

the open road that a new theory provides, to think for oneself and come up with one's own perspective and one's own ideas. Since the narcissist has a depleted sense of self, he or she has no secure base from which to come up with his or her own ideas or discoveries. Thus, such individuals may become borrowers.

To feel complete, to fill that empty void, they dogmatically grasp onto a familiar belief already free floating in the air at the time and claim it for their own. It is the narcissist who publicizes the well-worn and familiar idea and then assumes the stance that it was his or her own discovery. We leave them dogmatically clutching onto old ideas as the rest of us move on.

While the dogmatically held belief did not originate with him or her, the narcissist dogmatically holds onto that belief as his or her contribution and as the original and final word on the topic. He or she assumes that any further advances are a refutation of the importance of his or her own contribution.

The dogmatically held belief eventually does become identified as the creation of its promoter. The rest of us don't really care. We have moved on.

The question that comes to mind now is whether it is therapeutic or even kind to confront the grandiosity of these dogmatically held beliefs. On reviewing the cautions offered by Heathcote, I seriously question the wisdom of confronting dogmatically held beliefs in the absence of a long-term treatment commitment.

Ken Woods, United States

Dear Editor,

I read the article by William Cornell and N. Michel Landaiche, III, in the July 2006 *Transactional Analysis Journal* (TAJ) with great interest and pleasure. It is wonderfully set out and presented, easy to read, and extremely informative. Congratulations to both authors. Theirs is a timely presentation of the importance of the interpersonal implications of intrapersonal impasses and some of what is involved in dealing with them.

What struck me particularly was that their experiences seem to be quite similar to my

own. In the early 1970s in transactional analysis, we were very focused on the intrapersonal aspects of impasses, as Cornell and Landaiche wrote. However, although my article on impasses to which they referred (Mellor, 1980) concentrated on those aspects, by the time I wrote it, I had grappled for 5 years with many of the issues they raised. Interestingly, too, while I frame things differently, my understanding of the outcomes and how to deal with them is similar to theirs. And I want to share some of my thinking about this.

It is clear to me that therapists and clients set up systems of relating that are reenactments—externalizations—of their own inner dynamics and that there is actually a match between therapist and client in this respect. In fact, I would go further and say that people do not get together unless there is a match and that we are attracted to the people with whom we work or associate because they match our own dynamics. This is cryptically described as, “If you spot it, you’ve got it.” I have also observed how these dynamics seem to operate the same way in all relationships, not just therapeutic ones.

Accordingly, I have worked for many years now on the principle “as on the outside, so on the inside; as on the inside, so on the outside.” My doing so was partly prompted by simple observation and partly through understanding a deeper “energetic principle” that has been explored for millennia through meditation and other spiritual practices. This states, “Like attracts like.” If true, this would mean that what people do with each other always involves the same inner dynamics, even if their surface behavior does not seem to match. And, so far, every time I have explored this possibility within myself or my clients, I have found it to be true; that is, the dynamics are always the same, although the content may be different.

Along the same lines, I have worked on the basis that anything I perceive in or about others is also true of me. This was a huge meal to digest in the beginning. However, every time I faced this, I found doing so nourished me greatly and was well worth the discomfort of facing the truth it revealed about me. Remembering that this applies as much to those aspects of others I liked as to those I did not like

was sometimes helpful! Others found themselves similarly nourished when I helped them to learn to claim their projections. To do this, I use a technique called the Unifying Meditation (Mellor, 1988b).

The implications of these observations for therapists are important. One of these is that to do therapeutic work with the level of openness and transparency I perceive Cornell and Landaiche to recommend, we need to own our parts in what we are perceiving in others. I very much agree with this position. What I would add is that those parts are what we are perceiving in others. If we avoid owning them, we can easily get caught up in the self-defeating dynamics Cornell and Landaiche so clearly describe. In other words, it is important for us not to imagine we are immune from what our clients are presenting back to us, even if we think we have dealt with this aspect of our own dynamics (pathology). While we are still working as therapists, we still have more to do; because, again if I am right, when people are doing something with us, whatever the "something" is, we are doing it internally with ourselves and doing with them, too. This is a great stimulus for personal development.

I also entirely agree with Cornell and Landaiche's views about the interlocking nature of experience. Resolution often needs to be through interpersonal means, and such resolution requires that someone in the situation has or develops the capacity to remain open to and to manage whatever is stimulated in his or her system by what is going on. Ideally, in therapy, this needs to be the therapist, although for both to benefit it may not be. In fact, the truth is that some of our clients may be more accomplished than we are in what is required, for a time at least—not that we as therapists should ever rely on this! In my view, therapists clearly have a great responsibility to develop the necessary capacities. Importantly, my understanding from my own work is that to do this, so the deeper changes that Cornell and Landaiche mention can occur, the necessary openness and experiencing needs be visceral, not primarily emotional or cerebral.

In my article (Mellor, 1980), I was already clear that redecisions were not cognitive,

except for first-degree impasses. I outline this briefly in the table in the article: "Decisions: 1st degree (made with words, [meaning "cognitive"])", "2nd degree (feeling-based conclusions, simple words may be involved)", and "3rd degree (organismic shifts influencing visceral functions)" (p. 215). I explained the meaning and implications of these definitions at much greater length throughout the article.

To make effective "redecisions," I understand that people need to reexperience the same complex of forces that prevailed when they were making the original decisions; as they reexperience these, they need to take themselves or be helped through the process of remaining aware of those forces and their original conclusions or decisions (cognitive, feeling-based, or organismic shifts, depending on the degree of the impasse). Also, as we engage in this process with them, we need to hold the possibility of change open to them by remaining open to and participating in their experience while knowing other options exist.

Accordingly, to resolve issues at the 3rd -degree impasse level, people need to revert to baby consciousness and experience viscerally whatever was going on "back then" and with the same intensity. By doing so, they give themselves the opportunity for the original dynamics to come into awareness, to be accepted in all their "glory," and to reach different conclusions, where the conclusions (redecisions) are made in the same "style" as the original conclusions (decisions) were made. For this level of impasse, the new conclusions need to be visceral. My own experience of doing this with myself and others has been distinctive. At times, I have needed to enter cellular consciousness to pull this off—no words, no feelings, simply the experience of the physical that I could explain after the event but could not have put into words at the time, because I was simply aware and embracing what was occurring.

My long-standing meditation practice has helped to open my awareness to these levels of experience when I do this kind of work for myself. When I do it with others, I move into a form of deep intimacy with those involved, cultivating complete openness to them (dropping all boundaries). I use what I call the Intimacy

Meditation (Mellor, 1988a) to do this. Then, while I may talk occasionally to encourage them to stay aware of bodily sensations, I simply travel with them as the experiences unfold. All the while, I do my best to accept and digest whatever I am experiencing in the shared state of consciousness that develops with the other person. At the same time, I also cultivate a state of inner oneness and completion with the other person. People usually come out of the experience having changed viscerally, which then generally leads to other emotional, cognitive, and spiritual changes. The actual outcome depends on our abilities to stay with the intensity involved. Even if someone cannot do so, however, everyone seems able gradually to develop the capacity to do this through repeated experience.

Finally, I concluded a long time ago that, in this way of working, our usefulness as therapists to others runs out at the point at which our courage to face ourselves in the midst of the relationships with them runs out. This applies to all issues and particularly to their or our most intensely charged ones. I reached this conclusion when working with very disturbed people. This was because working with them frequently gave me the opportunity to digest the impact of their intense survival-level struggles, struggles that I experienced in the midst of the therapeutic process I have described as if they were my own. This meant that I needed to learn to tolerate a sense of my own survival being at risk (my own annihilation), or whatever else the primal fear was, while remaining open to the person who was the stimulus (although not the cause) of what I was experiencing. In other words, we remain helpful at the deeper levels with our clients only while we continue to face, accept, experience, deal with, and digest what is stimulated in us as we engage with our clients and do all this in a way that communicates our complete acceptance of our clients to them, as well as a sense of presence with them in the midst of what they are going through.

I regard teaching all of this to my trainees as fundamental in their training.

Again, I thank Cornell and Landaiche for their wonderful article.

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Dear Editor:

In his two-and-a-half-page article "The Stroking School of Transactional Analysis" published in the January 2007 *TAJ*, Ken Woods tells us that he turned away from practicing stroking methods because he and his wife/cotherapist developed mastitis from the exertion of trying to satisfy the stroke needs of a group of depressed women.

It is not clear what Woods is referring to when he writes about the "stroking school of TA," but I am guessing that he is giving short shrift to my lifelong work on stroke-centered transactional analysis (SCTA). He does include my paper on the subject in the references (Steiner, 2003a).

My guess is that he has not read the basic literature on SCTA. He seems to think that it involves relentless, unilateral stroking of inert, stroke-starved clients or playing variants of "Gee, You Are Wonderful Professor." No wonder, thankfully, he abandoned the quest and returned to a therapy of "recognizing and interpreting transference and the unconscious communication contained within projective identification" (p. 34) (for which I presume he has ample training).

Let me simply state that Woods fails to understand what a stroke-centered approach is. Certainly, it does not involve a husband/wife team spoon-feeding a homogeneous group of depressed women with strokes or Persecuting one's clients after we Rescued them with plastic strokes.

Quite to the contrary, stroke-centered transactional analysis is about teaching stroke-hungry people (read: most of us) how to give and accept strokes so that they may give up the toxic games and drama triangle roles that are the frequent cause of their depression.

For those who might be piqued into further study by Woods's article, the most up-to-date