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IN THE TERRAIN OF THE UNCONSCIOUS; The Evolution of a TA Therapist

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Abstract

This article delineates four realms of unconscious experience—depicted as the Bernian, the characterological, the transferential and the emergent—as they relate to the evolution of TA theory and technique. Told in semi-autobiographical fashion, the article relates the unfolding of differing levels of understanding of unconscious processes in the author’s professional development. Case vignettes illustrate the therapist’s engagement with diverse aspects of unconscious processes within the therapeutic relationship.

...Rather than regarding the unconscious as an impersonal set of non subjective functions and as a “seething cauldron” that impulsively and psychopathically seeks to irrupt, we might more empathically consider it to be a preternatural, personal subjectivity in its own right... and regard this unconscious subject as a conjoined twin, an alter ego, to the ego. (Grotstein, 2004, p. 103)

Psychoanalysis, in all of its many forms of execution, is unified by its efforts at a systematic exploration of the interface of conscious and unconscious realms of experience. It is in this attention to the unconscious modes of organization and expression that psychoanalysis is most clearly distinguished from transactional analysis. Berne’s earliest writings reflected a clear respect for the power of unconscious organization and motivation, an interest that seemed to fade in his later writing and recommendations for practice in transactional analysis. We are seeing a return to interest in developing a coherent theory and practice of unconscious communication among many contemporary TA practitioners.

This paper was inspired in part by the opening speech given by Emmanuel Ghent (2002) at the first conference given for the inauguration of the International Association for Relational Psychoanalysis and Psychotherapy. Ghent was critical of the increasingly facile and superficial applications of the concept of *relational* “as it becomes clear that the term is being used to signify something like human contact or connection” going on to emphasize that the field of relational phenomena in psychotherapy “is not confined to interhuman relations” (p.4). He urged the audience to acquire “a new appreciation for the complexity and compass of the relational,” including relations to one’s self and self organization, fantasy, perceptions, actions, cognition and memory, the interpersonal, social relations, “not to mention the highly complex relations that exist between these different levels” (p.5).

As I listened to Ghent, I found myself looking back over the course of my own personal therapies as well as the evolution of my professional training and experience. I realized that each phase of my personal and professional development offered a different sort of relationship to unconscious experience. The unconscious is not a singular phenomenon, and work within unconscious processes requires a multiplicity of relations with oneself and others. My capacity as a psychotherapist to understand and relate to the varied manifestations of the unconscious has grown more complex as my work has matured. I offer this paper as a contribution to return of systematic attention to the realms of unconscious experience in transactional analysis. This is a theoretical exploration presented in a semi-autobiographical discussion of my professional development as it was originally evoked by listening to Ghent.

The Bernian Unconscious

In his writings about intuition, collected together after his death (McCormick, 1977), Berne defines intuition as “knowledge based on experience and acquired by means of preverbal unconscious or preconscious functions through sensory contact with the subject” (p.4). Here Berne seems not to be utilizing a psychodynamic description of the unconscious, so much as a just-below-awareness notion of unconscious, a version of Freud’s conceptualization of preconscious experience.

In a subsequent article continuing to explore “intuitive” functions, “Primal Images and Primal Judgment,” Berne comes the closest to a psychodynamic account of the unconscious:

A primal image is the image of an infantile object relationship; that is, of the use of the function of an erogenous zone for social expression. A primal judgment is the understanding (correct or incorrect) of the potentialities of the object relationship represented in the image. ...Primal images are presymbolic representations of

interpersonal transactions, whose study leads directly to certain important areas of psychopathology. (p.67)

This statement, originally published in 1955, could have been written by a British object relations or Kleinian theorist. It foreshadows the intersubjectivist and relational models that were yet to emerge within the psychoanalytic tradition.

I trained in transactional analysis in the early 1970's. TA was then an exquisitely American psychotherapy, one of action and will power. As Berne put it succinctly in **Principles of Group Treatment** (1966), "Transactional analysis is an actionist form of treatment, where psychoanalysis is to a much greater extent a contemplative one. The transactional analyst says, 'Get better first, and we can analyze later'" (p.303). In those days, there wasn't anything that couldn't be fixed. There wasn't a patient who couldn't be cured, preferably quickly. It was the American way: control it, fix it and if it doesn't go our way, bomb it (This was the era of the Vietnam war; not much has changed in the U.S. in this regard as we see now in Afghanistan and Iraq). Woundedness equaled victimhood equaled a game. Fix it; re-decide it; re-parent it, re-organize it. Put the Adult ego state in charge. The therapist intervened with contracts and clarity, powered by the therapist's permission, protection and potency, so as to liberate a "free" Child.

TA as I first learned it was a psychotherapy of the ego (states), by the ego and for the ego. The language of Gestalt therapy, with such notions as "out of awareness," had infiltrated TA, but "out of awareness" is not quite the same as unconscious. Berne's writings on intuition were not a part of our training in the 1970's. The TA I learned was a world of contracts, games, confrontation and cognitive/behavioral change, one that was refreshingly clear, direct, and often effective. Looking back upon that training and my style of doing training then, I can now see that there was an implicit model of unconscious wishes and conflicts expelled from consciousness as unacceptable and unbearable in the childhood environment. A sense of unconscious process was contained in Berne's descriptions intrapsychic conflict between the adapted Child ego state and the idealized free Child and in the formation of script, but a theoretical language acknowledging the unconscious disappeared from Berne's writings (Muller, 2002). There was no explicit theory of the unconscious.

By the time of the publication of **Transactional Analysis in Psychotherapy** in 1961, when Berne was working hard to set himself apart psychoanalysis, the flavor of the unconscious was disappearing from his writing. The "archeopsyche," a term potentially broad enough to contain an elaboration of the unconscious, was defined as the "archaic" psychic organ (p.3), containing the "relics of childhood [that] survive into later life as complete ego states" (p.17). A look through the indices of Berne's books show no reference to "unconscious," although the word does crop up here and there in his texts. Berne and most of his TA colleagues were busy differentiating themselves from psychoanalysts. In

a footnote to the section of **Principles of Group Treatment** which delineated the differences between transactional analysis and psychoanalysis, Berne made it clear that “this discussion is based on twelve years of psychoanalytic training with the New York and San Francisco Psychoanalytic Institutes. The writer, however, is not a member of any Psychoanalytic Society” (1966, p. 292). Berne distinguished TA from psychoanalysis in this way:

Structurally, transactional analysis speaks of Parent, Adult, and Child, which are more personal than the superego, ego, and id spoken of in psychoanalysis. The former represent psychological, historical, and behavioral realities.... (1966, p.295)

His emphasis on “reality” swept away the less “realistic,” more unconsciously informed subtleties of the “primal image”. Berne firmly rooted TA within the ego psychological traditions of 1950s American psychoanalysis, banning the unconscious from transactional analysis theory, assigning it--with growing disdain--to the realm of old fashioned, inefficient theorizing (Berne, 1971).

Yet, Berne wrote of ulterior transactions, covert communication, the psychological level of communication, protocol, palimpsest, the group canon, and the group imago—terms that each seem to evoke something of the nature of the unconscious. In the very same book I quote above, Berne’s descriptions of group dynamics are rife with allusions to unconscious processes, although he carefully eschews that language. He writes, for example, of the “private structure” of the individual within the group as “the most decisive structural aspect for the outcome of the individual’s therapy” (p.135). His description of the “private structure” smells a lot like an unconscious structure, as does much of Berne’s later terminology about script. But there was no explicit theory of the unconscious articulated in Berne’s writings.

One of Berne’s enduring contributions to the evolution of psychotherapy was his effort to clarify and humanize therapeutic operations. I would emphasize that work with the unconscious is not at odds with a humanistic model, though much of Berne’s original training in psychoanalysis was. I do believe, had Berne lived longer, a reconceptualization of the unconscious would have emerged in his thinking as he struggled with the persistent, intransigent clinical problems he had begun to address in the writings collected posthumously in **What Do You Say After You Say Hello?** (1972).

The Characterological Unconscious

At the same time of my TA training, I was also being trained in Radix body education, as I was looking for an approach to supplement what I found to be the overly cognitive approach of TA. Radix was a neo-Reichian therapy model that took the political position that it was an educational model, not a therapeutic model, in yet another effort to distinguish itself from the psychoanalytic traditions in which Reich’s work was grounded. Radix also attempted to develop a model

that erased attention to the unconscious. We worked with body process, body structure and emotional release, not with the unconscious and not with transference, as we were explicitly told.

Reich's model, however, was one of the unconscious, a model of the intrapsychic conflict between the ego in conflict with the more primary (and, for Reich, healthier) realms of emotional/somatic needs and desires. In Reich's approach, the unconscious resided in the defense itself. The unconscious was a graveyard of repressed, disowned, discarded psychic wounds and defenses. Reich's psychotherapy was the analysis of resistance, the confrontation and change of characterological and body armor. Therapy worked to bring these patterns and the meaning of the unconscious defenses into conscious awareness. Make the defenses conscious and the patient will be free, insight from the body to the mind.

For Reich, and my own young and eager therapeutic vision, the body held the possibility of paradise, freedom, and an unbridled wisdom. For Reich, and my emerging clinical understanding, character was the expression of a contracted, defensive body. Character was a thick, stubborn and unmoving structure of defense, confining mind and body and avoiding life, movement, fluidity, vitality, and sexuality.

For me as a young and eager psychotherapist, these were compelling models: the unconscious of intrapsychic conflict and of character defenses. My relationship to the unconscious was to be that of a confronter and un-coverer, an ally of the conscious mind and the vibrant body, bringing light into darkness of the defenses. This made me feel good, worthwhile and competent. I was earning my keep, *and* I was carrying out familiar tasks consistent with my own characterological defenses, i.e., looking for things that were broken or hurting and setting out to fix them. Therapy was primarily a corrective and reparative process and I was the corrector and repairer.

Some clients got significantly better through this combination of TA and neo-Reichian therapies. TA and Radix, each in different ways, valued movement and activity. We expected something to happen; the therapist was an agent of change (Cornell, 1975, 1980; Cassius, 1975, 1980). Many, including myself, accomplished some changes but were left unsatisfied, unmoved in some sense, and working too hard at being and staying well. I had not yet the age or experience to begin to see how a favorite (often ardently defended) clinical theory could function as an enactment of the therapist's script, a theoretically sanctioned structure for countertransference acting out. This was, in part, what I was doing as a TA/Radix psychotherapist.

The Transferential Unconscious

As my sophistication as a body psychotherapist grew, my understanding of the body's relationship to the unconscious (and thus of my relationship to the bodily unconscious) changed profoundly. I began to realize that in addition to the resistant unconscious that Reich delineated so clearly in his character theory, I began to understand that character was also a form of unconscious communication. There is a realm of unlanguage, precognitive, somatic organization that functions below conscious awareness. There is a level of somatic organization that brings desire and vitality, as well as anxiety and defense, to daily experience. This is a level of bodily experience and desire that can enrich and enliven the therapeutic field, which can function as an ally to therapeutic process.

I began to open myself to the impact of various clients' character styles. How was it that in the 9 o'clock session certain thoughts and feelings seemed obvious and interesting, while at 10 o'clock my capacity to think seemed to disappear (did I need more coffee?) and only certain states of affect seemed possible? I began to see (and feel) that character was not simply *constraining* my clients but *informing* me. I began to play with what I observed and experienced. Often when a client who mystified (or irritated) me left the office, I would "try them on for size," sitting as they sat, moving as they moved, recreating their tones of voice and facial expressions. I began to have supervisees not only talk about their clients but *become* them, moving into their way of being, in the supervisory sessions.

Slowly, slowly, slowly, I began to develop different relationships to my clients' characterological forms. I began to understand the dance of character as a means of relating—sometimes limiting and deforming, always informing, and hopefully reforming. My understanding of character was acquiring new meaning as a rich field of unconscious communication.

I was also learning at that time from my fatherhood. I found myself pounded into a multiplicity of shapes and functions by my three very different sons, who each needed a very different kind of father. This father was only one man, but he needed to accompany a multiplicity of psychic services in the lives of his sons. I carried out these diverse fatherly services with varying degrees of competence and satisfaction. I began to recognize that my clients, too, needed a breathtakingly diverse range of "services" from me, some of which made me very uncomfortable. Each client's character shaped, in many unspoken and unconscious ways, the interpersonal field between client and me. Each client's character style pushed me around during the hour, shaping, showing me something essential without a word being spoken (or, often, in contradiction to the words being spoken). There is the potential for a vitalizing form of

unconscious communication in the midst of the deadening function of character structure.

I realized that while the treatment contracts we negotiated Adult to Adult were useful and necessary, there was a lot more action going on beneath the surface of conscious awareness within the transference relationship. While Berne sometimes cast game and script theory as transference acting out, his writing did not speak to the heart of what I was trying to understand. The labeling and analyzing of games and script placed me as a therapist at a distance from my clients. I knew I needed to *enter*, rather than merely observe, the transference field (Cornell, 2000b, in press). The TA literature and training of that time was not particularly useful to me. I found echoes of this level of unconscious relatedness in Berne's concept of the protocol as the unconscious, relational infrastructure of subsequent, preconscious script decisions (Berne; 1961, 1963; Cornell & Landaiche, in press), but this was one of many of his early ideas that he failed to elaborate in his later work.

I turned to a psychoanalytic supervisor, entered psychoanalytic therapy and renewed my reading of psychoanalysis to address the issues that were emerging in my clinical work. While I had many disputes with analytic theory and especially with analytic technique, I found that the contemporary analytic literature conveyed a rich landscape of the therapeutic interiority and bodily relatedness. In particular, I discovered Winnicott (1965, 1971), Bollas (1989, 1992) and McLaughlin (1987, 1988, 1989, 1991). In reading Winnicott, I found his concept of the infant's gestures to the mother and began to re-conceive of character as the interruption of nonverbal communication between infant and caretakers (Cornell; 1997, 2000a). I discovered in McLaughlin's writings an accounting of nonverbal, bodily expression, not in the standard psychoanalytic rendering of the patient's regressive, infantile behavior, but as "the primacy and durability of this early mode of psychomotor thought" (1989, p. 112). Psychomotor *thought*, a phrase that could make a body therapist's heart sing. In McLaughlin's writing, I found an American psychoanalyst (of Berne's era and training) whose thinking extended Winnicott's (without seeming to know of Winnicott):

...the nonverbal gestural, postural, and mimetic components comprise the first communications between infant and caregiver, building out of the bodily and visual involvements between the pair and providing the necessary substrate for the more slowly organizing verbal capacities. The earliest memories of each of us are richly registered in these nonverbal modes, which continue throughout life to extend their own range and refinement even as they are eventually overridden by the emergingly dominant verbal mode that they support. (p.112)

I remember my excitement, a kind of thrill of recognition, in reading Bollas' concept of the "personal idiom" (1989) as a sense of self that is like "a vision-in-waiting," seeking new objects over the course of life to use as a living medium to help materialize this emergent self. The analyst is unconsciously pounded into one sort of shape or another, one shape after another, to be used to discover and manifest yet-unknown but relentlessly determined aspects of one's being. Bollas (1992) writes of *being* a character. He writes eloquently and persuasively of the "intelligence of form" captured by an individual's character. I had been trained to see character and form as stupid, over-formed and under-informing. Bollas describes character as a form of intelligence.

I was beginning to acquire a new stance and attitude toward character. I had been trained in TA and Radix to confront, re-decide, and repair characterological, script-based patterns. I was beginning to understand that often I, as well as the client, needed to stand in the field of one's character style, to feel it's full impact. I offer a brief case vignette to illustrate.

Seen from a characterological perspective this man is schizoid/paranoid – schizoid on a good day – paranoid on a bad day. He is a very bright and fascinating guy. He has lived alone his entire adult life. I have grown very fond of him. He didn't speak very much for the first year in therapy, often silent through an entire session. This tended to make me rather anxious, but mostly I sat with him in reasonable comfort in the midst of his silence. It did not seem to be a silence of hostility or withholding, but much more a silence of bewilderment and distrust of what to do in the company of another human being. Sometimes, to disrupt the silence, I talked to him about whatever was on my mind. This could include anything from what I was going to make for dinner that night to what I was imagining might be going on in *his* mind. Somehow through this process he came to trust my interest in him and could even sense that I quite liked him.

Now several years into our work, he'd missed session. We'd had a severe ice storm, and almost everybody that day didn't make it. He does not like missing sessions. Even during his silent phase he always kept his appointments. We had not been able to schedule a make-up session, so this was his last session before I was leaving on an international trip of two weeks. He came in very angry and said "I don't know why I 'm here. I don't know why I keep coming back. I don't know why I'm here". I replied, "You often don't know why you're here." He continued, "Well, you know, a couple of weeks ago we had a session that was so... it was so... intimate. I can't remember a fucking thing we talked about but I remember how it felt. It was so important, and I left, and I was just excited. I cannot remember what we talked about."

There was a long pause, and then he continued, "That's how it is for me. I'm either in the loop, or I'm out of the loop. Right now I'm out of the loop, and I don't

have any idea why I'm here, and I think maybe this will be our last session. I'm not sure I'll keep my appointment when you get back. I'm just out of the loop. I just don't have anything to talk about." There was a long silence. I said, "You absolutely do not have to talk about anything. We can sit here and feel what it's like when you're out of the loop. It's about as unpleasant for me as it is for you. Let's see what happens."

He responded angrily. "You don't get it do you? You really don't have any idea that I don't trust anybody – nobody – not even you. For as long as I've seen you, I don't trust you. If you think I trust you, you are a fool." He went on for a while in this fashion. I eventually said, "You know, it's difficult for me right now to sense anything other than how scared you are. You are so frightened. I am not aware of anything else right now other than fear." He looked stunned, "I don't feel afraid." I replied "It's really fascinating that you can make a statement like 'I don't trust anybody' and 'if you think I trust you you're a fool,' that you can make that statement and not know you are afraid. That's remarkable." He said, "You think I'm afraid?" "Well, let's try it the other way around," I replied, "and I say to you *I don't trust anybody*. Just imagine for a minute how do I feel?" He said, "You're scared. It seems obvious when you say it. But I don't know that I'm scared when I say it. I **don't** feel scared." There was a long, silent pause. "I'm beginning to think I'm more insane than I realised."

"That's right – you can be quite insane when you're around other people. Living alone you're quite sane, but when you walk into my office then you can become quite insane, out of the loop. No feelings, no thoughts, no memory of what had just happened between us a couple of weeks ago. We missed a session, now I'm leaving, everything becomes meaningless. It terrifies you. You break the loop." I didn't act to fix anything, to repair the container or take the edge off of the struggle. I named it. I entered it. This is his insanity, not as a pathological diagnosis but as an acknowledgement of how deeply frightened and troubled he is. There is a quality of madness in being able to make a statement like the one he made in that session and not know that one is scared. There is a place for what he calls his insanity between us. We can come to know it. We *must* come to know it. We can live it *together* as he decides if and how he may want to change it.

Mel Marshak (2002), a Jungian training analyst who did her personal analysis with Winnicott, summarized Winnicott's theory of early object relations, stressing that for Winnicott there are three forms of infant dependence. The first, which seems to get the most attention in the literature these days, is that of the early survival needs of the infant and his/her dependence on the maternal holding environment and the protective, highly responsive envelope that it offers. The second is that of creation of transitional space, the non-traumatic weaning of the infant from maternal provision, which is as much at the initiative of the infant as

that of the mother. In this second form of dependence, the infant depends on the mother being non-intrusive. In this space, the infant is able to be alone in the presence of the other, able to have the space and movement to “generate for himself a matrix for his psychological and bodily experience” (2002, p.11). The third, as we see in the case vignette above, is the infant’s dependence (and here is a classic Winnicottian paradox) on the mother’s survival of his separateness and aggressiveness. This is a crucial and often misunderstood phase of development in human growth and maturation. The aggressiveness and attack of the client against the therapist and/or the therapeutic process is not necessarily a defence. It is crucial to the establishment of differentiation within the unconscious communicative structure between therapist and client. This third form of “dependency” reflects the need to of the client to rely of the therapist to survive periods of conflict and uncertainty with interest and care, without retaliation or the severing of the relationship. This is the confrontation and differentiation that was occurring in the encounter with my client, a pivotal moment in the treatment.

Eigen beautifully conveys the task:

The analyst must become an expert or artist adept at living through collapse of analysis. He studies processes that undo themselves. Little by little he learns something of what working with destructive processes entail. His growth in capacity to live through and work with destruction signals the patient that such capacity is possible. If the analyst can survive therapy, perhaps the patient can as well. (1998, p.67)

Here unfolding for me was a new field of understanding for the life of the unconscious: the relational unconscious. After listening to Ghent, I would now hesitate to refer to this as the “relational” unconscious, perhaps better summarized as the transference unconscious. It is within this field of unconscious, relational life that much of contemporary TA theory is now blossoming.

In his speech to the IARPP conference, Ghent challenged his relational colleagues to question the direction of their work. He said that he dreaded the day when patients would start complaining to their therapists, “You’re not meeting my relational needs.” Several people in the audience exclaimed, “It’s already happening.” Ghent went on to argue that in relational treatment the therapist is not busy providing a relationship but is examining the patterns of the patient’s relationships, not only to the therapist in the here and now, but to his/her history, to himself, to internal fantasies, to the social structure. There is a rich range of relations to be explored. If the therapist gets caught up in needing to provide the relationship, then the relationship is not being examined, the field of unconscious communication is cordoned off from exploration.

My training and experience as a neo-Reichian body therapist, with its deep grounding understanding of character, has positioned me in a way to observe the relational field without necessarily becoming immersed in it. I worry that in our swing from the classical, too often patriarchal, models of psychoanalysis to the relational, more feminist-based model (these so deeply informed by object relations theories and studies of mother/infant/attachment processes), that the analytic and therapeutic experience is seen too much through the filter of infancy and the maternal realm. The development of body and self *start* there, but do not *stop* there. We do not spend our lives in prone positions and lost in the arms and attention of our parents. As the body of the baby moves from horizontal dependency on the parents and the primary experience of the body in relation to others, the development process of the body itself in its sensori-motor organization shifts in a fundamental way from the body in relation to mothers to that of the body in relation to its self: sensori-motor competence, self-organization, agency come to dominate psychic growth and organization. Throughout the life span, we swing back and forth between the body's organization in relation to others and in relation to itself.

Aron (1996) argues forcefully that the model of the analyst's subjectivity and the dyadic interplay of intersubjectivity hold a theoretical advantage over the models of transference & countertransference, emphasizing that "the terms subjectivity and intersubjectivity do not imply the pathological... and these terms do imply a continuous, ongoing flow of influence, in contrast to counter-transference, which implies an occasional or intermittent event" (p.73). I would argue that we need both the models of the transference and intersubjective. I think we still need the understanding of transference and counter-transference dynamics for two reasons. The first is that we do need to acknowledge psychopathology—our clients' and our own. I can't speak for everyone in the room, but I do know I spent nearly 20 years of my adult life in psychotherapy and psychoanalysis, out of concern for the impact of my psychopathology/counter-transference upon my intimates and my clients. The second reason is that I think there are profound, unconscious psychodynamics within the therapeutic couple, that are not of mutual influence or co-creation but that are the products of our own histories, our own character structures. The concepts of subjectivity and intersubjectivity do *expand* our understanding of the processes within the analytic dyad but should not *replace* the concepts of transference and countertransference. In this way, my style is more in keeping with writers like James McLaughlin, Christopher Bollas, and Jessica Benjamin. Aron summarizes Benjamin's understanding of intersubjectivity in this way:

Intersubjectivity is a developmental trajectory, in which recognition is inconsistently maintained. Intersubjectivity refers to a dialectic process where subjects recognize each other as separate centers of subjective experience, but also continually negate the other as separate subjects. (p.67)

I think we can best understand and address this negation of the other's differentness and subjectivity through our attention to character structure and the impact/enactment (in contrast to interplay) of the individual psychic universes of transference and counter-transference.

Aron (1996) emphasizes, "A relational view...emphasizes that mind itself is a relational construct and can be studied only in the relational context of interaction with other 'minds.'" The relational sensibility seeks to describe and emphasize the process between two people, a crucial corrective to the classical psychoanalytic perspective. To my mind, however, what the relational perspective too often overlooks, is the fact that we as infants, children and adults, spend enormous amounts of time *alone*, in a solitary relation to our own thoughts, affect states, reveries, and *bodies*. A enormous amount of learning, of psychic growth, organization and disorganization happen through our bodily experience, sometimes alone, sometimes in relation to others. As we learn to work within the relational/intersubjective fields, it is important that we not lose track of the solitary side of human development and the therapeutic endeavor.

Bollas and McLaughlin have been pivotal writers for me in my understanding of work within the transference/countertransference matrix. Each in their own way have fashioned modes of therapeutic attention that are quite in keeping with what Freud originally proposed—models with a profound regard for the unconscious communication—that are quite distinctive from the object relations and self-psychological models. Bollas' and McLaughlin's conceptualizations of the relational unconscious were liberating for me. I have read their work with pleasure, excitement, and a kind of love. I have loved witnessing their minds at work, their unfolding and examining of experiences. For these two analysts, each in different ways, the therapist's countertransference is a rich field of data emerging from the therapist's willingness to be moved, infected, affected, informed by a matrix of unconscious communication and disturbance.

Phases of the therapy, or moments in any given session, can contain states of unfolding, mutual reverie. Therapist and client, analyst and patient engaged at the edge of the as-yet-unknown. The analyst is open to the impact of familiar patterns and to the nonsensical and unfamiliar—ideas, images, shifts in mood, fantasies, dullness, anxieties seemingly showing up in the analyst's unbidden. Therapist and client are each engaged in a kind of side-by-side reverie, each, as Bollas described it, engaged in a process of self analysis in one another's presence, each informed by the other's presence.

I want to emphasize here that, at least in my reading and understanding of these two analysts, Bollas and McLaughlin (McLaughlin & Cornell, in press) are not talking of "intersubjectivity" or the "co-construction" of experience and meaning in the ways often taken up in contemporary psychoanalytic and transactional

analytic literature. In my reading of these authors, therapist and client do not dwell together in intersubjective states. When periods of intersubjectivity, i.e., of the intermingling of unconscious experience, emerge during the treatment process, these periods are to be observed with separate minds. To my mind, there is something subtle but crucially different in their account of unconscious communication and the analyst's use of self. Analyst and patient are not seen as constantly creating something *between* them. Therapist and client remain *apart from* while *engaged with* one another as separate subjectivities, often in uncertainty and struggle (McLaughlin, 1988, p.373). For example, McLaughlin (1995) writes:

It is this private self that provides inner stability and nourishment. Yet it is also the hiding place for those most unwanted and troublesome aspects of what we fear we are and wish we were not. It is this aggregate that we zealously protect, keep mostly hidden, and cling to as our essence. It is what we bring to the other when we engage in the analytic dyad. (pp.434-435)

The analyst is opening one's conscious and unconscious experience to the impingement, the influence of the patient's unconscious. Something *about the patient* is uncovered/discovered through the therapist's unconscious experience. The therapist is in-formed, something taking shape and substance in the analyst's mind (which is hopefully more open to what is emerging than the client's might be at that moment) and is returned as in-formation to the client. Bollas and McLaughlin articulate models of therapeutic relatedness that allow for uncertainty, dissonance, self-inquiry and mutual exploration of unconscious meanings as separate but intimate parties.

The Therapist's Multiple Relations to Unconscious Processes: A case illustration

Actual clinical work does not unfold in a neat sequence of conscious contracts and decisions gradually unfolding into ever deepening layers of unconscious work. We move constantly back and forth among various foci of attention and layers of experience, conscious and unconscious. An example from a case consultation illustrates the emergence of the various tasks at hand and the multiplicity of interventions that may confront the therapist.

Sid came in for his weekly consultation, rather unusually distressed and feeling an urgent need to discuss a client, Pat, whom he'd mentioned occasionally but had never discussed in detail because things seemed to be moving along well enough. Recently, however, the things had begun to sour, and the work was at a crisis point with Pat threatening to quit treatment and Sid guiltily wishing she would.

Pat had entered therapy with Sid after moving to Pittsburgh for her husband's new job. She had hoped that the move would be good for both of them. She had been in therapy, unsuccessfully she reported, in her previous location. Familiar patterns of behavior that she'd hoped would diminish with the move were returning anew, so she decided to enter therapy again. Two graduate degrees and a fifteen year marriage to a successful, wealthy physician did not seem to add much stability to her life or sense of self. Pat's initial presenting problem was that of being unable to find a job that she wanted to take, but her attention quickly shifted to her chronic overuse of recreational drugs—marijuana, LSD, cocaine occasionally, and speed (her favorite). She and her husband had settled into their familiar, cooperative distance with each other, and Pat filled the gap with drugs. She reported that she found her husband, "like most things, intermittently interesting," but she found drugs to be a much more reliable companion.

It was not terribly surprising that Pat's attitude toward therapy (and her therapist) rapidly mirrored her attitude toward most things interpersonal, presenting a kind of challenging, cynical disengagement. Sid, embarrassed by his rather frequent judgmental and irritable reactions to her, kept his feelings to himself and got busy trying to make himself useful to Pat. Sid initially established contracts with Pat to limit her drug usage and set career goals for her new life in Pittsburgh. Concerned about the persistence of her drug usage and suspecting an underlying depression, Sid suggested meeting twice a week, to which Pat agreed. She developed a way of working with Sid that was overtly cooperative and persistently noncompliant. Sid's irritation grew, and he sought consultation for the first time.

The consultant underscored Pat's passive-aggressive behavior, interpreting her persistent drug use as hostile acting out against her physician husband and Sid. He pointed out that previous efforts at symptom-centered, behavior control therapies had not accomplished much if anything and suggested that Sid begin working within the negative transference.

Sid agreed with the consultant but found himself largely unable to comply with the advice he was given. He found that as he attempted to shift the frame of the work, Pat often took his new actions toward her (which often took the form of less overt activity) as offensive or disinterested. She would skip the next session when the previous one upset her. Sid soon discovered that in trying to work with Pat in the transference, he had to work with his own counter-transference, which included feelings he didn't like in himself and that he couldn't find a way to express without sounding judgmental (which was, of course, what he was).

Reviewing his notes in preparation for further consultation, Sid realized that part of his irritation with Pat was that she had not been consistently paying the portion

of his fee not covered by insurance. While a relatively small sum, Sid saw this is an aspect of her passive-aggressive behavior and transference acting out. In preparing to address it, he went back over his records and discovered that he had not been paying attention to the number of sessions they had met in the year. They had run over the number allotted by the insurance policy. Sid was extremely nervous about bringing what was suddenly a more complex brew of issues and decisions up for discussion.

Pat was indeed upset by the news and blamed Sid for not paying better attention. She saw his lapse as a further sign of his general lack of attention and concern for her. She suggested it was time to terminate and “maybe I’ll have better luck with someone else.” Sid pointed out that she was quite capable of affording his fee without insurance and that they needed to understand what was happening between them. He suggested they not make a decision at that time, but both think it over. “This is about more than money, so let’s not rush to a decision when we’re both rather upset,” said Sid, “We can talk about it in the next session—assuming you show up, that is.” Pat became enraged at his comment, labeling it as hostile. Sid defended his comment as a “playful prediction” based on her past behavior when she was upset with him.

Pat kept her next session but called in advance to cancel the *next* one, leaving a message that she was starting a temporary job and would probably not be able to see him twice a week during the job. At the start of the session, Sid—now wishing he’d consulted more consistently about Pat—ventured a transference interpretation “I wonder if your keeping this session while canceling the next is a way of simultaneously confounding my ill-considered prediction from our last session while still expressing your upset with me by canceling a later session.” Pat denied his interpretation vehemently and attacked back, “I’m damned if I do and damned if I don’t with you. If I disagree with you or get upset in here, I’m being passive-aggressive. If I cut back on drugs, that’s nice but it’s not enough cuz I’m still using. I finally get a job, and you accuse me of resisting therapy. I try to tell you how and why I think you’re not really interested in me, and you tell me I’m resistant to treatment, to self-examination or some such fucking nonsense. I try to talk to you and I get psychoanalytic psychobabble in return. I then, to top it all off, I’m not supposed to get upset. I’m supposed to be **grateful** I guess. There’s no winning with you. You are not really interested in me—that’s what all this means to me.” She then went on to tell him that in her distress, she had looked him up on the internet. She’d found several men in the Pittsburgh area by his name, but none were psychologists, so “Now I’m wondering if you’re a legitimate therapist.” Pat went on to stress that she did not feel safe with Sid and did not feel he was truly interested in her well being. As further evidence, she pointed out in the last session when she talked of suicidal feelings, he was cleaning his glasses. Sid acknowledged that he remembered that point in the session and explained that he had felt she was attempting to manipulate him with

a suicide threat, and he was determined not to over react. This did not reassure Pat, and she responded, "I don't want to talk about us any more. It's going nowhere."

Pat then began to talk about her brother who had died in a car accident two years earlier. She suspected he was drunk, though there was no evidence of that in the police report. She went on to talk about her guilt over her own drug usage, a great deal of speed at that time, which kept her distant from her. She wondered if she'd been more available to her, would he still be alive. She cried softly, a rare event in her sessions. Sid listened but found himself preoccupied with the earlier portion of the session. Sid was relieved that Pat had gone on to talk about something substantial but felt bewildered by the impact of his transference interpretation. Now *he* wanted to quit. He hoped, privately, she *would* quit. He began to speculate to himself that she had more pronounced borderline tendencies than he had previously understood. He endured the session and her attacks, offering sympathy for her level of distress. "I am sorry that I've hurt you," he reassured Pat, "and I can see that I will need to do some things to repair our relationship. I think it is terribly important that we continue working together, still twice a week if possible. I'll look at my appointment schedule and suggest some alternative times that may fit your new work schedule." Pat left the session feeling better. Sid sought further consultation.

With the consultant, Sid relates this sequence of events and asks the consultant's advice in "what I need to do to repair the relationship." The consultant suggested that the relationship was actually in great shape, not in need of repair, but was indeed in need of "attention," as Pat had been stridently suggesting. To Sid's surprise, the consultant was quite accepting of both negative feelings toward Pat and the sequence of what Sid experienced as embarrassing, nearly unforgivable, errors. The consultant suggested that the treatment contract needed to be re-focused from Pat's behavior outside of the session (drug use, career, etc.) to her experience *and Sid's* within the session. The task was not for Sid to repair the relationship but for both of them to take up what was happening in a process of mutual self-examination. The consultant suggested that Sid wonder what was evoked in him that he could not respond to the fear that seemed to underlie her angry behavior. He emphasized Pat's repeated efforts to communicate to him her experience of the consequences of *disinterest*: Sid's in her, her in her husband, her with her brother, her with herself. From the consultant's point of view (often an easier one when removed from the heat of the immediate encounters), Pat's talking about her brother's death was not a shift away from talking about her relationship with Sid but an unconscious effort at reparation and further illustration of her worry about the profound effects of disinterest in her mind.

Sid began to see, with some excitement, the complex levels of communication, mostly unconscious, that Pat had been bringing to her work with him. He felt himself shift in the consultant's office from embarrassment and avoidance to interest. Various hypotheses began to take shape in his thinking: he wondered if, perhaps, Pat's repeated confrontations of his "disinterest" were perhaps projections from a childhood of parental disinterest; he imagined script decisions to reverse the field and become the disinterested party, involved with drugs, distancing her husband, remaining uncommitted to a career, refusing to have children; he felt a surge of closeness to her as he recognized how terribly frightened she was—for whatever reasons—of her own interest and desire for the interest of others; he could begin to imagine their mutual anger as an effort to demand more of each other rather than end the relationship; and he began to recollect his frequent childhood efforts to stave off his mother's depression and his father's demands. The field of unconscious relatedness began to open up for Sid and with it the possibilities of understanding and engagement with Pat.

The Emergent Unconscious

Bollas, in **The Mystery of Things** (1999), challenges an implication of the object relations model, suggesting another possibility for unconscious communication between analyst and patient:

Left to itself, object relations theory will always return self to other through the here and now transference interpretation, enclosing the self in the cozy of solipsistic world of infant and mother; the Freudian action breaks this tie, sending the self into an uncertain and anxiously open-ended future. (p.68)

Work within the transference matrix can be that of entering the field of desire—uncertain, unstable, precarious desires. It can be an opening—an emergence—into an unknown, yet-to-be-known, future, rather than an inevitable enactment of failed and broken relationships of the past.

Stolorow and Atwood (1992) in their discussion of the realms of the unconscious describe what they called the unvalidated unconscious, experiences that "could not be articulated because they never evoked the requisite validating responsiveness from the surround" (p.33). This is a region of the emergent unconscious, of one's as yet unknown potential. This is a realm of unconscious experience that is not based in the repression or denial of impulse and need. This is the unconscious realm of what has never developed enough to be denied; it simply never came to life. Often, as character defenses soften and the capacity for unconscious communication becomes richer, client and therapist enter the realms of the unvalidated, emergent unconscious: fragile, wordless, tentative realms of desire and fantasy. This is the world of the yet-to-be-known.

In a panel discussion at the same IARPP conference at which Ghent had spoken, Ruth Stein (2002), in a panel discussion of Mitchell's *Can Love Last?* (2002), introduced the concept of "unsanctioned passions" which can emerge when the deep realms of a person's psyche are activated in a long-standing psychotherapeutic or other intimate relationship. It is only in our most passionate and intimate relations that I think these unsanctioned passions emerge. I think this happens--if we are lucky, determined, and intimate--in the later stages of psychotherapy. When client and therapist (or lovers or friends) can sustain a lively field of unconscious communication, a space opens up in which client and therapist can experience the full force of what Bollas calls the "psychic genera" (1992, pp.66-100). The rich potential of unconscious experience in these realms is in no way regressed or defensive (though it may have been deeply defended) but very much alive, passionate and often transgressive. It is disturbing to sustain a therapeutic space within which we can undo *both* what has been historically *forbidden* and what was *sanctioned* as the accepted alternative to the forbidden and allow for the emergence of the unsanctioned, the radically new. The unsanctioned unconscious is a realm of mutual uncertainty, mutual vulnerability, and mutual differentiation and freedom within the therapeutic relationship.

Conclusion: The love of the work

In bringing this essay to a close, I want to return to Eigen's words:

We incessantly impact on each other, sending emotional ripples throughout our beings. One of our tasks is to help build equipment to process emotional impacts, to be able to live through what we create together. To some extent, a psychoanalyst must be a connoisseur of impacts. Shocks have different tastes. Some we get used to. But there will always be enough new shocks to broaden and shift what it is possible to experience. (1998, p.17).

Throughout our lives we are confronted by shocks we do not anticipate and cannot process alone. Therapist and client work to develop the capacity for deeper experience and the expression of a self larger and more complex than that contained within the script system originally developed to ward off or manage the shocks of our childhood environments.

Knoblauch (2000) has coined the term "resonant minding" (p.95-97) to capture this experience. *Minding* captures the sense of the process, stressing it over the location of an event. An essential aspect of my understanding of working within the interpersonal unconscious is that the therapist is busy "minding" the shop, constantly curious, wondering, an auxiliary dreamer. Hopefully, when the patient goes flat, something will pop up in the therapist—something stays alive. I think this aliveness *in* the therapist, in the therapist's process of minding, rather than *in* the relationship. In my experience as a therapist, something needs to stay alive

in me, I need to stay alive in the therapy. My job is to stay alive in the session, to keep myself alive. If I stay alive, the work will stay alive. The therapist's curiosity, intensity of wondering and experience, creates the opportunity and space for unconscious communication.

In a talk Bollas gave to the British clinical TA symposium, he touched on something very important and too rarely addressed: the privilege and the pleasure of doing this work. It is my hope that I communicate this pleasure in a myriad of ways to my clients. I love what I do, and that is true even in the depths of the most difficult, conflicted phases of the work. There is a profound shift in unconscious experience when client and therapist move into territories that have been historically drenched in punishment, shame, loss, prohibition, anxiety, or hatred, and discover in the midst of it all, the vivid pleasure of the work itself.

I think of my own recently concluded personal psychotherapy. It was my third therapeutic relationship. It was a psychoanalysis. That experience fills the background of this paper. Clearly I have learned a great deal from the authors I have quoted here. My work has deepened and matured from reading and knowing them. I no longer seek to "fix" the unconscious. I have learned to welcome it in its many guises, to live with it, to learn through it. As I prepared to terminate my personal psychoanalysis, I realized that I had not internalized my therapist as a new, good object, had I internalized our relationship per se. What I had internalized was a way of working, a way of reflecting, a way of being with myself in the presence of an attentive and ultimately beloved other.

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