on."

During shock, the lower autonomic centers systematically refuse requests by other less essential systems for energy. Thus the body must be brought out of shock before it will respond to other attempts to help it. Until this occurs, it will appear resistant to therapy. For example, medical personnel know people must first be treated for shock before other treatments will work.

An example of this phase of work comes from a workshop participant with rheumatoid arthritis who was scripted to "Be Nice." Elizabeth Edwards (a pseudonym) was a dialysis nurse at the top of her profession and the end of her rope because she was suffering from debilitating rheumatoid arthritis. Her frequent lab reports only charted an increasingly high sedimentation rate, indicating what her painful joints were already telling her. In desperation, she turned to a transactional analyst, *not to re*solve her disease, but to deal with the emotionally painful residue of having been raised with, and required to take care of, her alcoholic mother. Her doctor had just recommended more lab tests and possible hand surgery during the same time period that her counselor recommended they work on her feelings toward her mother. She had just had a new round of lab tests, and her sedimentation rate had increased substantially. Elizabeth and her therapist held two three-hour sessions a day apart in which they dealt with her layers of defense, her developmental deficits, and her rage. Lab reports taken from samples drawn immediately after this work came back showed an 80% decline in her formerly high sedimentation rate. She concluded, "Modern medicine at this point can only follow the disease, not eliminate it. I'm amazed that I can work to eliminate it."

After her session with her therapist, Elizabeth sent me a copy of an article from *Prevention* magazine that underscored her experience; it described rheumatoid arthritis as a disease "nice little girls get." Robert Fathman, Ph.D., a clinical psychologist, along with Norman Rothermich, M.D., professor emeritus at Ohio State University, recently completed a study of personality traits of individuals with rheumatoid arthritis. Thought to be an autoimmune disease, this condition causes a person's antibodies to attack material in his or her own joints. Sufferers become rigid and inflexible, increasingly unable to move. "We found they have a personality that leads them to try overly hard to be nice to other people, to not lean on others for emotional support, and to stow things away down inside, especially anger," Dr. Fathman reported. "They were remarkably conforming to these traits, which seem to precede the disease, not result from it." He added that "women have r.a. [rheumatoid arthritis] up to four times more frequently than men, and I think it's because of what we do to little girls in our society. We teach them that it's wrong to get angry." (Fathman, cited in Maleskey, 1984, p. 143).

When clients are in the shock phase, they need intensive energy output, as in Elizabeth's work, or intensive input from outside themselves to shift their physiology out of shock. That is why methods such as stimulating physical massage, highly nurturing antidote messages (e.g., "You ARE worthwhile! You DO matter! Your needs ARE important! etc.), and becoming the center of group attention are effective at such times. Maximum results to unlock the shock are gained when these activities are carried out while the client is in die shocked ego state. He or she is likely to respond to such energy input with muscular twitching and shaking and a gradual replacement of circulatory pallor with healthy color, which is the clinician's signal to move back to stress management strategies.

The Chameleon's Camouflage Trick

"This isn't really me"—the chameleon's camouflage trick—moves control of physiology to the electrode or P_i. This third line of defense against greater harm is employed in circumstances in which the stress, shock, or trauma is perceived to be so threatening that the reptilian brain may be overwhelmed and thus lose its ability to keep even basic survival systems going (Ruppert & Ziff, 1994, p. 163). Here a mechanism I call the "chameleon trick" is brought into play. This reptilian deception is a maneuver to protect by camouflage—that is, blending into the environment. We do not actually turn color, however, like a chameleon turns gray on a rock or green in leafy shadows.

In humans, the reptilian brain takes the little energy remaining to make an imitation of itself. It is as if our bio-computer makes a copy of all its programming on a floppy disk and then uses that copy to relate to the world in order to save its more vulnerable hard drive. This copy, this false persona, then stands between the outside world and the real brain stem and the traumatized ego states in their state of shock. It appears that this is how the real reptilian brain saves itself from having to handle the trauma directly. It seems that such dissociation is a protection, a false system created to save the real brain stem from further harm. The person in the body has dissociated and feels artificial, like a copy of a real person instead of a true human being. He or she is "out of touch" with himself or herself without knowing why. The presence of this mechanism can make the road to healing even rockier, for the traveler who makes progress in therapy is not the real self at all.

An example of the need for this phase of work is a client whose mother had reacted to her embryonic presence inutero as if she were a foreign invader. Mother did not want to be pregnant, disliked children intensely, and had profound unmet needs of her own, The mother spent the majority of her pregnancy in a physiological state of rage aimed at the fetus, thus educating her embryonic daughter's immune system to recognize its own body tissues as foreign proteins to be attacked. As a fetus, the daughter created a false copy of herself with which she related to the world. As an adult, she was diagnosed with a progressive, fatal, immunological disorder. In the first phase of the disease, which she was in when we began to work, her white blood cells attacked her skeletal muscle, causing weakness so profound that she could hardly walk. In the next phase, doctors said, her immune cells would attack smooth muscle in her heart and intestines. The prognosis: death within five years!

However, she is alive and well now, 12 years later, having reversed her devolutionary process and rewritten her early script instructions, thus reeducating her immune system. Her doctors at a West Coast university hospital decided they had misdiagnosed her, even though her previous lab reports verified their initial opinion. To them it was inconceivable that someone could cure themselves of this severe, progressive, and always fatal illness.

Evidence of effective work at this phase is demonstrated by the appearance of ego-state systems contained in shock. For the client, this is a high state of tension, anxiety, and wanting to run. Therefore, it is important for the clinician to reinforce escape-hatch contracts and to reconfirm commitment on the part of both parties to see this through to completion. "I'm not going to run, and you don't need to either. This is only a memory resurfacing, not an actual event occurring now."

When clients are stuck in the chameleon phase of trauma response, it is essential that the clinician recognize that a false self is being presented while the real child who is hurting is listening behind the facsimile. It is a time to build trust and to listen for clues about what is going on with the real self underneath. The therapist should not threaten or scare but respond with transactions that address both the social level of material presented by the false self and the ulterior level coming from the real self underneath, even though the latter is not yet accessible. Two-chair work to separate parts is useful, as is encouraging the person to dream about the buried material. It is important to go slowly to avoid triggering material before the client is ready to handle it and to make certain sufficient appointments are made to manage anything that may break through.

The "Little Fascist"

"Don't worry, I'll handle it"-the "little fascist" (Berne, 1972, p. 268)-is the reptilian brain's fourth defensive mode. Its purpose is to keep the chameleon trick in operation, to maintain the system that looks and acts like the real brain stem but is actually false. To do so, it orders the creation of a new, inner authority. In transactional analysis terms this means the creation of a subsystem in

the false C. In true authoritarian fashion, it holds no elections and does not consult with other parts of the brain; it holds counsel only with itself. It sets itself up as the absolute ruler over the unresolved trauma and all its devolutionary defenses. This dictatorial inner authority says, "I am now sole master over the fate of this system. If anyone tries to shut this false system down, go into overdrive. Make one last effort to save yourself. Pull out all the stops. Pour every last bit of energy into keeping this false system going." This is the ultimate alarm, one that works to keep the body alive.

The activation of this supreme devolutionary strategy is designed to sustain life against nearly impossible odds. Its original raison d'etre is to deny access both to the trauma and to the ego structures of the personality, that is, the real Natural Child and Little Professor. However, once in operation, it can create havoc in the psyche of its carrier. Dreams often carry images of dark forces, evil, devils, predators, and so on. When it perceives a threat, it comes out shooting. Cut off from normal human emotions, alienated from affairs of the heart, it cares naught for the injuries it leaves in its wake, for those injuries are "out there," not "in here," and that is all that matters. Oddly enough, it may "shoot" not only someone "out there," but also another part of the person it was invented to defend. It has become, as Berne (1972) defined a fascist, a part "which has no respect for living tissue and regards it as his prey" (p, 268) and "a little torturer who probes for and enjoys the weakness of his victims" (p. 269). (Note: This may be similar to what Schiff et al. [1975, p. 82] referred to in paranoid schizophrenics as the "paranoid bubble.")

When this little fascist or dictator, a subsystem of the electrode or P, is in operation, it is like a soldier alone on a battlefield whose weapon is cocked and who defines everything as dangerous because the capacity to discriminate is lost. The therapist needs to recognize that this loss of discrimination includes the loss of the ability to recognize the therapist as anything other than the enemy and that these weapons can just as easily be pointed at him or her. The therapist can stay out of firing range as much as possible and can slow down the pace so nothing is too fast or threatening: The little dictator can easily gather real-life allies against the therapist in the form of lawyers, ethics committees, and licensing boards. One can also slowly establish communication with this part and then gradually provide the missing P_2 discriminatory functions to the little fascist in the client. The therapist should work toward the goal of bringing this function under the control of P_2 (e.g., "I know you need your gun so you can protect that helpless child. Here is some structure so you can discern better who or what is really a threat now.") Ultimately the goal is for P, to tell P, when to fire. After this is established, the client will be ready to deal with shock.

It is this level of work that Eric Berne encountered when lie was "just about to cure paranoids" and his client's little fascist fired at the client, producing a physical problem. As a physician and a psychiatrist, Berne intuitively understood that there was some link between developmental history and physical symptoms. Although he did not fully comprehend what it was, he described it in what turned out to be the final speech of his life: " `I'm afraid to cure paranoids because in my experience when you're just about to cure paranoids they often get a very serious physical disorder like a perforated ulcer or diabetes or a coronary' " (Berne, 1971, p. 10).

Berne also told the San Francisco Social Psychiatry Seminar the story of another paranoid who, instead of imploding, exploded and whose little fascist pointed an actual gun at him when Berne was in his office building one night by himself. Berne convinced the man to put the gun down in exactly the way described here: He parented him, bringing control of the paranoid man's little fascist under the control of Berne's Parent ego state. Berne was unable to continue the work of reversing this man's devolutionary process, however, as the man was not his client but had just wandered into the building!

Denial

"What problem?"—that is, denial—makes the knowledge that all the steps mentioned so far exist and are in operation unavailable to the rest of the personality (Kubler-Ross, 1969). Mild unresolved traumas, such as a near-miss auto accident, may set in motion only the initial phases

of the defense reaction, while other, more severe traumas, such as ritual child abuse, may stimulate the entire devolutionary process. But whether all or only part of the devolutionary process is operating, unless we truly heal the trauma that set it in motion, the entire package will be wrapped and decorated on the outside with the fifth line of defense: denial. Such an option can no doubt sound attractive, especially when the individual is faced with overwhelming pain.

Many people try to maintain rather than to resolve these defensive responses only to discover that the body betrays them with strange and unknown symptoms and physical crises. They wander from one doctor to another, learning the phrase "etiology unknown." They may exhibit strange and unknown symptoms, for their physiology is in a double bind: It has to keep all these imposed script systems running and at the same time prevent their existence from being discovered!

One can only wonder, for example, without denial remaining in place, what might have been the fate of the former U.S. senator from Massachusetts and former U.S. presidential candidate Paul Tsongas, who after three bouts with cancer, died in January 1997, not from cancer, but from complications related to the medical treatment he received for it. He was a classic example of someone who might have benefited from addressing developmental scripting to reverse physical illness. Confirmed as having a large-cell non-Hodgkin’s lymphoma-a malignant cancer that attacks the body's infection-fighting white blood cells-at Boston's famed Dana-Farber Cancer Institute, he received the most technologically advanced treatment modern medicine can provide. Still, his personal history appears to have been completely overlooked, as if he were a body only with his mind or upbringing being irrelevant. Yet he himself had publicly referred to a dynamic that would be a red flag for a competent transactional analysis practitioner: He never knew his mother because she was committed to a sanatorium due to tuberculosis shortly after he was born, and he was seven when she died.

Clearly, this man had a significant and apparently untreated developmental deficit in the foundation layers of his script. Psychologists would label it a lack of early bonding, and object relations theorists would describe it as a lack of a consistent maternal object. His doctors called it lymphoma. Perhaps these are all disparate labels for the same script condition.

Cancer cells appear from time to time in everyone's immune system, but a healthy immune surveillance system destroys them before they have an opportunity to reproduce significantly. For Tsongas, perhaps confusing script instructions around which cells were "self' and which ones were "other" and therefore to be destroyed were at the root of an immune dysfunction. Conceivably, such unchecked growth of immature cells as occurs in cancer *derives* from a direct immunological expression of an inner infant constantly reaching out for the bond with mother that would educate its immune system in how to define "self' and "not self." Having this maternal programming, the cells might mature; but finding no instruction to further growth, they might remain undeveloped. Absence of the mother during this crucial developmental bonding phase could well result in the lymphatics—the carrier of immune cells—being unable to respond adequately.

Clinical experience demonstrates that physical states during which infants need to bond with their mothers and receive nourishment from them are the same developmental moments in which the baby borrows maternal discrimination to educate its own immune system regarding what is self and what is other. During this crucial time, Tsongas could find no mother from whom to borrow anything or to comfort his profound grief. Without reversing the devolutionary process that was likely set in motion then, how could his immune system correctly learn to identify what is self and what is other? How could his immune cells mature beyond the state of shock in which his physiology must have been locked?

When the client is in denial, the therapist can work to elicit Natural Child curiosity. Adult ego-state strengths can be used to translate the message the body is trying to communicate through its symptom. The therapist should be aware that the little dictator is underneath and may aim a weapon at him or her or at the client. It is important to close escape hatches and to be aware that,

while medical supervision is appropriate, the client in this phase is likely to be tempted to swallow all manner of pills and potions, even to undergo surgeries, rather than deal with the painful trauma that lies at the bottom of the well of denial. The therapist should not encourage the client to wander from one doctor to another, seeking differing opinions. "You cannot medicate your inner child away" and "You cannot cut out your inner child" are good mottoes to work with in this phase. However, saying them to the client may elicit responses from the little dictator. This activation may be aimed at the therapist, or, if imploded, it will result in a dramatic intensification of bodily symptoms in the client. Evidence that clients have moved beyond this fifth phase—often the first to be presented clinically—is demonstrated by the fact that the little fascist becomes active, signaling readiness to work in phase 4.

The Three Faces of Eve

The full flower of this devolutionary process can readily be *seen* in multiple personality disorder, a condition which received wide public attention in the book and film *The Three Faces of Eve* (Thigpen & Cleckley, 1957). When someone endures many overwhelming traumas during formative years (ritual abuse, incest, emotional battering, and other physical torture, for example), the chameleon capacity results in not just one false persona, but several full-blown false personalities, each of which can have its own separate and unique health problems. This fact is especially reinforcing to the role of unresolved script traumas in producing physical symptoms. One personality may need eyeglasses, for example, while another sharing the same body has 20/20 vision. One may suffer from diabetes, while the next one is free of it but is troubled by arthritis. One woman reported, "We [referring to the various personalities inside] have to wear tinted contacts because our eye color changes every time a different Alter comes out" (Storm, 1993, p. 86).

This phenomenon has been studied and verified, particularly by Dr. Bennett Braun, a research psychiatrist and specialist in the field. He verified that when the person's personality shifts, he has seen warts, scars, and rashes appear and disappear. He has also seen supposedly permanent conditions such as hypertension and epilepsy come and go. He has even seen an individual with a specific personality who is color-blind regain normal sight when the personality changes. He reported that when a childlike personality emerges, the person's body responds to lower drug doses. "In one case, 5 milligrams of a tranquilizer made the patient relaxed and sleepy when he was a child, while a dose twenty times stronger had no effect on the adult" (Braun, 1986). The existence of multiple personalities and diseases unique to each personality fragment offers powerful evidence that many illnesses, even ones thought to be permanent diagnoses, arise from the mind and brain carrying out script instructions rather than from some truly incurable condition. Indeed, all of us have this capacity to produce and eliminate illnesses. Multiple personality disorder simply makes this truth more obvious.

Why Only Some Get Sick: Acting Out and Acting In

So why isn't everyone who was born with the cord wrapped around his or her neck—and there are many—not in a hospital in cervical traction? Part of the answer is that, somehow or another, the person may have received effective healing during childhood. For those who did not, the answer can be found in the passivity material developed by Schiff and Schiff (1971). For example, two sisters demonstrated intuitive understanding of "acting in" (implosion or incapacitation) and "acting out" (explosion or violence) when they were discussing their mother, who was then in old age. They recalled how they had spent much of their growing-up years cowering in terror (implosion) during their mother's formidable and unpredictable outbursts of rage (explosion). One expressed concern that their mother might develop cancer, to which the other emphatically replied, "No, she doesn't get cancer, she gives it!" That daughter was correct. Implosion is likely to bring physical disease, while explosion releases pent-up energy outward in behavior, reducing the likelihood of physical illness--at least in the person doing the acting out.

The link between implosion and illness in paranoid schizophrenics was borne out in a study of the incidence of cancer in these patients, which concluded, "As the psychosis becomes more apparent. . . the cancer remains quiescent; and as the psychosis is treated and the patient thus returned to his conflict with reality, the malignancy resumes its activity" (Barasch, 1993, p. 285),

The fact that acting out, or explosion, is linked with less illness was reported by psychologist Jeanne Achterberg (cited in Barasch, 1993): "A straw poll she conducted at two institutions for the criminally insane revealed that the inmates, many of whom had committed heinous crimes, had been `unusually protected from cancer, despite poor health habits such as heavy smoking' " (p. 55). Acting in, or implosion, produces disease; explosion shifts discomfort to those associated with the person acting out and therefore tends to produce symptoms in those who carry the "hot potato" (English, 1969).

Conclusion

No doubt it is time for treatment of physical diseases to address developmental history, a role for which transactional analysts are uniquely suited. Such a shift does not infer abandoning technological medical treatment, but rather returning it to its proper role: helping people stay alive long enough to restructure the developmental deficits that are at the root of their difficulties. Through addressing the five-phase devolutionary process described in this article, transactional analysts can assist clients to do what technology cannot: redesign their life stories and therefore the instructions that program psychoneuroimmunologic systems.

Reversing the five-phase devolutionary process and resolving the material within it-fetal issues, early bonding issues, a history of incest, molestation, or abandonment while helpless -can lead not only to emotional empowerment, but also to physical healing.

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