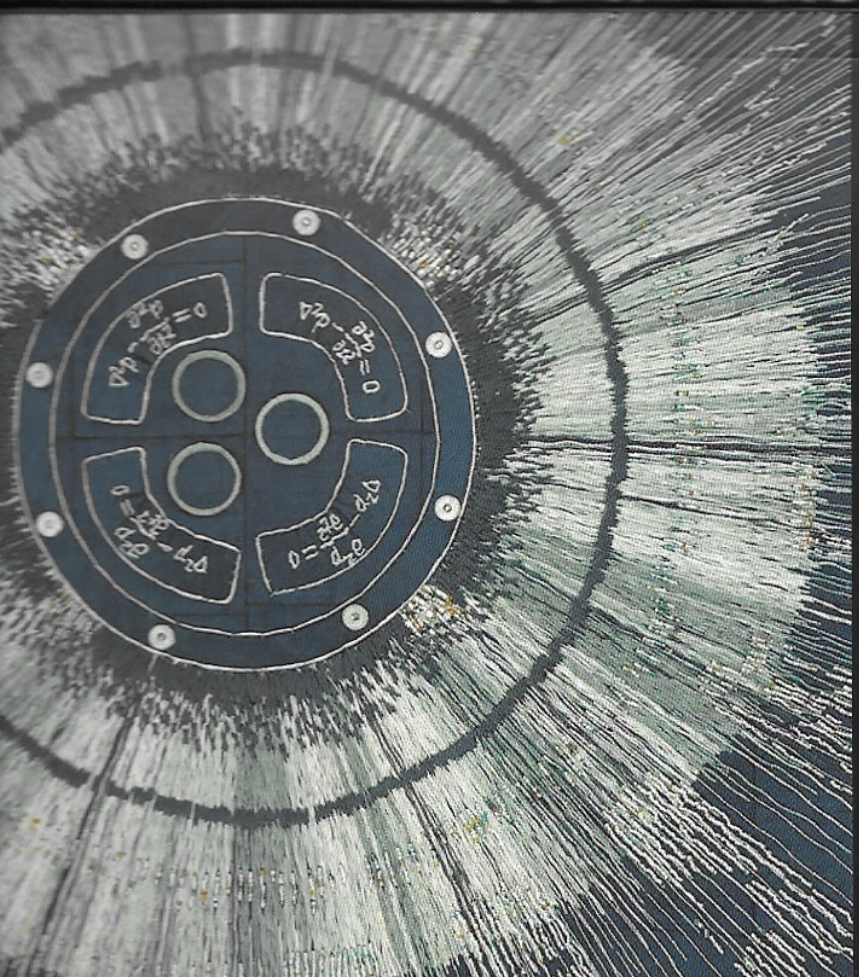


INNOVATIONS IN
TRANSACTIONAL ANALYSIS:
THEORY AND PRACTICE

Groups in Transactional Analysis, Object Relations, and Family Systems

Studying Ourselves in Collective Life

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can appear, on the surface, highly variable, often showing up in explosive forms. Yet beneath these outer manifestations, I began to see a recurring underlying pattern, and that offered me a means of languaging such situations when they emerged so heatedly in groups and in my life generally.

With this increased bodily and conceptual capacity, I turned to what I called the process of *looking for trouble in groups*, especially those that were explicitly intended for professional development and growth. I could now deliberately seek out the areas of greatest difficulty and growth. I could make active contact with those areas of trouble—which allowed me and the group to engage with what I came to see as the most important areas for growth and learning for a particular group and its members.

Over time, I began to conceptualize this generative learning process in terms of *maturing as a community effort*, an interplay not just of our disorganized neurophysiological states but also of our movement forward in integration, meaning-making, and increased bodily and mental capacities for encountering life.

All of these stages of my development have now brought me to thinking in terms of *groups that learn (and groups that don't)*. This has greatly expanded my conception of human learning processes, which, in turn, has informed the principles and practices that can potentially facilitate such group learning, such as collective and individual maturation, to borrow from Winnicott.

Can we each be curious about the sequencing of our own histories—as individuals, families, organizations, communities, and other abiding human collectives—as a means of discovering the patterns at work outside our awareness and sometimes, by providence, simply the result of natural, life-supporting developments in time?

That is the meaning that emerges for me in the rereading of my own work. And you, in reading as you will, may make other patterns and meanings, may see things I missed, and will surely bring a different sensibility and legacy to bear. That, to me, is one example of what can make community life so generative. The clearer I can become about my own perspective and the more I can put it into some form of expression, the more I can then welcome, even eagerly solicit, the varying views of my colleagues, friends, fellow citizens, and family members. I am grateful for being heard and, at times, corrected.

One thing I like about this book being a collection—written over time, with no overarching plan—is that it will necessarily be incomplete and will spare me the compulsion to write a single, fully integrated theory, which in any case I could never do.

I also have a sense of needing to approach this as I would the making of an artwork, with less expectation of consciousness and more alert to the signs of an emotional, aesthetic impact, more respectful of my own more spontaneous expressiveness, the current limit of my maturing.

1

ENGAGED RESEARCH

For many years, my professional involvement with transactional analysis was limited to my affiliation with TA-trained colleagues. My own work as a psychotherapist and human relations consultant was informed almost exclusively by psychoanalytic theory, although in later years I increasingly studied and used Bowen's family systems theory in my work with individuals and organizations. As I struggled to integrate these different strands of my professional life and training, my interest in and contact with the transactional analysis community grew substantially. I was especially drawn to the community's efforts to foster a practice that cut across traditional disciplinary boundaries.

One colleague, for example, had expertise in transactional analysis, psychodynamic psychotherapy, and group process. When she mentioned that she would be conducting a three-day workshop for advanced, not-yet-certified transactional analysis trainees, I asked if I could observe. I wanted to understand how her attention to and interpretation of group dynamics could support individuals in learning about the problems encountered in their clinical and educational work. She agreed to my request, as did the training program's director. My research focus was to be the effects of the trainer's practice on the group.

Twenty-four trainees were present. As a group, they were culturally and professionally diverse—counselors, psychotherapists, educators, and organizational consultants. Their depth of professional experience varied considerably. They were asked to present points of impasse or exceptional difficulty in their ongoing work with a client or organization. This was to be examined in light of parallel process, transference, countertransference, and developmental and character issues. Demonstration supervision would address experientially the difficulties group members were having on the job.

The trainees were not given prior notice of my presence as a researcher-observer. The first day, I simply introduced myself and my background and described my interest in being there. My contract with the group was to remain silent, whether taking notes or sitting there. Group members were shyly welcoming. One expressed appreciation for the fact that someone had an interest in researching transactional analysis.

I saw some individuals on occasion watching me, although infrequently and eventually not at all. A few kidded me about taking notes. A few asked questions, during breaks, about what I was noticing or thinking. But the workshop schedule was so tight that there was not time to answer other than in broad generalities. Between group sessions and at the end of each day, I talked at length with my colleague, the trainer, about what I was seeing and what she was noting. That was the basic setup.

What's going on here?

I have, over the years, conducted many intensive groups. Compared to those experiences, this workshop proved unremarkable in its dynamics. So, I was unprepared for its intense emotional impact on me. Freed of the responsibility for facilitating the group's process, I wondered, why would my affective levels be so much higher than usual?

My focus shifted immediately away from the trainer's behavior to the palpable difficulties being lived out, in the group, by the participants as they presented their challenges with clients. I became so immersed in the process that I often had no idea what I was thinking. For the first day and a half, I wrote almost continuously, noting what caught my attention or generated questions. I filled pages with these fragments and free associations. Then, for the second day and a half, I sat without writing, as if I had already captured all I needed, yet all the while finding myself more and more exhausted. It was like endurance training, far more demanding than having an active role.

On two occasions I did not restrain myself and made statements about what I saw in the group. I could tell by the puzzled faces of the group members that they did not understand what I was saying and were confused about my speaking at all. Although my contract violations seemed to create no lasting problems, I wondered how my "outbursts" might have been experienced in a less sturdy group.

I could not tell what I was learning. I could not remember why I was there. Keenly engrossed, as I was, with how the culture of transactional analysis hindered and helped its practitioners and how the practice of helping actually worked in the untidy midst of human relations, I still found the 3 days to be endless and felt I would burst with fullness. I was both committed to being there and itching to run from the room.

I gradually became invisible to the group, in part because they had so little interaction with me, in part because I presented no apparent threat, and largely because of their increasing engagement with the material and learning in the group.

Yet during the participants' closing remarks and feedback, I was startled when one of them addressed me directly by saying, "I thought at first you

were going to watch us, like we were bugs under a microscope. But you were very respectful. I didn't feel like you were watching us as much as watching out for us." Many heads began nodding in agreement accompanied with warm smiles.

Whether from exhaustion or from gratitude for this man's interpretation—for his effort to give meaning to something I had not seen—tears came to my eyes. His comment helped me feel what I had been living outside of my awareness. But still I had no idea what had actually happened. I had only the sense of discovering something important, something I had not consciously set out to find.

The risk of gathering data

One of the paradoxes of professional relationships with clients, students, or others who come to us for help is that we are supposed to maintain our objectivity even as we, too, may become infected by what the person has brought us to work with. This is an inevitable consequence of our agreement to listen to and think with someone emotionally troubled. We literally open ourselves to the impact of their affective world. Something of their experience comes to reside uncannily within our bodies and selves.

Psychoanalyst Wilfred R. Bion (1897–1979), throughout his life and writings, acknowledged the problem inherent in this way of working:

In turning ourselves into receptors we are taking a big risk. From what we know of the universe we live in some of the information may be most unwelcome; the sound or signal we receive may not be of the kind that we want to interpret, to diagnose, to try to pierce through.

(Bion, 1980, p. 60)

Yet this risky procedure—of receiving what we may not want to know—is precisely how we come to be of help. We do not just apply our cognitive capabilities to sets of words or facts; we figure out how one can live within the same emotional forces that are disrupting another's life or capacity to function well. It was Bion's insight that the psychoanalyst or other helping professional first processes the client's unconscious material at a bodily, felt level, and then essentially works up from the body into the mind, where that experience can be symbolized even as it remains bodily rooted.

Bion's work and contributions to psychoanalytic theory were familiar to Eric Berne, in keeping with the latter's awareness of and interest in other psychoanalytic writings of his time. In *The Structure and Dynamics of Organizations and Groups* (Berne, 1963), for example, he noted:

Bion is one of the few people who have tried to observe what goes on in a group from a naturalistic point of view, not trying to prove or disprove anything but merely asking themselves: "What's going on here?" In some ways Bion's work is more interesting than the usual commonplace statistical studies.

(p. 102)

Berne's link between Bion's thought and attitude of research into human phenomena helped me understand that one of Bion's key concepts—that of the containing function—might describe more than just the responsible and useful behavior of a parent, teacher, mentor, consultant, or psychotherapist. It might also elucidate a process whereby research need not interfere with treatment nor just evaluate its outcomes. Conceived in light of containing, I wondered if research might itself perform a therapeutic or educative function that would enhance our work as professionals in a variety of fields.

Bion's containing function

Among the many contributions made by Bion to psychoanalytic theory and practice, perhaps best known is his concept of the *containing function*, which he developed over the course of his career in such works as *Learning from Experience* (1962/1977c), *Elements of Psycho-Analysis* (1963/1977b), and *Attention and Interpretation* (1970/1977a), to name a few.

As Bion used the term in his many writings, "containing" has a special meaning. It denotes a series of critical steps in an interpersonal process. He proposed thinking of this process prototypically in terms of the mother-child dyad, a proposal that drew initially on the work of Melanie Klein. He theorized that the child's unorganized, unconscious bodily experiences of being alive in the world would be communicated nonverbally and concretely to the mother. The mother would receive such communications primarily at the body level. In ideal circumstances, she would sit with the unsettledness or discomfort picked up from her child, generally corresponding to the child's highly charged experience of hunger, fear, fury, or excitement. The mother would then respond, after reflection, in a manner that would relieve the stress (for example, by providing food or attenuating the alarming stimulus) or that would name it (perhaps by saying, "I know. You don't want me to put you down right now. But I have to go do something and will be right back"). Through her act of reception, reflection, and response, mother conveys a felt sense of being able to bear lived experiences rather than needing to push them out of sight and consciousness, like so many unpleasant thoughts.

To illustrate, I remember when my then-infant daughter was first being weaned from her mother's breast in readiness for her mother's return to work,

sooner than any of us would have preferred. It was my job to get our baby used to the bottle. Her initial response was utter fury and noncompliance. And based on that display, I had the distinct impression that I was murdering her, crazy as that may sound in retrospect. I was so caught up in the moment and in the passion of her protest that I believed the worst. I recall the nearly overpowering urgency I felt to hand her right back to her mother, calling off the whole awful mistake. But then, looking down at my livid baby, it occurred to me that she might be feeling as if I were killing her by introducing this rubber-tipped, plastic object filled with formula. Of course, I knew it was not my intent. I also knew the transition would not kill her, although I felt deeply sympathetic to her distress, loss, and anger. With this awareness, I felt a distinct shift in my body, in which I held side by side both sympathy and the confidence that she could adjust to this traumatic change. That is, I was able to contain my initial bodily panic and fantasy (of harming her), reflect on the possible source of those feelings, come to some sense of accord within myself, and then convey that balance to my daughter. No, she did not immediately calm down. But I was able to remain present in a way that eventually allowed her to adjust, in her own time, unimpeded by my own reciprocal hysteria. What I remember most was the feeling of having awakened from a dream or mini-psychosis, accompanied by a sense of sturdiness at having separated myself while remaining in contact with her—engaged but not entangled.

Bion suggested that in a normal process of development, this sequence of communication, reception, reflection, and considered response helps the child learn to process her or his own experiences. Furthermore, although Bion specifically referenced the mother-child dyad, he saw this as a universal interpersonal exchange between any two or more intimates. In particular, he was concerned with this communicative interaction between the psychoanalyst and patient, which exchange bore directly on the success of treatment. As with the mother in relation to her child, the analyst or other helping professional could demonstrate that the client's internal emotional world could be suffered realistically rather than avoided and elaborated into catastrophic or magical "phantasies."

The term *phantasy* is used by Kleinian analysts to indicate an unconscious narration of bodily experience that differs from our more conscious fantasies or stories. An infant, for example, may link the experiences of hunger-then-gratification (or separation-then-anguish) with the clustered feel-smell-sound of her or his mother. Based on the infant's own temperament, as well as the rhythm developed with the mother, a story or hypothesis about certain feeling states (hunger, gratification, contact loss, pain, Mommy) will be developed in which the infant's sense of autonomy and helplessness will play a role in connection with that of the powerful (giving, withholding, loving, or hateful) parental figure. Even more, the infant will begin unconsciously to live this story about what it means to be alive. These unaware and archaic qualities of phantasy are similar to those of script and protocol in transactional analysis.

However, phantasy also differs in that the narrative arrangement is not impressed on each of us but actively created, outside awareness, as a function of our human predilection for making sense of sensory experiences. Furthermore, we make these unconscious bodily stories not only as infants and children but throughout life. And as with script and protocol, phantasies operate as more than just simple explanations we create but also as templates that guide our behavior and choices.

Receiving

In his conception of containing, Bion meant more than just biting one's tongue. He described containing as a sequence of receiving, mentally processing, and speaking or interpreting. It is not easy work, and each step in the process is equally critical. A therapist, consultant, or teacher must first be receptive to the communication from the client or student, which inevitably comes loaded with emotionality. That emotionality or affect must then be held and mentally chewed over—lived within and digested—in order to understand the nature of the emotional communication. At that point, it becomes necessary to speak to the truth or fact of that communication, no matter how hard it is to hear and know.

We often think of communication as occurring through words or through developed nonverbal symbols (images, gestures, sounds, or touch). Bion and many other psychoanalysts, however, have been concerned with communications that are sent and received unconsciously, outside ordinary channels of awareness. These communiqués are typically states of bodily affect, the ways we register life's impacts as well as the surges within our own dynamic bodies, similar to Daniel Stern's (1985) concept of *vitality affects*. Some of these affects can be subtle; others arrive with the full force of a storm. And yet they can remain undetected by our minds, especially if the emotions correspond to experiences for which we have no ready words or shared symbols. Entire swaths of life can exist in a limbo of unexamined experience. Bion termed these *beta elements*, the bits and chunks from which we eventually hope to structure our consciousness. As psychoanalyst Michael Eigen (1998) put it, "[Bion] calls on us to face the fact that our ability to process experience is not up to the experience we must process. This is not only so in infancy, but all life long" (p. 99).

Human beings are inclined to put unpleasant experiences out of mind; in fact, such experiences may never reach consciousness. They are repressed, split off, relegated to the outer limits of the bodymind. Yet, as with offshore dumping, these repressed experiential contents have a nagging way of floating back, muddying the waters of our status quo. Sometimes, too, these rejected experiences find their way into the bodies of those close to us, as reverberations transmitted through a process that psychoanalysts and others have termed *projection*. That term captures the

force with which these orphaned bodily experiences can be aimed to hit their targets, but it also has the unfortunate effect of suggesting that we are broadcasting to one another along invisible radio waves. It is more accurate and simpler to say that, as human beings, we are acutely sensitive to one another: to tones of voice, to minuscule facial twitches, to muscular tensions, to smells, to changes in breathing. Countless cues operate outside awareness, to signal changing states in a person, changes that can be picked up nearly instantaneously by someone in proximity and even relayed in a flash throughout a group, community, organization, or family. Affect is extremely contagious, especially when burning.

I worked once with a man, a physician by profession, with whom I used to find myself moved to tears in the middle of his sarcastic and complaint-filled stories. At those moments when what I felt intensely did not match his words, he typically responded to my inquiries by claiming to feel nothing, a claim his body language seemed to support. He looked at me as if I were crazy. Yet over the course of several years, we were able to link my feeling states to his aggressively repressed inner life. Gradually, he began to cry. I was then free to feel with him, not just for him. Eventually, he found these words to describe his everyday work with his own medical patients:

If I get overwhelmed, if I have a patient I don't know how to help, nothing is in my brain. They want help. I draw a blank. It feels bad. It begins to feel out of my hands, like a patient I can't understand. If I can't make the connections, I don't want to deal with it. I make it bigger instead of figuring out how to connect. This "out of hand" thing is like knives, like something painful. I take that part of my body and put it in a box. I don't want the pain but still have to go on as a person. When things get out of hand with my patients, I start thinking it's about me. I'm stabbing myself.

He not only portrays an inner world greatly at odds with his outer, apparently confident professionalism but also details his struggle with containing the anxiety and upset picked up from his patients. Like all of us who are similarly affected, his strategy is to draw a blank and place problematic parts of his body into figurative boxes. His words illustrate how our internal experiences become converted into literalized objects, like knives, and how we lose our sense of who is stabbing whom.

Processing

A person's ability to suffer both pleasure and pain, and thus to render those experiences meaningful in the larger context of life, performs what Bion called the *alpha function*. This human capability involves creating mental and bodily structures that allow the shocks of life's beta elements

to find a home within a larger system of meaning. Religion, for example and for all its many imperfections, stands as a brilliant human creation, a product of alpha function that attempts to order and make sensible life's sufferings, from ordinary misery all the way to disabling loss and ecstasy. As Eigen (1998) wrote, "Our religions and psychotherapies offer frames of reference for processing unbearable agonies, and perhaps, also, unbearable joys. At times, art or literature brings the agony-ecstasy of life together in a pinnacle of momentary triumph" (p. 101).

Alpha function, therefore, is more than just finding a set of words. Unless those words offer us a living symbol, they can be used to mean nothing, to discharge affect, and to obscure what may actually be happening. As speaking animals, we can be quick to vocalize without really thinking and to use words to toss back or reproject the other person's disturbance. Speaking then becomes an automatic habit that is particularly problematic when we have agreed to work with someone who is experiencing difficulty. Yet unconsciously before we are even aware that we are picking up unconsciously simply because we have not learned to endure and reflect on the more passionate and disturbed states of being human. As Bion (1980) tersely noted:

It is too often forgotten that the seriously disturbed patient is being disturbed because he is aware of something serious, even if his analyst isn't, and does not want to be reminded of it. Analyst and analysand can be at one in wishing to deprecate the seriousness of "mental pain"—hence a dangerous collusion.

(pp. 117-118)

As part of this dangerous collusion, we may be particularly prone to eliminating what makes us feel crazy or psychotic inside. The unfortunate result is that we then cannot begin to demonstrate the kind of understanding or thoughtfulness our clients or students need to learn, through reintegration, in order to live their lives most fully. Bion cautioned against prematurely acting on or reacting to an emotional communication received with great discomfort or anxiety on the part of the professional. Rather, speaking was to take place in a relative state of neutrality, which signaled the fact that the distressing emotions could be lived within instead of continually tossed to the far side of one's psyche.

Interpreting

Once alpha processing has taken place, Bion's third step of containing involves delivering the interpretation. The interpretation is the product of that processing, made with one's whole mind and body from the emotion-ality that has been communicated, outside awareness, by the other person.

To interpret is to introduce that processing into the interpersonal realm, to reference the intimacy of the exchange.

Interpreting can be written about more easily than actually conveyed. The moment of conveying or speaking may be fraught with a new set of emotional tumults, typically related to the ways we have historically interacted with others. To speak what has been repressed is to open the subject—both topic and person—to conscious distress. It can be upsetting finally to know and say what has been going wrong, without the luxury of pushing it from view.

Speaking what one experiences also signals the presence of a separate mind that, in silence and reverie, can otherwise seem to be one with one's own. This evidence of separateness crushes fantasies of psychological and emotional merger. These and other perils of making a meaningful interpretation are described beautifully by Robert Capen (1999) in his book *A Mind of One's Own*.

Because interpretations are often verbalized, we can easily become lost in their content and in questions of their accuracy. These issues are relevant. Yet an interpretation must first be validated on the basis of its function in an interpersonal process. Being accurate is of little use if the spoken words are meant mainly to discharge affect or to interrupt an unnering containment and processing, as when I interjected my non sequiturs into the training group. The intent of a vocalization will be felt well before its literal meaning. In fact, we can think of meaning as being built first from relational interactions—what it means to be in one's body in a world of others—before the content can elaborate that experience of being and relating.

Remaining silent might therefore seem the safer course. But for Bion, it is not enough just to receive and sit with an experience. The interpersonal cycle is not complete until the results of that reflection have been brought consciously and courageously into the realm of human exchange. They have to be lived and relayed, in relationship, to be of transformative use.

Living with the facts

Let us say that the desired outcome of a therapeutic, educative, or other developmentally enhancing process is an increased capacity for being oriented to reality and to the facts of one's life, with a resulting improvement in social and personal functioning or adaptation. This definition should hold true for cognitive-behavioral therapy, teaching, family systems coaching, organizational consulting, and psychoanalysis. It would certainly fit the transactional analysis claim that the purpose of therapy is to support spontaneity, awareness, and intimacy.

Our methods for bringing about such improvements differ among various professions and practices. But if reality orientation is a function of bearing the degree of emotional intensity and conflict associated with

our human condition, then regardless of treatment or intervention method, what facilitates that success is what Bion called containing—not just by the professional but ultimately by the person seeking help. For according to Caper (1999), “Proper containment should not only help a patient bear a current state of mind, but also help him to better bear future ones without help from an external object for significant other?” (p. 141).

Just as a historian must construct a narrative out of pleasing, ugly, dull, and even disappointed data, we each attempt to bring together our own relations to what Bion saw as loving and hating, self and other, knowing and not knowing, and other such unbearable tensions. But even with the best of help, we do not all recover. My daughter might have decided never to be weaned; my physician client might have decided to keep his internal knife-work hidden and deadly; I might, in frustration, have left in pieces the analysis of my experience observing the training group.

Our power as professionals is inherently limited. Berne (1966) referenced this humbling fact by quoting a famous physician’s retort when praised for a patient’s remarkable recovery: “I dressed his wounds; God cured him” (p. 63). Berne stated emphatically: “The therapist does not cure anyone, he only treats him to the best of his ability, being careful not to injure and waiting for nature to take its healing course” (p. 63). In a similar spirit, Caper (1999) pointedly stated, “The fate of the analysis is determined ultimately not by the analyst’s interventions, per se, but by the dynamics of the patient’s unconscious” (p. 19).

Facilitation, in other words, is not the same as ownership. I may enter another’s psychological world, intentionally or unintentionally, but what that person then does with the result of my understanding is outside my control. So whether we want to call improvement the result of God’s grace, nature’s healing course, or the patient’s unconscious capacity to embrace life, Caper and Berne are advocating humility and reserve as accompaniments to discipline in professional practice.

Applying a bandage as expertly as possible or delivering a fully contained interpretation as neutrally as possible does not necessitate coldness or distance. Rather, as professionals, we arguably give our best when all of our resources are focused on what helps most. For Bion, optimal treatment of cognitive-emotional disturbance took the form of his living, in the presence of his patients, a steady relationship to what could be described as his patients’ inner lives. Such balance is consistent with a researcher’s efforts to study a situation and to deliver dispassionately her or his most complete results.

Engaged researching

As just mentioned, calmness and reserve need not be equated with emotional distance, cutoff, or objectification of the other person. The latter are

defensive, antitherapeutic stances. They signal the professional’s refusal to contain the cognitive-emotional data that can facilitate a solution to the client’s difficulty. Only by making emotional contact with the experience of the person who has come for help can a professional receive, sustain, and organize complex, sensory and emotional data.

Furthermore, research that demonstrates such engagement and containing does not objectify the subject, in the sense of turning the person, group, or issue into an object or thing to which one has no ethical relationship. Rather, engaged research acknowledges its affiliation with or participation in what is being examined. Objectivity, therefore, cannot be characterized by distance or emotional cutoff. We can only see the facts of our human condition clearly when we acknowledge our own relationship to them and achieve enough neutrality to face and understand what we are living within.

Robert Sardello (1971), in a paper on research in phenomenological psychology, wrote, “The ... most primordial meaning of objectivity ... is an attitude of respectful openness to the whole of our existence, which allows, through our involvement in the world, reality to reveal itself the way it is” (p. 64). This faith in the importance and usefulness of seeing the facts of the world realistically was certainly endorsed by Berne. Similarly, Caper (1999) suggested:

Analytic containment is not an effort to make the patient feel relieved, or good about himself, but only to help him think and feel what is true. The relief comes from the fact that the truth is always less persecutory than the phantasy that had displaced it in the patient’s mind.

(p. 42)

This potential for reality’s relief is also portrayed by psychotherapist George Downing (2008) in conjunction with his use of videotaping to help troubled single mothers see how they interact with their children. The video footage is a starting place for thinking about what is going on in those interactions and what might be done differently. Videotaping is also a common research tool. It can, like photography, lend itself to objectifying or shaming what it captures. But Downing, in his writing, presents his clients in a manner that makes it possible for us to identify with their dilemmas as parents that young and sometimes difficult children. When examining the video images with his clients, he balances their problematic behavior against the very real challenges of raising a child. He contains the situation whole. In discussing what he sees with his client, he models a collaborative, inquiring approach that the mother can then learn and live with respect to her baby. Downing, in effect, uses a research tool to support his clients’ capacities for objectivity and contact with the emotional

difficulties of parenthood. From there they can begin to make different and often more satisfying behavioral choices.

For research to have an effect that is growth enhancing, the researcher must be engaged and participative in the process of understanding the emotional phenomenon being studied. It requires the use of the researcher's full being.

Reflections and further questions

In the year following the training workshop, I learned that my role as researcher-observer generated several tangible outcomes. The trainer, in addition to receiving support during the workshop itself, reported understanding some of her key didactic material differently, which allowed her to modify it. For example, I had noted the way the concept of *parallel process* was invoked often in the group and applied in ways that continually allowed the term's meaning to slip. Identifying a "parallel process" frequently seemed to be a pleasing cognitive activity for the group, one that involved looking for and matching aspects of the demonstration supervision process with what the supervisee had described about the experience with her or his client. There seemed to be no instance in which a match could not be found. But use of this "matching game" then overrode other possibilities. It shut down thinking and further exploration of difficult client interactions. Use of the concept appeared to meet the group's need for interrupting emotional involvement, which I could well understand given the affective intensity in the group. At the same time, I hypothesized that the term also was needed by the group—perhaps by the larger transrational analysis community—to describe certain clinical phenomena that were not otherwise sufficiently accounted for by the group's predominant theory. In that sense, use of "parallel process" seemed to indicate the group's ambivalence about affective interactions between client and professional (or between supervisee and supervisor) and about the "messiness" of psychic or mental processes. It was as if to say, "We are naming something we see, but we don't know how to get much closer to it." I wondered to what extent this might have been inherited from Berne.

I also noted similar confusion around terms such as *transference*, *unconscious*, and *interpretation*, including what seemed to be the unnecessarily obfuscating way these terms are often used or defined within the psychoanalytic literature. Observations of these kinds allowed the trainer to clarify definitions and to specify the ordinary human phenomena to which they refer. She was also able to bridge more carefully between the cultures of transactional analysis and psychoanalysis. That modified material, she later reported, was well received by subsequent trainees. She and I were also able to collaborate on an unpublished paper that gave feedback to the group of trainees I observed and that also developed some of the

workshop ideas that had not been fully explored. An abbreviated and edited version of my process observation notes was shared with the training program's director and faculty, which generated a lively exchange over a period of several months, possibly to affect future curriculum planning at their center.

Yet I entered this particular group with no intention of playing an active role. I was just curious. I imagined my curiosity to be of little consequence to anyone else. But by engaging as I did with the group, I sat both with my notes and with a level of emotional information that I could barely tolerate. And as Bion might have predicted, my doing this in and for the group contributed to a climate of thinking about difficult emotional work with clients. However, contrary to what Bion might have suggested, I did not deliver an interpretation. Or rather, the interpretation—the words that described an unconscious process—came from someone else in the group, not from me as the researcher/analyst. Perhaps in modeling what was being taught about working with difficult states of affect, I demonstrated those very principles. I wordlessly conveyed the therapeutic effect of such containing in our work with clients of various kinds. Might that containing, I wondered, be the therapeutic effect of engaged researching?

Reflecting on this group experience has shown that this kind of research has been an integral yet unconscious part of my work life for years. Perhaps it is so for many of us in the human relations professions. After all, as practitioners, we are asked to define the desired outcomes of our work. We hypothesize how to bring about those outcomes. We strive to practice conscientiously, aiming for clear contracts and attending to the effects of our interventions. We also willingly modify what we do to bring it more in line with contractual objectives and intervention efficacy. In that sense, we already operate with a research model that tests the effects of our work against our expectations, in keeping with Berne's emphasis on working scientifically.

Such evaluating is also very much in the spirit of action research, as conceived by Kurt Lewin (1948) and developed by many others, particularly in the field of education. Like action researchers, we do more than simply test our effectiveness. We modify how we work in accordance with the continuous feedback we receive in the form of our research data. We engage in an iterative process of action, evaluation, and modification that ideally fine-tunes our practice as it achieves our work. We learn from experience.

Nevertheless, I find it difficult to live this engaged way of working that appears to pervade my professional life. For when gathering data on any human system, I begin each project in a state of cluelessness. I am affected by an initial chaos of emotional and dynamic information that is often unpleasant. When I unthinkingly evacuate that intensity—as if reflexively gagging—I intentionally have to take the affect back in, to bring myself

back into contact. That is typically the nature of my contract when I have agreed to understand and work with an individual or group.

This agreement can be especially difficult to sustain with large, complex, and intensely emotional systems. My work with government clients, for example, often leaves me feeling paralyzed and sick. Still, I am aware that on the other side of such illness there can be a capacity for thinking and for making decisions that function more effectively for me and my community. I find a sense of hope in knowing that I can think determinedly within and for my community, as my teacher, Elizabeth Minnich (personal communication, 15 January 2001), described her teacher, the philosopher Hannah Arendt.

Our capacities for containing—for residing within and serving our communities, families, and groups—can be developed gradually. This emphasis on learning through researching was also advocated by Gianpiero Petriglieri, then Vice President of Research and Innovation for the International Transactional Analysis Association (ITAA). In his open letter to the association's membership (Petriglieri, 2004), he also urged us to locate the areas of mess or cluelessness in our lives, to set off exploring them, and to report back to the group what we have found. His question "What do you want to learn tomorrow?" aims right at the heart of research and at the most realistic hope we can have of helping one another.

Bion hypothesized that, in addition to instincts for loving and hating, we humans are equally driven in our lives by a desire to know ourselves and others. Research into human systems, when engaged and motivated by learning's desire, brings about its therapeutic or beneficial effects precisely because it enters into those systems. It specifically affects their functioning by injecting thoughtfulness and curiosity and by struggling for objectivity. These are key interventions. The more thoughtful and objective we can be about our situations, the better and more ethically we can take action, whether as professionals or as clients.

Engagement through an attitude of research is thus most profoundly a contribution to thinking for and within one's community.

THE SHARED BODYMIND

The troubles that bring people for help and that make helping difficult can usefully be traced to two basic, interrelated human challenges: (1) our capacity for thinking what is not necessarily real and (2) our incapacity bodily affect and responsiveness to living.

The first problem is that we are capable, as humans with minds, of thinking things that are not in touch with what we would individually or collectively consider reality. Yet based on such false certainties, our minds make decisive sometimes "without conscious thought on our part" (Berne, 1947, p. 10). Often we cannot see that those decisions do not square with the facts of lives. This shows most dramatically in individuals diagnosed as psychotic, even at a community level, in my hometown of Pittsburgh, for example. I witnessed distorted thinking for years when ordinary people dealt with trauma of the steel industry collapse by talking as if the mills would reappear any day, even when those very mills were being demolished. In far more dramatic ways, wishful thinking, denial, and paranoia can be part of every life. Berne's central focus in transactional analysis was to wake us up to delusional aspects of our decision-making in order to place ourselves more securely in the world we actually inhabit.

The second interrelated problem is that we simultaneously live with physical, responsive bodies that can barely process or tolerate the stirrings of life. Certain facts can shock us. Certain encounters with others leave us nearly faint with anger, shame, or fear. Most of the time we develop some degree of familiarity with or tolerance for the way things are in the world. Our daily, second-by-second responsiveness usually falls into the background, out of awareness. But in some situations we can feel with such intensity that it is as if we had a wild animal within us, "a Panther in the Glove" of our own skin, as poet Emily Dickinson (1861/1976, p. 112) depicted it. That intensity of affective response dominates our decision-making without our being aware of it. Yet roaring in our bodies can rarely be thought away, even if we sometimes believe we can do so.