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THOMAS A. HARRIS MD

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# I'm OK, You're OK

Born in Texas, Thomas A. Harris took his science degree in 1938 from the University of Arkansas Medical School. In 1942 he began his psychiatry training in Washington DC at St. Elizabeth Hospital. He was a Navy psychiatrist for several years, becoming chief of the Psychiatry Branch and leaving the service as a commander. This was followed by a teaching post back at the University of Arkansas, and then a period as a senior mental health bureaucrat.

He died in Sacramento, California, in 1995.

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# I'm OK, You're OK

THOMAS A. HARRIS<sup>MD</sup>



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Penguin  
Random House  
UK

First published in the UK as *The Book of Choice* by Jonathan Cape in 1973

First published in paperback in the UK as *I'm OK, You're OK*  
by Arrow Books in 1995

Published in Penguin Books 2023  
001

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Typeset in 11/14 pt Bembo Std  
by Integra Software Services Pvt. Ltd, Pondicherry

Printed and bound in Great Britain by Clays Ltd, Elcograf S.p.A.

The authorised representative in the EEA is Penguin Random House Ireland,  
Morrison Chambers, 32 Nassau Street, Dublin D02 YH68

A CIP catalogue record for this book is available from the British Library

ISBN: 978-0-099-55755-5

[www.greenpenguin.co.uk](http://www.greenpenguin.co.uk)

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*To Amy*

**my collaborator  
my philosopher  
my tranquillizer  
my joy  
my wife**

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## Author's Note

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

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

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## Preface

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

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

happened in the past. Moreover, it is enabling persons to change, to establish self-control and self-direction, and to discover the reality of a freedom of choice.

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

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

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

language anyone can understand, it identifies things that really are, the reality of experiences that really happened in the lives of people who really existed.

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

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

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

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

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

The comment of the psychiatrist Dr Melvin Sabshin is typical:

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

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

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

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

1. M. Gorman, 'Psychiatry and Public Policy', *The American Journal of Psychiatry*, Vol. 122, No. 1 (July 1965).

A central reason why Transactional Analysis offers such promise for filling the gap between need for and supply of treatment is that it works at its best in groups. It is a teaching and learning device rather than a confessional or an archaeological exploration of the psychic cellars. In my private practice of psychiatry this has made possible the treatment of four times as many patients as before. During the past twenty-five years in my work as a psychiatrist – in the treatment of patients and in the administration of large institutional programmes – nothing has excited me so much as what is happening today in my practice. One of the most significant contributions of Transactional Analysis is that it has given patients a tool they can use. The purpose of this book is to define this tool. Anybody can use it. People do not have to be 'sick' to benefit from it.

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

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

of the manuscript; to Alice Billings, Merrill Heidig, Jean Lee, Marjorie Marshall, and Jan Root for their valuable assistance; to my children for their delightful contribution;

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

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

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

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

T.A.H.

*Institute for Transactional Analysis*  
*Sacramento, California*  
*June, 1968*

# 1. Freud, Penfield, and Berne

---

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

**- Walt Whitman**

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

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

When Sigmund Freud appeared on the scene in the early twentieth century, the enigma was subjected to a new probe,

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

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

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

We are dutifully impressed by formulations such as Freud's definition of psychoanalysis as a 'dynamic conception which reduces mental life to an interplay of reciprocally urging and checking forces'. Such a definition and its countless elaborations may be useful to 'the professionals', but how useful are these formulations to people who hurt? George and Martha in Edward Albee's play used red-hot, gutsy, four-letter words that were precise and to the point. The question is, As therapists can we speak with George and Martha as precisely and pointedly about *why* they act as they do and hurt as they do? Can what we say be not only true but also helpful, because we are understood? 'Speak English! I can't understand a word you're saying' is not an uncommonly held attitude towards persons

who claim to be experts in the psychological fields. Restating esoteric psychoanalytic ideas in even more esoteric terms does not reach people where they live. As a consequence the reflections of ordinary folk are often expressed in pitiful redundancies and in superficial conversations with such summary comments as, 'Well, isn't that always the way?' with no understanding of how it can be different.

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

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

This is my position with regard to Transactional Analysis. I respect the devoted effort of the psychoanalytic theorists of

the past. What I hope to demonstrate in this book is a new way to state old ideas and a clear way to present new ones, not as an inimical or deprecating assault on the work of the past, but rather as a means of meeting the undeniable evidence that the old methods do not seem to be working very well.

Once, an old farmer, tinkering with a rusty harrow on a country road, was approached by an earnest young man from the University Extension Service who was making farm-to-farm calls for the purpose of selling a new manual on soil conservation and new farming techniques. After a polite and polished speech the young man asked the farmer if he would like to buy this new book, to which the old man replied,

'Son, I don't farm half as good as I know how already.'

The purpose of this book is not only the presentation of new data but also an answer to the question of why people do not live as good as they know how already. They may know that the experts have had a lot to say about human behaviour, but this knowledge does not seem to have the slightest effect on their hangover, their splintering marriage, or their cranky children. They may turn to agony columns for help or find themselves delightfully portrayed in 'Peanuts', but is there anything both profound and simple related to the *dynamics of behaviour* which will help them find new answers to old problems? Is there any information available which is both true and helpful?

Our search for answers has until recent years been limited by the fact that we have known relatively little about how the human brain stores memory and how this memory is evoked to produce the tyranny – as well as the treasure – of the past in current living.

### *The Brain Surgeon with the Probe*

Any hypothesis must depend for its verification on observable evidence. Until recently there has been little evidence about how the brain functions in cognition, precisely how and which of the 12 billion cells within the brain store memory. How much memory is retained? Can it disappear? Is memory

generalized or specific? Why are some memories more available for recall than others?

One noted explorer in this field is Dr Wilder Penfield, a neurosurgeon from McGill University in Montreal, who in 1951 began to produce exciting evidence to confirm and modify theoretical concepts which had been formulated in answer to these questions.<sup>1</sup> During the course of brain surgery, in treating patients suffering from focal epilepsy, Penfield conducted a series of experiments during which he touched the temporal cortex of the brain of the patient with a weak electric current transmitted through a galvanic probe. His observations of the responses to these stimulations were accumulated over a period of several years. In each case the patient under local anaesthesia was fully conscious during the exploration of the cerebral cortex and was able to talk with Penfield. In the course of these experiments he heard some amazing things.

(Inasmuch as this book is meant to be a practical guide to Transactional Analysis and not a technical scientific treatise, I wish to clarify that the following material from Penfield's research – the only material in this book which might be seen as technical – is included in the first chapter because I believe it is essential to the establishment of the scientific basis of all that follows. The evidence seems to indicate that everything which has been in our conscious awareness is recorded in detail and stored in the brain and is capable of being 'played back' in the present. The following material may warrant more than a single reading for a full appreciation of the implications of Penfield's findings.)

Penfield found that the stimulating electrode could force recollections clearly derived from the patient's memory. Penfield reported, "The psychical experience, thus produced, stops when the electrode is withdrawn and may repeat itself when the electrode is reapplied." He gave the following examples:

1. W. Penfield, 'Memory Mechanisms', *A.M.A. Archives of Neurology and Psychiatry*, 67(1952):178-198, with discussion by L. S. Kubie *et al.* Quotations from Penfield and Kubie later in this chapter are from the same source.

First is the case of S.B. Stimulation at Point 19 in the first convolution of the right temporal lobe caused him to say: 'There was a piano there and someone was playing. I could hear the song, you know.' When the point was stimulated again without warning, he said: 'Someone speaking to another,' and he mentioned a name, but I could not understand it . . . it was just like a dream. The point was stimulated a third time, also without warning. He then observed spontaneously, 'Yes, *Oh Marie, Oh Marie!* - Someone is singing it.' When the point was stimulated a fourth time, he heard the same song and explained that it was the theme song of a certain radio programme.

When Point 16 was stimulated, he said, while the electrode was being held in place, 'Something brings back a memory. I can see Seven-Up Bottling Company . . . Harrison Bakery.' He was then warned that he was being stimulated, but the electrode was not applied. He replied, 'Nothing.'

When, in another case, that of D.F., a point on the superior surface of the right temporal lobe was stimulated within the fissure of Sylvius, the patient heard a specific popular song being played as though by an orchestra. Repeated stimulations reproduced the same music. While the electrode was kept in place, she hummed the tune, chorus and verse, thus accompanying the music she heard.

The patient, L.G., was caused to experience 'something', he said, that had happened to him before. Stimulation at another temporal point caused him to see a man and a dog walking along a road near his home in the country. Another woman heard a voice which she did not quite understand when the first temporal convolution was stimulated initially. When the electrode was reapplied to approximately the same point, she heard a voice distinctly calling, 'Jimmie, Jimmie' - Jimmie was the nickname of the young husband to whom she had been married recently.

*One of Penfield's significant conclusions was that the electrode evoked a single recollection, not a mixture of memories or a generalization.*

Another of his conclusions was that the response to the electrode was involuntary:

Under the compelling influence of the probe a familiar experience appeared in the patient's consciousness whether he desired to focus his attention upon it or not. A song went through his mind, probably as he had heard it on a certain occasion: he found himself a

part of a specific situation that progressed and evolved just as the original situation did. It was, to him, the act of a familiar play, and he was himself both an actor and the audience.

*Perhaps the most significant discovery was that not only past events are recorded in detail but also the feelings that were associated with those events. An event and the feeling which was produced by the event are inextricably locked together in the brain so that one cannot be evoked without the other.* Penfield reported:

The subject feels again the emotion which the situation originally produced in him, and he is aware of the same interpretations, true or false, which he himself gave to the experience in the first place. Thus, evoked recollection is not the exact photographic or phonographic reproduction of past scenes or events. It is reproduction of what the patient saw and heard and felt and understood.

Recollections are evoked by the stimuli of day-to-day experience in much the same way that they were evoked artificially by Penfield's probe. In either case the evoked recollection can be more accurately described as a *reliving* than a recalling. In response to a stimulus a person is momentarily displaced into the past. *I am there!* This reality may last only a fraction of a second, or it may last many days. Following the experience a person may then consciously *remember* he was there. The sequence in involuntary recollections is: (1) *reliving* (spontaneous, involuntary feeling), and (2) *remembering* (conscious, voluntary thinking about the past event thus relived). Much of what we relive we cannot remember!

The following reports of two patients illustrate the way in which stimulations in the present evoke past feelings.

A forty-year-old female patient reported she was walking down the street one morning and, as she passed a music store, she heard a strain of music that produced an overwhelming melancholy. She felt herself in the grip of a sadness she could not understand, the intensity of which was 'almost unbearable'. Nothing in her conscious thought could explain this. After she described the feeling to me, I asked her if there was anything in her early life that this song reminded her of. She

said she could not make any connexion between the song and her sadness. Later in the week she phoned to tell me that, as she continued to hum the song over and over, she suddenly had a flash of recollection in which she 'saw her mother sitting at the piano and heard her playing this song'. The mother had died when the patient was five years old. At that time the mother's death had produced a severe depression, which had persisted over an extended period of time, despite all the efforts of the family to help her transfer her affection to an aunt who had assumed the mother role. She had never recalled hearing this song or remembering her mother's playing it until the day she walked by the music store. I asked her if the recall of this early memory had relieved her of the depression. She said it had changed the nature of her feelings; there was still a melancholy feeling in recalling the death of her mother, but it was not the initial overwhelming despair she felt at first. It would seem she was now consciously remembering a feeling which initially was the *reliving* of a feeling. In the second instance, she remembered how it was to feel that way; but in the first instance, the feeling was precisely the *same* feeling which was recorded when her mother died. She was at that moment five years old.

Good feelings are evoked in much the same way. We are all aware of how an odour, a sound, or a fleeting glimpse can produce an ineffable joy, sometimes so momentary it almost goes unnoticed. Unless we put our minds to it, we cannot remember where we had experienced the smell, sound, or sight before. But the *feeling* is real.

Another patient reported this incident. He was walking along L Street by Sacramento's Capitol Park and, upon smelling the odour of lime and sulphur, generally thought to be putrid, being used as a spray for the trees, he was aware of a glorious carefree feeling of joy. Uncovering the original situation was easier for him since the feeling was a good one. This was the kind of spray that had been used in the early spring in his father's apple orchard and, for the patient as a little boy, this smell was synchronous with the coming of spring, the 'greening' of the trees, and all the joys experienced by a little

boy emancipated to the outdoors after the long winter. As in the case of the first patient, the conscious remembering of the feeling was slightly different from the burst of the original feeling that he experienced. He could not quite recapture the glorious, spontaneous transference into the past as he did for that fleeting moment. It was as if he now had a *feeling about his feeling* rather than the feeling itself.

This illustrates another of Penfield's conclusions: the memory record continues intact even after the subject's ability to recall it disappears:

Recollection evoked from the temporal cortex retains the detailed character of the original experience. When it is thus introduced into the patient's consciousness, the experience seems to be in the present, possibly because it forces itself so irresistibly upon his attention. Only when it is over can he recognize it as a vivid memory of the past.

*Another conclusion we may make from these findings is that the brain functions as a high-fidelity recorder, putting on tape, as it were, every experience from the time of birth, possibly even before birth. (The process of information storage in the brain is undoubtedly a chemical process, involving data reduction and coding, which is not fully understood. Perhaps oversimple, the tape recorder analogy nevertheless has proved useful in explaining the memory process. The important point is that, however the recording is done, the playback is high fidelity.)*

Whenever a normal person is paying conscious attention to something [says Penfield], he simultaneously is recording it in the temporal cortex of each hemisphere.

These recordings are in sequence and continuous.

When the electrode is applied to the memory cortex it may produce a picture, but the picture is not usually static. It changes, as it did when it was originally seen and the subject perhaps altered the direction of his gaze. It follows the originally observed events of succeeding seconds or minutes. The song produced by cortical stimulation progresses slowly, from one phrase to another and from verse to chorus.

Penfield further concludes that the thread of continuity in evoked recollections seems to be *time*. The original pattern was laid down in temporal succession.

The thread of temporal succession seems to link the elements of evoked recollection together. It also appears that only those sensory elements to which the individual was paying attention are recorded, not all the sensory impulses which are forever bombarding the central nervous system.

The evoking of complicated memory sequences makes it seem plausible that each of the memories we can recall has a separate neurone pathway.

Particularly significant to our understanding of how the past influences the present is the observation that the temporal cortex is obviously utilized in the interpretation of current experience.

Illusions ... may be produced by stimulation of the temporal cortex ... and the disturbance produced is one of judgement in regard to present experience – a judgement that the experience is familiar, or strange, or absurd; that distances and sizes are altered, and even that the present situation is terrifying.

These are illusions of perception, and a consideration of them leads one to believe that a *new experience is somehow immediately classified together with records of former similar experience so that judgement of differences and similarities is possible*. For example, after a period of time it may be difficult for a man to conjure up an accurate, detailed memory of an old friend as he appeared years ago, and yet when the friend is met, however unexpectedly, it is possible to perceive at once the change that time has wrought. One knows it all too well – new lines in his face, change in hair, stoop of shoulder. [Italics mine]

Penfield concludes:

The demonstration of the existence of cortical 'patterns' that preserve the detail of current experience, as though in a library of many volumes, is one of the first steps towards a physiology of the mind. The nature of the pattern, the mechanism of its formation, the mechanism of its subsequent utilization, and the integrative processes that form the substratum of consciousness – these will one day be translated into physiological formulas.