AN INSTRUMENT FOR THE MEASUREMENT OF THE

TRANSACTIONAL ANALYSIS LIFE POSITIONS

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CHAPTER I

INTRODUCTION

Transactional Analysis (T.A.) was conceived as a technique of Psychotherapy by Dr. Eric Berne in the mid 1950's. In the years following, T.A. has evolved into a Theory of Personality and because of increased following, Psychology Today has labeled it "a populist movement" (17, p. 45). Part of this popularity may be a result of Transactional Analysis "having been successfully applied on the job, in the home, in the counselor's office, in the classroom--wherever people have been called upon to interact with each other" (44, p. 195). Evidence of T.A.'s acceptance in professional circles is shown by the growing number of articles on the subject being published in a wide variety of professional journals. The American Journal of Nursing (48), The Canadian Journal of Theology (52), Encounter (35), Modern Drama (21), Federal Probation (50), Journal of Reading (14), Physics Teacher (22), Journal of School Health (43), American Journal of Psychotherapy (6), and Dun's Review (31) are just a few sources where T.A. articles have been published in recent years. T.A.'s acceptance by the general public is evidenced by several books on the subject making the Best Seller List.

Yet with all of its popularity, Transactional Analysis seems to suffer from a lack of empirical validation. While many articles talk about usage of T.A. Theory, very little research has been done with T.A.

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to gather empirical data to support or refute the basic components of the theory. As Hite (34, p. 56) points out, "few serious attempts have been rendered to criticize, refine and expand T.A. Theory."

One way of beginning research into a theory where little research has been done, is to divide the theory up into basic components and investigate each component separately. This research examined one component of Transactional Analysis Theory in order to provide criticism, refinement, and possible expansion of the theory itself.

The basic Transactional Analysis theoretical component under consideration in this study is that of existential life position. Harris (27, p. 42) defines the life position as "a state of equilibrium bordering on rational thought . . . which is a product of the child's conclusion about himself and others." Transactional Analysis Theory states that there are four basic life positions. These are: the first position of I'm OK, You're OK; the second or projective position of I'm OK, You're not OK; the third or introjective position of I'm not OK, You're OK; and the fourth or futility position of I'm not OK, You're not OK (11).

The importance of life positions in the context of the whole T.A. Theory was pointed out by Berne (10, p. 270) when he stated that "every game, script, and destiny is based on one of these four basic positions." James (37, p. 81) goes into greater detail when she points out that "on the basis of early life transactions all children take psychological positions about themselves and other people which are usually maintained at a feeling level throughout their lives unless they decide to change."

Eric Berne (7) indicated in 1962 that

since positions are difficult to elicit and verify in clinical practice, it will take some years to assemble the two or three hundred reliable examples necessary to form a useful empirical classification (p. 23).

Ten years later in discussing prediction of life positions, Berne (12) stated:

> Once the predictions are made, they are easily tested by more observation. If later behavior does not confirm them, then either the analysis was faulty or the theory of positions is wrong and will have to be changed. If it does confirm the predictions, then the theory is strengthened (p. 89).

It would seem then that an accurate, valid method of predicting life positions would be critical.

Statement of the Problem and Purpose

The problem in this study is to construct and validate an instrument specifically designed to measure the Transactional Analysis existential life positions.

The purpose of this study is to utilize T.A. theoretical assumptions and design and validate an instrument that will empirically measure an individual's existential life positions.

Significance of the Study

The present research is an attempt to provide data relative to the Transactional Analysis life position theory. If the instrument designed in this study is validated, the implications for T.A. Theory would be widespread. In a theoretical perspective, this instrument would give a foundation for testing several of the other major constructs of Transactional Analysis Theory.

The concept of strokes and the feelings associated with them is a

major part of the theory. Once the positions of OK-ness and Not-OK-
ness are validated, studies could be conducted to corroborate the idea
that negative strokes lead to Not-OK feelings and positive strokes lead
to OK feelings (41).

Script theory is another fundamental part of Transactional Anal-
ysis. If the life positions can be validated with this instrument,
then the idea that people develop scripts on the basis of their life
position could be tested (17).

One of the assumptions that Berne (12) made in developing T.A. was
that psychological games are related to life positions. If the life
positions can be validated with this instrument, testing of this
assumption is made possible. The Karpman Drama Triangle discusses
games in terms of persecutor, rescuer, and victim roles. Accurate
measurement of life positions would allow research to see if there is
a relationship between these roles and life positions.

Another major part of Transactional Analysis Theory involves
structural analysis of the Parent, Adult, and Child Ego States. Again,
once the life positions can be measured, the relationships between them
and the various ego states could also be researched.

With regard to the application of Transactional Analysis, this
study may have considerable implication. Currently, T.A. therapists
are implying that they are able to move an individual from one life
position to another by therapy (46). Since there is little or no
empirical data to support this proposition, this belief remains un-
substantiated. If the instrument under study is validated, a means for
providing the empirical data necessary to substantiate the idea that
T.A. therapy does help individuals change their basic existential

positions can follow.

Another use for this instrument would be for clinical use. Using the instrument would lead to diagnosis and prognosis for therapy. Instead of making assumptions on what position the client was in, the therapist would have an empirical measurement to base his decisions on.

If the instrument in this study is not validated, the value of this research may not be diminished. If validation is not substantiated, one of two conclusions may be reached: (1) the design of the instrument was such that it could not significantly discriminate life positions, or (2) the theoretical assumptions upon which the instrument was designed are in question. Regardless, the questions raised in this research should have significant implications for further studies. Another step towards verification of T.A. Theory will have been taken and more research will hopefully follow.

<h2 style="text-align:center">Assumptions</h2>

The design of the instrument in this study is constructed to incorporate the following assumptions:

(1) People do operate from a basic existential life position.

(2) People behave in such a way that their existential life position can be identified.

(3) An instrument can be designed to identify people's existing life positions.

(4) The Minnesota Multiphasic Personality Inventory (MMPI) is a valid instrument for measuring personality characteristics on a clinical scale.

Definition of Terms

The terms used in this study have the following operational definitions:

(1) Transactional Analysis (T.A.) - A system of psychotherapy and a theory of personality based on the analysis of transactions (12).

(2) Transaction - A unit of social action which is studied in Transactional Analysis (12).

(3) Existential life position - A concept of OK-ness or Not-OK-ness one has about himself and others.

(4) I'm OK, You're OK - The existential life position where one primarily feels OK about himself and OK about other people.

(5) I'm OK, You're Not OK - The existential life position where one feels OK about himself and not OK about someone else.

(6) I'm Not OK, You're OK - The existential life position where one feels not OK about himself and OK about someone else.

(7) I'm Not OK, You're Not OK - The existential life position where one feels not OK about himself and not OK about someone else.

(8) Psychological Game - Sets of ulterior transactions, repetitive in nature, with a well-defined psychological payoff (12).

(9) Decision - A childhood commitment to a certain form of behavior, which later forms the basis of character (12).

(10) Positive Strokes - A unit of recognition between people that contributes to a good feeling.

(11) Negative Strokes - A unit of recognition between people that

contributes to a bad feeling.

(12) Rackets - The transactional exploitation of unpleasant feeling (10).

(13) Quadrant - That section of the OK Corral pertaining to a single life position (19).

(14) Ego State - A system of feelings which motivates a related set of behavior patterns (4).

(15) Parent - The ego state operating with rules, laws, values, and opinions.

(16) Adult - The ego state operating with data, facts, and probabilities, typically "here and now."

(17) Child - The ego state operating with feelings and emotions.

(18) Natural Child - The part of the child ego state that is autonomous.

(19) Adapted Child - That part of the child ego state that is influenced by the parent.

(20) Script - A life plan chosen by an individual as a decision made in childhood which leads to a chosen alternative (12).

(21) Counter Script - A possible life plan based on parent ego state ideals.

(22) Injunction - A negative command from the parent ego state.

(23) Hypochondriasis Scale (Hs) - Measures the amount of abnormal concern about bodily functions (30).

(24) Depression Scale (D) - Clinically measures the depth of the subject's depression (30).

(25) Psychopathic Deviate Scale (Pd) - Measures the similarity of the subject to a group of persons whose main difficulty lies

in their absence of deep emotional response, their inability to profit from experience and their disregard of social mores (30).

(26) Paranoia Scale (Pa) - Measures subjects by contrasting them with clinic patients who were characterized by suspiciousness, oversensitivity, and delusions of persecution (30).

(27) Psychasthenia Scale (Pt) - Measures similarity of the subject to psychiatric patients who are troubled by phobias or compulsive behavior (30).

(28) Schizophrenia Scale (Sc) - Measures the similarity of the subject's response to those patients who are characterized by bizarre and unusual thoughts (30).

Limitations of the Study

The validation and application of this study may be limited. This study is limited by the number of judges used to obtain face validity for the life position instrument. More judges who were experts in Transactional Analysis would have provided more validity for the instrument in this study.

Hypothesis

The hypotheses under investigation in this study are listed below. The 0.05 level of confidence for not rejecting or rejecting hypotheses will be used. The hypotheses are:

(1) There is no relationship between the score on the life position instrument indicating I'm OK, You're OK and the scores on the Minnesota Multiphasic Personality Inventory

(MMPI) measuring the following factors: Paranoia (Pa), Depression (D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic Deviance (Pd), and Psychasthenia (Pt).

(2) There is no relationship between scores on the life position instrument indicating I'm OK, You're not OK and the scores on the Minnesota Multiphasic Personality Inventory (MMPI) measuring the following factors: Paranoia (Pa), Depression (D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic Deviance (Pd), and Psychanthenia (Pt).

(3) There is no relationship between scores on the life position instrument indicating I'm not OK, You're OK and the scores on the Minnesota Multiphasic Personality Inventory (MMPI) measuring the following factors: Paranoia (Pa), Depression (D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic Deviance (Pd), and Psychasthenia (Pt).

(4) There is no relationship between scores on the life position instrument indicating I'm not OK, You're not OK and the scores on the Minnesota Multiphasic Personality Inventory (MMPI) measuring the following factors: Paranoia (Pa), Depression (D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic Deviance (Pd), and Psychasthenia (Pt).

CHAPTER II

REVIEW OF THE LITERATURE

The review of the literature on Transactional Analysis related to
this study is organized into the following areas: (1) Life Positions
Usage in the Literature, (2) Historical and Theoretical Orientation,
and (3) Related Research on Life Positions. The section discussing
Life Position Usage will point out the influence that T.A. Life
Position Theory has had in a wide range of areas. The section con-
cerning the Historical and Theoretical Orientation to Transactional
Analysis is necessary for the reader to understand the concepts
utilized in this study. Finally, the section on Related Research on
Life Positions will discuss the findings of previous T.A. research.

Life Position Application in the Literature

The widespread acceptance of the concept of life positions has
been mentioned in Chapter I. This section of the review of the litera-
ture will point out many of the areas employing the life position
concept.

One area that has shown an interest in the philosophy of Trans-
actional Analysis (and life positions) is that of education.
Dr. Arnold Kambly (41) published an article in the July, 1975, issue of
Psychology in the Schools discussing the philosophy of Transactional
Analysis as it applies to the school setting. In regards to life

position, Dr. Kambly feels that educators should be very aware of their stroking behaviors and the effect they may have on a student feeling OK or not OK about himself and others.

Contemporary Education published an article by Clifford Hardy (26) entitled "Transactional Analysis and the Classroom Teacher" in 1974. In his article Clifford Hardy points out that teachers and administrators will have to become more skilled in areas of human relations if they hope to be successful. T.A. is offered as a way to become skilled in this area. Briefly, Mr. Hardy points out the importance of the teacher's ability to understand the feelings of OK-ness and not-OK-ness that a student may have. The communication patterns and behaviors are discussed so that the teacher may get a better idea of the why's behind the student's behaviors. In this way, they will be better able to interact with the student; and the result might lead to more feelings of OK-ness.

Thomas Harris (29), building upon his concepts from I'm OK, You're OK, wrote an article in Instructor entitled "The OK Classroom." Harris defines the OK Classroom as "a place where teachers and children understand and feel good enough about themselves to get on with the business of learning and living" (p. 83). Harris begins by emphasizing that the teachers must strive to make themselves OK so that their classrooms can also be OK. He also maintains that the way for teachers to achieve OK-ness is through an understanding and application of the principles of Transactional Analysis. Application of T.A. principles will, according to Harris, build self concepts in students. The emphasis here is on open rather than authoritarian classrooms. As in the previously mentioned article, the importance of stroking is emphasized. Harris

suggests teaching the concepts of T.A. to the students and then using them to build the OK classroom.

In January of 1975, the Journal of School Health published "A Classroom Comparison of Behavioral Modification Techniques" (43). In their study, Dr. Paul A. Knipping and Lunne Chandler (43) found that "given appropriate teaching materials, individuals classified as non-professionals in mental health can be successful in affecting attitudinal change among secondary students" (p. 33). In other words, teachers utilizing Transactional Analysis concepts may have an impact on changing students from having not-OK feelings to having OK feelings.

In 1974, two University of Nebraska professors published an article in Science and Children entitled "An OK Science Teacher" (54). The authors feel that teaching science to elementary children should consist of three components: (1) the science content, (2) science content that considers the intellectual development of children, and (3) a practical psychology for developing positive human attitudes and inter-actions. The psychological model suggested to fulfill the third component is Transactional Analysis. According to professors Ward Sims and Robert G. Fuller (54), Transactional Analysis is useful in education because

> the T.A. model focuses on self-understanding and the
> creation of an OK self image as the vehicle for the improve-
> ment of interpersonal communication. To communicate with
> the OK other person, the OK (knowledgeable, confident,
> open) self can make a conscious decision and deliberate
> effort to create an atmosphere of inquiry, trust, and
> acceptance (p. 17).

Thus a student who feels OK about himself and his fellow student and teachers will be in a better position to learn and grow.

Part of any educational process involves the students' ability to

read successfully. In 1974, The Journal of Reading published an article entitled "Using Transactional Analysis--Making the Reading Experience OK" (14). In their article, Dave Capuzzi and Mary A. Netherton Warren (14) stress the importance of the teacher's ability to understand script analysis and life positions. Teacher expectations are discussed in terms of life position along with the idea that a teacher's expectations of a child are usually fulfilled. Thus if a child is expected to operate from an I'm not OK, You're OK position, he will usually operate from this position. This article illustrates that the democratic teacher is more likely to have I'm OK, You're OK students than the authoritarian teacher. Finally, the authors point out that reading teachers need not be experts in T.A. to apply its principles and thereby create an atmosphere where reading is encouraged.

"You're OK and So Is Physics" was presented in Physics Teacher in April, 1974 (22). According to authors Robert Fuller and Ward Sims (22), only two life positions are important to understand in teaching physics. The position of I'm OK, You're OK is the Get-On-With-It position. The position of I'm not OK, You're OK is the Get-Away-From-It position. The desired goal for teachers then is to achieve an I'm OK, You're OK position in their teaching of physics. In this way, the students will be encouraged to take the same position. The authors suggest that teaching the basic concepts of T.A. along with the science content will enable the student to feel that he is OK and that physics is OK too.

Earl W. Stevick (57) of the Foreign Service Institute published "The Meaning of Drills and Exercises" in the June, 1974, issue of Language Learning. This article discusses the advantages of utilizing

the concepts of Transactional Analysis in teaching foreign languages.
The author states:

> If, as Transactional Analysis would have us believe,
> the underlying cause of this kind of behavior is in the
> I'm not OK position which is shared by almost all human
> beings, then the cure for the behavior does not lie either
> in reasoning with the person or in scolding him, or in
> giving him bad grades. Nor does it lie primarily in
> designing better, more appropriate drills. It lies rather
> in finding other ways in which the student can gain relief
> from his not OK position. The ideal way to do this, of
> course, would be to help him to move away from that
> position altogether, and into the position that says 'I'm
> OK.' The complete attainment of this goal is usually
> beyond the scope of the language teacher, but this fact
> does not alter its appropriateness as a goal, or as a
> direction in which to move (57, p. 1).

During further discussion, the author explained the increased
effectiveness in teaching that is possible with an understanding of the
theoretical constructs of Transactional Analysis.

Higher education has also shown increased interest in Transac-
tional Analysis. The NASPA Journal of April, 1973, published "Transac-
tional Analysis and the Student Personnel Worker" (32). Author
J. Douglas Hickerson (32) discusses Arthur Chickering's seven vectors
of development and their connection with T.A. life positions. In
summarizing his article, Hickerson (32) explains:

> For student personnel workers who seek to be educators
> facilitating specific developmental tasks of students
> through group interaction and a precise meaningful language,
> Transactional Analysis should prove to be a most useful
> tool (p. 307).

Education is not the only place where the principles of Transac-
tional Analysis and life position theory are utilized. Transactional
Analysis was designed for use in a group setting primarily, so it's not
surprising that it has been applied to working with groups of adoles-
cent boys. John Hipple and Lee Muto (33) discuss their work in the

June, 1974, <u>Personnel and Guidance Journal</u>. In discussing their six sessions, the authors talk about how the boys saw their feelings of OK-ness as central to their concepts of identity. Final conclusion of this article stated that the T.A. theory presentations gave group members a cognitive base to which their emotional insights could be attached.

Vocational counseling is also utilizing some of the theoretical constructs of Transactional Analysis. Robert Kurtz (45) of the University of Iowa discusses the effectiveness of vocational counseling utilizing structural analysis and script analysis theory. He indicated that the goal of script analysis is to free individuals from making irrational decisions based on scripts. A very active part of scripting involves the life position that an individual has chosen. This part of vocational counseling involving script work deals with an individual's life position. Job selection thus becomes much deeper than merely filling an occupation.

Another area of group counseling that has been effective in using Transactional Analysis was in working with teachers. In a group setting teachers learn T.A. and then examine the role they play as teachers. The teacher's parent tapes are examined and dealt with along with an examination of the life positions and the stroking rules that support and maintain those positions.

One discussion of this type of group was reported in the <u>Elementary School Guidance and Counseling Journal</u> by Mary Joe Hannaford (25). By working together, the teachers in this group learned how to feel OK about themselves and their jobs and how to project "You're OK" feelings to others. Once the teachers were able to project the "You're

OK" feelings to each other, they were much more able to project that feeling to their students.

Another area that is now latching on to the principles of T.A. is management development. Jon M. Healy (31) reports in the September, 1975, issue of Dun's Review that Transactional Analysis is an effective way to teaching executives how to break down communication barriers and heighten their management skills.

While some companies dismiss T.A. as just a fad, others, such as American Airlines, Bank of America, Metropolitan Life, General Foods, and Westinghouse, have held management seminars to teach their staff the theory.

Basically, the management seminars which utilize T.A. teach the principles of Parent, Adult, Child, and the life positions. The way these principles relate to communication is stressed along with how this new knowledge, when applied, can bring about better organizational effectiveness, staff relationships, and work satisfaction.

Muriel James (38, p. 31) discusses the use of T.A. in management as follows: "T.A. is now widely used in business, schools, and government. It is popular because it is a positive tool of management that can be used to enhance life and work." She goes on in her Psychology Today article, "The OK Boss in All of Us," to define what an OK boss is. An OK boss is seen as one who brings the best out in people; he can give critiques and not be critical; he is supportive, responsible, cooperative, and creative. On the other hand, a not-OK boss (operating from a not-OK life position) is negative and opinionated. He may often be mechanistic or hostile. The difference, it appears, comes from how bosses feel about themselves and their employees.

Muriel James' (38) article points out that confident bosses tend to seek out confident employees and encourage anxious and depressed employees to develop their fullest potential. She believes that by understanding the position of OK-ness and not-OK-ness with the Parent, Adult, Child concepts, employers can become an "OK Boss."

Awareness of Transactional Analysis life scripts has also been useful in the field of career development. Joe Alexander's (1) article in the May, 1974, Training and Development Journal discusses the importance of life positions and script behavior and the role they may play in career development. The author feels that life script awareness training (including awareness of T.A. life positions) and maintenance of good management personnel may help people avoid the games management plays with people.

In January of 1971, the University of Oklahoma, under contract from the U. S. Postal Service, began training postal supervisors in Transactional Analysis Theory. In order for T.A. to fulfill the requirements for management training, the following conditions had to be met:

(1) It had to be incorporated with the current structured curriculum.

(2) It would provide a better means for the trainee to understand himself.

(3) It would provide a better means for the trainee to understand others and his relations with others.

(4) It would be a better vehicle to provide the trainee with the ability of being more adaptable to change.

(5) It would provide a better management tool for better results in an accelerated dynamic organizational situation (16, p. 14).

With these requirements in mind, the training program was designed.

Structural analysis involving Parent, Adult, and Child concepts was presented along with life styles and time structuring. The life styles concept deals with the existential life position, while the time structuring area deals with stroking. Using these three main areas, the goal of this training program became, "I'm OK--You're OK--I Count--You Count--The Organization Counts." In summarizing the training program, Thomas Clary (16, p. 14) states: "T.A. provides the best roadmap for public administrators toward a better understanding of human relations, self and others."

Many firms are beginning to teach their employees Transactional Analysis in order to improve customer relations. The director of marketing training for the First National Bank of Memphis, Tennessee, selected a T.A. training program for his staff because "the rewards of T.A. training for sales personnel extend into other areas of organizational life" (58, p. 36). Bill Stroud (58) feels that T.A. is not only interesting, but offers immediate application to such problems as customer relations. A large part of the training program at Bill Stroud's bank centers around script analysis looking at games people play while operating from one of the four life positions. Through an examination of these life positions and the study of other T.A. Theory, the bank feels that the organization of staff had been strengthened, the employee's understanding of himself and others has increased, and customer relations have been improved.

The concepts of Transactional Analysis and life positions are also being examined in the scientific community. A. C. Leopold (47) examines the "Games Scientists Play" in the October, 1973, issue of Bioscience. Such science games as I Know Best, The Prestigious

Scientist, and The Citation Index game are examined in terms of life position and stroking behavior. The scientist who is a heavy game player comes out a loser operating from one of the not-OK life positions.

People in the field of nursing have also examined the role that games and life positions play in that career. Pamela Levin and Eric Berne (48) examined the "Games Nurses Play" in the American Journal of Nursing.

Such games as "Let's You and Him Fight," "Damned If You Do, Damned If You Don't," "Kick Me," and "If It Weren't For You" are discussed. The games are examined in terms of what not-OK life position they support and what the ultimate pay-off for playing will be.

Religion is another area that has taken a look at the theoretical concepts of Transactional Analysis. Monroe Peaston's (52) writing in the Canadian Journal of Theology feels that the principles of T.A. may be very important to those people engaged in pastoral care. Since many of the problems a priest or minister deals with center around communication (in church group meetings, marriage counseling, sermons, etc.), the author feels that understanding of life positions and the role they play in communication will enable the pastor to be more effective.

Criminologists are also beginning to use Transactional Analysis as a form of rehabilitation. Richard Nicholson (50) who is the chief probation officer for the U. S. District Court in Sacramento, California, feels that therapy with T.A. helps offenders to become responsible for their futures and to learn to feel OK. In his paper, "Transactional Analysis: A New Method for Helping Offenders," Mr. Nicholson

(50) discusses how T.A. is used in treatment. By teaching the basic concepts of life positions and ego states (Parent, Adult, Child) in a group setting and then working through individual concerns, the author feels that the individual can acquire a tool with which he can become a productive member of society.

Finally Transactional Analysis is being introduced to the field of disability and rehabilitation counseling. Authors Solveig Thomson and John Mosher (61) in their writing present in New Outlook for the Blind discuss how the principles of life positions and other T.A. concepts are related to the special needs of blind persons.

The goal of utilizing T.A. in rehabilitation counseling is for the individual to become aware of his personal hungers (needs) and then consider options for change. The need to know where we stand in relation to the world is discussed as existential life position hunger. The special pressures and relationships blind people have operating out of those life positions is illustrated, and the type of work needed to overcome these problems is discussed.

Finally, the authors summarize by stating that T.A. will continue to grow in rehabilitation because it helps the individual see the world autonomously and to make redecisions for fuller lives as winners and not as losers.

This concludes the review of the literature discussing life position application in the literature. As indicated previously, many different fields are utilizing the principles of Transactional Analysis and life positions. Ranging from education to rehabilitation, the principles of T.A. are being applied. The following section will discuss the Historical and Theoretical Orientation of Transactional

Analysis.

Historical and Theoretical Orientation

In 1956 the San Francisco Psychoanalytic Institute turned down an applicant by the name of Dr. Eric Berne. Spurred on by this rejection, Berne (15) was determined to add something new to the field of Psychotherapy. This was to be the beginning of Transactional Analysis.

In 1957 the first article containing some of the concepts that were later to become Transactional Analysis was published under the title "Intuition $\overline{V}$: The Ego Image" in the Psychiatric Quarterly (5). This was the beginning of the ego state concepts of Parent and Child. These concepts were further developed in the article "Ego States in Psychotherapy" published in the American Journal of Psychotherapy in 1957 (4). Here the Parent, Adult, and Child ego states are fully explained; and the common T.A. three-circle diagram was created for illustration.

The concept of the Parent, Adult, and Child ego states is set apart from Freudian superego, ego, and id in this article. The PAC concept is built around the idea of visible behaviors. The Parent ego state operates from a position of rules and laws, while the Adult ego state deals with facts and data; and the Child ego state is concerned with feelings and emotions. Each person is hypothesized to have parts of all three ego states in various proportions forming their personality.

This same article examined the relationships between Parent, Adult, and Child ego states and creates the idea of structural analysis. Structural analysis is the procedure for strengthening the boundaries

between the three ego states and decontaminating the Adult.

In November of 1957, Dr. Berne (6) presented a paper at the Western Regional Meeting of the American Group Psychotherapy Association in Los Angeles. This paper, "Transactional Analysis: A New and Effective Method of Group Therapy," presented the additional concepts of game theory and script theory. Berne described a game as a transaction between two people in which an ulterior message is sent. His concept of scripts is taken from theatrical scripts where the lines of the actors are written down. The idea of life is that people have un-written "lines" that guide them through life unless they examine their script and change it. The ultimate goal of Transactional Analysis was stated in this article as being the analysis of those scripts.

On February 18, 1958, Dr. Berne began his formal training of others in Transactional Analysis. These training periods became known as the San Francisco Seminars, and it was in these seminars that Trans-actional Analysis ideas were pulled together into a new theory of Personality.

The San Francisco Seminars continued to grow in membership; and in May of 1960, the state of California chartered the San Francisco Seminars as a non-profit organization under the title of San Francisco Social Psychiatry Seminars. The expansion of the seminars brought in new people who contributed further toward the development of T.A. Theory.

In 1962, the Transactional Analysis Bulletin was published for the first time. It was here that Berne (7) introduced the theory on classification of positions which is the heart of this research. Although much was to be written later by others expanding the life

position concept, the basics remain as Berne formulated them.

The life positions are divided into four areas. Area One is "I am OK, You are OK." This area, according to Berne, is intrinsically constructive. Area Two is "I am OK, You are not-OK," and this area is intrinsically paranoid. Area Three is "I am not-OK, You are OK," and this is intrinsically depressive. The Fourth Area is "I am not-OK, You are not-OK" and is, according to Berne (7), futile and terminates in schizophrenia.

One of the concepts that Transactional Analysis believes in is the idea that therapy becomes a joint program in which the therapist and client work together to solve emotional problems. In October of 1963, Dr. Gordon Haiberg (24) elaborated on this concept of OK-ness between the therapist and psychotic patients:

> Assuming a basic position of 'I'm OK--You're OK,' so that therapy becomes a partnership or cooperative venture, is an ideal few therapists attain or understand how to attain. Transactional Analysis offers a way for them to recognize their destructive verbal and nonverbal communication and behavior, leaving their 'computer' free to solve problems. For a long time it was taught the psychotics are impossible or difficult to treat on account of unintelligible communication or their inability to form a valid doctor-patient relationship. Hence, one problem is to train therapists in the concept that psychotics are OK, and then to develop an economy of words and thinking that makes the therapy easy to understand.
>
> In large institutions, one aim is to avoid over treatment, leaving more time available for treating other patients. Treatment begins with the first exchange of glances between therapist and patient, when the therapist enters with the basic position, 'I'm OK--You're OK.' Psychotics are yearning to establish a more meaningful relationship with people. The staff may assume one of the undesirable positions ('I'm OK--You're not OK'; 'You're OK--I'm not OK'; 'I'm not OK--You're not OK') toward psychotics, triggering an overwhelming destructive set of verbal or nonverbal manuevers which causes authorities to respond by keeping the patient in the hospital (p. 91).

Thus this concept of life position was to have a major role in Transactional Analysis philosophy with respect to the therapists' attitude and the role they play in therapy.

The year 1964 was a significant year for Transactional Analysis. By October, the San Francisco Social Psychiatry Seminars had members from outside of California including several from foreign countries. Thus on the 20-th of that month the organization was officially changed to the International Transactional Analysis Association (I.T.A.A.).

Dr. Berne (9) also published Games People Play in 1964; and while it only sold moderately in the beginning, it eventually made the Best Seller list. Through this, T.A. was not only being introduced to professionals, but also to the man on the street.

With the publication of Games People Play, Dr. Berne's (9) theoretical emphasis centered on the concepts of games and rackets, transactions, scripts, and the therapy involving these concepts. In discussing classification systems for the games in his book, Berne (9) said: "The most likely candidate for a systematic, scientific classification is probably one based on the existential position" (p. 64). Dr. Berne's (20, p. 41) original motivation for writing the book centered around the games associated with the most common position "I am not OK, You are OK." Berne's (8) other major publication that year, "Principles of Transactional Analysis," made no mention of life position theory.

Berne's (10) next publication, titled Principles of Group Treatment, clearly showed that life position theory was still very much a part of Transactional Analysis. He points out that each of the four positions has an ultimate action associated with it. The position of

"I'm not OK, You're OK" may lead to an individual cutting himself off from the OK world by "making use of one of the institutions provided by society for not-OK people, such as state hospitals, prisons, and dreary rooming houses" (p. 272). The position of "I am not-OK, You are not-OK" may lead to suicide or schizophrenic behavior. Another position, "I am OK, You are not-OK" has an unhealthy alternative of getting rid of people. The remaining position of "I'm OK, You're OK" is referred to as "getting better." This position is attained when a person has eliminated suicide or schizophrenic behavior, cutting himself off from the OK world, and getting rid of people as solutions to problems.

Ten years then passed before Dr. Berne decided to add further to the field of psychotherapy. On August 8, 1966, a full-page story of Dr. Berne (49) appeared in Newsweek magazine. While the majority of the article talked about the book, Games People Play, Berne (49, p. 56) also took the opportunity to explain to the public the difference between Transactional Analysis and Classical Psychoanalysis: "Psychoanalysis concentrates on the dynamics of the unconscious mind while T.A. concerns itself first with the individual's actual contacts with reality." No mention of life position theory was made in this article.

Soon after this article was published, another T.A. book was published that was also to make the Best Seller list. Expanding on Berne's original life position theory, Thomas Harris (27) wrote I'm OK--You're OK.

The basic difference in life position philosophy of Harris and Berne has to do with what position an individual assumes at birth. Berne believed that an individual assumes a basic "I'm OK, You're OK" position at birth and then takes other positions because of things they

learn and decisions they make. Harris maintains that early in life,
individuals take an "I'm not OK, You're OK" position. Even today this
difference is unresolved among T.A. therapists.

In October of 1967, Dr. Harris (28) presented his view in an open
discussion with Dr. John Dusay who represented the original views of
Berne. Dr. Harris (28) offered the following propositions:

(1) Infants take an 'I'm not OK' position early in life.

(2) A patient who seeks treatment feels 'not-OK.'

(3) The T.A. cure is an affirmation through experience of
a rationally-chosen 'I'm OK and You're OK, too'
position (p. 94).

Dr. Dusay (28) offered the following orthodox view:

(1) Each infant starts out as a prince, with the 'OK-OK'
position.

(2) Patients learn other positions because their parents
tell them so and they play games that prove it.

(3) T.A. treatment gives patients permission to disregard
this parental instruction and pick up again his
career as a prince (p. 94).

Floor discussion following both presentations brought about a synthesis
of Harris' (28) viewpoints and the orthodox concepts. That synthesis
was stated as follows:

> There is at some time or other the basic human feeling
> of 'OK-ness.' Whether this is in the womb, or while
> experiencing stroking with mother or the common experience
> of human growth, all of us feel OK sometime. No matter
> how much parental ambiguity there is, we also know that
> OK is the way to feel. All decisions settling for less
> than OK, whenever taken, are reversible. Regardless of
> when or how a prince's career was interrupted, he can
> pick it up again when his adult chooses (p. 94).

As far as the ultimate resolution of each life position, Harris
(27) basically concurs with Berne's concepts. I'm OK, You're OK states
those resolutions as follows:

I'm not OK--You're OK

The ultimate resolution of this position is giving up
(institutionalization) or suicide (p. 44).

I'm not OK--You're not OK

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 (p. 46).

I'm OK--You're not OK

Incorrigible criminals occupy this position. The
ultimate expression of this position is homicide, felt by
the killer to be justifiable. (In the same way that he
felt justified in taking the position in the first place
(p. 49)).

I'm OK--You're OK

The first three positions are unconscious; I'm OK--
You're OK is based on conscious and verbal decision. The
first three positions are based on feelings. This is
based on thought, faith, and the wager of action (p. 50).

In January, 1967, Dr. Zelig Selinger (53) published a list of

behaviors of patients who have taken the position of I am OK, You are

not OK and who operate from the Parent ego state. Until this time,

most of the emphasis of life position theory was on ultimate resolu-

tions with little written on specific behaviors associated with each

position. In part those behaviors included:

(1) Distrusting, suspicious

(2) Comes to therapy by some outside influence and not on
his own

(3) Tendency to act as co-therapist or take over

(4) Tries to get the therapist into arguments or make him
give a lecture

(5) Acts as if he really isn't a patient

(6) Antagonizes the group easily

(7) Prefers to discuss generalities rather than specific

situations

(8) Responds poorly to therapy

(9) Games: Corner, blemish, look what you're doing to me,
    you got me into this, ain't it awful, lets you and him
    fight, I'm only trying to help, and look how hard I'm
    trying (p. 29)

Until now, the designations of numbers to particular life posi-

tions had been arbitrary. In October of 1969, Berne (11) directed that

for future publications, the life positions would be numbered this way:

(1) or the first position, I'm OK, You're OK.

(2) or the second or projective position, I'm OK, You're
    not-OK.

(3) or the third or introjective position, I'm not-OK,
    You're OK.

(4) or the fourth or futility position, I'm not-OK,
    You're not-OK (p. 112).

At the same time of Berne's death in July, 1970, Dr. Glenn Holland

(36) published "A Psychological Theory of Positions." Basically, this

article considers the development of life positions based upon learning

theory concepts.

In the beginning, when the child's needs are being met, his life

position is one of "I'm OK, You're OK." Frustration in successfully

meeting those needs leads to a response of anger which in turn leads to

an attack on the source of frustration. This would then be the begin-

ning of "I'm OK, You're not-OK."

Unsuccessful attacks on the source of frustration eventually

changes the child's feelings from one of anger to that of fear. "I'm

not-OK, You're OK" is now the new position of the child. This position

is strengthened when the child's behavior becomes that of submission

followed by a reduction in the anxiety level. If, however, the anxiety

level does not diminish after submission occurs, the child will assume

a position of "I'm not-OK, You're not-OK."

Thus the positions other than the original "I'm OK, You're OK"

position are a result of learned responses to frustration in fulfilling

needs.

Dr. Holland (36, p. 88) further contends that life positions and

ego states "must develop simultaneously and in a highly correlated way

during childhood." In looking at the parts of the Child ego states,

you can find the various positions. The natural child represents the

"I'm OK, You're OK" position because their behaviors, thoughts, and

feelings are consistent. The adapted child's behaviors, thoughts, and

feelings indicate an "I'm not-OK, You're OK" position. The defiant or

manipulative child operates from a position of "I'm OK, You're not-OK."

Finally, child behavior of autism or regression would indicate an "I'm

not-OK, You're not-OK" position.

The final point of Dr. Holland's (36) theory is tying in life

scripts with life positions. He comments:

> The question of whether a person pursues one or more
> scripts (such as counterscript) can also be dealth with
> within this frame of reference. Healthy scripts are
> associated with the OK-OK position and are adopted and
> pursued by the natural child (the Adult in the Child).
> Unhealthy scripts are consistent with the other positions
> and Child ego states (p. 88).

Taking the concepts of life positions further, Franklin H. Ernest,

Jr. (19) designed the OK Corral: the Grid for get-on-with. According

to Ernest, the term "positions" has to do with the favored childhood

method of resolving encounters with intimate people; and it is this

selected childhood position that brings individuals in for psycho-

therapy. He goes on to say that in day-to-day life, people have

encounters and reach conclusions that are resolved by one of the four

dynamic social operations in the OK Corral. It is Dr. Ernest's con-

tention that the "Grid for get-on-with" is similar to childhood-based

life positions. The OK Corral: "Grid for get-on-with" that Dr. Ernest

(19) uses as a part of script therapy, is shown in Figure 1.

YOU - ARE - OKAY - WITH - ME

I-	OPERATION: Get-away-from (GAF)	OPERATION: Get-on-with (GOW)	I-
AM-	POSITION RESULTING: I-am-not-okay-with-me & You-are-okay-with-me.	POSITION RESULTING: I-am-okay-with-me & You-are-okay-with-me.	AM-
OKAY-	OPERATION: Get-nowhere-with (GNW)	OPERATION: Get-rid-of (GRO)	OKAY-
WITH- ME-	POSITION RESULTING: I-am-not-okay-with-me & You-are-not-okay-with-me.	POSITION RESULTING: I-am-okay-with-me & You-are-not-okay-with-me.	WITH- ME -

YOU - ARE - NOT - OKAY - WITH - ME

Figure 1. The OK Corral: Grid for Get-On-With

Building upon Berne's (9) statement that any classification of

games would be best based on existential position, Dr. Edgar Stuntz

(59) developed a complete classification of games by positions. Taking

into account that people often switch positions within the same game,

Stuntz (59) divided psychological games into the following areas:

I.	I'm OK, You're OK	Good game players are gold stamp collectors with need to prove they are OK. They contribute to general well-being without intimacy.
II.	I'm OK, You're not-OK	Parent games, often in a relatively fixed position.
III.	I'm not-OK, You're OK	These games come in four types: kick me, tissue destruction, fear of growing up, and surrender conflict.
IV.	I'm not-OK, You're not-OK.	Aggressor-victim game, players switch roles themselves between aggressor and victim within the same game (p. 58).

Dr. Stuntz also contributed the belief that the severity of the game played is determined by the intensity of the not-OK position. In other words, the more intense the not-OK feelings, the stronger and more often game playing occur.

In August, 1971, Dr. Claude Steiner was presented the first annual Eric Berne memorial and scientific award by the International Transactional Analysis Association. Dr. Steiner received the award for his work on life scripts and the development of the script matrix. The script matrix (Figure 2) is a graphical illustration for showing parental influence (scripts and counterscripts) on their offspring in regard to script development in that offspring.

Dr. Steiner (55) reported in his acceptance speech that once he believed in the underlying assumptions of the script matrix, his approach to therapy changed. The assumption Steiner refers to is that people are born OK and are made not-OK by their parents. Through his graduate training as a therapist, Dr. Steiner originally had the
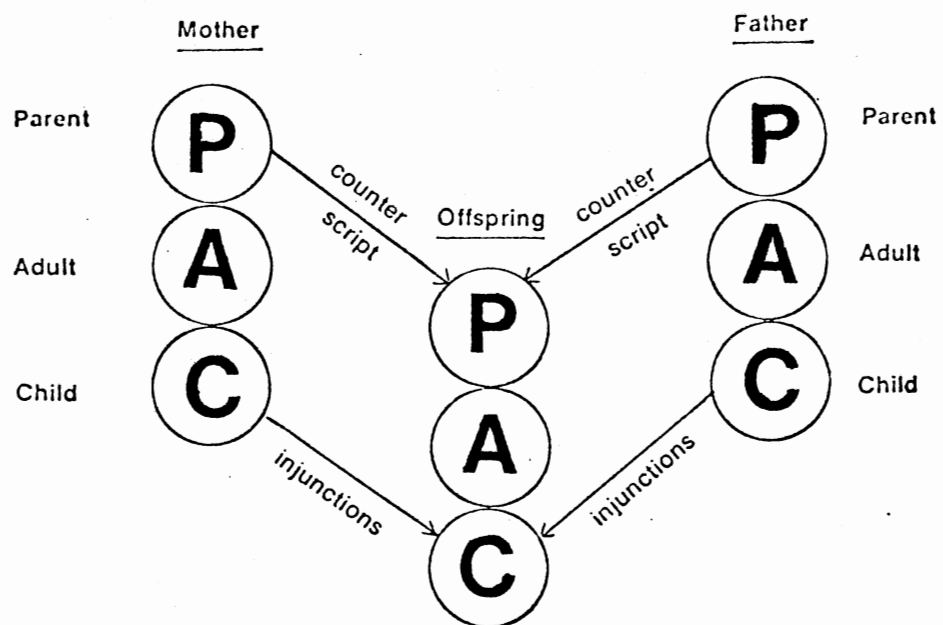
Figure 2. The Script Matrix.

attitude that patients, by virtue of their seeking therapy, were not-

OK. By belief in the assumption of the script matrix, he now believes

that they are basically OK and only have one part of their personality

in a not-OK position. That part of the not-OK personality is referred

to as the electrode and has been implanted by not-OK messages early in

life from the outside. Therapy then becomes the removing of the

electrode.

Almost a year after his death (1972), the last of Dr. Berne's (12)

books was published. What Do You Say After You Say Hello not only pulls

together many of the previously discussed concepts of life position,

but also points out the universality of life position theory. Accord-

ing to Berne, life positions are universal in all cultures because all

mankind gets messages from their parents which are reinforced leading

to a choice of position. He accepts that each person is the result of

different states of mind, adventures, events, and parents which may

cause the position to look complex and appear contradictory to theory.

Still, Dr. Berne maintains that further investigation would indicate

the individual maintaining one basic life position from which the

script is carried out. At this point, Dr. Berne (12) describes each

position in the following way:

> I'm OK, You're OK. This is the healthy position (or
> in treatment, the 'get well' one); the best one for decent
> living. People in other positions have a losing streak
> put there by their parents, which will drag them down
> again and again unless they overcome it; in extreme cases
> they will waste themselves if they are not rescued by a
> miracle of psychiatric or self-healing. This position is
> something the person either grows into in early life, or
> must learn by labor thereafter; it cannot be attained
> merely by an act of will.

> I'm OK, You're not OK. This is the 'Get rid of'
> position. These are the people who play 'blemish.'

They start crusades and sometimes wars, and sit in groups
finding fault with their real or imagined inferiors or
enemies. This is the 'arrogant' position, at worst a
killer's, and at best a meddler's for people who make it
their business to help the 'not-OK others' with things
they don't want to be helped with. But for the most
part it is a position of mediocrities, and clinically it
is paranoid.

I'm not OK, You're OK. This is psychologically the
'depressive position.' These are melancholic suicides,
losers who call themselves gamblers, people who get rid
of themselves instead of others by isolating themselves
in obscure rooming houses or canyons or by getting a
ticket to prison or the psychiatric ward. It is the
position of 'if onlys' and 'I should haves' (p. 86).

I'm not OK, You're not OK. This is the 'futility'
position of the why notters: why not kill yourself, why
not go crazy. Clinically, it is schizoid or schizo-
phrenic (p. 87).

Building upon his earlier work with the OK Corral, Dr. Franklin H.
Ernest (18) published "Psychological Rackets in the OK Corral." By
definition, a racket is a repetitive emotional display which is not
authentic and victimizes another person leaving that person with a
choice of inaction or avoidance. The victim is seeking to receive a
"You are OK" from the racketeer. The harder he tries to get that OK,
the more he finds he only has two choices--stop struggling, a get-
nowhere-with solution, or run away, an escape-get-away from choice.
The racketeer is seen to have a coercive quality due to the rackets
giving a "you-are-not-OK-with-me" to the victim. According to Ernest
then, the racketeer is seen to be operating from the lower half of the
OK Corral as depicted in Figure 3.

In July, 1973, the Transactional Analysis Journal presented an
article utilizing life position concept in a totally new way. James
Orten's (51) article on national positions points out that countries'
behavior makes it possible to place them in one of the four positions.

YOU ARE OK WITH ME

I AM NOT   Get-away-from   Get-on-with.   I AM OK

OK WITH MYSELF   Get-nowhere-with.   Get-rid-of.   WITH MYSELF
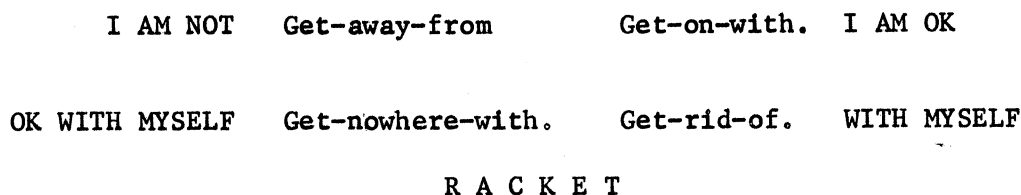
R A C K E T

YOU ARE NOT OK WITH ME

Figure 3. Racket Diagram.

The position of "I'm not OK, You're not either" is the position of
psychotic withdrawal; and, according to Orten, Red China operated from
this position for many years by hiding behind the Bamboo Curtain.
Hitler's Germany is seen as a classic example of the "I'm OK, You're
not OK" position. Post World War II Japan, on the other hand, is seen
as "I'm not OK, You are OK." Switzerland is seen as representing "I'm
OK, You're OK" and has not had a war, famine or coup in over one hundred
years. Her constitution was revised in 1874 to guarantee neutrality
unless she was attacked. She does not belong to the United Nations
because its charter calls for imposing solutions to international prob-
lems by military force if necessary. Switzerland's OK feelings are not
based on military power, or even industrialization, but on their unique
place in the world. According to Orten, studying Switzerland's OK
position in the world would be useful for the other countries.

The August 20, 1973, issue of Time magazine shows an article
called "T.A.: Doing OK" (62). While reporting the growing popularity

of the theory, this writing mentions that T.A. stems from Alfred

Adler's concept of universal "inferiority feelings."

The Time article also reports that T.A. is highly popular in

religious circles. Muriel James (37) in 1973 wrote Born to Love which

relates Transactional Analysis Theory to those religious circles. Life

position theory is discussed as it relates to church groups, and also

detail is given to explaining each life position. James (37) talks

about the positions in the following way:

I'm OK, You're OK: A person who is firmly in the first
position, I'm OK, You're OK (the mentally healthy position),
is one who is self expressive, does not require perfec-
tion, and is both tolerant and flexible. He tends to have
friends who feel similarly and seldom has an enemy. Because
of his 'get along with' position, he autonomously sets
realistic life goals and achieves them. He knows he was
born for love and born to love others (p. 72).

I'm OK, You're not-OK: The arrogant or paranoid posi-
tion, is critical, blames others if things go wrong, is a
chronic advice giver, and may seek others to persecute
physically or non physically. Because of his 'get-rid-of'
position, he often drives friends, spouse, and children
away. He erroneously believes that he is lovable and others
are not (p. 73).

I'm not-OK, You're OK: (The depressive position),
frequently withdraws, helpless and depressed, refuses to
take adequate responsibility for his own feelings and
behavior, and expects others to rescue him. Because of his
'get-away-from' position, he deserts, withdraws, or runs
away from others emotionally and/or physically. He thinks
he is unlovable and that only other people are worthy of
love (p. 73).

I'm not-OK, You're not-OK: (The schizophrenic or
schizoid position), feels and acts as though nothing is
worthwhile. Because of his 'get-nowhere' position, he
feels as if he never does anything right and that life
isn't worth living. He is convinced that neither he nor
anyone else is lovable (p. 74).

In July, 1974, H. D. Johns (39) published an article offering the

idea that anger is fueled by threat. It is Johns' belief that there

are four manifestations of anger, one for each of the basic T.A. posi-
tions. The indignation type of anger is associated with the I'm OK,
You're OK (+, +) life position. I'm OK, You're not-OK (+, -) has the
resentment type of anger. The defiance type of anger is associated
with the I'm not-OK, You're not-OK (-, -) life position. The remaining
life position I'm not OK, You're OK (-, +) has an anger type of
frustration. Underlying each of these types of anger is a distinctive
threat. Frustration (-, +) is the result of the threat of failing,
resentment (+, -) is the result of the threat of losing, and defiance
(-, -) is the result of the threat of abandonment. The last anger
type, indignation (+, +) is fueled by the threat of injustice and a
hope for change. Table I shows some of the diagnostic items that
Johns (39) observed for each life position.

As with any new psychological theory, other people in the field
are looking to see where the new theory received influence. The April,
1975, issue of the _Transactional Analysis Journal_ centered around the
relationship T.A. has with other psychological theories. In discussing
Adlerian theory, Fredrick Wilson (63) points out the influence of
Adler's concept on Berne's life position theory.

Adler believed that an infant compared himself to adults around
him leaving the child to conclude that he must be inferior and thus has
to drive for superiority. Thus the basic force of human activity is a
striving from an inferior position toward a superior one. This fits
with Berne's idea that man learns a not-OK life position at an early
age. Both concepts seem to be similar in their belief that a child's
feelings toward himself and others is a key part of personality
development. Wilson (63) summarizes this by saying:

TABLE I

H. D. JOHNS ANGER AND LIFE POSITION TABLE

I'm not OK, You're OK	I'm OK, You're not OK	I'm not OK, You're not OK	I'm OK, You're OK	
Frustration	Resentment	Defiance	Indignation	Anger Type
"You do it to me!"	"I do it to you!"	"I do it to me!"	"Let's do it!"	Stance
Power	Achievement	Control	Change	Orientation
Despairing	Demanding	Stubbornness	Enthusiasm Assertion	Demeanor
Confusion	Fault finding	Contesting	Resoluteness (Deliberate action)	Eternal Screen (Social disguise)
Passive-Submissive	Passive-Compulsive	Passive-Resisting (rebelling)	Obsessive	Psychological-tag
"I don't know"	"Shoulda's" "Oughta's"	"I can't" "I won't" "You can't make me"	"Why not?"	Characteristic words
Coronary	Homocide	Suicide	Martyrdom	Extremis
Threat of failing (Loss of power)	Threat of losing (Loss of secuity)	Threat of Abondonment (Loss of self)	Threat of injustice (Hope of change)	Fueled by: underlying fear
"Run away"	"Break if down"	"Get around" Ignore	"Use it"	Coping systems

There is a close correspondence between key concepts
in the writings of Adler and of Berne. Both systems
stress the importance of the child's conception of his
'OK-ness' in his life course. Adler and Berne each
emphasize early childhood decisions as key determinants
for the pattern of one's later life and explain mechanisms
by which these decisions are made (p. 121).

This discussion on the origins of life position concludes this

section on the historical and theoretical orientation of Transactional

Analysis life position theory. As mentioned previously, very little

research has been done to gather empirical data to verify existential

life positions. Those studies that have been conducted are discussed

below.

Related Research on Life Position

In 1972, Robert Thamm (60) examined the psychological charter-

istics of Berne's life positions. Utilizing 434 undergraduate stu-

dents, Thamm examined which variable (social, family, and psychological

characteristics) go with which life position. Thamm's (60) findings

were as follows:

I am not OK, You are OK - Subjects indicated higher
social backgrounds and had lower residential mobility.
They had very poor concepts of their parents—they were
not close with the family, they were distrustful. Subjects
showed little interest in literature or music. They
throught they were not as aggressive as other subjects
and reported a tendency to become depressed (p. 48).

I am OK, You are not OK - Subjects indicated more
intelligence and appeared to be more liberal. They tended
to come from low income families and broken homes. Sub-
jects had higher grade point averages and read more
(p. 47).

I am not OK, You are not OK - Subjects moved frequently
and often came from broken homes where father had high
education and mother had low education. Subjects tended
to feel that their parents did not appreciate them. Their
parents were often unaffectionate and unlovable. Subjects

were not aggressive and tended to withdraw when frustrated.
Subjects were more suicidal than subjects in other life
positions (p. 48).

I am OK, You are OK - These subjects reported a high
acceptance of themselves and others. Family environments
were peaceful. They reported to be very active sexually.
They saw themselves as being more emotionally stable than
subjects in other life positions (p. 46).

Thamm's study showing specific characteristics of each life posi-
tion indicated some discrepancies in his findings with Berne's
theoretical constructs. This further shows the need for the constructs
to be researched in more detail.

In October, 1973, Jon G. Allen (3) published his research on
"Existential Position and Adjustment in a College Population." Build-
ing his research on the basic assumptions of life positions, Dr. Allen
hypothesized that: (1) I'm OK, You're OK is the healthiest position;
(2) the least healthy position is I'm not OK, You're not OK; (3) I'm
OK, You're OK is associated with positive emotions; (4) I'm OK, You're
not OK is associated with anger; (5) I'm not OK, You're OK is assoc-
iated with anxiety and depression; and (6) I'm not OK, You're not OK is
associated with boredom and apathy.

In order to test these hypotheses, Dr. Allen used two measures of
existential life position. The "Interpersonal Evaluation Inventory"
was used to measure the degree to which the subjects feel OK about
themselves and others for several traits such as friendly and intelli-
gent. The measures of OK-ness are on a continuum from very OK to very
not OK. The second instrument used was the "Existential Position
Inventory." With this instrument, the subjects have life position
theory explained to them and then they rank the positions for 30
specific situations such as "at a party." In order to test for

adjustment of the subjects, the Rotter Incomplete Sentence Blank (ISB) was used.

The results from 111 undergraduate psychology students given the Existential Position Inventory indicated that they usually chose the I'm OK, You're OK life position as the most characteristic and the I'm not OK, You're not OK position as the least characteristic. Several significant correlations between the Existential Position Inventory scores and the Rotter Incomplete Sentence Blank (ISB) were found. High I'm OK, You're OK scores were significantly correlated with good adjustment. High I'm OK, You're not OK and I'm not OK, You're OK scores were significantly correlated with maladjustment. All the correlations between the ISB and the Interpersonal Evaluation Inventory Ratings were significant. The better adjusted the subject, the higher they rated themselves and others as OK.

Significant correlations were also shown between Existential Position Inventory scores and emotions. High I'm OK, You're OK subjects reported more positive emotion and less anxiety and depression. High I'm OK, You're not OK subjects also indicated less anxiety and depression but did report more boredom. High I'm not OK, You're OK subjects reported more anxiety and depression and less positive emotion. Finally, positive emotion was found to correlate significantly with high ratings of self and others on the Interpersonal Evaluation Inventory. This study was unable to significantly correlate I'm not OK, You're not OK scores with emotion and adjustment. Also the hypothesis that the position I'm OK, You're not OK is associated with anger was not supported. The author suggests that this may be due to anger being associated with other life positions as well.

In his conclusion, Dr. Allen suggested that further research needs to be done on the relationship between position and social behavior, sex differences in positions and position differences among other populations—including patient samples. No validity or reliability data was shown on the instruments used to measure life position. This would seem to be a major weakness in Dr. Allen's research.

In July of 1975, Dr. Jon Allen coauthored with Dorothy Webb (2) an article on stroking, existential position, and mood in college students. In the article the authors report that "despite the widespread acceptance of the assumption that existential position and stroking patterns are related, the T.A. literature includes no supporting empirical research" (p. 227).

In order to provide some empirical data, this research hypothesized that there is a positive relationship between the I'm OK, You're OK life position, associated with positive stroking and pleasure and positive moods. It is further hypothesized that one of the three not-OK life positions and the associated negative stroking should lead to a negative affect. The study also measures sex differences in positions and stroking, and it was hypothesized that men are more often found in the I'm OK, You're not OK position than women.

The instruments used in this study covered three major areas. The stroking inventory had 53 male and 48 female subjects record patterns, types, and sources of strokes. The subjects responded on dimensions of daily mood in four ways: harmony versus anger, tranquility versus anxiety, energy versus fatigue, and elation versus depression. The instrument used to measure existential life position was the OK Questionnaire. This questionnaire had subjects indicate their position

of OK-ness in a variety of situations and for several traits. Each situation was combined with three traits so that there was a total of 60 items. Although the authors state that this instrument was derived from pilot research, no reliability or validity data was offered.

The results of Allen and Webb's (2) study indicated that subjects who rated themselves and others positively indicated they received more positive strokes and fewer negative strokes. Correlations between the OK Questionnaire scores and the stroking and mood measures are shown in Table II.

In their results, the authors indicated that the data did not confirm any relation between mood and daily stroking. Further, there was no support for the idea that women are more often in the I'm not OK, You're OK position. There was, however, support for the idea that men tend to be more I'm OK, You're not OK. This study concludes the research that has been done in regard to existential life positions.

Summary

The purpose of this review of the literature was threefold. The review of the life position application in the literature indicates how widely accepted the basic principles of Transactional Analysis are despite the weak empirical support. The historical and theoretical review was provided to lay the background for this research. Finally, the review of related research on life positions indicated how little study has been conducted in the field investigating the validity of the T.A. concepts.

TABLE II

STROKING, EXISTENTIAL POSITION, AND MOOD DATA

Scoring Category	Females		Males	
	Self	Others	Self	Others
Daily Stroke Factors				
I	0.17	0.02	0.16	0.10
II	0.06	0.10	0.04	0.08
III	-0.29**	-0.30**	-0.28**	-0.33**
IV	0.26**	0.00	0.13	0.18
Stroking Inventory				
% Positive Mother	0.21	0.18	0.01	0.24*
% Positive Father	0.27	0.32**	0.34***	0.36***
% Positive Peers	0.26*	0.35**	0.19	0.29**
Mood Factors				
I (Peak High)	0.25*	0.18	0.39***	0.47***
II (Peak Low)	-0.30**	-0.38**	-0.24*	-0.15

   * $P \geq 0.10$

  ** $P \geq 0.05$

 *** $P \geq 0.01$

CHAPTER III

DESIGN AND METHODOLOGY

The first two chapters in this study discussed what was attempted

in this research (to design and validate an instrument to measure life

positions) and why this research is necessary (to provide empirical

data to test and strengthen the theory). This chapter deals primarily

with how these goals were approached. The first part of this chapter

discusses the design of the life position instrument. This will be

followed by a description of how face validity for the instrument was

achieved. Finally, the method used to develop construct validity for

the instrument will be described.

Design of the Instrument

The life position instrument under study in this research consists

of twenty-five multiple choice questions. Each question was accompanied

by a choice of four possible answers with each answer representing one

of the four possible life positions. The questions themselves were

designed to deal with the feelings that the subject has about himself

and others in a variety of social situations. Subjects were asked to

mark the answer that best described them in each situation.

The Life Position Instrument was designed with four possible

scales, one for each life position. Each answer asked was awarded one

point. The instrument was scored by adding up the total number of

points on each scale. As the instrument was positive in nature and there were twenty-five questions, the most points possible on any one scale was twenty-five. Also, the total number of points on all four scales added together always equaled twenty-five. In this way, scores for each of the four life positions were obtained.

Face Validity

To achieve face validity, the instrument was designed according to the concepts of a structured Q-Sort. According to Fred Kerlinger (42) in <u>Foundations of Behavioral Research</u>, a Q-Sort may be used to help validate a theory. Kerlinger (42) states:

> In a structured Q-Sort, the variables of a theory or of a hypothesis or set of hypotheses, are built into a set of items. If the theory is valid and if the Q-Sort adequately expresses the theory, the statistical analysis of the Sorts should show the theory's validity (pp. 587-588).

For this Q-Sort a pool of 76 question items was generated. Each item followed the basic theoretical concepts of Transactional Analysis; and each question was provided with four possible answers, one for each life position.

Once the pool of questions was established, a panel of three judges was established to participate in the Q-Sort. Each judge was extensively trained in the theory and application of Transactional Analysis through participation in a minimum of 100 hours of clinical training in T.A.

Each judge was given the questions from the item pool one at a time. For each question, the judge placed each of the four possible answers in the life position he felt was identified by that response.

This procedure was continued until all of the answers for each question were identified by a life position. Once all three judges had completed this process independently, those questions that had one answer for each life position were retained for further examination. All other questions were discarded. In order for an item to be eligible for the life position instrument, all three judges must have agreed 100 percent on which life position each item response corresponded to. Items which fulfilled this criteria remained in the item pool.

The remaining items then consisted of questions which had four responses with each response indicating a certain life position. Again, all three judges had to agree upon the same life position corresponding to each response. From the remaining pool, the questions were selected for inclusion in the Life Position Instrument.

Construct Validity

Dr. Henry Garrett (23, p. 354) states that "the validity of a test is determined by finding the correlation between the test and some independent criterion." In order to provide construct validity, the Life Position Instrument was measured against the independent criterion provided by the Minnesota Multiphasic Personality Inventory (MMPI).

The Minnesota Multiphasic Personality Inventory and the Life Position Instrument was administered to 81 subjects selected from the college population at the University of Oklahoma. The test was administered to each subject individually in one setting. Each subject was asked to begin with the Life Position Instrument, then the Minnesota Multiphasic Personality Inventory. There was no time limit on either instrument, although subjects were encouraged not to spend a

long time on any one instrument. Average time for administration of
both instruments was approximately seventy-five minutes.

The subjects included 47 males and 34 females and ranged in age
from 18 to 39. Seventy of the subjects were full-time students, and
eleven of the subjects were part-time students.

Upon completion of the test administration, the instruments were
scored. Answer keys for the Life Position Instrument were based on the
face validity achieved through the use of the three judges (see
Appendix C). The data was then organized according to scores obtained
on the Life Position Instrument.

The scores of subjects indicating the I'm OK, You're OK life
position were correlated with their MMPI scores in Paranoia (Pa),
Depression (D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic
Deviance (Pd), and Psychasthenia (Pt). The statistical procedure that
was employed involved the use of multiple correlations. In order to
obtain maximum validity for the Life Position Instrument, none of these
correlations should be significant in a positive direction.

The scores of subjects indicating the I'm not OK, You're OK life
position were correlated with the same six MMPI scores. In order to
obtain maximum validity for the Life Position Instrument, the scores on
the I'm not OK, You're OK position should correlate with the MMPI
scales of Depression (D) and Hypochondriasis (Hs). All other correla-
tions should not be significant.

Continuing with Multiple Correlations, the scores of the subjects
indicating the I'm not OK, You're not OK life position were correlated
with the MMPI scores. In order to obtain maximum validity for the Life
Position Instrument, the correlation of the MMPI scales for

Schizophrenia (Sc) and Psychasthenia (Pt) with the Life Position scale of I'm not OK, You're not OK should be significant. All other correlations using this Life Position scale should not be significant.

Finally, those scores of subjects indicating I'm OK, You're not OK were correlated, again using Multiple Correlations, with the MMPI scales. In order to obtain maximum validity for the Life Position Instrument, the scores of Paranoia (Pa) and Psychopathic Deviance (Pd) were predicted to correlate significantly with the I'm not OK, You're not OK scores. All other correlations with this life position were not expected to be significant.

The Multiple R Correlations discussed will provide a picture of the relationship of each of the four life positions with all six of the MMPI scales as a composite. Regression coefficients were applied to provide data on which of the MMPI scales significantly contributes to each R correlation. The individual correlations (r) between each of the life positions and each of the MMPI scales will be generated through use of the Pearson Product Moment technique.

The results of this study to validate the Life Position Instrument by correlating it with the selected scales of the MMPI are discussed in Chapter IV.

CHAPTER IV

RESULTS AND DISCUSSION

Introduction

The purpose of this chapter is to present and discuss the results

of the findings acquired by using the methods outlined in Chapter III.

The findings for each of the four hypotheses will be discussed sep-

arately. A 0.05 level of confidence was established as a basis for

rejecting each null hypothesis.

Raw Data

After the Life Position Instrument had been designed and face

validity achieved, both it and the Minnesota Multiphasic Personality

Inventory (MMPI) were administered to 81 subjects. The results of these

scores are reported in Appendix D.

Findings of the Study

The scores generated and reported in Appendix D were then admin-

istered the statistical treatments discussed in Chapter III. Using the

Multiple R Correlation treatment, each of the four life positions were

correlated with the scores of the six MMPI scales taken in combination

together. The Multiple R Correlations obtained are given in Table III.

Significant correlations between some combination of the six MMPI

scales and three of the four life positions were found.

TABLE III

MULTIPLE R CORRELATIONS

	Multiple R	Multiple R Square	p
I'm OK, You're OK	0.5901	0.3482	0.00001*
I'm not OK, You're OK	0.6077	0.3693	0.0000*
I'm not OK, You're not OK	0.4696	0.2205	0.00431*
I'm OK, You're not OK	0.2968	0.0881	0.32048

* Significant at greater than 0.05.

Further investigation of the raw data utilizing the Pearson Product Moment correlation technique found that there were thirteen significant correlations (out of a possible 24) when comparing the correlations between each of the four life positions and each of the six MMPI scales. Table IV presents these results.

Hypothesis 1 states that there is no relationship between the scores on the Life Position Instrument indicating I'm OK, You're OK and the scores on the Minnesota Multiphasic Personality Inventory (MMPI) measuring the following factors: Paranoia (Pa), Depression (D),

Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic Deviance (Pd),

and Psychasthenia (Pt).

TABLE IV

TOTAL PEARSON PRODUCT MOMENT CORRELATIONS

	I'm OK, You're OK	I'm not OK, You're OK	I'm not OK, You're not OK	I'm OK, You're not OK
Paranoia	r = -0.1618	r = 0.1321	r = -0.0047	r = 0.2003
Depression	r = -0.5496*	r = 0.5613*	r = 0.4101*	r = 0.0466
Schizophrenia	r = -0.4122*	r = 0.3297*	r = 0.2672*	r = 0.2248*
Hypochon- driasis	r = -0.2014	r = 0.1417	r = 0.2029	r = 0.0639
Psychopathic Deviance	r = -0.3854*	r = 0.3358*	r = 0.2397*	r = 0.1763
Psychasthenia	r = -0.4824*	r = 0.4757*	r = 0.3062*	r = 0.1252

* Significant at greater than 0.05.

In utilizing the Multiple Linear Regression Technique with the

scores of I'm OK, You're OK as a dependent variable, a significant

Multiple R of 0.5901 was achieved (see Table III). The Multiple R

Square of 0.3482 illustrates that 34 percent of the variance in I'm OK,

You're OK can be accounted for by the linear combination of the six

MMPI scales. Table V reflects the weight of the regression coefficients

for each of the six MMPI independent variables.

TABLE V

REGRESSION COEFFICIENTS FOR I'M OK, YOU'RE OK

Variable	Regression Coefficient	P (2 tail)
Hypochondriasis	0.102	0.121
Depression	-0.187	0.004*
Psychopathic Deviance	-0.056	0.345
Paranoia	0.062	0.303
Psychasthenia	-0.027	0.792
Schizophrenia	-0.063	0.352

* Significant at greater than 0.05.

This data indicates that for the I'm OK, You're OK life position, the MMPI scale of Depression is the only significant predictor. Therefore, Hypothesis 1 is rejected. There is a relationship between the life position scores of I'm OK, You're OK and some MMPI scores.

Utilizing the Pearson Product Moment Correlation Technique, four of the six MMPI scales were found to correlate significantly in a negative direction with the I'm OK, You're OK life position (see Table VI).

Hypothesis 2 states that there is no relationship between the scores on the Life Position Instrument indicating I'm OK, You're not OK and the scores on the Minnesota Multiphasic Personality Inventory (MMPI) measuring the following factors: Paranoia (Pa), Depression (D),

Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic Deviance (Pd),

and Psychasthenia (Pt).

TABLE VI

I'M OK, YOU'RE OK PRODUCT MOMENT CORRELATIONS

	I'm OK, You're OK
Paranoia	r = -0.1618
Depression	r = -0.5496*
Schizophrenia	r = -0.4122*
Hypochondriasis	r = -0.2014
Psychopathic Deviance	r = -0.3854*
Psychasthenia	r = -0.4824*

* Significant at greater than 0.05.

Utilizing the Multiple Linear Regression Technique with the scores

of I'm OK, You're not OK as a dependent variable, it was indicated that

there was not a significant R present (see Table III). The Multiple R

of 0.2968 was not significant, and the Multiple R Square of 0.0881

accounts for only eight percent of the variance in the I'm OK, You're

not OK scores. For each of the six MMPI independent variables, the

regression coefficients were not found to be significant (see

Table VII).

TABLE VII

REGRESSION COEFFICIENTS FOR I'M OK, YOU'RE NOT OK

Variable	Regression Coefficient	P (2 tail)
Hypochondriasis	-0.030	0.324
Depression	-0.018	0.552
Psychopathic Deviance	0.013	0.635
Paranoia	0.018	0.523
Psychasthenia	-0.019	0.694
Schizophrenia	0.049	0.131

* Significant at greater than 0.05.

These results indicate that for the I'm OK, You're not OK life position, no MMPI scale is a significant predictor. Therefore, Hypothesis 2 is accepted. There is no relationship between the scores on the Life Position Instrument measuring I'm OK, You're not OK and the selected MMPI scores.

Utilizing the Pearson Product Moment Correlation Technique, only one of the six MMPI scales was found to correlate significantly with the I'm OK, You're not OK life position. Table VIII presents these results.

Hypothesis 3 states that there is no relationship between the scores on the Life Position Instrument indicating I'm not OK, You're OK and the scores on the Minnesota Multiphasic Personality Inventory (MMPI)

measuring the following factors: Paranoia (Pa), Depression (D),

Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic Deviance (Pd),

and Psychasthenia (Pt).

TABLE VIII

I'M OK, YOU'RE NOT OK PRODUCT MOMENT
CORRELATIONS

	I'm OK, You're Not OK
Paranoia	r = 0.2003
Depression	r = 0.0466
Schizophrenia	r = 0.2248*
Hypochondriasis	r = 0.0639
Psychopathic Deviance	r = 0.1763
Psychasthenia	r = 0.1252

* Significant at greater than 0.05.

In utilizing the Multiple Linear Regression Technique with the

scores of I'm not OK, You're OK as a dependent variable, a significant

Multiple R of 0.6077 was achieved (see Table III). The Multiple R

Square of 0.3693 reflects that 37 percent of the variance in I'm not

OK, You're OK can be accounted for by the linear combination of the six

MMPI scales. Table IX gives the weight of the regression coefficients

for each of the six MMPI independent variables.

TABLE IX

REGRESSION COEFFICIENTS FOR I'M NOT OK,
YOU'RE OK

Variable	Regression Coefficient	P (2 tail)
Hypochondriasis	-0.080	0.054
Depression	0.127	0.002*
Psychopathic Deviance	0.026	0.492
Paranoia	-0.020	0.588
Psychasthenia	0.081	0.211
Schizophrenia	-0.017	0.693

* Significant at greater than 0.05.

This means that for the I'm not OK, You're OK life position, the MMPI scale of Depression is the only significant predictor found. Hypothesis 3 is therefore rejected. There is a relationship between the life position scores of I'm not OK, You're OK and some MMPI scores.

Utilizing the Pearson Product Moment Correlation Technique, four of the six MMPI scales were found to correlate significantly with the I'm not OK, You're OK life position (see Table X).

Hypothesis 4 states that there is no relationship between scores on the Life Position Instrument indicating I'm not OK, You're not OK and the scores on the Minnesota Multiphasic Personality Inventory (MMPI) measuring the following factors: Paranoia (Pa), Depression (D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic Deviance (Pd),

and Psychasthenia (Pt).

TABLE X

I'M NOT OK, YOU'RE OK PRODUCT MOMENT
CORRELATIONS

	I'm Not OK, You're OK
Paranoia	r = 0.1321
Depression	r = 0.5613*
Schizophrenia	r = 0.3297*
Hypochondriasis	r = 0.1417
Psychopathic Deviance	r = 0.3358*
Psychasthenia	r = 0.4757*

* Significant at greater than 0.05.

In utilizing the Multiple Linear Regression Technique with the
scores of I'm not OK, You're not OK as a dependent variable, a
significant Multiple R of 0.4696 was achieved (see Table III). The
Multiple R Square of 0.2205 says that 22 percent of the variance in I'm
not OK, You're not OK can be accounted for by the linear combination of
the six MMPI scales. Table XI presents the weight of the regression
coefficients for each of the six MMPI independent variables.

Results for the I'm not OK, You're not OK life position shows that

the MMPI scales of Depression and Paranoia are the only significant predictors. Therefore, Hypothesis 4 is rejected. There is a relationship between the life position scores of I'm not OK, You're not OK and some MMPI scores.

TABLE XI

REGRESSION COEFFICIENTS FOR I'M NOT OK,
YOU'RE NOT OK

Variable	Regression Coefficient	P (2 tail)
Hypochondriasis	0.008	0.785
Depression	0.077	0.010*
Psychopathic Deviance	0.017	0.526
Paranoia	-0.059	0.033*
Psychasthenia	-0.035	0.461
Schizophrenia	0.032	0.314

* Significant at greater than 0.05.

Utilizing the Pearson Product Moment Correlation Technique, four of the six MMPI scales were found to correlate significantly with the I'm not OK, You're not OK life position (see Table XII).

TABLE XII

I'M NOT OK, YOU'RE NOT OK PRODUCT MOMENT
CORRELATIONS

	I'm Not OK, You're Not OK
Paranoia	r = -0.0047
Depression	r = 0.4101*
Schizophrenia	r = 0.2672*
Hypochondriasis	r = 0.2029
Psychopathic Deviance	r = 0.2397*
Psychasthenia	r = 0.3062*

* Significant at greater than 0.05.

Discussion

This research has been an attempt to validate a Life Position Instrument by using several of the clinical scales of the Minnesota Multiphasic Personality Inventory (MMPI). This discussion will deal with the theoretical expectation of scores for each life position. The findings of this study and its agreement or disagreement with theory are also discussed.

Both Multiple R and Pearson Product Moment (r) Correlations have been reported in this research. The Pearson Product Moment Correlations (r) were used to determine if there was a relationship between each of the six MMPI scores and each of the four life positions. While

this information is useful, the Multiple R Correlation provides a more accurate picture for use for validation of the Life Position Instrument in this research. The Multiple R was applied to discover how highly the six MMPI variables taken together correlate with each life position.

The Life Position Instrument designed in this study would seem to be valid. The Life Position Scales of I'm OK, You're OK; I'm not OK, You're OK; and I'm not OK, You're not OK indicate a significant relationship with some combination of the six MMPI scales. The regression coefficients for each of these life positions indicate that Depression was the most significant variable (and except for I'm not OK, You're not OK, the only significant variable) in predicting life position.

A problem arises in that the Life Position Instrument is not able to discriminate which of the not-OK positions Depression seems to fit. The instrument does very well in discriminating Depression from the I'm OK, You're OK position and the other two positions with significant Depression coefficients.

The I'm OK, You're not OK life position was not able to correlate significantly with some combination of the six MMPI scales. This may indicate a weakness in design of the instrument or a weakness in theoretical assumptions. Another possibility is that the instrument questions designed to measure this life position were too obvious, and subjects were reluctant to respond honestly to this scale.

When the MMPI scales are considered separately and correlated with the life positions, an interesting pattern appears. For the I'm OK, You're OK life position, four of these correlations were significant in a negative direction. This is as the theory would predict.

Some of the six Pearson correlations with the I'm not OK, You're OK life positions are contrary to theoretical expectations. The Depression scale correlates significantly as expected. Hypochondriasis should have correlated significantly, but it did not. However, as Hypochondriasis did not correlate significantly with any life position, the possibility of the theory being in error is present. The correlations for Schizophrenia, Psychopathic Deviance, and Psychasthenia were significant; and, according to theory, they should not have been. Either the theory is in error or the Life Position Instrument is not able to discriminate with these scales.

The separate correlations for the I'm not OK, You're not OK life positions are expected by T.A. Theory to be significant for the Schizophrenia scale and the Psychasthenia scale. These correlations were significant and so support the theoretical expectations. The correlation of this position with Depression was also significant. Although the theory usually places more emphasis on Depression in the I'm not OK, You're OK position, it is not unreasonable to find Depression in this position also. Psychopathic Deviance was also found to correlate with I'm not OK, You're not OK. This is not in agreement with theoretical expectations. Again, either the instrument is weak in design in this area or the theoretical expectations are in error.

When each of the MMPI scales was correlated separately with the I'm OK, You're not OK position, only one scale was found to correlate significantly. Schizophrenia's significant correlation with this life position is not in agreement with theoretical expectations. As no other significant correlations were achieved for this position, construct validity for this scale was not achieved at all.

When looking at the entire correlation matrix established by the separate correlations (see Table IV), it becomes clear that the MMPI scales of Paranoia and Hypochondriasis were not able to discriminate between any of the life positions. While the other four scales were able to discriminate the I'm OK, You're OK life position from the not-OK positions, they were not able to discriminate between the not-OK positions.

With this in mind, Chapter V will discuss the conclusions and recommendations of this research.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to construct and validate an instrument designed to measure the Transactional Analysis Existential Life Positions. The instrument was designed along the theoretical assumptions of Transactional Analysis and face validity was achieved through the use of a Q-Sort technique and three experts in Transactional Analysis Theory.

Construct validity for the Life Position Instrument was accomplished by correlating the Life Position Instrument with the Minnesota Multiphasic Personality Inventory. Both instruments were administered to 81 selected subjects. The raw data generated consisted of scores for the following six MMPI scales: Hypochondriasis (Hs), Depression (D), Psychasthenia (Pt), Paranoia (Pa), Psychopathic Deviance (Pd), and Schizophrenia (Sc).

The following hypotheses, stated in null hypothesis form, were tested:

(1) There is no relationship between the score on the Life Position Instrument indicating I'm OK, You're OK and the scores on the Minnesota Multiphasic Personality Inventory (MMPI) measuring the following factors: Paranoia (Pa), Depression (D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic Deviance (Pd), and Psychasthenia (Pt).

(2) There is no relationship between scores on the Life Position
Instrument indicating I'm OK, You're not OK and the scores on
the Minnesota Multiphasic Personality Inventory (MMPI)
measuring the following factors: Paranoia (Pa), Depression
(D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic
Deviance (Pd), and Psychasthenia (Pt).

(3) There is no relationship between scores on the Life Position
Instrument indicating I'm not OK, You're OK and the scores on
the Minnesota Multiphasic Personality Inventory (MMPI)
measuring the following factors: Paranoia (Pa), Depression
(D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic
Deviance (Pd), and Psychasthenia (Pt).

(4) There is no relationship between scores on the Life Position
Instrument indicating I'm not OK, You're OK and the scores on
the Minnesota Multiphasic Personality Inventory (MMPI)
measuring the following factors: Paranoia (Pa), Depression
(D), Schizophrenia (Sc), Hypochondriasis (Hs), Psychopathic
Deviance (Pd), and Psychasthenia (Pt).

The Multiple R Correlation with regression coefficients were
utilized to analyze the data. The null hypotheses were then rejected
or not rejected based on this analysis of the data. Pearson product
moment correlations were also reported. In summary, the following
findings were found for each life position.

I'm OK, You're OK

According to Transactional Analysis Theory, high I'm OK, You're OK
scores should correlated in a negative direction with high scores on

each of the MMPI scales. The Multiple R Correlation for I'm OK, You're OK was significant. A correlation of 0.5901 indicates that some combination of the six MMPI scales results in this R. A look at the regression coefficients indicates that only one variable, Depression, contributes significantly to the prediction of I'm OK, You're OK. With a regression coefficient of -0.187, Depression contributes the most. The coefficients of Psychopathic Deviance (-0.056), Psychasthenia (-0.027), and Schizophrenia (-0.063) do contribute to the prediction, but not significantly. The theoretical expectations for this life position are not violated, and the expectation of the Depression scale is upheld.

The Product Moment Correlations indicate that the MMPI scales of Depression, Schizophrenia, Psychopathic Deviance, and Psychasthenia did correlate negatively with I'm OK, You're OK (see Table IV). These results are in keeping with the theoretical expectations. The Product Moment Correlations for Paranoia and Hypochondriasis were not significant for this life position or any of the other three life positions.

I'm OK, You're Not OK

According to Transactional Analysis Theory, high I'm OK, You're not OK scores should correlate in a positive direction with scores on the MMPI scales of Paranoia and Psychopathic Deviance.

The Pearson Product Moment Correlations indicated that only one MMPI scale, Schizophrenia, had a significant correlation (0.2248). When the Multiple R is examined, a non-significant correlation of 0.2968 is achieved. This means that some combination of the six MMPI scales is not able to correlate significantly with the I'm OK, You're

not OK life position. Several factors could account for this. The possibility exists that the Life Position Instrument was not able to discriminate the I'm OK, You're not OK life position. It is also possible that the theoretical expectations for this life position are in error. Further research is necessary in this area.

I'm Not OK, You're OK

According to Transactional Analysis Theory, high I'm not OK, You're OK scores should correlate highly with MMPI scores in Depression and Hypochondriasis.

A look at the Multiple R Correlation for I'm not OK, You're OK indicates a significant correlation of 0.6077 (see Table III). The regression coefficients for this life position indicate only one signif- icant coefficient. As with I'm OK, You're OK, Depression is the only significant scale. While this finding is in agreement with Trans- actional Analysis Theory, maximum validity for this position of the instrument would require a significant Hypochondriasis regression coefficient.

The same Pearson Product Moment Correlations that were significant with I'm OK, You're OK are significant with this life position. I'm not OK, You're OK correlates significantly with Depression (0.5613), Schizophrenia (0.3297), Psychopathic Deviance (0.3358), and Psychasthe- nia (0.4757). As before, the MMPI scales of Paranoia and Hypochon- driasis did not correlate significantly with any life position. The significant Depression correlation is in line with theoretical expecta- tions. Since the Hypochondriasis scale was not significant, it is possible that the theoretical expectations for this relationship are in

error. Significant correlations between I'm not OK, You're OK and
Schizophrenia, Psychopathic Deviance, and Psychasthenia also are not in
keeping with theoretical expectations.

I'm Not OK, You're Not OK

According to Transactional Analysis Theory, high I'm not OK, You're
not OK scores should correlate highly with MMPI scores in Schizophrenia
and Psychasthenia.

The Multiple R Correlation for I'm not OK, You're not OK was
significant. A correlation of 0.4696 indicates that some combination
of the six MMPI scales results in this R. A look at the regression
coefficients indicates two variables with significant coefficients. As
before, the Depression variable was significant. A regression coeffi-
cient of 0.077 indicates that Depression contributes significantly to
the prediction of I'm not OK, You're not OK. The MMPI variable of
Paranoia was also significant. A correlation of -0.059 indicates a
negative correlation between Paranoia and I'm not OK, You're not OK.
This is in agreement with theoretical expectations. A high I'm not OK,
You're not OK score should not correlate significantly with a high
Paranoia score.

The Product Moment Correlations indicate that the MMPI scales of
Depression, Schizophrenia, Psychopathic Deviance, and Psychasthenia did
correlate significantly with I'm not OK, You're not OK (see Table IV).
As before, the correlations of Paranoia and Hypochondriasis were not
significant.

Conclusions

The following conclusions may be drawn based on an analysis of the data:

(1) There is a significant relationship between the Life Position Instrument designed in this study and at least some of the clinical scales of the MMPI.

(2) There is a significant relationship between the Life Position Scale of I'm OK, You're OK and at least some of the clinical scales of the MMPI.

(3) When the MMPI scales are considered separately, there was found to be a significant relationship between the I'm OK, You're OK life position and each of the following MMPI scales: Depression (D), Psychopathic Deviance (Pd), Psychasthenia (Pt), and Schizophrenia (Sc).

(4) When the MMPI scales are considered together, there was found to be a significant relationship between I'm OK, You're OK and those scales. The Depression scale appears to be the only significant contributor to that relationship.

(5) There was found to be no significant relationship between the Life Position Scale of I'm OK, You're not OK and the MMPI scales.

(6) When the MMPI scales are considered separately, there was found to be a significant relationship between the I'm not OK, You're OK life position and each of the following MMPI scales: Depression (D), Psychopathic Deviance (Pd), Psychasthenia (Pt), and Schizophrenia (Sc).

(7) When the MMPI scales are considered together, there was found to be a significant relationship between I'm not OK, You're OK and the MMPI scales. The Depression scale appears to be the only significant contributor to that relationship.

(8) When the MMPI scales are considered separately, there was found to be a significant relationship between I'm not OK, You're not OK and each of the following MMPI scales: Depression (D), Psychopathic Deviance (Pd), Psychasthenia (Pt), and Schizophrenia (Sc).

(9) When the MMPI scales are considered together, there was found to be a significant relationship between the I'm not OK, You're not OK scale and the MMPI scales. The MMPI scale of Depression and Paranoia appear to be the only significant contributors to that relationship.

(10) The MMPI scale of Hypochondriasis (Hs) was found to have no significant relationship with the Life Position Instrument.

Recommendations

(1) Further research needs to be conducted on the design of the Life Position Instrument.

(2) New research on a Life Position Instrument may need to consider a design that does not include positive scoring. Feedback from subjects indicated that it was often difficult to choose between items. This might account for the instrument's ability to discriminate the I'm OK, You're OK position from the others while at the same time not being able to discriminate Depression from I'm not OK, You're OK and I'm not

OK, You're not OK.

(3) Further validity for the Life Position Instrument might be obtained by using extreme populations. Inmate populations to represent I'm OK, You're not OK would be one example.

(4) As the MMPI is normed based on selected clinical cases, the possibility exists that the two instruments do not have the same sensitivity to the normal population. Further research on the Life Position Instrument should attempt to establish construct validity based on other instruments as well as the MMPI scales.

(5) The fact that only limited validity has been established for this Life Position Instrument should not discourage research in this area. The development of a valid Life Position Instrument is an important step toward the strengthening and validation of Transactional Analysis Theory.

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APPENDIX A

THE LIFE POSITION INSTRUMENT

L I F E   P O S I T I O N

I N S T R U M E N T

NAME: _____

DATE: _____

AGE: _____

Directions: This instrument is designed to examine
the way you view yourself and the world around you.
Various situations will be provided and you will be
asked to select the answer that would best describe
you if you were in that situation. Please realize
that there are no right or wrong answers so respond
to the questions according to how you think you
would feel and not according to how you think you
should feel.

Beginning with the first question, read the
situation and then select the response that best
describes you. Select one and only one response
for each question and record your selection by
marking an X in the appropriate box. Continue
this until all twenty-five questions are answered.

There is no time limit on this instrument but as
first responses are usually the most helpful, do
not spend too much time on any one question.

(1) IF SOME FRIENDS HAD A SMALL PARTY AND I WASN'T INVITED, I WOULD:

    (A) Make plans for what I am going to do that night. . . . . . A( )
    (B) Feel angry at them and decide not to include them
        in my next party . . . . B( )
    (C) Feel hurt and wonder what I had done wrong to be
        left out . . . . C( )
    (D) Feel angry at them and wonder what's wrong with me . . . . D( )

(2) WHEN I HAVE TO GIVE A TALK IN FRONT OF A GROUP OF PEOPLE, I FEEL:

    (A) A little uptight and yet believe I will do a good job
        and the audience will appreciate me. . . . . A( )
    (B) Scared and so I would rationalize that the audience
        won't understand what I'm presenting . . . . B( )
    (C) Scared to death because I don't feel comfortable in
        front of other people. Besides, they probably
        know more than I do. . . . . C( )
    (D) Superior to those people sitting out in the audience . . . D( )

(3) IF ANOTHER PERSON RAN INTO THE BACK OF MY CAR AND DENTED THE
BUMPER, I WOULD PROBABLY:

    (A) Wonder why the bad driver always seems to run into me. . . A( )
    (B) Feel uncomfortable and wonder whether or not I had
        caused the accident somehow. . . . . B( )
    (C) Feel displeased that it occurred and want to get on
        with taking care of the insurance, etc. . . . . C( )
    (D) Feel angry at them for being so careless and figure
        they aren't as good a driver as I am . . . . D( )

(4) IF I FAIL TO REACH A GOAL I'VE SET FOR MYSELF, I FEEL:

    (A) Someone kept me from reaching my goal. . . . . A( )
    (B) It's just another area where I don't measure up. . . . . . B( )
    (C) I tried the best I could and the goal was too high . . . . C( )
    (D) I don't care but nobody else does either . . . . D( )

(5) WHEN SOMEONE TRIES TO PUSH THEIR RELIGIOUS VIEWS OFF ON ME,
I USUALLY:

    (A) Firmly explain my viewpoints and listen to theirs. . . . . A( )
    (B) Get frustrated and can't convey my own viewpoints well . . B( )
    (C) Get angry and either tune them out or try to convince
        them that I am right . . . . C( )
    (D) Figure none of us knows what we are talking about so it
        just doesn't matter. . . . . D( )

(6) WHEN I THINK ABOUT HOW I REACT TO DEALING WITH AN UPCOMING
PROBLEM, THE FOLLOWING SLOGAN SEEMS TO FIT ME BEST:

    (A) Get away from it . . . . A( )
    (B) Get on with it . . . . B( )

(C) Get rid of it. . . . . C( )
(D) Get nowhere with it . . . . D( )

(7) WHEN SOMEONE GIVES ME ADVICE WITHOUT MY ASKING FOR IT, I
    USUALLY:

    (A) Figure they don't have any more idea what to do then
        I do . . . . A( )
    (B) Figure they don't know what they are talking about and
        tune them out completely . . . . B( )
    (C) Figure they know what they are talking about and take
        their advice . . . . C( )
    (D) Look at the constructive things they have to say . . . . . D( )

(8) IF I THOUGHT ABOUT ASKING SOMEONE FOR A FAVOR, I WOULD FEEL:

    (A) Uncomfortable because they probably don't want to
        bother with me . . . . A( )
    (B) They should do it because they probably owe me a favor . . B( )
    (C) Comfortable because I know they don't mind and will
        tell me if they can't help me. . . . . C( )
    (D) That I wouldn't bother to ask because they couldn't do
        it any better than I can . . . . D( )

(9) WHEN I THINK OF MY LEVEL OF INTELLIGENCE, I FEEL:

    (A) More intelligent than most people. . . . . A( )
    (B) Confused, uncertain and unable to compare to other
        people . . . . B( )
    (C) Content with myself when compared to other people. . . . . C( )
    (D) Less than adequate when compared to other people . . . . . D( )

(10) WHEN I COMPARE MY PERSONALITY WITH MOST OTHER PEOPLE I KNOW,
     I FIND I FEEL:

    (A) That I would like to have a personality like someone
        else . . . . A( )
    (B) Good about most people and this includes myself. . . . . . B( )
    (C) Unsatisfied with myself and most other people. . . . . . . C( )
    (D) Good about myself and I see few people I'd like to be
        like . . . . D( )

(11) WHEN I GO INTO AN OFFICE TO INTERVIEW FOR A JOB AND HAVE TO
     SIT DOWN AND WAIT WITH SEVERAL OTHER APPLICANTS, I FEEL:

    (A) I'm not very qualified but I could probably do as good a
        job as the rest of them. . . . . A( )
    (B) That I have the qualifications to do the job well. . . . . B( )
    (C) That I would do the job better than any of them could
        do it. . . . . C( )
    (D) That most of them are probably better qualified than
        I am . . . . D( )

(12) WHEN I LAY IN BED AT NIGHT AND THINK ABOUT MYSELF AND MY
LIFE, I USUALLY FEEL:

(A) Most people probably wish they could be like me . . . . . . A( )
(B) Very unsatisfied with myself and I wish I were like
someone else. . . . . B( )
(C) Unhappy with myself, but I don't see anyone else I'd
like to be like either. . . . . C( )
(D) Content and happy with the people that are part of it
and with myself . . . . D( )

(13) IF I WANTED SOMETHING AND ANOTHER PERSON WAS STOPPING ME
FROM GETTING IT, I WOULD:

(A) Discuss the problem and attempt to reach a mutual
agreement . . . . A( )
(B) Figure it wasn't worth the hassle and think they don't
deserve it. . . . . B( )
(C) Force them to let me have it. . . . . C( )
(D) Give up and let them have their way . . . . D( )

(14) WHEN I THINK ABOUT SHARING MY PROBLEMS WITH ANOTHER PERSON,
I FEEL:

(A) I don't mind sharing it because the other person can
probably solve it better than I can . . . . A( )
(B) I don't think anyone can help me solve my problem . . . . B( )
(C) Like not sharing it and just forgetting a problem even
exists. . . . . C( )
(D) That sometime in their lives, everyone could benefit
from sharing their problems with another person . . . . . D( )

(15) WHEN I THINK ABOUT THE WAY MY PARENTS (OR OTHERS) RAISED ME
AND HOW I TURNED OUT, MOST OF THE TIME I FEEL:

(A) I didn't turn out that well but then again my parents
didn't help much either . . . . A( )
(B) My parents tried, but somehow I just didn't turn out
as well as I should have. . . . . B( )
(C) I turned out pretty well considering the fact that my
parents weren't much help to me . . . . C( )
(D) They did the best they knew how and I turned out
pretty well . . . . D( )

(16) WHEN I LOOK AT MYSELF IN THE MIRROR, I USUALLY FEEL:

(A) That I like the person I see and it's too bad other
people can't be like me . . . . A( )
(B) That I don't like the person I see, but I don't see
anyone else I would like to be like either. . . . . B( )
(C) That I don't like the person I see, and I wish I were
like a lot of other people I know . . . . C( )

    (D) That I like the person I see, and I'm glad other people like me also. . . . . D( )

(17) WHEN I WALK DOWN THE SIDEWALK AND SOMEONE STOPS TO SAY HELLO, I:

    (A) Am pleased they spoke to me and feel good inside. . . . . A( )
    (B) Know they secretly would like to be more like me . . . . B( )
    (C) Usually make an excuse and try to get away as soon as possible. . . . . C( )
    (D) Am uncomfortable and really don't know what to say. . . . D( )

(18) WHEN I GET UP IN THE MORNING, MY ATTITUDE ABOUT THE COMING DAY IS GENERALLY ONE OF:

    (A) Sadness . . . . A( )
    (B) Scared. . . . . B( )
    (C) Anger . . . . C( )
    (D) Happiness . . . . D( )

(19) IF I WERE IN A GROUP AND WAS ASKED TO PAIR UP WITH SOMEONE AND SPEND TWO MINUTES LOOKING THEM IN THE EYE, I WOULD:

    (A) Feel very uneasy and upset at being put on the spot . . . A( )
    (B) Challenge the other person to see if I wouldn't last longer in looking them right in the eye . . . . B( )
    (C) Feel comfortable and pleased at experiencing someone new . . . . C( )
    (D) Feel very uncomfortable and find it very threatening to do . . . . D( )

(20) IF SOMEONE GAVE ME A CHRISTMAS PRESENT AND I DIDN'T THINK TO BUY THEM ONE, I WOULD PROBABLY:

    (A) Be a little bit suspicious and wonder what they want from me . . . . A( )
    (B) Feel very pleased that they thought of me . . . . B( )
    (C) Feel very uncomfortable because I didn't buy them a gift. . . . . C( )
    (D) Feel uncomfortable at not having bought them a gift and displeased at them for having put me on the spot. . . . . D( )

(21) WHEN SOMEONE CRITICIZES ME, MOST OF THE TIME I FEEL:

    (A) Angry--after all what right do they have to criticize me! They make more errors than I do. . . . . A( )
    (B) That I can take the constructive things they are saying and improve myself. B( )
    (C) Unhappy that I didn't do better and angry at them because they have no right to judge me. . . . . C( )
    (D) Sad because I probably deserved what I got, and I wish I could be more like other people . . . . D( )

(22) WHEN SOMEONE GIVE ME INSTRUCTIONS AND I DON'T UNDERSTAND THEM, I WILL:

    (A) Figure they gave the instructions poorly and I will know I can't figure them out either. . . . . A( )
    (B) Ask them to clarify the instructions. . . . . B( )
    (C) Feel very uncomfortable asking them to repeat them. . . . C( )
    (D) Figure it out myself because I can probably do a better job than they can . . . . D( )

(23) IF I WERE UP FOR PROMOTION ALONG WITH TWO OTHER PEOPLE IN MY COMPANY AND ONE OF THEM RECEIVED IT, I WOULD FEEL:

    (A) Sad because the person who got the job is better than I am and deserved the promotion, even though I had hoped for it. . . . . A( )
    (B) Like giving up because even though I should have been better, the company was unfair in passing me over . . . B( )
    (C) Unhappy that I missed it, and I would decide on a course of action to set me up for the next promotion. . C( )
    (D) Angry at the person who got the job because I'm more competent and I deserve the promotion more than they did . . . . D( )

(24) AS FAR AS BEING CLOSE TO PEOPLE GOES, MOST OF THE TIME I FEEL:

    (A) Most people would like to be close to me, but I am very selective . . . . A( )
    (B) Very scared at being close to people and angry at them if they push to be close to me. . . . . B( )
    (C) Willing to be close to people and want them to be close to me . . . . C( )
    (D) I am willing and I like to be close to people, but I wonder why they want to be close to me. . . . . D( )

(25) I WOULD SAY THAT MOST OF THE TIME THE WAY I FEEL ABOUT MYSELF AND THE WORLD AROUND ME IS:

    (A) I'm O.K., You're O.K. . . . . A( )
    (B) I'm not O.K., You're O.K. . . . . B( )
    (C) I'm not O.K., You're not O.K. . . . . C( )
    (D) I'm O.K., You're not O.K. . . . . D( )

APPENDIX B

LIFE POSITION ANSWER SHEET

LIFE POSITION INSTRUMENT

ANSWER SHEET

1.	A( )	B( )	C( )	D( )
2.	A( )	B( )	C( )	D( )
3.	A( )	B( )	C( )	D( )
4.	A( )	B( )	C( )	D( )
5.	A( )	B( )	C( )	D( )
6.	A( )	B( )	C( )	D( )
7.	A( )	B( )	C( )	D( )
8.	A( )	B( )	C( )	D( )
9.	A( )	B( )	C( )	D( )
10.	A( )	B( )	C( )	D( )
11.	A( )	B( )	C( )	D( )
12.	A( )	B( )	C( )	D( )
13.	A( )	B( )	C( )	D( )
14.	A( )	B( )	C( )	D( )
15.	A( )	B( )	C( )	D( )
16.	A( )	B( )	C( )	D( )
17.	A( )	B( )	C( )	D( )
18.	A( )	B( )	C( )	D( )
19.	A( )	B( )	C( )	D( )
20.	A( )	B( )	C( )	D( )
21.	A( )	B( )	C( )	D( )
22.	A( )	B( )	C( )	D( )
23.	A( )	B( )	C( )	D( )
24.	A( )	B( )	C( )	D( )
25.	A( )	B( )	C( )	D( )

APPENDIX D

LIFE POSITION ANSWER KEY

LIFE POSITION INSTRUMENT ANSWER KEY

QUESTION	A	B	C	D
1	+ +	+ −	− +	− −
2	+ +	− −	− +	+ −
3	− −	− +	+ +	+ −
4	+ −	− +	+ +	− −
5	+ +	− +	+ −	− −
6	− +	+ +	+ −	− −
7	− −	+ −	− +	+ +
8	− +	+ −	+ +	− −
9	+ −	− −	+ +	− +
10	− +	+ +	− −	+ −
11	− −	+ +	+ −	− +
12	+ −	− +	− −	+ +
13	+ +	− −	+ −	− +
14	− +	+ −	− −	+ +
15	− −	− +	+ −	+ +
16	+ −	− −	− +	+ +
17	+ +	+ −	− −	− +
18	− +	− −	+ −	+ +
19	− −	+ −	+ +	− +
20	+ −	+ +	− +	− −
21	+ −	+ +	− −	− +
22	− −	+ +	− +	+ −
23	− +	− −	+ +	+ −
24	+ −	− −	+ +	− +
25	+ +	− +	− −	+ −

Key: + + = I'm OK, You're OK.

− + = I'm not OK, You're OK.

− − = I'm not OK, You're not OK.

+ − = I'm OK, You're not OK.

APPENDIX D

RAW DATA

RAW DATA

Subject Number	MMPI Standard Scores						Life Position Scores			
	Hs	D	Pd	Pa	Pt	Sc	+ +	− +	− −	+ −
1	50	46	36	45	51	50	17	3	5	0
2	53	57	50	56	63	53	12	6	5	2
3	64	49	53	62	55	54	20	0	1	4
4	68	72	80	77	91	116	14	4	1	6
5	37	53	77	57	60	61	18	3	3	1
6	64	52	83	67	80	90	21	2	1	1
7	62	89	76	39	85	73	4	14	7	0
8	44	51	55	41	51	47	12	9	3	1
9	46	47	60	50	44	47	13	3	4	5
10	67	75	67	63	79	84	13	10	2	0
11	50	46	69	56	54	60	25	0	0	0
12	49	44	62	62	48	46	23	0	2	0
13	56	44	53	57	51	54	19	2	2	2
14	58	65	33	61	55	55	11	10	3	1
15	62	78	69	62	69	71	13	4	3	5
16	48	46	50	59	58	54	20	1	4	0
17	77	78	82	79	74	78	1	11	8	5
18	62	57	75	53	73	72	19	3	3	0
19	59	58	64	59	67	69	15	2	4	4
20	46	59	55	59	61	75	22	2	1	0
21	47	46	57	50	56	50	20	0	0	5
22	53	55	48	54	48	47	20	4	1	0
23	45	45	41	50	48	61	17	3	3	2
24	68	61	93	79	73	78	16	8	1	0
25	47	41	60	62	54	53	23	1	0	1
26	54	47	62	67	60	65	18	3	3	1
27	56	55	55	59	60	61	16	5	3	1
28	56	59	64	59	63	55	12	3	4	6
29	36	42	50	44	38	51	18	5	1	1
30	41	80	56	53	63	61	14	5	4	2
31	36	72	55	56	66	53	3	6	9	7
32	42	57	76	56	48	58	15	3	6	1
33	58	63	64	67	68	71	15	3	4	3
34	60	65	62	50	65	61	16	3	3	3
35	50	42	53	56	48	49	15	4	5	1
36	52	82	83	63	87	81	4	10	5	6
37	49	53	66	65	54	57	19	1	3	2

RAW DATA (CONTINUED)

Subject Number	MMPI Standard Scores						Life Position Scores			
	Hs	D	Pd	Pa	Pt	Sc	+ +	- +	- -	+ -
38	57	46	55	67	62	69	12	3	8	2
39	49	51	62	59	58	55	21	0	3	1
40	48	42	48	56	59	57	13	1	2	7
41	56	51	50	53	48	46	23	0	1	1
42	65	53	53	41	52	57	18	1	3	3
43	60	57	62	54	60	64	16	2	1	6
44	49	44	48	50	42	42	21	2	1	1
45	49	37	58	62	46	65	15	4	1	5
46	48	40	67	62	54	64	9	4	3	9
47	67	70	62	59	79	65	15	6	3	1
48	47	39	63	59	55	63	21	1	0	3
49	90	87	88	100	85	107	23	0	2	0
50	44	48	57	50	53	51	20	0	1	4
51	77	65	84	103	77	113	14	3	0	8
52	47	49	53	65	62	53	22	0	1	2
53	57	75	67	70	73	67	14	9	2	0
54	50	47	50	92	60	58	18	3	1	3
55	52	49	74	53	53	57	9	5	5	6
56	50	43	34	62	44	43	23	1	0	1
57	52	63	48	47	56	51	21	3	0	1
58	48	53	64	65	56	64	18	3	2	2
59	54	49	55	50	51	53	16	6	3	0
60	57	65	71	79	69	80	14	4	0	7
61	54	51	63	54	55	53	16	3	2	4
62	72	58	69	65	66	69	22	1	1	1
63	39	70	55	65	58	42	22	2	0	1
64	47	44	60	70	52	59	20	1	0	4
65	70	82	71	62	79	113	9	1	10	5
66	35	53	48	44	65	69	18	4	2	1
67	62	53	69	56	55	49	17	2	3	3
68	62	53	62	62	66	71	17	8	0	0
69	44	51	55	62	46	46	24	1	0	0
70	52	51	53	52	62	55	22	2	0	1
71	68	93	104	82	88	91	4	16	3	2
72	56	47	46	50	53	60	16	5	2	2
73	75	80	74	59	87	86	21	2	1	1
74	44	58	69	62	58	61	20	2	1	2
75	87	73	74	73	78	87	2	17	4	2

RAW DATA (CONCLUDED)

Subject Number	MMPI Standard Scores						Life Position Scores			
	Hs	D	Pd	Pa	Pt	Sc	+ +	- +	- -	+ -
76	56	49	64	62	53	55	21	1	1	2
77	49	44	57	53	56	55	17	2	3	3
78	47	50	57	56	44	48	25	0	0	0
79	91	93	100	88	88	111	2	9	11	3
80	47	65	50	53	64	65	15	6	2	2
81	39	70	46	63	46	51	16	4	2	3

Hs = Hypochondriasis

D = Depression

Pd = Psychopathic Deviance

Pa = Paranoia

Pt = Psychasthenia

Sc = Schizophrenia

+ + = I'm OK, You're OK

- + = I'm not OK, You're OK

- - = I'm not OK, You're not OK

+ - = I'm OK, You're not OK

VITA ^{2}

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