

Thomas A. Harris, M.D.

co-author of STAYING OK

THE 7-MILLION-COPY BESTSELLER

**I'M OK—  
YOU'RE OK**

The Transactional Analysis Breakthrough  
That's Changing the Consciousness  
and Behavior of People Who  
Never Before Felt OK About Themselves



**I'm OK-You're OK**  
**By**  
**Thomas A. Harris MD**

**Contents:**

Book Cover ([Front](#)) ([Back](#))  
[Scan / Edit Notes](#)

[About The Author](#)  
[Illustrations](#)  
[Author's Note](#)  
[Preface](#)

1. [Freud, Penfield, and Berne](#)
2. [Parent, Adult, and Child](#)
3. [The Four Life Positions](#)
4. [We Can Change](#)
5. [Analysing the Transaction](#)
6. [How We Differ](#)
7. [How We Use Time](#)
8. [P-A-C and Marriage](#)
9. [P-A-C and Children](#)
10. [P-A-C and Adolescents](#)
11. [When Is Treatment Necessary?](#)
12. [P-A-C and Moral Values](#)
13. [Social Implications of P-A-C](#)

[References](#)

Index (Removed)

---

**Scan / Edit Notes**

Versions available and duly posted:

Format: v1.0 (Text)  
Format: v1.0 (PDB - open format)  
Format: v1.5 (HTML)  
Format: v1.5 (Ubook-HTML)  
Genera: Self-Help  
Extra's: Pictures Included  
Copyright: 1969  
Scanned: November 8 2003

Posted to:

alt.binaries.e-book (HTML-PIC-TEXT-PDB Bundle)

alt.binaries.e-book (HTML-UBook)

Note:

The U-Book version is viewable on PC and PPC (Pocket PC). Occasionally a PDF file will be produced in the case of an extremely difficult book.

1. The Html, Text and Pdb versions are bundled together in one rar file. (a.b.e)
2. The Ubook version is in zip (html) format (instead of rar). (a.b.e)

~~~~~

Structure: (Folder and Sub Folders)

{Main Folder} - HTML Files

- | - {PDB}
- | - {Pic} - Graphic files
- | - {Text} - Text File

-Salmun

---

### **About The Author**

Thomas A. Harris is a practising psychiatrist in Sacramento, California. Born in Texas, he received his B.S. degree in 1938 from the University of Arkansas Medical School and his M.D. in 1940 from Temple University Medical School. In 1942 he began training in psychiatry at St Elizabeth's Hospital in Washington, after which he served as a psychiatrist in the Navy. In 1947 he was appointed Chief of the Psychiatric Branch of the Bureau of Medicine and Surgery in the Navy Department. After retirement from the Navy as Commander, he taught at the University of Arkansas School of Medicine and then became Director of the Department of Institutions for the State of Washington. In 1956 he entered private practice in Sacramento. He is founder and President of the Institute for Transactional Analysis there, and a Director of the International Transactional Analysis Association.

---

### **Illustrations**

Fig.

1. Structural Diagram of the Personality
2. The Parent
3. The Child
4. Gradual Emergence of the Adult beginning at Ten Months
5. The Adult Gets Data from Three Sources
6. The Updating Function of the Adult through Reality Testing
7. Births of the Individual from Conception to Age Five
8. Prejudice
9. Parent-Parent Transaction
10. Adult-Adult Transaction
11. Child-Child Transaction
12. Child-Parent Transaction
13. Parent-Child Transaction
14. Child-Adult Transaction
15. Adult-Parent Transaction
16. Crossed Transaction
17. Crossed Transaction
18. Patient-Nurse
19. Mother-Daughter
20. Therapist-Patient
21. Son-Father
22. Man-Attendant
23. Little Girl-Mother
24. Adolescent Girl-Friend
25. Little Girl-Mother
26. Little Boy-Little Girl
27. Verona-Babbitt
28. Husband-Wife
29. Husband-Wife
30. Contamination
31. Parent-Contaminated Adult with a Blocked-Out Child
32. Child-Contaminated Adult with a Blocked-Out Parent
33. The Blocked-Out, or Decommissioned, Adult

---

### **Author's Note**

It is important that this book be read from front to back. Were later chapters read before the first chapters, which define the method and vocabulary of Transactional Analysis, the reader not only would miss the full significance of the later chapters but would assuredly make erroneous conclusions.

Chapters 2 and 3 are particularly essential to the understanding of all that follows. For readers who have an irresistible back-to-front reading urge, I wish to emphasize that five words which appear throughout the book have specific meanings different from their usual meanings. They are 'Parent', 'Adult', 'Child', 'OK', and 'games'.

---

## Preface

In recent years there have been many reports of a growing impatience with psychiatry, with its seeming foreverness, its high cost, its debatable results, and its vague, esoteric terms. To many people it is like a blind man in a dark room looking for a black cat that isn't there. The magazines and mental-health associations say psychiatric treatment is a good thing, but what it is or what it accomplishes has not been made clear. Although hundreds of thousands of words about psychiatry are consumed by the public yearly, there has been little convincing data to help a person in need of treatment overcome the cartoon image of psychiatrists and their mystical couches.

Impatience has been expressed with increasing concern not only by patients and the general public but by psychiatrists as well. I am one of these psychiatrists. This book is the product of a search to find answers for people who are looking for hard facts in answer to their questions about how the mind operates, why we do what we do, and how we can stop doing what we do if we wish. The answer lies in what I feel is one of the most promising breakthroughs in psychiatry in many years. It is called Transactional Analysis. It has given hope to people who have become discouraged by the vagueness of many of the traditional types of psychotherapy. It has given a new answer to people who want to change rather than to adjust, to people who want transformation rather than conformation. It is realistic in that it confronts the patient with the fact that he is responsible for what happens in the future no matter what has happened in the past. Moreover, it is enabling persons to change, to establish self-control and self-direction, and to discover the reality of a freedom of choice.

For the development of this method we are pre-eminently indebted to Dr Eric Berne, who, in developing the concept of Transactional Analysis, has created a unified system of individual and social psychiatry that is comprehensive at the theoretical level and effective at the applied level. It has been my privilege to study with Berne for the past ten years and to share the discussions of the advanced seminar in San Francisco which he conducts.

I first became acquainted with Berne's new method of treatment through a paper that he presented at the Western Regional Meeting of the American Group Psychotherapy Association in Los Angeles in November 1957. It was entitled 'Transactional Analysis: A New and Effective Method of Group Therapy'. I was convinced that this was not 'just another paper', but indeed a blueprint of the mind, which no one had constructed before, along with a precision vocabulary, which anybody could understand, to identify the parts

of the blueprint. This vocabulary has made it possible for two people to talk about behaviour and know what is meant.

One difficulty with many psychoanalytic words is that they do not have the same meanings for everybody. The word ego, for instance, means many things to many people. Freud had an elaborate definition, as has nearly every psychoanalyst since his time; but these long, complicated constructions are not particularly helpful to a patient who is trying to understand why he can never hold a job, particularly if one of his problems is that he cannot read well enough to follow instructions. There is not even agreement by theoreticians as to what ego means. Vague meanings and complicated theories have inhibited more than helped the treatment process. Herman Melville observed that 'a man of true science uses but few hard words, and those only when none other will answer his purpose; whereas the smatterer in science ... thinks that by mouthing hard words he understands hard things'. The vocabulary of Transactional Analysis is the precision tool of treatment because, in a language anyone can understand, it identifies things that really are, the reality of experiences that really happened in the lives of people who really existed.

Also the method, which is particularly suited to the treatment of people in groups, points to an answer to the great disparity between the need for treatment and the trained people available to do the work. During the past twenty-five years, beginning with particular intensity in the years immediately following World War II, the popularity of psychiatry would seem to have created expectancies far beyond our capacity to fulfill them. Continual outpourings of psychological literature, whether printed in psychiatric journals or the Reader's Digest, have increased this expectancy yearly, but the chasm between this and cure seems to have widened. The question has always been how to get Freud off the couch and to the masses.

The challenge to psychiatry to meet this need was expressed by Mike Gorman, the Executive Director of the National Committee Against Mental Illness, in an address to the annual meeting of the American Psychiatric Association in New York in May 1965:

As you have escalated from a small cell of some 3,000 psychiatrists in 1945 to a large specialty organization with 14,000 members in 1965, you have of necessity been increasingly drawn into participation in the major issues of our time. You can no longer hide in the discomfort of your private office, appropriately fitted with an over-stuffed couch and a picture of Freud visiting Worcester, Massachusetts, in 1909.

I submit that psychiatry must develop a 'public' language, decontaminated of technical jargon and suited to the discussion of universal problems of our society. I realize that this is a very difficult task; it means taking leave of the comfortable, secure, and protected words of the profession and adjusting to the much breezier dialogue of the open tribunal. As difficult as this task is, it must be done if psychiatry is to be heard in the civic halls of our nation.

I am heartened by the recent writings of a number of young psychiatrists which demonstrate a healthy aversion to spending an entire professional life treating ten to twenty patients a year.

The comment of the psychiatrist Dr Melvin Sabshin is typical:

'One simple question is whether or not psychiatry can accomplish these new functions or roles by utilizing its traditional skills, its standard methodology, and its current practices. My own answer to the question is no. I believe these do not provide an adequate basis for new functions and configurations.'

Psychiatry must face up to the fact that it cannot begin to meet the demands for psychological and social help from the poor, the under-achieving in our schools, the frustrated among our blue collar workers, the claustrophobic residents in our crowded cities and so on almost ad infinitum.

Many of its most thoughtful leaders are giving increasing thought to the new role which psychiatry must play the next several decades, in not only broadening its own parochial training, but in joining with other behavioural disciplines on an equal footing in establishing training programmes for the thousands upon thousands of new mental health workers we will need if we are to achieve the goals which President Kennedy proclaimed in his historic 1963 mental health message. { 1 }

Training programmes of thousands of mental-health workers in a "public" language, decontaminated of technical jargon and suited to the discussion of universal problems in our society' is being made possible today by Transactional Analysis. More than 1,000 professionals have been trained in this method in the State of California, and this training is spreading rapidly to other parts of the country and to foreign countries. About one-half of these professionals are psychiatrists; the other half includes medical doctors of other specialties (obstetrics, paediatrics, internal medicine, general practice), psychologists, social workers, probation officers, nurses, teachers, personnel managers, clergymen, and judges. Transactional Analysis is now being used in group treatment in many of California's state hospitals, prisons, and Youth Authority institutions. It is used by increasing numbers of therapists in marital counseling, treatment of adolescents and pre-adolescents, pastoral counseling and family-centred obstetrical care, and in at least one institution for the mentally retarded, Laurel Hills of Sacramento.

A central reason why Transactional Analysis offers such promise for filling the gap between need for and supply of treatment is that it works at its best in groups. It is a teaching and learning device rather than a confessional or an archaeological exploration of the psychic cellars. In my private practice of psychiatry this has made possible the treatment of four times as many patients as before. During the past twenty-five years in my work as a psychiatrist - in the treatment of patients and in the administration of large institutional programmes - nothing has excited me so much as what is happening today in my practice. One of the most significant contributions of Transactional Analysis is that it

has given patients a tool they can use. The purpose of this book is to define this tool. Anybody can use it. People do not have to be 'sick' to benefit from it.

It is a profoundly rewarding experience to see people begin to change from the first treatment hour, get well, grow, and move out of the tyranny of the past. We base our even greater hope on the affirmation that what has been can be again. If the relationship between two people can be made creative, fulfilling, and free of fear, then it follows that this can work for two relationships, or three or one hundred or, we are convinced, for relationships that affect entire social groups, even nations. The problems of the world - and they are chronicled daily in headlines of violence and despair - essentially are the problems of individuals. If individuals can change, the course of the world can change. This is a hope worth sustaining.

I wish to thank a number of people for their support of and contribution to the effort involved in writing this book. Mostly I owe the reality of this book to my wife Amy, whose writing skill and phenomenal thought processes have put into this final form the content of my lectures, research, past writings, observations, and formulations, many of which we worked out together. Evidences of her philosophical, theological, and literary researches are sprinkled throughout the book, and the chapter on moral values is her original contribution. Also I express appreciation to my secretaries Beverly Fleming and Connie Drewry, who prepared the typescript and study copies of the manuscript; to Alice Billings, Merrill Heidig, Jean Lee, Marjorie Marshall, and Jan Root for their valuable assistance; to my children for their delightful contribution;

To my colleagues who joined me in founding the Institute for Transactional Analysis: Dr Gordon Haiberg, Dr Erwin Eichhorn, Dr Bruce Marshall, Rev J. Weaver Hess, and John R. Sal-dine; to the directors who joined us as the Institute Board expanded: Dr David Applegate, Laverne Crites, Mrs. Donis Eichhorn, Dr Ronald Fong, Dr Alvyn Freed, David Hill, Dr Dennis Marks, Larry Mart, Dr John Mitchell, Richard Nicholson, Rev Russell Osnes, Dr Warren Prentice, Berton Root, Barry Rumbles, Frank Summers, Rev Ira Tanner, Leroy Wolter, and Dr Z.O. Young;

To the late Rev Dr Robert R. Ferguson, Senior Pastor of Fremont Presbyterian Church of Sacramento and consultant in field education at Princeton Theological Seminary; to Dr John M. Campbell, Chairman of the Department of Anthropology at the University of New Mexico; to James J. Brown of the Sacramento Bee; to Eric Bjork for wisdom and generous commentary; to Dr Ford Lewis, Minister of the First Unitarian Society of Sacramento, whose devotion to truth and compassion has been a rich source of encouragement;

To Dr Elton Trueblood, Professor of Philosophy at Earlham College, for the significant new data he made available to me; to Bishop James Pike, Resident Theologian at the Center for the Study of Democratic Institutions at Santa Barbara, for his contagious enthusiasm and generous assistance; to two special persons who provided years of training and stimulation, Dr Freida Fromm-Reichmann and Dr Harry Stack Sullivan, in whose tutelage I first heard the term 'interpersonal transactions'.

And finally to my patients, whose creative and emancipated thinking has provided much of the content of this book. It is at their request that I have written it.

T.A.H.

Institute for Transactional Analysis  
Sacramento, California  
June, 1968

---

## 1. Freud, Penfield, and Berne

*I contradict myself. I am large. I contain multitudes.*

- Walt Whitman

Throughout history one impression of human nature has been consistent: that man has a multiple nature. Most often it has been expressed as a dual nature. It has been expressed mythologically, philosophically, and religiously. Always it has been seen as a conflict: the conflict between good and evil, the lower nature and the higher nature, the inner man and the outer man. 'There are times,' said Somerset Maugham, 'when I look over the various parts of my character with perplexity. I recognize that I am made up of several persons and that the person that at the moment has the upper hand will inevitably give place to another. But which is the real one? All of them or none?'

That man can aspire to and achieve goodness is evident through all of history, however that goodness may be understood. Moses saw goodness supremely as justice, Plato essentially as wisdom, and Jesus centrally as love; yet they all agreed that virtue, however understood, was consistently undermined by something in human nature which was at war with something else. But what were these somethings?

When Sigmund Freud appeared on the scene in the early twentieth century, the enigma was subjected to a new probe, the discipline of scientific inquiry. Freud's fundamental contribution was his theory that the warring factions existed in the unconscious. Tentative names were given to the combatants: the Superego became thought of as the restrictive, controlling force over the Id (instinctual drives), with the Ego as a referee operating out of 'enlightened self-interest'.

We are deeply indebted to Freud for his painstaking and pioneering efforts to establish the theoretical foundation upon which we build today. Through the years scholars and clinicians have elaborated, systematized, and added to his theories. Yet the 'persons within' have remained elusive, and it seems that the hundreds of volumes which collect dust and the annotations of psychoanalytic thinkers have not provided adequate answers to the persons they are written about.

I stood in the lobby of a theatre at the end of the showing of the motion picture *Who's Afraid of Virginia Woolf?* and listened to a number of comments by people who had just seen the picture: 'I'm exhausted!' 'And I come to movies to get away from home.' 'Why do they want to show something like that?' 'I didn't get it; I guess you have to be a psychologist.' I got the impression that many of these people left the theatre wondering what was really going on, sure there must have been a message, but unable to find anything relevant to them or liberating in terms of how to end 'fun and games' in their own lives.

We are dutifully impressed by formulations such as Freud's definition of psychoanalysis as a 'dynamic conception which reduces mental life to an interplay of reciprocally urging and checking forces'. Such a definition and its countless elaborations may be useful to 'the professionals', but how useful are these formulations to people who hurt? George and Martha in Edward Albee's play used red-hot, gutsy, four-letter words that were precise and to the point. The question is, As therapists can we speak with George and Martha as precisely and pointedly about why they act as they do and hurt as they do? Can what we say be not only true but also helpful, because we are understood? 'Speak English! I can't understand a word you're saying' is not an uncommonly held attitude towards persons who claim to be experts in the psychological fields. Restating esoteric psychoanalytic ideas in even more esoteric terms does not reach people where they live. As a consequence the reflections of ordinary folk are often expressed in pitiful redundancies and in superficial conversations with such summary comments as, 'Well, isn't that always the way?' with no understanding of how it can be different.

In a sense, one of the estranging factors of the present day is the lag between specialization and communication, which continues to widen the gulf between specialists and non-specialists. Space belongs to the astronauts, understanding human behaviour belongs to the psychologists and psychiatrists, legislation belongs to the congressmen, and whether or not we should have a baby belongs to the theologians. This is an understandable development; yet the problems of non-understanding and noncommunication are so great that means must be devised whereby language can keep up with the developments of research.

In the field of mathematics an answer to this dilemma was attempted in the development of the 'new mathematics', now being taught in elementary schools throughout the country. The new mathematics is not so much a new form of computation as of communication of mathematical ideas, answering questions not only of what, but also of why, so that the excitement of going to the moon or using a computer will not remain exclusively in the realm of scientists but can also exist in comprehensible form for the student. The science of mathematics is not new, but the way it is talked about is new. We would find ourselves handicapped if we were still to use the Babylonian, Mayan, Egyptian, or Roman number systems. The desire to use mathematics creatively brought about new ways of systematizing numbering concepts. The new mathematics of today has continued this creative growth. We recognize and appreciate the creative thinking which the earlier systems represented, but we do not encumber today's work with those now less-effective methods.