EMBODYING TRANSACTIONAL ANALYSIS

A CONVERSATION WITH PAM LEVIN AND BILL CORNELL

"Transactional analysts stand at the crossroads where mind and body meet. We can make a major contribution: that of reuniting the *mind/body split."*

Bill: Hi, Pam. Thanks for being willing to do this interview for *The Script.* It's my first attempt at doing this sort of thing by email. I was intrigued by the idea of this conversation because the subject matter-transactional analysis and the body-is quite personal to me, having worked directly with the body in therapy for many years. I think our perspectives are rather different, however, so we may have an interesting interchange. To begin, I'm wondering how the body and physical/somatic issues emerged as a central area of interest for you. Psychotherapists, including most transactional analysts, focus mostly on the mind.

Pam: No doubt my coming into transactional analysis from a nursing background' had a lot to do with it. I was trained to work with the body. But Berne himself had an ambivalent attitude toward the body, which I think has been part of our "theoretical scripting."

Bill: How did he develop that attitude?

Pam: Well, I think it had to do with at least three factors. One was his struggle with compartmentalization of the professions: the body was something "real doctors" (as he would jokingly say) worked with, while psychiatrists, not recognized as "real" doctors by the surgeons and internists and endocrinologists, worked with the mind. Such a split may have worked to divide up territory, but it is not how human beings are made. We are both body and mind.

Second was his concern that transactional analysis grow and thrive and not be sabotaged. In the early days of transactional analysis, the late 1960s and early to mid-1970s, it was becoming known that some doctors of the mind were crossing boundaries with their patients-having affairs, even children. Eric didn't want such acting out on the part of therapists to ruin transactional analysis, and he and some others thought that the way to prevent such acting out was to avoid touching patients at all-that is, to deal with the mind and leave the body out of it altogether.

Third, he had been raised to give great value to the powers of the mind and less to

those of the body.

Bill: Berne was certainly not alone in the tendency to split mind and body, especially at the time he was developing transactional analysis.

Pam: That's certainly true. In fact, when we were talking about the schizoid process at the San Francisco conference, I was thinking about basic schizoid developmental issues. In summary, I would say that the core problem developmentally is an inability to relate to the mother body-to-body. It means that the fetus/ infant/young child has to exist without actually having a body or bodily needs or ever calling attention to its physical self. This is solved by splitting mind from body. Then it occurred to me that our mental health system has a similar problem: We are supposed to work with our clients mentally but not ground that work in the body, not work with them as physical beings in physical bodies. Such work is relegated to some other professional. This arbitrary split between the mental/emotional and the physical is the very definition of schizoid. To heal ourselves, our mental/ physical split, we need a systematized way of being able to define, classify, and analyze not only mental/physical transactions, but also physical/nonverbal ones. In other words, we need to EMBODY transactional analysis, ground it in the physical body. I think it is time to address this split ourselves.

Bill: Along those lines, are there particular therapeutic questions that you've been wondering about?

Pam: Actually, there are. I have spent the majority of my professional life assisting people in healing their emotional issue: However, I noticed some people did excellent personal work and, to my mind, should have seen better results than the did. I kept asking what this was about. Certainly free will and choice were factors; perhaps some people were too comfortable with the status quo. But this answer didn't satisfy me. Then, after developing severe osteoporosis myself, I was lucky enough to find a whole new world of healing: clinical nutrition. Rather than using drugs or synthetic chemicals, it uses whole foods concentrated to clinical potency to feel and support the body. Due to clinical nutrition, I went from being bedridden to returning to a full and active life. I also trained in the method and now offer it to my clients. Because a number of people came to work with me for clinical nutrition and did n even know about my transactional analysis work, I've seen how feeding various organs and systems with targeted nutrition has actually "flushed out" script issues that these clients had no stated intention of dealing with. Also, I've seen people come in contracting for clinical nutrition whose symptoms were largely emotional, yet those symptoms disappeared completely when their nutritional state became balanced. So I was left with the question, "What's going on here? Is the way we've been defining illness merely a point of view rather than the truth?" Clearly, the way we've divided up the professional territory is at best, profoundly outdated. People are not built such that going to a "real doctor" for one *health* problem and a "head doctor" for another works.

Bill: So, this is the kind of synthesis of healing modes that you're developing in your transactional analysis work now?

Pam: Yes. I believe that transactional analysts stand at the crossroads where mind and body meet. We can make a major contribution: that of reuniting the mind/body split and the healing the mind/healing the body split in the professions. I like to think of this as "physical transactional analysis." We need to systematize

our means of working with the whole person-body and consciousness-the way we have with working with the mind. We have empowered people to take charge of their mental/emotional/relationship health. Now we need to do the same for physical health.

Bill: After you made the shift from nursing to transactional analysis, were there particular events/experiences that refocused your attention more specifically on the body?

Pam: Before coming to transactional analysis, I worked in a variety of medical settings, including labor and delivery, newborn nursery, medical, surgical, and intensive care. The more I saw the illnesses and problems people had in those settings—the person with the stab wound in intensive care, the 14-year-old girl giving birth, the 50year-old smoker with emphysema—the more clearly I realized that they were in the later stages of actions they had carried out far earlier. I wanted to be able to intervene at an earlier time, not when it was so late. That's when I came to transactional analysis.

But focusing on emotional problems and helping people to rewrite their scripts brought me back to the body. In groups and marathons, as each person had their "work time," the rest of us would ask, "How do you need us to support you so that you can do what you need to do?" Group members started out asking for verbal strokes, then physical ones. People were so hungry for touch and so glad to be able to contract for group strokes! As they learned to become more assertive about what they wanted, they began to direct the kind of stroking they wanted. And sometimes we were very surprised to see that, when touched in particular ways, they were able to access early pain and release themselves from script prohibitions that all the talking in the world had not been able to accomplish.

Bill: How did you understand that process?

Pam: It was only later that our intellectual understanding of this became clear. It seems that certain kinds of touching accessed one "layer" of the brain and other kinds accessed a different layer. For example, touching that stretched ligaments or that provided deep pressure or increased circulation accessed that part of the brain often called the pons or reptilian brain. These kinds of touching helped people access script issues from the time of development when that part of the brain was forming, namely, late fetal life, at birth, and immediately post birth. Light touching, on the other hand, seemed to provide profound comfort and reassurance and accessed the area of the brain called the midbrain, which grows after birth and into the late oral period. Rocking the body while the person was underwater, breathing via a snorkel while surrounded, womb like, with other group members, helped release memories close to conception, even before there was much physical brain to record the memories. Of course, this brought into question the ideas we held about the role of the brain and memory. Ultimately, we had to conclude that memory of an experience can be retained by the being or soul or consciousness who had the experience, whether or not the physical brain was sufficiently formed to record it.

Bill: From my understanding of current brain research, the brain is very capable of learning, organizing, and "remembering" at all stages of development, even when the cognitive functions of the brain are not yet formed to provide narrative= languaged memories. The brain still learns and remembers in different ways at all

levels of maturity and organization. Allan Schore and Wilma Bucci write particularly well about this. However, your last comments make me, and probably a lot of other people, very nervous. Part of it is that I'm not sure what you mean, how you're using the terms "memory" and "soul." I have a personal objection to using concepts like "soul" in psychotherapy because it seems to me to be a retreat to vague, spiritual language when we cannot adequately explain something.

Pam: What I mean by "soul" or "consciousness" is, indeed, something that has not yet been accepted as proven fact by traditional science. Until that happens, soul refers to that thing, the presence of which makes the body alive and the absence of which makes the body dead. Soul memory, then, refers to an ongoing awareness of a prior experience. This is what we found in regressive work. We also found memories, many of which the client was able to verify historically, that preceded the existence of a brain at all, for example, memories of conception, of tumbling down the fallopian tube, of implanting. These memories are from a time when there is no physical brain in existence. Graham Fan˙ant, MD, of Australia, called these "cellular memories." Yet some people even had memories of the process of incarnation, of coming into this particular lifetime, and these were before there were any cells to have memory. These we refer to as "soul memory."

Bill: To my thinking, your definition of soul is a statement of religious, or quasi-religious, belief offered as an explanation of something you observe in your clinical work.

Pam: No, I mean it as a spiritual term, not a religious one. It refers to inner experiences, not outer ones.

Bill: These days there is a lot of spiritual language surrounding psychotherapy. This seems to provide some people with comfort and meaning, but I think these ideas need to be stated as beliefs, or at least as hypotheses. Our styles of work with the body and thinking about our work diverge strongly here.
For one thing, I do not use work with the body to promote regression. I work with people at what I have come to call the "affective edge," a realm of emotional experience in which people are able to experience affective and early childhood issues while remaining clearly in the here and now-in other words, to experience childhood issues with the resources of an adult's body. Regression occurs at times, but I do not promote it. I have long thought that intentionally regressive work is unnecessarily disorganizing for the client and makes the client unusually suggestive to the beliefs and authority of the therapist.

Pam: Like you, I do not promote regression. I simply support it when it is part of an ongoing work contract. Regressive work without proper support and structure is disorganizing, and I do not allow it.

Bill: As I read your comments on soul memory and cellular memory, I must say that these are tenets that go way beyond the theory or premises of transactional analysis.

Pam: Yes, however, they only go beyond current tenets.

Bill: It reminds me of what I learned from the work of Wilhelm Reich. He ended up seeking cosmic explanations for interpersonal problems. As a neo-Reichian therapist, I kept the "baby"-that is, Reich's theories of character

analysis and body psychotherapy but threw out the orgone energy "bath water." I will be curious to find out how our readers respond to your ideas. To my mind, as a transactional analyst and body-centered psychotherapist, some of your ideas seem like efforts to explain the fantasies and associations of clients experiencing very primitive, psychotic-like states of profound anxiety and somatic rejection, disorientation, and dislocation between the infant's body and the bodies of the parents.

Pam: I'm not attempting to explain material that originates in primal pain or primal communications. I'm talking about naturally occurring, healthy, normal experiences that occur spontaneously in the process of healing. Berne referred to them as "peak experiences" and wondered why they seemed not to last.

Bill: We are only now beginning to realize and understand how extraordinarily complex and subtle the brain and nervous system are and the how those systems affect human interaction. It is in these realms that I think we'll gradually understand the phenomena that you are explaining with the language of cells, souls, and past lives.

I wonder if you would return to your discussion of the body in terms that are closer to what we are accustomed to in transactional analysis?

Pam: We might start by answering the question, "Does the body have a Parent, an Adult, and a Child?" If we define the Child as the part of the body that has wants and needs and feelings, we can say yes, it does have a Child. It needs air, food, and water; it feels sensations and emotions; it wants certain conditions, and so on. And it is creative and expressive in constantly developing various physical states.

Defining the Adult as the part of the body that thinks, the body certainly also has an Adult, which can be "interviewed" to gain all sorts of information. For example, I recently learned a systematized way of discovering the nutritional needs of the body using applied kinesiology as a way of "interviewing." The physical body constantly takes in information, assesses it, and produces information in turn.

Defining the Parent of the body as the part that structures and has values, the body also has a Parent. It continually develops priorities, for example, what part will receive a given nutrient before another part. The body values its own survival over the health of any one of its parts, as for instance, when calcium molecules are removed from the bones to keep the heart beating. And it values the next generation of bodies over the previous one, as when it automatically provides nutrition to a developing fetus even if that nutrition is needed by the mother's body.

But the body also has various "structures" or ways the individual parts relate to each other. Some of these are inborn, while others are "soft wired." For example, that the heart and lungs will relate to each other is inborn, but how they do so is soft wired, that is, derived from physical experiences during development. This is what gives rise to the idea of "physical scripts"-programs the body uses to run certain metabolic processes over time in one person while quashing those same processes in another.

Bill: I wonder if by talking about physical scripts you mean to suggest the possibility of "physiological scripts" or of scripting that can shape our basic physiology?

Pam: Yes, physiological scripting is a good term. And when such programming is in effect, when we run over or quash a metabolic process, we use up nutrition at a

much higher rate than regular food can replace. This is one of the reasons that foods concentrated to clinical potency are so effective in rebalancing the body. In turn, rebalancing these systems brings them out from under the influence of script programming and back to the way nature designed them to run. It seems the script program becomes available for release and rewriting in the same way it does when doing emotional work.

We might call the Parent, Adult, and Child physical states three forms of bodily-intelligence. Perhaps they are not technically "ego" states, but rather "physical" states that correlate with ego states. Nonetheless, the correlated "ego states" seem to be transferred along with physical organs, as we are finding out when organs are transplanted.

Bill: To me, your comment about physical states as forms of bodily intelligence seems closer to the mark than trying to talk about the body as having ego states per se. From my understanding, the development of much of the body's form, function, and intelligence precedes ego functions. Certainly the body has different forms of bodily intelligence/ organization based in the limbic system, the sensorimotor cortex, and the right hemisphere, but I don't think that we can retrospectively apply a concept such as states of the ego to processes that preceded the formation of the ego. In fact, I think this has been a major theoretical barrier to transactional analysis developing a coherent theory of the body.

Pam: Yes, it appears to be a barrier when talking about ego function, but that barrier disappears from the perspective of ego *development.* Typically we think of the existence of the body preceding the existence of ego states. I'm not sure that's accurate. however. Perhaps they are coexistent. What. for example, are the different kinds of transactions with the body that can ask the body for information and read the answer? What kind of physical transactions can precipitate ego state systems that were contained in shock? And what physical transactions are effective in resolving the shock? In my opinion, providing a systematized, transactional analysis-based framework that answers these questions *will* shape the new medicine of the 21st century.

Bill: Pam, I think this email experiment has been a great success. I had no idea you were so ill. It must be wonderful to get your health back and then bring this whole process you've been through into your professional work. I think this discussion should generate some real interest and reaction in the transactional analysis community. I hope we hear from people.

The Script, International Transactional Analysis Association,
Volume XXX, No 8 November 2000