

BABIES, BRAINS, AND BODIES: Somatic Foundations of the Child Ego State

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Babies were never like pathological adults...If pathology is not infantile, then patients cannot be thought of as babies. Pathology develops in an individual who has been experiencing the world longer than the infant has...Thinking that pathology is a linear outcome of an infantile/child experience is, as Kagan (1998) put it, a seductive idea but one that is incorrect. Adults are not infants, and pathology is not infantile—it is “adultile.” (Tronick, 2001, p.189)

Babies and brains have been getting a good deal of attention in the laboratory over the past couple of decades. Contemporary neurophysiological research and studies of infant/parent interaction are leading to radical revisions of theories of psychic development with equally radical implications regarding the nature of the psychotherapeutic process with adults.

In this chapter I hope to convey some of the clinical and theoretical implications of such research for Eric Berne's model of the Child ego states, which is at the heart of the clinical practice of transactional analysis. Although Berne developed his theory of ego states as an extension of the work of Federn (1952) and of the brain research carried out by Penfield (1952), the clinical corollaries Berne based on Penfield's speculations no longer hold up. Taking this into account and drawing on my understanding of current research and my experience, in addition to transactional analysis, as a body-centered psychotherapist, I will suggest a significant revisioning of what TA therapists have come to think of as the Child ego state.

Most clinical writing in the transactional analysis literature emphasizes the historical, fixated and regressive nature of Child ego state functions. Parallel to this emphasis on the nature of the Child ego state are the models (or metaphors) of the therapeutic relationship, common among transactional analysts, as some sort of parenting, corrective or compensatory relationship, intended to be responsive to the traumas and environmental failures of childhood. In this chapter I hope to demonstrate the limits and errors in conceiving of the Child ego state as a fixated repository of childhood experiences, and as the infrastructure for characterological games and defensive scripts. I will also challenge the corrective/compensatory models of therapeutic relationships that seem to be an outgrowth of an out-of-date conceptualization of the Child ego state.

I do not deny regressive aspects of some Child ego state patterns, but in my view there are also powerful *progressive* and *exploratory* functions to those aspects of the human psyche that we transactional analysts have come to label as the Child ego state. I have come to think that it is a fundamental error to conceptualize the Child ego state as a

repository of historical experience. I have come to understand that the level of mental organization transactional analysts call the Child ego state forms *subconsciously* and *unconsciously* within a matrix of emotionally and somatically based motivational forces, which are organized and reorganized throughout the course of one's life. I suggest that what we have come to call the Child ego state involves subsymbolic (Bucci, 1997a, 1997b, 2001) neural, emotional, and sensorimotor processes that are crucial forms of psychic development and organization. These processes are perhaps not best conceptualized as states of the ego or even as functions of the ego but are better understood within some of the more recently emergent language in the transactional analysis literature, such as activation states (Hine, 1997, 2001) or states of mind (Allen, 2000).

I want to emphasize at the start of this chapter that baby and brain research is unfolding at an extraordinarily rapid rate (Tronick, 1998, 2001; Fonagy, 1999, 2001; Lyons-Ruth, 1998, 1999; Panksepp, 1993, 2001; Emde, 1999; Lachmann, 2001). While I am not an expert in either field, I have been reading in both for many years as a fascinated clinician, drawing upon a now rather distant academic background. The clinical implications are exciting, but since clinicians are in the earliest stages of digesting this work, its generalizability to psychotherapy with adults is not at all clear. Green (2000), among others, offers an especially compelling critique of the too-literal applications of mother/infant research. Similarly, Panksepp (2001), a psychobiological researcher with decades of experience, cautions, "Despite remarkable advances in neuroscience and psychology during the past few decades, our attempts to relate core psychological processes to neural processes remains rudimentary" (p.139). Therefore, this chapter is speculative in intent, falling far short of a definitive statement. With these caveats in mind, I offer the following musings about babies, brains and bodies in order to raise important questions and thus contribute to the evolution of ego state theory in transactional analysis.

The Roots of Transactional Analysis in Ego Psychology

Berne's own training in the late 1940's and early 1950's was in psychoanalysis, which was then dominated in the United States by models of ego psychology, a departure from the drive theories of classical Freudian analysis. In fact, Paul Federn and Erik Erikson, Berne's two training analysts, were among the leading theoreticians of the ego psychology movement at that time.

In the glossary of terms in Berne's (1947) first book, **The Mind in Action**, which he wrote when he still identified with psychoanalysis, Berne defined ego this way:

[It is] that part of the mind which is in contact with the outside world on the one hand and with the Id and the Superego on the other. It attempts to keep thoughts, judgments, interpretations, and behavior practical and efficient in accordance with the Reality Principle. Here we have used the word somewhat inexactly as almost synonymous with the conscious part of the mind. (p.303)

In the body of the text itself, writing in his typically more informal fashion, Berne characterizes the ego as "a system which in some mysterious way can look at itself" (p.66). When **The Mind in Action** was revised in 1968, with Berne now famous for creating transactional analysis, sections on TA were included and Berne added a

definition of ego states to the glossary. However, his definitions and descriptions of the ego in both glossary and text remained unchanged. Freud's own understanding of the ego and its functions was complex and changed over the course of his writings (Laplanche & Pontalis, 1973, pp.130-143). The understanding of the ego as "an agency of adaptation which differentiates itself from the id on contact with external reality" (Laplanche & Pontalis, 1973) was brought to the United States before and after the World War II by emigrant analysts. The ego psychology school of psychoanalysis became dominant in the U.S. through the middle of the 20th century. Berne's understanding of the ego seemed to change little over the course of his writings.

In leaving psychoanalysis to create transactional analysis, Berne sought to create a metapsychology and a therapeutic process that were more interpersonal and phenomenological than the dominant analytic models of his day. Nevertheless, his new model was based squarely within the tenets of ego psychology. Reviewing Berne's theory of the ego and ego states, Rath (1993) concluded that "ego psychology represents the basis of the theory of personality structure and dynamics in transactional analysis" (p. 209). Today this grounding in ego psychology seems taken for granted by transactional analysts, even as they graft on subsequent (and often contradictory) psychoanalytic models, such as self psychology, object relations and attachment theories.

The Problematic Child Ego State

The tenets of ego psychology served much of Berne's efforts quite well, but he ran into trouble with the limits of this model as he attempted to delineate what he first called the archeopsyche, and subsequently described as the Child ego state. The Child ego state, as conceptualized by Berne, has been the problem child of TA theory from the beginning. Berne himself never resolved his understanding of the Child ego state, and his writings about the Child are full of contradictions.

Berne's varying descriptions of the archeopsyche and the Child ego state created a theoretical hash that has profoundly affected clinical assumptions and techniques ever since Berne's original writings. The concept of a psychic organ suggests a *capacity* of the mind with a sense of the potential for action, whereas the concept of an ego state suggests a *structure within* the mind with a sense of fixation. Although Berne tended to use the terms of archeopsyche and Child almost interchangeably, I think that the archeopsyche conceived as a "psychic organ" is a more inclusive concept that can incorporate some of the aspects of mental development that I will discuss in this chapter. In fact, with his idea of the Child, Berne hypothesized a supposed state of the ego that was founded in realms of experience that I suggest are far more accurately described as both pre-ego and sub-ego, that is, preceding the developmental capacities for ego organization and underlying the functions of the ego throughout the course of life.

Berne's conceptualization of ego states evolved during the writing of a series of early papers in the late 1950s, which were collected together after his death and published as **Intuition and Ego States** (1977). However, even then, before he had articulated the TA model, his efforts to distinguish between the archeopsyche as a mental capacity and the Child ego state as a more clearly bounded mental/emotional structure were already in trouble. The Child ego state was presented as a sort of homunculus of the past, seated in the brain: "The Child in the individual is potentially capable of contributing to his personality exactly what a happy actual child is capable of contributing to family life" (1977, p. 149). Later, in **Transactional Analysis in Psychotherapy**, Berne put it

this way:

When a previously buried archaic ego state is revived in its full vividness in the waking state, it is then permanently at the disposal of the patient and the therapist for detailed examination. Not only do “abreaction” and “working through” take place, but the ego state can be treated like an actual child. It can be nurtured carefully, even tenderly, until it unfolds like a flower, revealing all the complexities of its internal structure. (1961, p. 226)

This version of the Child ego state seems to suggest a sort of resident child in the adult client’s psyche and a visiting child in the psychotherapist’s office. The clinical consequences of Berne’s creation of direct parallels between the Child ego state and *childhood* and his reification of the Child ego state as a virtual little being in the brain have been theoretically rather troublesome, to put it mildly.

Confusion about the nature of the Child ego state is intensified in Berne’s more colloquial style of writing within the texts themselves. For example, Berne writes:

Each person carries within a little boy or little girl, who feels, thinks, acts, talks, and responds just the way he or she did when he or she was a child of a certain age. This ego state is called the Child. The Child is not regarded as “childish” or “immature,” which are Parental words, but as childlike, meaning like a child at a certain age, and the important factor here is the age, which may be anywhere between two and five years in ordinary circumstances. It is important for the individual to understand his Child, not only because it is going to be with him all his life, but also because it is the most valuable part of his personality. (1972, p.12)

Here we have conceptual confusion and a reification of the Child ego state as an actual child-like presence and as childhood remnants within the adult psyche, remnants that can be both fixated (on a bad day?) and precious (on a good day?). Also, we have in this formulation the crucial, formative years of the Child ego state identified as two to five, when the developing youngster is becoming motorically and linguistically autonomous and does, indeed, have the beginnings of true ego functions. Significantly, however, much of Berne’s writings seemed to ignore the significance of the years from birth to two, which are emerging in current brain and infant research as crucial to psychological development, as well as to the psychotherapeutic process.

In contrast to some of his more informal, colloquial writings, the formal definitions of the Child ego state Berne presented in his books were more consistent. “Child ego state is a set of feelings, attitudes and behavior patterns which are relics of the individual’s own childhood,” stood as the original definition provided in **Transactional Analysis in Psychotherapy** (1961, p. 77). In **Principles of Group Treatment** (1966), he defined the Child ego state as “An ego state which is an archaic relic from an early significant period of life” (p. 362). And in **What Do You Say After You Say Hello?** (1972), he wrote that the Child is “an archaic ego state. The Adapted Child follows Parental directives. The Natural Child is autonomous” (p. 442). (One wonders how an ego state can be simultaneously archaic and autonomous?)

Many transactional analysis clinicians have emphasized the archaic, fixated, defensive

functions of the Child. Rath (1993) extended this perspective as follows:

The archeopsyche or Child ego state (colloquially known as the Child) is defined by a set of inadequate (pathological) states of the ego displayed in thoughts, feelings, and behaviors, which manifest themselves in the here-and-now during the development of the elements stored in the archeopsyche and which are, from the phenomenological point of view, regressive elements and psychic reactions to earlier stages (of development). (p. 210).

Erskine (1998), in a similar fashion, has argued:

The archaic state of the ego is the result of developmental arrest which occurred when critical early childhood needs for contact were not met. The child's defenses against the discomfort of unmet needs became egotized—fixated; the experience cannot be fully integrated into the Adult ego state until these defense mechanisms are dissolved. (p. 17)

According to this view, the archeopsyche/Child is viewed as a kind of storage container for archaic psychopathology, seemingly more of a container for weeds than the tenderly unfolding flowers sometimes suggested by Berne.

Clarkson and her colleagues at the Metanoia Institute (Clarkson & Gilbert, 1988; Clarkson & Fish, 1988) struggled perhaps the most mightily among TA practitioners with the theoretical dilemmas created by Berne's writings about the Child. Clarkson (1992) wrote:

Ego states were initially conceived of as vividly available temporal recordings of past events with the concomitant meaning and feelings which are maintained in potential existence within the personality (Berne, 1980/1961: 19). However, he distinguishes from this multitude of Child ego states: (1) Child as archaic ego states and (2) Child as fixated ego states....Child ego states might be better referred to as '*historical ego states*' since a person's vivid experiences of today will be stored in natural psychological epochs, archaic by tomorrow. (pp. 44-45.)

Although in this conceptualization the Child is still understood as a phenomenological repository of the experiences of history consistent with Berne's basic definitions and his emphasis on childhood, we also see some effort to resolve the question of how the Child can be viewed both as fixated, adapted, *and* as autonomous in function and expression.

Transactional analysis theoreticians and clinicians have been aware of this quandary for a long time now, but it has yet to be resolved satisfactorily. Some have challenged the conceptualization of the Child as an archaic, fixated ego state. Schiff and her colleagues (Schiff et al., 1975), for example, viewed the Child this way:

The Child ego state is the source of all energy and is in control of cathexis. ...Psychopathology can be thought of as the development of adaptations which control the Child as opposed to the Child controlling the adaptations. (p. 26)

The Gouldings (1979) argued:

Some TA therapists believe that the Child ego state stops developing at an early age. We see the Child as ever growing and ever developing, as the sum total of the experiences he has had and is having in the present. ...The Child develops. We have stressed that the *Child* does the work. The Child both experiences and copies, and then incorporates. (p.20, italics in original)

Blackstone (1993) extended the argument for the activity and changeability of the Child ego state, and presented a model of the intrapsychic dynamics of the Child ego state, drawing upon object relations theories.

I am not arguing that it is mistaken to include historical and fixated elements within the definition of the Child ego state. Rather, I am suggesting that an emphasis on these elements does not sufficiently account for the nature of the Child ego state, and that continued reliance on Berne's definitions maintains a serious limitation in theory and significant bias in clinical work.

Implicit and Explicit Knowing

Our earliest means of learning and mental organization occur at the level of subsymbolic, sensorimotor and affective experience which cannot be accurately described as states or functions of the ego. These realms of organization developmentally precede the capacities of the ego and underlie/accompany/inform/shape/color the nature of the Child, Adult and Parent ego states throughout the course of life. Seen from the perspective of current neurophysiological and memory research, the psychological states of organization that transactional analysis calls the Child ego state does not develop until the middle of the second year of life. An immense amount of enduring learning is occurring in those first eighteen months of life and throughout the life span through avenues other than the functions of the ego.

Brain and memory researchers (McClelland, 1998; Milner, Squire, & Kandel, 1998), while often using different terminologies, are converging on a quite consistent differentiation of implicit (procedural) and explicit (declarative) memory processes. Implicit memory precedes the evolution of explicit memory, which requires cortical functions that develop later. Implicit memory is not replaced by explicit memory but continues to operate in parallel with explicit memory, providing the unthought realms of knowing. Siegel (2001) summarizes contemporary research this way:

The process of memory and those of development are closely aligned. For the first year of life, the infant has available an "implicit" form of memory that includes emotional, behavioral, perceptual, and perhaps bodily (somatosensory) forms of memory.... When implicit memories are activated, they do not have an internal sensation that something is being recalled. They merely influence our emotions, behaviors, or perceptions directly, in the here and now, without our awareness of their connection to some experience from the past.

By the middle of the second year, children begin to develop a second form of memory, "explicit" memory (Bauer, 1996). Explicit memory includes two major forms: factual (semantic) and autobiographical ("episodic") (Tulving, Kapur, Craik, Moscovitch, & Houle, 1994). For both types of explicit memory, recollection is associated with an internal

sensation of “I am recalling something now.” (p. 74)

The felt sense of implicit memory is captured in Bollas’ (1987) now famous phrase of the “unthought known.” Implicit knowledge is formed and sustained through somatic activity and emotional experience. As summarized by Pally (2000), implicit memory is understood as memory for aspects of experience, historical *and current*, that are not processed consciously, that is, patterns of learning and experience that influence functioning but are not experienced as conscious remembering. Kihlstrom (1990) and Izard (1993) define a broader range of forms of implicit *cognitions*, which includes perception, memory and learning. These realms of implicit experience and learning are also taken up and extended within models of both research and clinical practice by Bucci (1997a, b) as subsymbolic processes, Ogden (1989) as the autistic-contiguous mode, Mitrani (1996) as unmentalized experience, Tronick (1998) and Lyons-Ruth (1998, 1999) as implicit relational knowing, Shahar-Levy (2001) as emotive motor memory clusters, and La Barre (2000) as nonverbal behavior.

Berne’s writings about the Child ego state and script theory were primarily rooted in explicit memory, though what he defined as the script protocol is more reflective of implicit memory. Current transactional analysis perspectives based in attachment and empathic attunement models reach back into realms of implicit memory, although these have little to say about the infant’s sensory, affective, and motor organization (i.e., the baby in relation to its own body, outside of relational experiences). In articles on the implications of neurodevelopmental research for transactional analysis, Allen (1999, 2000) also discussed the relevance of implicit and explicit memory for transactional analysis theory and observed:

Implicit memory develops earlier than explicit memory. It is nonverbal and nonsymbolic, but it is not less rich or more primitive. It is not replaced by explicit knowledge. It involves how we feel and is a major element in relationships. Complicated music is understood implicitly. (2000, p. 262)

It is important to note that implicit, nonverbal, subsymbolic experiences are not limited to the first year of life. They are constant elements in the psychic organization of experience, co-existing side by side **with** explicit and declarative realms of experience in the here and now. Life that can be languaged is not necessarily healthier, richer, or more mature; it simply has a different kind of psychic organization. Healthy functioning requires both implicit and explicit knowing, subsymbolic/nonverbal and symbolic levels of organization. A complete psychotherapy must work within both levels of mental organization. While it is certainly a primary therapeutic task to foster the development of the capacity for symbolic and verbal representation, it is not necessarily true that sensate and subsymbolic experience is in some way regressed and pathological or will be improved by the achievement of symbolic or languaged knowing. Just consider how societies build museums and concert halls for the work of those who are able to carry us through sensation, sight, and sound into unthought and unlanguaged realms of experience.

In actual life and in psychotherapy, the realms of implicit knowing and subsymbolic experience can simultaneously contain elements of past, present, and future. I offer a

case example to illustrate. Ben, an accomplished physicist, began individual therapy as an adjunct to marital therapy. Both he and his wife had engaged in extra-marital relationships at the time of their youngest child entering college. While the marital crisis had precipitated therapy, Ben's attention quickly turned to the pervasive deadness in all aspects of his life. The brief but intense sexual liaison with a new partner had startled him with an experience of his own vitality and passion. "Most of the time," Ben said, "I'm so dead to the world, lost in my head, that I could fall off the edge of the world and not notice."

Therapy proved extremely difficult. Sessions were filled with bitter and deadening complaints about himself, his marriage, his work, his colleagues, me, the therapy. "Just what was it that I am paying you for?" was the disdainful question that ended most of sessions. My efforts at observation, confrontation or empathic elaboration were typically met with some version of, "I think we already know that one. Perhaps you could come up with something new the next time we meet." His impatience and disdain colored everything. He saw no purpose in talking about his parents or his history, as he "knew all of that already." I found it increasingly difficult to speak. I didn't know what to speak about, our talking seemed useless. I wondered to myself how it was that I found myself so often speechless in the presence of a man I both liked and admired, whom I was also quite certain felt considerable regard and affection toward me.

Then one evening I ran into Ben and his wife at a baroque concert. He opened the next session with, "I feel a bit silly saying this, but I was watching you during the concert. You never sat still. It was like you were dancing in your seat. What was going on in you?" Rather hesitantly I replied, "I can't listen to that music and sit still. I don't think that music was written to settle people down. I think it was written to inspire people, to move them. It moves me, and I move when I'm moved." Then Ben asked, "What goes on inside of you when you listen to music?" "I think I'm supposed to ask you that sort of question," I parried. "I asked you first," Ben persisted. I told him, describing body sensations, dancing in my seat, humming aloud, feeling a range of emotions, imagining what the original rooms and audiences looked like, wishing at moments I had a sort of belief in a god that seemed to inspire that sort of music, anger at my parents for never letting me learn to play an instrument, wondering if the performers travelled with their lovers or if some of them slept with each other. "What," I then asked Ben, "goes on inside of you?" "I analyze the structure of the music and try to see the notes on the page. Quite a contrast, huh? It's what I do with every aspect of my life. I analyze it and kill it."

"Kill it:" suddenly the session was filled with memories, sensations, and images of Ben's childhood: the deadness of his parents; his inability to somehow move his parents; his desperate and ultimate bitter wish to somehow touch and inspire his parents (and then his wife); the atmosphere created by his mother's depression and bitterness, which was ever present and always unspoken, his father's constant withdrawal and solitude, including images of father sitting alone at the breakfast table to start his day and finishing alone in the garden reading the newspaper. Ben felt how he himself was killing off so much of his life, his own vitality, that the deadness of which he so often complained was of his own making. Like his parents, Ben was a "killer." He now knew why he was in therapy.

This example illustrates both the regressive and progressive aspects of the Child ego

state. Rarely in psychotherapy do we create new patterns of emotional and relational processes for the future without first circuiting back, if even briefly, into memories of the past (perhaps a powerful factor in why it has been so easy to equate the Child ego state with actual childhood and psychopathology). As we wrestle in psychotherapy with wishes for a future different from the past, the possibilities of the future seem inextricably bound up and blinded by the strictures of the past. Dropping into the realm of sensory experience that our discussion of the baroque concert opened up for him threw Ben back in time, into a wealth of visceral/sensate/visual memories, *and* threw him *forward* into a realm of unthought desires that had long seemed unthinkable, foolish and impossible. Would I suggest that this conversation and the subsequent therapy brought him out of a Child ego state into an Adult ego state (an integrated or integrating Adult, as is often suggested in current transactional analysis theory)? I would not. Rather, I think these experiences strengthened his Adult ego state, deepening his self-reflective capacities. I would also suggest that these experiences strengthened his Child ego state functions in the here and now, providing an intensification and enrichment of his sensate and emotional capacities. I see these somatic experiences as inherent to the nature of the Child ego state, not simply as remnants of childhood but as current and constant accompaniments of other aspects of psychic and interpersonal functioning.

Emotion and the Brain

I have come to understand the Child ego state in procedural rather than structural and historical terms, which is to say, as a coherent and enduring system of organization and motivation. This system has deep, often compelling, historical roots, but it is a system that lives and changes in the present. The complexities and apparent contradictions of the simultaneously old and current elements in our emotional reactions are examined by Levenson. Levenson asked, “Is the human emotion system a masterpiece of design or the ultimate kludge?” (1999, p.482). He answered in this way:

This conundrum results from the fact that of all of the building blocks that make up human beings, some of the evolutionarily oldest as well as some of the newest, are found in the emotion system. This confluence of old and new makes an extremely complex system, one that often serves us extremely well as we navigate the stresses, challenges and opportunities of life, but at other times bedevils and plagues us, even undermining our health. (p. 482)

The implications of this two-system design of the brain, as discussed in such pivotal books as Lichtenberg (1989), Schore (1994.), LeDoux (1996), Bucci (1997), Demasio (1999), and Pally (2000), as well as in countless articles in professional journals, have profoundly deepened and altered my understanding of the nature of the psychotherapeutic project in general and, as I attempt to address in this chapter, of the Child ego state in particular.

Berne developed a theory and therapy of primarily the conscious mind, with ego states as manifestations of different levels and kinds of consciousness. Like most ego psychologists of his era, he viewed emotions and affect with ambivalence, suspicious of their disruptive, regressive, irrational qualities. But things have changed since then! Levenson (1999), for example, offered a contrasting perspective that is rich in its clinical implications:

Emotion appears to function as a master choreographer, the ultimate organizer of disparate response systems. Emotion orchestrates the action of multiple response systems so that they act in a unified way in the service of solving problems. This view of emotion as an *organizer* stands in stark contrast to the oft-expressed view of emotion as a *disorganizer* or *disrupter*. In this latter view, emotion is the enemy of purposeful behavior and rational thought (p. 495, italics in the original).

Likewise, Emde (1999) challenged the long-held biases of classical psychoanalysts and ego psychologists about affect and emotion to emphasize, “Affective processes enhance developmental change in an everyday sense, not just at times of transition, and they are linked to cognitive processes” (p.323).

Panksepp (2001) pushed this perspective on the organizing and motivating functions of emotions even further, concluding in language that is uncannily familiar to transactional analysts:

Because emotionality is remarkably ancient in brain evolution, there is every reason to believe that the underlying brain systems served as a foundation for the emergence of basic social and cognitive abilities. The basic emotion systems of the brain imbue environmental events with values (i.e., “valence tagging”), and deficiencies in emotions may lead to psychiatric problems characterized by distinct cognitive and social idiosyncrasies. In developing infants such processes may be psychologically decisive. Infants may fundamentally project their emotions into the world, and initially assimilate cognitive structures only in highly affective ways....The rich interpretation of emotions and cognitions establish the major psychic scripts for each child’s life. (p. 141)

How do we reconcile these views of the role of emotion and affect in the organization of the brain and in the motivation of behavior with the ego state model of transactional analysis? This is not an easy task as the ego state model now stands. Clearly the researchers just cited see emotion as *rooted* in the very earliest stages of life, but this is quite different from seeing it as *fixated* or *archaic*. They suggest that emotions and affective states shape and inform cognition throughout the life span. Does Berne’s (1961) definition of the Adult ego state as “characterized by an autonomous set of feelings, attitudes and behavior patterns which are adapted to current reality” (p. 76) or the subsequent theoretical elaborations of an *integrated* or *integrating* Adult ego state adequately embrace the models of emotion and cognition that these researchers describe? I think not. I see the Child ego states as *a matrix of emotionally, somatically based organizing and motivating systems*. Grounded in sensorimotor and implicit, procedural forms of knowledge, the Child provides systems of organization and motivation quite distinct from Adult and Parent states of the ego.

Movement and Sensorimotor Organization

One thing that babies and brains have in common is that they are firmly and permanently attached to a body, although the actions and organization of this body receive remarkably little attention in clinical theorizing. As one of the consistent voices on behalf of considering the body in theory, (not to mention the consulting room),

Boadella (1997) reminded psychotherapists:

Every patient brings to the session not only his problems but also his body: he can never leave it behind, even if he forgets it's his (as in depersonalization); or treats it as a mechanical object (as in the schizoid process); or as a source of threat (as in hypochondria) (p. 33).

Significantly, the psychological and relational significance of sensorimotor organization and activity is now receiving attention in the body-centered literature (Marcher, 1996; Boadella, 1997; Downing, 1996; Rothschild, 2000; Frank, 2001). Within the transactional analysis literature there have been a few writers touching upon the sensorimotor realms (Steere, 1981, 1985; Ligabue, 1991; Waldekranz-Piselli, 1999). Downing speaks to the rather obvious but often overlooked fact: that for the infant, the body is the means, the vehicle, to all that is outside. Seen from a developmental perspective, the inattention in clinical theory to sensorimotor processes is a curious oversight, one reflecting a long history of bias and blindness against the body within psychology and psychoanalysis, many philosophical traditions, and countless religions of associating the brain and the mind while setting the body and mind in opposition.

Researchers Thelen and Fogel (1989) threw down a conceptual gauntlet:

Developmentalists, like other psychologists, have been concerned primarily with the formation of the complex symbolic and affective processes of the "life of the mind" and have paid less attention to the translation of ideas into movement—a "life of the limbs." Infants, however, are born with much movement and few ideas and, for the first year or so, lack symbolic and verbal mediating mechanisms between their mental state and the expressions of their bodies and limbs. At this stage of the life cycle, then, the link between the developing mind and the developing limbs may be especially direct. We see this formulation in no way competing with theories that focus more directly on mental structures but rather as a complement and supplement to understanding the development of cognition. (p. 23)

A substantial body of research has been developed within the general rubric of "dynamic motor theory" which suggests that many psychological phenomena presumed to arise from brain processes may actually develop more fundamentally from the activities of the muscles and limbs (Fischer & Hogan, 1989), that the movements of the body organize and reorganize the brain.

Fischer and Hogan (1989) described the unfolding of levels of cognitive development linked to the sequencing of sensorimotor competencies. In the first weeks of life the infant has a limited repertoire of reflex movements, such as turning the head to orient toward the mother's face, which come quickly under voluntary control. By 10 to 11 weeks babies have the capacity to carry out a limited but flexible sensorimotor sequence of action, such as following a ball with gaze while opening a hand and extending an arm in the direction of the moving ball, in contrast to a singular movement of one part of the body. Sensorimotor activities quickly reach more complex layers of activities, or "mappings," and by the end of the first year have become flexible systems of sensorimotor competencies, such as "complex systems of sensorimotor actions: infant moves a rattle in

different ways to see different parts of it” (p. 280). Not until sometime between 18 to 24 months are young children able to translate complex sensorimotor systems into representational systems (i.e., a child can pretend a doll is walking, walk the doll, and say, “Doll walk.”) As Boadella (1997) observed, “The movement vocabulary of the child, during the first year and a half, is the foundation of his communicative rapport with the world: he interacts by means of motoric and vocal signs long before there is the capacity for semantic use of language” (p. 33). Call (1984) referred to this process as the “grammar of experience,” by which he suggested that the development of language is grounded in the sensorimotor organization of the infant and toddler in relation to caregivers and the physical world.

Downing (1996), drawing on the work of Winnicott, Stern, Mahler, and others in particularly creative ways, writes with clarity and specificity about the importance of sensorimotor organization in the patterns of infant/parent interactions and its significance for adult psychotherapy. He stresses the importance of the infant’s development of “affectmotor schemas” and affectmotor beliefs” that are an elaboration and integration of the infant’s sensorimotor development within the relational and affective patterns with the caregivers. These patterns are not encoded in language but in literal affective and motoric experiences, that is, the somatic infrastructure. Downing conceptualizes these affectmotor schemas as forming prelinguistic, sensorimotor belief systems for connectedness, differentiation and bodily effectiveness. He hypothesizes “that certain physical parent-infant bodily interactions...leave a trace....that this trace can be understood as a shaping, an influencing, of the infant’s motor representational world.... that the vestige of these early motor beliefs will later affect adult behavior and awareness.” (p. 150). He stresses the importance of the parent-infant relationship fostering for the infant a sense of embodied agency, that “the infant’s ability to impinge upon the other must equally be unfolded” and that the infant “must build up a motoric representation of the other as engagable, and of himself as able to engage” (1997, p. 169).

Attention to the sensorimotor regions of the brain and realms of mental organization remind us in a very important way that the infant is developing a relationship not only to an other(s) but also, equally importantly, to one’s own body and developing sense of selfhood. Infants spend many waking hours alone with themselves, discovering the pleasures of their bodies (Lichtenberg, 1989, p. 234) in relation to the body itself and the inanimate world as well as the interpersonal world. This becomes even more pronounced when the child begins walking, and the world opens up dramatically. As Call (1984) describes it, “for the first time the child experiences what must be something like a kinesthetic art gallery. The world changes as the child moves in the world” (p. 19). Thus, as the research of Thelan and her colleagues also demonstrates, while the brain and its neural activities can direct the movements of the body, the movements of the body and the acquisition of new sensorimotor patterns change the brain and its neural paths as well.

All of this is to underscore the tremendous amount of learning and organization occurring during infancy *and throughout childhood and adult life* that is outside of the purview of the traditional definitions of the ego and most definitions of the Child ego state. The body brings the world to life not only for the developing baby and the growing child, but also for adults and their psychotherapists. Shapiro (1996), as an example, has attempted to bring awareness of the body—both of the client and the therapist—into the consulting room and the therapeutic process. She has criticized other psychoanalytic

theorists who have attempted to include a sense of somatic experience within the therapeutic process as having tended “to view these experiences as more primitive and pathological than verbally symbolized experience” (p.299). She described the range of bodily experiences that are present in the therapist’s office (whether they are attended to or not) as “a complex experience which includes the whole range of somatosensory phenomena: our breath, pulse, posture, muscle strength, fatigue, clarity and speed of thought, sense of boundedness, our skin, mucous membranes, bodily tension, facial expression, taste, smell, pulse, vitality” (p, 298) that have the potential to enliven the therapeutic process and its participants, to have an “interanimating and interpenetrating” experience of somatic and verbal interplay. In this regard, Waldekranz-Piselli (1999) has made a major contribution to TA clinical technique, elaborating--within transactional analysis theory--an accounting of sensate and affectmotor explorations and the client’s being “active in the process of discovering his or her being and living his or her own body as well as how this affects relating to others” (p.46).

Sensorimotor processes clearly provide a means of knowing and relating to “reality” from the there and then *as well as* in the here and now. These are not patterns that are simply “remnants” from childhood, though they begin in childhood. These are means of exploring, knowing and shaping the world throughout one’s life. As Thelan wryly observes, “the motor system is capable of generating novel form, as even an ageing psychologist can learn to tap dance or to ski or to play a musical instrument” (Thelan & Fogel, 1989, p.28). I recall the first time I stood at the age of 45 at the top of a black diamond ski slope, which a friend of mine (an expert skier) had decided I was ready to manoeuvre. I was terrified, and as I tried to follow his instructions, I fell repeatedly. Finally my friend told me to simply follow him and “Do whatever I do.” No words, no thinking, just doing, physically imitating his movements, developing a *sense* of how to use my body, my sensorimotor systems, in Thelan’s language, generating novel forms and new possibilities. I made it to the bottom of the slope without falling, acquiring in the process substantial new skills in the life of my limbs. Skiing, like so many aspects of life involving the body, improve by doing it, rather than talking about it.

Subsymbolic Experience

We are just beginning to develop terms and concepts that adequately convey the nature of prelinguistic, subcognitive experience. As transactional analysts have extended and deepened the reach of their clinical work, they have come to increasingly work within these realms of subsymbolic experience. Many transactional analysis theorists have desperately stretched the conceptualization of the Child ego state to address these arenas of developmental and clinical experience, as we see in the common notations of P-0, A-0, C-0. Taken from Berne’s effort to establish a standard nomenclature for the TA literature, these zero-based ego states were meant by Berne to signify “at birth” (1969, p111). The notations was taken up by Schiff and her colleagues (1975), to try to reflect the very earliest stages of motivation and organization within the ego state model. This notation was extended and formalized within Mellor’s account of third degree impasses, which “relate to primal protocols (Berne, 1972); that is, they originate during very young experiences, perhaps even pre-natal” (1980, p.214). As TA theorists have attempted to describe these earliest, precognitive realms of experience, the concept of the third degree impasse taken an important place in the literature (Levin-Landheer, 1982; Giuli, 1985;

Clarkson, 1992; Cox, 1999; Waldenkranz-Piselli, 1999). Waldenkranz-Piselli accounts for the P-0, A-0, C-0 levels of organization purely in terms of sensate levels of experience, reflective of the development of affectmotor schema in a way that is more consistent with direct body experience than with ego function. I find this extension of an ego state model more obfuscating than clarifying and think we find far more accurate and clinically viable models outside of conceptualizations of the ego. Here I have found the work of Bucci most useful.

Bucci (1997a, 1997b, 2001), through her explication of subsymbolic processes, has made an especially important contribution from cognitive psychology to clinical theorizing and research within the realms of sensorimotor learning, implicit knowledge and psychotherapy with adults. Subsymbolic processes refer to those means of mental organization and learning that are not dependent on language. This perspective has much to offer transactional analysis. According to Bucci (2001):

Subsymbolic processing accounts for highly developed skills in athletics and the arts and sciences and is central to knowledge of one's body and to emotional experience....Balanchine communicated to his dancers primarily through these modalities. His communication was intentional, conscious, systematic and complex—within the motoric mode....he did not resort to motoric or sensory modalities because verbal representations were repressed, but because the information existed only in a form that could not be captured in words....We should emphasize that the prefix “sub” here denotes the subsymbolic as *underlying* symbolic representation, not as an inferior or primitive processing mode. (pp.48-49, italics in the original)

Bucci (1997b) effectively evokes a sense of the body that is deeply familiar within the experience of doing body-centered psychotherapy:

These sensory experiences occur in consonance with somatic and visceral experience of pleasure and pain, as well as organized motoric actions involving the mouth, hands, and the whole body -- kicking, crying, sucking, rooting and shaping one's body to another's....these direct and integrate emotional life long before language is acquired (p. 161).

We kick, cry, suck, experience pain and pleasure, shape one's body to another's (with any luck at all!) throughout the course of life. These are not simply manifestations of infancy or archaic remnants of childhood, but also of intimacy, play, eroticism, fighting, sexuality, and nurturing throughout the full span of one's life. In these subsymbolic realms, the therapeutic process becomes a kind of exploratory, psychosomatic partnership (quite different and distinct from a corrective, pseudo-parent/child relationship) that can be often wordless, rich in meaning nonetheless.

A clinical example further illustrates the organizing and reorganizing potential of sensorimotor and subsymbolic activity. Abby was one of four siblings, two sons and two daughters, born to ambitious, upper middle-class parents. The family prided itself on its social and political accomplishments, the children pressured to be outgoing, independent, socially competent, and academically accomplished. Abby, both as a child and as an adult, felt she often fell short of the mark. Her therapy tended to focus on professional

concerns and self-doubts and the stresses of being a professional woman while raising very active children. In discussing struggles with colleagues or family members, Abby was intensely self-critical, rarely feeling or expressing anger or disappointment toward those around her. She was able to express anger and disappointment toward me, though with considerable apprehension and difficulty. The issues she raised with me were substantial and brought up in a way that enhanced the work rather than disrupted it or distanced from it. Sessions were productive, and yet no underlying theme seemed to emerge. Abby remained uncertain as to why she was “really” in therapy, whether she could justify the time and expense.

During one session, she mentioned in passing that she had become preoccupied with a photograph she’d seen in a magazine, one that both fascinated and disturbed her. She thought several times of bringing it up with me but hesitated, feeling embarrassed and uncertain of what to say about it. She finally decided to draw it, hoping she could then discover its meaning. After drawing, redrawing, and reworking the image several times, she asked to bring the drawing to a session.

The image was of three football players walking off the field, hunched over, soaked in rain and covered with mud. The figures were somewhat obscured in the rain and mist, their faces hidden by their helmets. The figures communicated both a menace and a fatigue. The men were physically close, touching each other, clearly part of a team. The drawing was very finely rendered and quite moving as a drawing in and of itself.

As Abby began to associate to the picture, she thought of her father, his pride in his body and his athleticism, his preference for his sons over his daughters, his bullying and narcissistic authority and self-righteousness. All of this was familiar material from her previous therapy, Abby reported, and she expressed bewilderment at not being able to get through to whatever it was that made the image so compelling for her. I suggested that rather than drawing the image or talking about it, she *become* it physically, literally taking it on with her body.

A series of sessions ensued in which she worked standing up, mimicking each of the figures, gradually entering the posture of each, walking and moving in the way she imagined they would move. Each session would begin with her discussing whatever events of the week she wanted me to know about or that she needed to think through, and then she would stand up, put the picture on the floor, and begin to *do* some part of the picture. We spoke very little. I stood near her, offering no interpretations, simply asking her to relate what she experienced if she was so inclined. She did a lot and said very little, occasionally commenting on sensations in her body, on what she was feeling, on what she sensed the men in the picture might be feeling. No new memories or insights emerged, but she did begin having a new sense of her body. She began to notice a different sense of herself between sessions, feeling more substantial in herself with her thoughts and feelings. She realized she felt angry more often. She was moving into a way of being that had captivated her in the photograph, one that had been denied to her as a daughter in the family. Language and insight followed and were informed and enriched by her bodily activity and exploration.

As diverse strands of research about babies and brains come together with clinical theory, we are beginning to recognize the force of subsymbolic and sensorimotor processes that create formative and enduring states of mind, to use Allen’s (2000) phrase. In the first of these strands, contemporary neurophysiological and brain scan research is

demonstrating with increasing clarity the mutually influencing interactions of the subcortical, limbic functions with cortical (symbolic/verbal) functions (Hadley, 1989; LeDoux 1996; Bucci, 1997a; Siegel, 2001; Schore, 2001). We now know that two distinct, concurrent, and lifelong modes of experience, the symbolic and the subsymbolic, the cognitive and the somatic, constantly shape psychic life. Both symbolic and subsymbolic realms of psychic experience are open to influence and alteration at any stage of life.

In a second crucial strand of research, more than two decades of direct observation of infants have dramatically altered our understanding of the nature of infancy, the infant/parent dyad, and the social construction of the human brain. From birth, human beings begin to form nonlinguistic schema of an affective and sensorimotor world that function as subcortical, precognitive templates which influence and are influenced by all subsequent cognitive and relational development. We are seeing the beginnings of a coherent theory of the somatic, affective, and nonverbal foundation of human functioning, as exemplified by Lichtenberg's (1989) description of the perceptual-affective-action mode, which operates without verbal representation or symbolic formation, and by Bucci's accounting of subsymbolic processing.

Evolving Concepts in Transactional Analysis

It is clear that current infant and neurophysiological research reflects a range of neural developments that cannot be adequately captured in Berne's model of ego states. We shall never see an ego state light up in a PET scan in a particular area of the brain. Clarkson (1992) addressed the limits of theories of ego states in transactional analysis by introducing the language of states of self. Hargaden and Sills (2001, 2002) have extended the conceptualization of self states within the Child ego state to address the more unconscious aspects of human functioning while retaining the basic model of the Child ego state. Rath (1993) attempted to broaden the conceptualization of ego states by utilizing the idea of self-organizing systems. In a related fashion, Gilbert (1996) developed the idea of ego state networks, drawing on research models of schemas and generalized representations. *Should both the next refs. be Hine (1997)?*

Hine (1997) carried the model of neural networks further, synthesizing neurophysiological and infant research to offer hypotheses as to the development and differentiation of ego states, describing the bridging between implicit and explicit knowing. Hine (1997), drawing on the work of Churchland (1995), Edelman (1992), Nelson & Gruendel (1981), and Stern (1985) among others, offered a theory of ego state development and organization based largely on implicit memory and learning. She emphasized the concept of generalized representations of experience, concluding that "this fundamental neural process builds up into coherent networks of representations functioning as wholes, inter-linking each other with increasing mental complexity. Ego states appear to be an evolved example of this impressively powerful process of structuralization" (p.278). She observed:

Ego states exhibit several characteristics of GR [generalized representation] systems...Ego states become comparatively stable and coherent systems, as do GRs....In ego states the mental activity can be broad and can include thinking, feeling, and behaving. This is similar to the make up of a "generalized experience" as described by Moscovitch (1994)....In ego state systems the ego states have their own characteristic

styles and give their own meaning to internal sensations and external perceptions. (p. 283)

Hine went on to suggest that the differing forms of mental activity characterized for each ego state reflects “the way each ego state system forms and how the perceptions that give rise to each system are processed and organized” (p. 284). From this perspective she has sustained a model of discrete and differentiated systems of mental activity and organization.

Allen (2000), while not directly proposing a change of terminology, suggested a change of language that points a way out of the theoretical dilemma we have inherited from Berne. Drawing on contemporary brain research, Allen writes:

States of mind as precursors of full ego states: How is the activation of widely distributed neural circuits regulated? This function seems to be performed by what has been termed a “state of mind,” the total pattern of activation in the brain at a given time. It brings together several different neural networks, any one of which can become the dominant energy and information-processing unit of the moment....Over time, these cohesive states become more and more easily activated and coalesce into self-states. As Post and Weiss (1997) concluded, “Neurons which fire together and survive together (and) wire together” (p. 930)...In transactional analysis, we label the manifestations of such neural network activations “ego states.” (p. 261)

Hine’s and Allen’s descriptions of systems of neural network activation speak more accurately at, a theoretical level, to the understanding of dynamic mental processes that is emerging in contemporary research than does our more familiar theory of ego states as psychic structures within the mind. Allen’s reference to states of *mind* rather than states of *ego*, opens up the frame of reference in the accounting for the growth and change of somatic, emotional, cognitive, and behavioral organization. Allen seems to suggest that when schemas of neural organization reach the point at which “they also include socially shared and communicable language” they may then be conceptualized as ego states rather than states of mind.

Allen’s perspective also mirrors one common to body-centered therapists, many of whom are trained to differentiate evidence of differing states of mental organization, usually defined as visceral/affective, sensorimotor, and cognitive. From a developmental perspective, the visceral/affective systems of the limbic regions dominate the earliest stages of neurophysiological and interpersonal organization, facilitated and extended by sensorimotor development, and capped by the cognitive processes of the cerebral cortex. Each system is necessary for healthy functioning. While the visceral/affective and sensorimotor systems dominate early infant development, they do not then become remnants and repositories of the past but remain vital systems of mental organization coexisting with cognitive systems throughout one’s life. These same subsymbolic systems are active (and hopefully utilized) in the ongoing psychotherapeutic process of linking thinking and feeling, past and present, in the midst of trying to create meaning and effectiveness in one’s life.

It may well be that the most direct (and theoretically sound) means of change within

the subsymbolic and affect-motor realms of experience involve systematic attention to various forms of nonverbal experience and communication, including such means of intervention as: direct work with the body, increased focus on sensory awareness, attention to the interplay of the transference/countertransference relationship, and exploration of unconscious fantasy. It seems increasingly clear that when we are working within these foundational realms of mental organization we are dealing with *process not structure*. While these processes (implicit, procedural, unconscious means of knowing) have definite coherence, they do not have the fixity of those states of mind we could call self or ego. We are dealing with *how things happen*, in addition to the more familiar questions of what happened and who did what. In these realms of the therapeutic process, it is the activity and experience of seeking, moving and exploring that create the therapeutic edge and the means of change.

Clinical Implications

Transactional analysis psychotherapy is alive, well and growing. When we look at psychotherapy from the perspective of somatic processes and brain development, the field of the therapeutic *process* opens widely, far beyond the scope of the models of the therapeutic relationship most common in transactional analysis today. The models and metaphors of parental, patriarchal, or maternal presences have powerful draws for therapist and client alike. After all, if a client is unable to soothe himself, who better to provide the service than the therapist; if unable to understand herself, who better to provide the understanding than the therapist? Winer (1994) has challenged this parental model and its many variations in psychotherapy:

It is too comfortable for therapist and patient to view themselves as parent and child, even seductive we might say. We all long for a wise and protective authority. The patient invests her therapist with that power and the therapist finds security in identifying with his patient's idealization of him. (p. 64)

Tronick (2001) has sought to deepen the understanding of the process of psychotherapy through the insights gained from infant studies. He has suggested the model of "dyadically expanded states of consciousness" through which "the collaboration of two individuals (two brains) is successful, each fulfills the fundamental system principle of increasing their coherence and complexity" (p. 193). He is cautious about simple applications of the infant/parent research that tends to turn psychotherapy into some form of parent-child relationship. I quote Tronick at length here, as his perspective raises crucial questions about our understanding of the Child ego state and our approaches as transactional analysts to the therapeutic process:

The adult was a "being" who once had infant capacities but who no longer has (or no longer only has) infant, toddler, or child capacities...It is with these fundamentally and qualitatively different capacities that adults experience, even re-experience (interpret), their experiences...We must not apply models of mother-infant/child interaction to the therapeutic situation in a simple-minded, noncritical fashion. Infants are not patients. Mothers are not therapists...It seems to me we can learn a great deal about both by comparing and contrasting them to each other. Nonetheless, we should not confuse and confabulate mothers and infants, patients and

therapists. (pp. 189-190)

Bonds-White and I (Cornell & Bonds-White, 2001) examined the clinical implications of the subtle and not-so-subtle models of mother/infant and parent/child relationships that are so common in TA psychotherapy. We have suggested thinking more in terms of relatedness rather than relationship to provide a conceptualization that shifts away from the parent/child metaphors. We emphasize the establishment of a therapeutic *space* (in contrast to relationship) which allows the means to reflect, wonder, explore and move. Seen from a body-centered perspective, psychotherapy is a means through which the client discovers personal agency. In working systematically with implicit knowing, bodily activity, and sensate/motoric organization, therapy can help bring the body into the mind of the client. It is my hope as a therapist to promote a kind of bodily learning and agency which will remain in the body of the client, an implicit somatic knowing that will remain with a client outside of the office and our relationship.

What happens to our images of ourselves as psychotherapists if we cast psychotherapy into the broad fields of activity and desire, beyond those of parenting, nurturing and understanding? Psychotherapy becomes a field of uncertainty and potentiality, of play and exploration, of action and aggression, of desire and imagination. Knoblauch (1996), a psychoanalyst and jazz musician, captures the flavor of somatic and interpersonal enlivening in his title “The Play and Interplay of Passionate Experience: Multiple Organizations of Desire.” I think that the conceptualization of the roles of play and desire within the therapeutic process point a way out of the long-standing binds and blind spots of transactional analysis theory, which has become imbued with variations of parenting and corrective models of therapeutic activity. “Play and interplay” conveys the sense of mutual exploration, motoric activation, and the unconscious matrix of transference and countertransference within the therapeutic process. Play and interplay offer a therapeutic model more consistent with the emerging discoveries of research with babies and brains, rooting those babies and brains in active, moving bodies, as well as within minds and ego structures.

There is a rich, emerging literature on the place of desire and passion in psychotherapy (Davies, 1994, 1998; Winer, 1994; Benjamin, 1995; Knoblauch, 1996; Eigen, 1996, 1998; Mann, 1997; Dimen, 1999, 2001; Billow (2000); Cornell, 2001, in press) that has many implications for the issues raised in this chapter. These articles go beyond the scope of this essay but warrant the attention of those seeking to extend their thinking about the nature and purpose of psychotherapy.

Play and the creation of potential space were certainly crucial to Winnicott’s (1971) understanding of both child development and the therapeutic process. Play is a complex and multifaceted phenomena. Among the contemporary brain researchers, Panksepp has worked extensively with studies of brain development in older children and has undertaken numerous studies of the role of play. Panksepp (2001) has stressed that “young children tend to be very active a good deal of the time” and that “all children need daily doses of rough and tumble (R&T) activities, for this may help to optimize brain development” (p. 146). Panksepp (1993) outlined the importance of play:

Human play has been divided into a large number of categories, including exploratory/sensorimotor play, relational/functional play, constructive play, dramatic/symbolic play, games-with-rules play, and rough and

tumble play. Probably this last form, roughhousing play, is presently easiest to study in animal models, but...it has received the least attention in human research. This is understandable, for roughhousing is boisterous and often viewed as disruptive and potentially dangerous by adults. Of course kids love it (it brings them “joy”), and animals readily learn instrumental responses to indulge in it (Normansell and Panksepp, 1990). (p. 151)

In subsequent writing on the long-term psychobiological consequences of infant emotions, Panksepp (2001) four primary and enduring emotional systems of seeking, play, lust and care. Most psychotherapeutic models (certainly transactional analysis) have the care component nailed down thoroughly. My readings of the baby and brain research strongly suggest that we, as psychotherapists, are long overdue in adding much more systematic attention to seeking, play and lust. I think we need a more rough and tough approach to the psychotherapy of adults, bringing the full range of possibilities of two adult bodies and minds to bear upon the psychotherapeutic project.

Conclusion

Am I suggesting that we throw out the concept of the Child Ego State? No, certainly not. There are certainly aspects of ego function—archaic, fixated, and defensively organized—that are very much as Berne described them in his accounts of the Child ego state and as we often seen reflected in the TA literature. I would agree that these states are indeed aspects of ego function. I am, however, arguing that as transactional analysis has significantly extended its clinical reach, we have run into serious theoretical trouble as a result of the limits of ego state theory, especially in our conceptualization of the Child. I am suggesting that the Child ego state emerges from a matrix of implicit, affective, and motoric systems of subsymbolic (pre-ego) organization and motivation. These are states of mind or neural organization that precede ego development and are the unconscious and preconscious realms of mental organization. The Child ego states reflect means of functioning in reality that may sometimes contain historically rooted distortions and defenses but at the same time involve a wealth of affective and procedural forms of knowing that enrich daily life and relatedness. We must articulate a theory of process as well as structure. I think that we are now (and this will be evident in many of the chapters of this book) seeking to evolve a clinical theory of the unconscious, procedural, somatic states of motivation and organization that come alive in the *process* of in-depth psychotherapy.

Consistent with the implications of contemporary research with babies and brains, we must begin to reconceptualize that level of bodily and emotional organization from that of Child ego states to that of fundamental and ongoing processes of neural activation, organization, and change. We can then conceptualize transactional analysis psychotherapy as a means and place for the activation of desires, the exploration of possibilities, and an enlivened, rough and tumble relatedness.

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