

YEASTINGS

by James R. Allen

In the right atmosphere, dough quietly begins to rise. Eventually, it becomes recognizable as bread. As a young child in my grandmother's kitchen, I found this process magical. As a young adolescent, I discovered the even more magical delights of fermentation.

Something similar is happening in the world of transactional analysis. There are a number of quiet but amazing pockets of transformation. In this article, I wish to highlight three.

Multiplicity and Unity

At the recent conferences in Bangalore and Calgary, Charlotte Sills and Adrienne Lee made outstanding presentations on the growing number of “flavors” of transactional analysis we find today. Each of these constructs has been elaborated for its problem-solving or explanatory usefulness. Each is relatively distinct. In this, they resemble sports: Hockey, lacrosse, bridge, soccer, and chess share certain common features, but no two share all nor necessarily the same ones. Similarly, each of our transactional analysis approaches embraces some but not all of the core concepts Steiner and his colleagues have delineated. Each offers a way of making sense of what we see and a way to determine how best to intervene, but in some circumstances, one may be more useful; in others, another. Each also brings its own history and its own assumptions and connotations. Some of the latter are quite elastic, making room for creativity—and for misunderstandings.

In *Beyond the Pleasure Principle*, Freud (1920/1955), wrote, “The difference in our descriptions would probably vanish if we were in a position to replace psychological terms with physiological ones. . . . They may be of a kind that will blow away the whole artificial structure of hypotheses” (p. 17).

Today, we are much closer to that position. For example, the use of permission, empathy, resonance, containment, and corrective interpersonal experiences all seem to modify neural networks subserving models of self with others, largely but not entirely, in the implicit memory of the Child. That is, they influence “lower” brain centers directly. Interpretations of relationships, on the other hand—whether described in terms of response options, transactions between specific ego states, or various types of transference—and the alternation of associations through suggestion have the same goal but work from “top down.” Whichever we prefer to use, we seek to influence the neurobiology of intersubjectivity and psychological mindedness or mentalizing. This last term refers to conceptualizing oneself and others as both thinking and feeling. It refers to the implicit and explicit perception and interpretation of the actions of oneself and others as intentional. In fact, intuition is really implicit mentalizing. Psychological mindedness encompasses empathy but is broader, for empathy emphasizes primarily the feelings of the other.

Current research supports the idea that mentalizing first arises in the context of secure attachment (Fonagy et al., 1994). It is mediated primarily by the prefrontal cortex. Treatment situations have

the potential to recreate an interactional matrix of attachment in which it can develop and flourish, as Kohlreiser has described. In response to a high level of harm assessment and arousal, which is mediated by amygdala and limbic circuits, however, this ability may be lost. Consequently, it is useful to respond to clients' high level of arousal with support, empathy, pacing, and respect for their narratives in order to facilitate their experiencing a sense of containment and a secure base. When a client is less aroused, it is usually more useful to use careful reconstruction of events, gentle clarification, leading, and the labeling and elaboration of affect. In the context of better attachment and low levels of arousal, it may be more productive to use interpretation or suggestion, carefully titrating the level to the client's arousal. In fact, interpretation is a model of mentalizing. In terms of levels of interpretation, mentalizing of transferences is the most complicated.

A neuroconstructivist stance, if I may coin a term, integrates and unifies our various flavors of transactional analysis at two levels: (1) the metapsychological level of constructs and (2) the level of neurophysiological underpinnings. It supports a style of treatment that eschews any particular approach and facilitates invention of a specific treatment for each client—and even for the same client at different stages of treatment or at different levels of arousal.

Science and Hermeneutics

Whether we like it or not, when we engage in treatment we bring ourselves into the arena of science and outcome studies. In a friendly yet critical critique of institutes and schools of contemporary psychoanalysis, Nobel laureate Eric Kandel in 1998 made a devastating comparison with the situation of the proprietary medical schools that populated the United States at the turn of the century—155 all told. In these schools, students were taught by private practitioners who were busy with their own practices. These practices were not generally backed by science. To examine the problem, the Carnegie Foundation commissioned Abraham Flexner to study medical education throughout the country. His report revolutionized medical education and improved patient outcomes. Indeed, it was only after 1910, it has been claimed, that physicians began to help more patients than they harmed! What psychoanalysis needs today, Kandel argued, is an intellectual force similar to the Flexner Report and a concerted effort to follow up the brilliant insights of the first part of the century with objective confirming studies.

The same criticisms might also be made of transactional analysis. However, both psychoanalysis and transactional analysis do have some very significant research. For example, there are currently at least three ongoing studies of manualized psychodynamic treatment with individuals with borderline personality disorder. One of these has a strong transference emphasis; another, a mentalizing focus; and the third, a more psychoanalytically oriented supportive one. We can point to highly significant studies in attachment and its consequences, such as those of Lyons-Ruth and the important work of such groups as Sandler, Stern, and their colleagues of the Boston Process of Change Study Group (1998). In transactional analysis, we can also point to studies within the cognitive-behavioral paradigm as well as tests of basic concepts, such as Temple's (2004) work on ego states and important outcome studies such as those of Novey (1999, 2002) and Thunnissen, Duivenvoorden, and Trijsburg (2001).

Yet, there is also an entirely different aspect of psychotherapy. This is the hermeneutic. While

the logical positivists of the Vienna Circle claimed that the methods and language of physics were the best tools for knowing the world, epistemological hermeneutic philosophers have argued that language and the activity of interpretation are the best methods for understanding the flow of human experience. As human beings, we are interpreting creatures. The ultimate knower is an interpreter, not just a judge of facts. In transactional analysis, this second aspect of our work is encapsulated in the permission to make/find meaning. Because our case histories are narrative constructions, the therapist/counselor/consultant really is an assistant autoanthologist!

In trying to make sense of someone's life or of the life of an organization, we inevitably end with a narrative account. This is an interpretive and hermeneutic proceeding, and we have to choose the usefulness of one possible narrative over another, whether this be relational, developmental, Schiffian, redecisional, adaptational, integrative, or San Francisco classical. Each choice privileges some information but neglects other. In the medical college where I teach, the study of literature is becoming a growing part of the curriculum, as it is in a number of other medical schools (Hunter, 1991). A hospital chart consists of multiple warring narratives and may have more than 30 coauthors, none of whom will use the first person in their contributions. Consequently, to better understand their patients, medical students need to learn to appreciate how temporal sequence configures events into a plot, the images that govern the story, and what events have been excluded.

Whether with individuals, groups, or organizations, our work as transactional analysts really involves at least three sets of stories: (1) those of the client; (2) the therapist's, teacher's, or consultant's constructs of understanding; and finally (3) the resulting narratives we coconstruct together.

Rather than conceptualizing the scientific and the hermeneutic approaches as antagonist, we might better regard them as synergetic and dialectic. Each defines, complements, and enriches as well as negates the other. A task before us is this: Can we, as transactional analysts, hold the tension between these approaches or integrate them into something new?

Reflexivity and Detached Reflexion

Developmentalists such as Fonagy (Fonagy, Steele, Steele, Higgitt et al., 1994) have concluded that one of the characteristic outcomes of secure attachment is the mentalizing ability to see oneself from the outside and to subject even one's most firmly held beliefs to critical scrutiny. With varying emphases, Barnes, Loria, and Jacobs, among others, have examined our transactional understandings. Barnes's article in the April 2004 *Transactional Analysis Journal*, for example, is an important critique. Indeed, as he himself says, it is a kind of psychotherapy of our type of psychotherapy. It certainly has created a groundswell of interest. If, as has been said, one of the marks of postmodern perspectives is the tearing off of the masks of illusions and the opening up of a space for uncertainty and difference, then Barnes's article is a landmark.

So, what is a transactional analyst today? What aspects of the aforementioned are really specific to transactional analysis as opposed to other therapeutic, organizational, or educational approaches?

I would like to suggest, at least as a point of departure, that Transactional Analysts are characterized by several things. First, we work within a negotiated contractual framework, privileging the analysis of communication—that is, the analysis of transactions, which are conceptualized as manifestations of ego states and as embedded in narratives. Second, we identify ourselves with a particular interpretive community, transactional analysis, and share a common identity, which includes history, future, and a commitment to staying engaged in shared questions and concerns.

Inherent in any interpretive community, however, are the dangers of becoming a discourse and, consequently, the dangers of isolation, the insistence on True Belief, the development of structures of power and hierarchy, and the delineation of acceptable and unacceptable stances defining who can be accepted as a Truth-speaker. Such dangers make it important that we consider critiques such as those of Barnes and, as Petriglieri has urged (2004), that we participate with other behavioral science organizations and ask people who deal with similar topics from a different perspective to speak at our conferences and contribute to our journal. Most people who become interested in transactional analysis are attracted to it because of its emphasis on autonomy. If we use transactional analysis as an external support, however, rather than as an aid to develop the capacity for autonomy, we run the risk of missing this very goal.

At present, we are in the process of co-creating a postmodern transactional analysis that is typified by multiplicity and second-order reflections on Berne's modernist project. His project was aimed at helping people become aware of that which they had been unaware of, expanding Adult functioning, and privileging language and consensual reality. Transactional analysis today, however, is becoming postmodern not in the sense of succeeding and supplanting Berne's modernist emphasis, but in the sense of defining, complementing, and enriching it in a dialectic process. Another question before us is whether we will find ways to hold the tension of these apparent antagonisms and thus create something new or whether we will retreat to the comfort of the familiar.

What would Berne do if he were alive today?

REFERENCES

- Barnes, G. (2004). Homosexuality in the first three decades of transactional analysis: A study of theory in the practice of transactional analysis psychotherapy. *Transactional Analysis Journal*, 34, 126-155.
- Boston Process of Change Study Group. (1998). Interventions that effect change in psychotherapy: A model based on infant research. *Infant Mental Health Journal*, 19, 277-283.
- Fonagy, P., Steele, M., Steele, H., Higgitt, A., et al. (1994). The Emanuel Miller memorial lecture 1992: The theory and practice of resilience. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 35(2), 231-257.
- Freud, S. (1955). Beyond the pleasure principle. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 18, pp. 3-64). London:

Hogarth Press. (Original work published 1920)

Hunter, K. M. (1991). *Doctors' stories: The narrative structure of medical knowledge*. Princeton, NJ: Princeton University Press.

Kandel, E. R. (1999). Biology and the future of psychoanalysis: A new intellectual framework for psychiatry revisited. *American Journal of Psychiatry*, 156(4), 505-524.

Kohlrieser, G. (Presenter). (1999). *Conflict management: The art of making peace* (Video Recording). San Francisco, CA: International Transactional Analysis Association.

Novey, T. (1999). The effectiveness of transactional analysis. *Transactional Analysis Journal*, 29, 18-30.

Novey, T. (2002). Measuring the effectiveness of transactional analysis: An international study. *Transactional Analysis Journal*, 32, 8-24.

Petriglieri, G. (2004). What do you want to learn tomorrow? *The Script*, 34(4), 1, 7.

Temple, S. (2004). Update on the functional fluency model in education. *Transactional Analysis Journal*, 34, 197-204.

Thunnissen, M., Duivenvoorden, & Trijsburg, R. W. (2001). Experiences of patients after short-term inpatient transactional analysis psychotherapy. *Transactional Analysis Journal*, 31, 122-128.