# The FU Decision

## *Reflections on antisocial role development*

by Sean Manning

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**Sean Manning has been studying psychodrama since 1977 and his current thinking is to remain a trainee forever. At 50 years old, he has three children, plays in an Irish band and will sell you a very good tape of their music for only $NZ15 !**

## A note on the title

The term "FU" is an abbreviation of "Fuck You". It is used in this article to describe an important early decision which has a profound influence on script and role formation. I have experimented with other terms to describe the same phenomenon, but none are as recognisable or as effective as a labelling device. I ask readers who feel offended to set aside for a moment their objections to the term and consider the theory before reaching a conclusion.

## A note on Psychodrama and TA

In the following discussion, concepts from both Role Theory and Transactional Analysis (TA) are referred to, with an emphasis on the latter. I will assume that the reader is familiar with at least the basic elements of both models.

The scene described here developed in a group where I use psychodrama extensively, but the developmental model provided by TA has proved more adequate to build a theoretical structure for the experience, particularly the theory covering the development of a life script and the psychological games which support it. (Briefly, a game can be defined as a repeated series of transactions which leads to a script pay-off – unpleasant or triumphant feelings, with thoughts that confirm our beliefs about one's self, others and the world, the process being largely out of awareness (Berne, 1964)).

Role theory and TA can be used compatibly. This combination of

psychodrama method and TA theory is not uncommon. I have encountered several intriguing ways of putting the two together, notably by Evan Sherrard in a presentation in 1991, and Max Clayton in his psychodrama training workshop at Raincliff (1989-1995). For instance, one can take the position that psychodramatic roles which are usually thought of as dysfunctional are developed as consistent thinking, feeling and behavioural patterns produced and reproduced from decisions in the Child ego state or from recorded introjects in the Parent ego state, which assist us to take up a position in a psychological game. The purpose of the game is to further the goals of the personal script. The script is formed in childhood from all available data and stored as a series of decisions in the Child ego state. The script is a belief system which defines us, our relationships, our future and our death (Berne, 1970, 1972). Adequate, functional roles may be thought of as similar patterns originating in any ego state – functional introjects in Parent, rational here-and-now decision making in Adult, or functional Child decisions about ourselves, others and life.

The developmental mechanisms are described very adequately in TA theory, whereas by comparison role theory can appear somewhat weak in the area of developmental processes. However, in the here-and-now, the concept of a role describes very well what people are doing. In relation to the kind of work described here, which is aimed at contractual behaviour change in antisocial men, the psychodrama method is very useful. I often combine it with short teaching and discussion sessions using TA theory, which I find easy to illustrate with action methods, combining the two approaches. TA has the advantage of being apparently more easily understood by psychologically naive people. After all, Eric Berne (1961, 1977) designed it primarily as a model for the ordinary person.

## The scene

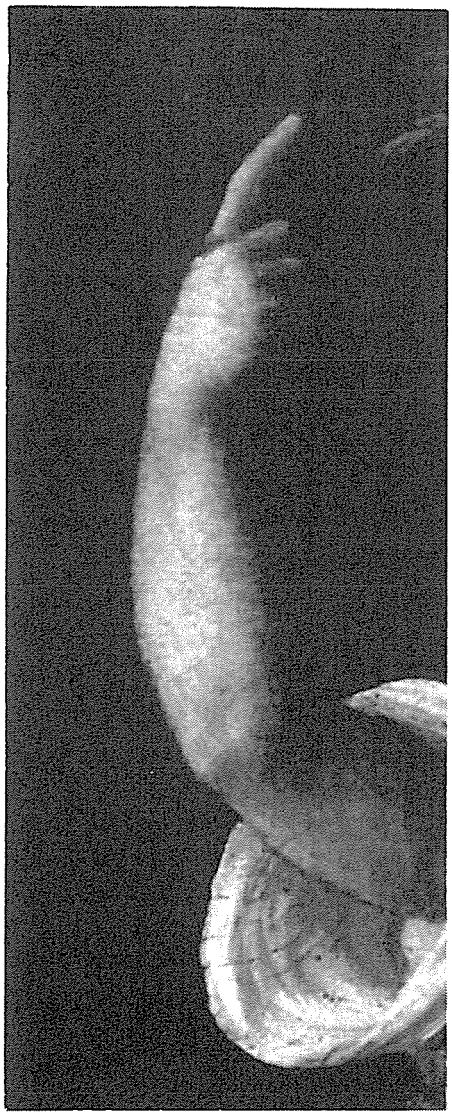
The following, in narrative form, is a scene that emerged in a psychodrama with a group of men in a residential therapeutic community which specialises in taking referrals from the courts. Histories of violent, criminal behaviour, often with addiction, are the norm. The psychodrama occurred in a weekly therapy group.

*Jock is now twenty-seven years old. He has a history of violence, drug and alcohol abuse and has been in jail several times. He is bright, humorous and attractive and is at a point in his life when he knows, and articulates frequently, that if he doesn't change he might either die, kill someone else, or do or suffer serious damage. This is his third attempt in a residential treatment programme. He has been challenged, cajoled, encouraged and taught intensively...*

*Scene: The chapel is full. Everyone is wearing their best, and many seem ill at ease. Some of the men tug at their collars, and glance around, seeking reassuring contact with others like themselves. The women, sitting by their men, some in couples, some in larger family groups, mostly look straight ahead, sometimes exchanging small pained smiles with another woman of similar age and rank in another family group. Some have a tear in their eyes. Occasionally, a woman nudges her man to stop him fidgeting, as she would with a child, as though it were the women's collective responsibility to see that everything is done properly. In a separate area near the altar rail at the front, sit a group of children, reflecting the behaviour of the adults. The girls, sitting together, stare fixedly ahead, or exchange smiles with each other. The boys look around restlessly. They appear uncomfortable in their good clothes.*

*In turn, each pew of children is emptied and they move into the aisle under the guidance of an usher. They file up to the altar rail, in front of which a priest stands with an attendant. The children approach and kneel. The priest performs a blessing, then takes a certificate and a picture of Jesus known as the Sacred Heart from the attendant and passes them to the child. The girls go first, then the boys.*

*Jock, age six, one of a line of boys approaching the priest, is aware of many things. He has seen where his parents are sitting near the front on the other side, his mother with an odd fixed smile, his father, indulgent, putting up with it. His older sister is there, but not his brothers. He is aware of them, imagines them outside the church with his male cousins. In his mind they are mocking him, as they have done in*



*creative ways many times before. He re-experiences their cruel, careful tortures with his body, feels the sting of their teasing. An observer reading Jock's thoughts, who concludes that he is feeling anger, or possibly shame, will be wrong. He is jealous. His is not angry or fearful at these memories. He is jealous. Thinking of his mother, he feels an inner pressure. To make her proud. To be different. He knows that this moment is important to her, that it will prove something to the world about her*

*youngest son, her special one. He is fitful, uncomfortable inside his skin. A moment of decision is approaching. No matter what he does now, it will represent a momentous turning point in his life. His turn comes. He kneels in front of the priest, is blessed, stands and receives his Sacred Heart. He pauses, then in a rapid movement, his hands crumple and tear the flimsy picture and he turns and runs from the church. Pieces of torn paper float to the carpet in the vacated space.*

## The group in the present

Jock is now twenty-seven years old. He has a history of violence, drug and alcohol abuse and has been in jail several times. He is bright, humorous and attractive and is at a point in his life when he knows, and articulates frequently, that if he doesn't change he might either die, kill someone else, or do or suffer serious damage. This is his third attempt in a residential treatment programme. He has been challenged, cajoled, encouraged and taught intensively in other activities in the programme, and has chosen deliberately to put himself forward today in the group. He chose the scene very quickly during a warm-up discussion about his family. He has experienced psychodrama before, and when invited to set the scene out, did so without hesitation. He reversed roles through the scene as it developed with clarity and energy, and a repeated expression of encountering something novel. He laughed a lot, and was sometimes sad. He was enjoying himself. There was a spirit of celebration in his activity.

This scene, and the setting out experience that accompanied it, has features in common with a series of pieces of work done by many men who have passed through this programme over my ten years of work as a group therapist here.

## The scene and its meanings

The elements these dramas appear to have in common are as follows:

- There is an early scene, usually from the man's life at around age four to seven.
- The scene involves an oppressive or abusive experience.
- The scene is vividly remembered. There is often an acute awareness in the protagonist, both of his own experience and that of the auxiliary egos. That is, the protagonist knows the scene well, though he is often not aware of it before the drama.
- This experience is perceived by the protagonist, though not necessarily by others, as similar to an ongoing series of experiences in the protagonist's life up to that point.
- This ongoing series of experiences, though not necessarily the drama itself, involves verbal, physical or sexual abuse, or, more frequently, a combination of these. Characteristically, men will describe verbal and physical abuse more readily than sexual abuse (Grubman-Black, 1990), so the latter may not be apparent when a scene is enacted, but may emerge later, particularly in the sharing phase of the drama, about the protagonist's experience, or in the reaction of other group members to the drama.
- The abuse history is direct and easily identifiable, as opposed to

indirect, non-verbal, confusional "double bind" type experiences, or dissociated, part memories.

- The drama involves a shift from a position of powerlessness to a position of power. This shift is often sudden and very dramatic.
- A powerful new role emerges, incorporating destructive, fight/flight behaviour, triumphant thinking and a feeling of power, heightened by anxiety and fuelled by a sudden release of Adrenalin.
- There is a peer group somewhere in the background which will consolidate this new role by permitting membership and encouraging role development by modelling and coaching.

Work arising from these scenes, which occur in the investigative phase of psychodramatic work, could focus on a number of things. For instance, the relationships, representing Child-Parent dialogues, between the protagonist and each of the other figures – in this case the parents, siblings and priest – could each make a piece of two chair work, or social atom repair work. This might lead to a "gestalt" formation – an integration of conflicting elements in a role. In TA terms an accommodation might be reached between Parent and Child ego state functioning, or a "redecision" in the Child ego state (Gouldings, 1976). Alternatively, the cathexis of a role emerging from a rebellious impulse in the Child ego state (if, as is usually the case, the "Rebellious Child" is still operating in the present, producing delinquent behaviour), could lead to a piece of work in which a new, progressive and functional (as opposed to fragmenting and dysfunctional), role is developed. (See Clayton, 1993, chapter 3 for a discussion of this dichotomy.)

For reasons outlined below, I rarely proceed psychodramatically beyond this point. My fascination is with the decision which appears to be made in the moment depicted in the scene. At age about four to seven, a child has a large repertoire of conflicting experiences, and has already made many decisions about themselves, others, the world and the relationships between these elements. These decisions may be conflicting, based on very different experiences (English, 1977). Rarely is a child's experience entirely negative or entirely positive. There will be a mixture of nurturing, positive teaching, and abusive, punitive teaching. Introjects will be split into positive and negative elements. (For a discussion of TA theory on introjects, see Blackstone, 1993). The "little person" is in the process of forming the more or less coherent picture of themselves, others and the world which will determine her/his life experience for some time to come, but at this point the picture is not complete. In TA terms, the script (Berne, 1972/3 an Steiner, 1974/5) is still being written. Global existential decisions about how much "OK-ness" is attached to the little person,

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to others and the world are still being processed. In the case of Jock, the history to date has loaded considerable "not-OK-ness" on the little person. If we see him as being passively programmed by events beyond his/her control, the oppressive or abusive nature of the reconstructed event, recalling other similar events, is apparently predictive of an "I'm not-OK, you're OK", or an "I'm not-OK, you're not-OK" position (Ernst, 1971). This existential position will form a basic theme of his script. However, this is not what happens. What happens instead is an extremely elegant piece of problem solving which will leave the little person with much more "OK-ness" than they might otherwise have ended up with. The result is not exactly an "I'm OK" decision, rather an "I'm still not OK, but you're worse", which feels a lot better. (For developments of Ernst's "OK Corral", see White, 1995.)

The TA theory of symbiosis, based on the early symbiotic relationships between parent and child (or big person and little person) allows a clear psychodynamic picture of what happens in these psychodramas. Phillips (1975) developed a very elegant model of introjection and script development. I will not describe the whole model here, as Phillips did not intend it to apply specifically to the situation I am describing. He described the introjection of relationships between parent or caregiver and child the form of an internal relationship between Parent and Child ego states (Figure 1.).

The thinking, feeling and behaviour of the parent, or significant "big person" are stored in the Parent ego state, and the experiences of the little person, including their decisions about themselves, others and the world, and ultimately their collective decisions which make up the script, are stored in the Child ego state. Using an idea developed by Moiso, who diagrammed projection using TA concepts, we can see how either

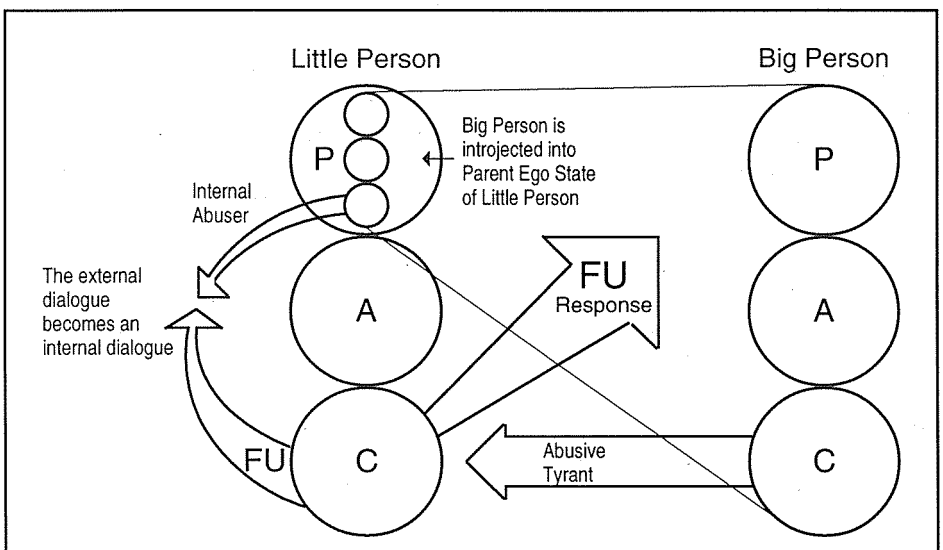
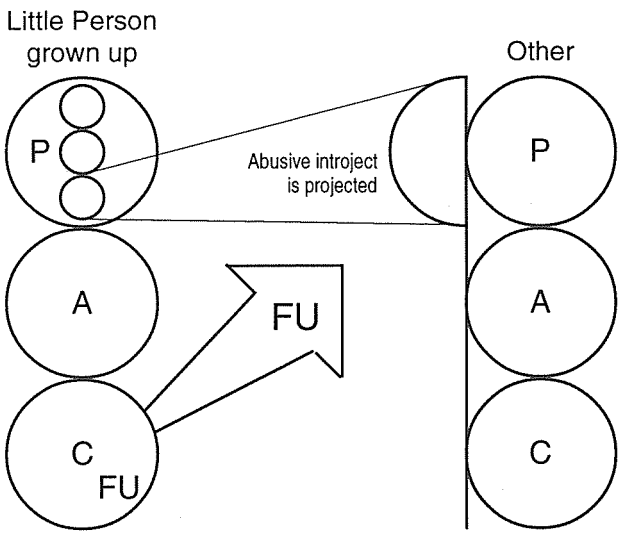
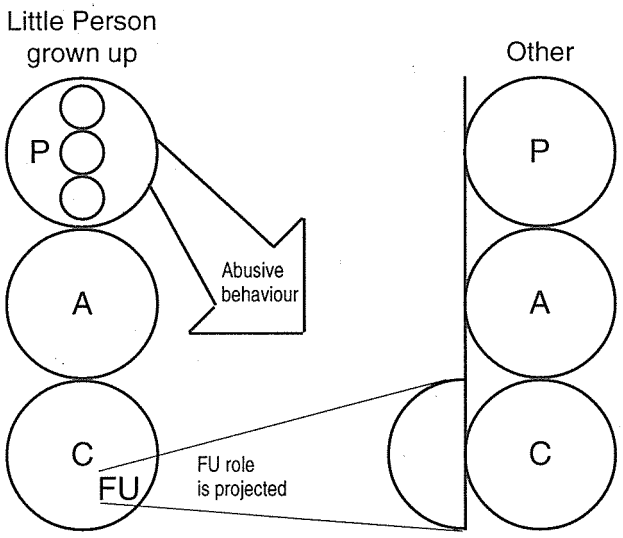



Figure 1: The introjection and the internal dialogue




**A: Projection of the Parent introject**




**B: Projection of the FU role**

Figure 2: The mechanisms of projection (after Moiso, 1985)

end of the relationship can be projected, allowing us to act out the other end (Figure 2).

The decision made in the drama described above can be seen as an emergent new rebellious role, and as a decision to identify with the abuser. This changes the internal dynamics considerably. The decision relates initially to an abusive person or situation. Specifically, this has originated in the Child ego state of the other – big – person, as primitive, crazy, destructive, wish

fulfilling behaviour. This becomes an introject, in the Parent ego state of the little person.

Prior to this decision, abusive messages, heard externally from real abusers and internally from their representative introjects, now part of the little person's Parent ego state, produced anxiety and possibly dissociation in the Child ego state. Now the situation changes. The Child makes a decision to be, in some respects, like the abuser. The result is a congruence, an agreement, or a kind of internal treaty, between the Parent and Child ego states of the little person. The external abuse will not stop, but now the little person, via his internal Child, has an empathy with it. He understands and identifies with his abusers. He has a new way of dealing with them, which will produce a change in the relationship. Now he too has experienced the power of saying "Fuck you!"

He can alternately project the abusive Parent onto someone else, and act out rebelliously (the new role), or project the rebellious Child onto someone else (Figure 2), and act out abusively.

Later, practised over many similar rebellions, the new role will become a finely tuned response to every situation that otherwise might have hurt or humiliated him. He will recognise others who have come to the same conclusion. Their cruelty, to him and others, will seem explicit in its motive, understandable. His pain responses will be conditioned almost out of existence. He will gain membership, be someone in a community, be able to express and receive love, albeit of a robust and violent kind, without submissiveness.

So the power of these psychodramas arises from the representation of a complex decision point, affecting many areas of the emerging script. The enacted event is often dramatic, public, and has far-reaching immediate as well as long term consequences, making it a deeply satisfying moment. This is the FU decision. A permanent part of the Child ego state, it is expressed in adaptable problem solving role. It is instantly recognised by others in the therapy group. During the sharing session at the end of the piece of work, almost everyone has a similar story to tell from their own lives, usually relating to a time when they were between four and seven years old.

Considered in this context, the new role developed from the FU decision is progressive and functional, as opposed to fragmenting, dysfunctional or restrictive. Later in life it will be considered dysfunctional by others, particularly those in authority who are looking after a delinquent child, and later, as parents, police, judges, therapists, probation officers, etc, coping with the consequences of antisocial adult behaviour. Ultimately, it may become dysfunctional to the protagonist, but developmentally, up to and including the time of its emergence in a psychodrama, it is essentially a functional role.

## Principles of working with Antisocial Personality Disorder (ASPD)

Diagnostically, Jock, like most others in the group, fits the criteria for the DSM IV Antisocial Personality Disorder (DSM IV, 1994, p.645ff). The first criterion for this diagnosis is "... a pervasive pattern of disregard for and violation of the rights of others..." This will produce censure,

condemnation and punishment. The psychodramatist's view must be different, taking into account the progressive, functional nature of the FU role.

Literature on the treatment of people who fit this description is not often optimistic. The exception is the cognitive skills approach, the control-not-cure idea. Analytical, psychotherapeutic literature often dismisses the disorder as untreatable. Philip Manfield (1992, pxvii), for instance, considering borderline, narcissistic and schizoid disorders, writes, "A possible fourth category, the antisocial personality disorder, is not addressed ... because of the lack of an effective treatment method for these patients."

Several things happen when a person who fits the criteria for ASPD enters counselling or psychotherapy, particularly if the therapist's model follows an approach demanding empathy and minimal intervention. As Manfield (1992, chapter 1) emphasises, when working with certain personality patterns, empathy often does not work very well. The client cannot be relied on to experience anything similar to what the therapist experiences (unless the therapist has similar history, usually involving early physical and sometimes sexual abuse, which may be the case with many therapists and social workers who choose this kind of work). While in theory the client's reactions are based on massive early anxiety, this is not experienced in the present as a result of the anxiety-reducing FU decision, and is characteristically difficult to cathect in therapy. Where the therapist might experience anxiety, pain or anger upon hearing a story of torture in childhood, the teller of the story may be experiencing boredom, amusement or anger. An attempt at empathic response will produce a disruption and a distancing between therapist and client. A horrified reaction at someone laughing at a story of abuse will place that therapist in the target group for the FU role – the therapist becomes another one of them. Such disruptions will quickly cause a client with a well developed FU role to terminate therapy, often after a single session. The therapist is left wondering what happened, or with a reinforced idea that this kind of problem is untreatable, or that the client wasn't "ready".

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On the other hand, where the therapist is attuned to the peculiarities of the client's reactions, therapy can become collusive, for instance laughing together with black "gallows" humour, reinforcing the client's early decisional structure. In this case the client will happily return for session after session, but without noticeable change. The FU role often seems to be associated with frequent experience of boredom, possibly because other experiences are contrasted with the Adrenalin "rush" associated with the

FU behaviour. Therapy which involves a lot of sitting and talking does not produce Adrenalin, and is therefore boring.

Where therapist and client manage to hold each other in treatment, the transference problems which emerge can become another powerful block to change. The therapist will have to put up with alternately being vilified, being one of them, and being idealised as the only one who understands.

Each of these dynamics make it difficult to maintain an accurate picture of what is going on.

## Psychodrama with ASPD

Action methods are very appropriate tools for working with a FU decision. The therapist's method must be both dispassionate and engaging, avoiding boredom, but keeping the therapist out of the line of fire. The two chair model described by the Gouldings (1976), which elicits a dialogue between the Parent and Child ego states, and the various psychodramatic methods all have the advantage of setting the therapist aside, out of the line of transferential fire. It is as if they are not a real person at all, more like, as Charlotte Daellenbach (1991) puts it, a sort of traffic cop, directing, but not involved in the action. Interacting with his own introjects, the protagonist is often left unaware of what the therapist, or director, has been doing.

Also, there is always something going on. While avoiding destructive transference, the therapist is active and confronting. The therapy is interesting. The client always has something to do.

In this article I will not deal in detail with the work which follows the enactment of this kind of drama. Some principles however are worth mentioning.

Often I find it useful not to proceed with the drama to try to achieve a point of resolution. In part this is because the Child decision is so far reaching and has led to role development which is progressive and functional from a developmental point of view. Many script pay-offs and other rewards result from this role development, and there is a considerable investment in maintaining it. At this point, there may not yet be a contract for change which involves the idea of dropping old roles. It is therefore useful at this point to seek a cognitive understanding, perhaps in a group discussion, of what the protagonist is doing in their life. Teaching sessions are appropriate here, and these can use action methods. For instance, a group member may describe someone who criticised him when he was little. An auxiliary is coached in this role, which becomes a projection of the abusive introject. The FU role emerges at this point. Then the group member selects someone who criticised him recently. Another auxiliary takes this role. The director then places the old critic in front of the new critic and asks them to speak to the original group member at the same time. The effect on the group is usually dramatic. They immediately "get it". The new voice cannot be heard clearly above that of the old introject.

This educative work, still exploiting the engaging nature of the psychodramatic method, produces cognitive development. Now a contract for change might be negotiated. Previously, there could not be an effective contract. It is therefore useful to stop the psychodrama at the investigative

phase and go straight to the sharing. Further work may not involve any further psychodrama, but instead may use cognitive-behavioural prescriptions, reward structures, homework, writing a journal, reading, confrontation and contract making over day-to-day behaviour (this may be limited to residential settings). In later sessions in a continuing group, contractual psychodramatic work may assist in changing specific situations or relationships in the protagonist's life.

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