

Are Games, Enactments, and Reenactments Similar?: No, Yes, It Depends

Abstract

This article examines the similarities and differences between games, enactments, and reenactments. The author explores how the multiple definitions of each of these constructs make comparisons between them even more difficult. The author concludes that despite possible theoretical similarities, there are important clinical reasons for seeing all three as separate constructs. These reasons are discussed, and further explored using case vignettes.

Keywords

game, enactment, reenactment, transference-countertransference matrix, specificity theory, trauma, dissociation

This paper had its origins in the recent 2014 World Transactional Analysis Conference held in San Francisco and titled “TA Now: A Game Changer.” The conference provided many opportunities to review game theory, and the similarities between games and enactments, as defined by transactional analysis and psychoanalysis. During the conference, I noticed how many therapists, myself included, seemed to be using games and enactments interchangeably. As the conference progressed, I began questioning this assumption. I engaged in many conversations with other therapists about how perhaps we had been too quick to accept the overlap between games and enactments, without examining the possible differences between these terms. When I asked colleagues if they thought games and enactments were similar, almost always there was a knee jerk reaction that yes they were similar, followed by a reflective pause that indicated possible doubt, and further discussions, with no definitive answer to the question.

This paper will address all three of these constructs; games, enactments and reenactments, and the ways they may be seen as similar or different, depending on which definitions and theories are used in the comparisons. I believe that despite having many similarities, there are meaningful clinical differences, which call for keeping them separate.

The Untidy Definitions of Games and Mutual Enactments

When games and enactments are evaluated through the lens of their respective theories, transactional analysis and psychoanalysis, the similarities or differences depend on what definitions of each are used for this comparison. More liberal definitions will create greater similarities than narrow definitions.

Since 1964 when Eric Berne’s book “Games People Play” was published, game theory has been one of transactional analysis’s fundamental constructs. Games have a rich

history of use in describing both patterns of relating and behaving, and their motivations, not only in therapeutic relationships, but also in groups and everyday life.

Berne's (1964) primary definition of a game was clear and straight forward, "...an ongoing series of complimentary ulterior transactions progressing to a well-defined, predictable outcome." (p. 48) He suggested the defining features of a game were the ulterior quality and payoff.

Since Berne's development of game theory, other writers have expanded the focus of why a game is played. English (1977), believed that games are played for a payoff of strokes rather than a payoff of bad feelings at the end of a game. English's emphasis was on the process of the game, which leads to these strokes, and this process was termed "racketeering" (p.130).

Vann Joines (1982) also distinguished between games and rackets. He believed a person settled for playing a game to evoke unpleasant feelings, when racketeering was not possible.

Zalzman (1990) noted that although games are defined as being played between two players, "...a game does not necessarily require two players, but instead can be carried out by one player single-handedly in transactions with another person who is not playing a complementary game and does not collect a payoff" (p. 10). Berne (1970) referred to these types of games as "skull games". Zalzman views these one handed games, "...as intrapsychic processes which parallel but are not the same as transactional games" (p. 10).

Cornell (2008) has written of limitations to Berne's idea that games are preconscious experiences that can then be easily brought into consciousness. Cornell believes there is also a deeper unconscious experience and advocates for pushing the frame of games to include these more unconscious processes. Cornell states that within the Child ego state there is a level of organization, "...that is learned at a body level and lived, experienced, and expressed not in the words of an internal dialogue, but in somatic organizations, in unconscious fantasies and wishes, and through the styles of our contemporary relationships" (p. 97).

Whether games and enactments are similar depends on whether one believes the definition and theory of games can be expanded to include the processes Cornell describes. From my perspective, I favor retaining the more traditional ways of defining games, and placing these deeper unconscious experiences within the construct of enactments. Keeping games and enactments separate allows for distinctions between preconscious relational patterns, found in games, and unconscious processes often discovered through enactments.

Unlike games, enactments are not well defined and do not lead to predictable

outcomes. In fact, enactments within a therapeutic relationship have the potential of creating what Bromberg (2006) has described as “safe surprises” (p. 198). These surprises are said to make possible the recognition of unconscious processes in both the client and the therapist.

For me, this is where I see the primary difference between games and enactments. Games tend to advance the defense of unconscious experiences, while enactments tend to reveal unformulated unconscious experiences. The distinction I’m making centers around my belief that some experiences are defended against, while other experiences have never been formulated and therefore require no defending.

I came to this distinction after reading how Stern (2003) distinguished between two views of unconscious experience. For Stern, defended experiences are like trying to keep a beach ball under water. However, because unconscious experiences are naturally outside of one’s awareness, they are not defended against. Rather than looking for defenses, the client and therapist need to uncover these unformulated experiences, usually through enactments. Stern summarizes his ideas about these two different perspectives by stating, “What if conscious experiencing is not so much like stifling the uproarious beach ball as it is lifting a rock from the bottom and hauling it to the surface?” (p. 86).

I believe the difference between payoffs in games, and safe surprises in enactments, is that, generally, the exploration of games leads to an understanding of how known experiences became split-off and defended against, while enactments lead to the discovery of unformulated experiences within both the client and therapist. By keeping games and enactments separate constructs, transactional analysis has a way to theorize and work with both of these experiences.

So far, most of the exploration of enactments in both psychoanalysis and transactional analysis has generally been limited to the analytic dyad. Aron (2003) noted however, family therapists such as Minuchin (1974) were also developing the construct of enactments in working with families.

A standard definition of enactment remains elusive and enactment will most likely remain a construct with multiple definitions and meanings. Perhaps a definition of enactment by Chused (2003) can be used as a starting point. In her definition, Chused identifies the bi-directional nature of enactments, generally thought to originate within the transference and countertransference field (Bass, 2003). She sees enactments:

...as occurring when a patient's behavior or words stimulate an unconscious conflict in the analyst, leading to an interaction that has unconscious meaning to both. Conversely, an enactment occurs when an analyst's behavior or words stimulate an unconscious conflict in a patient, productive of an interaction with unconscious meaning to both. (p. 678)

In a panel discussion on enactments, Chused noted that not all of the analyst's countertransference reactions are elicited by the patient, and that only those countertransference reactions that appear to be elicited by the patient fit within the construct of enactment (Chused et al, 1999).

Historically, McLaughlin (2005) was one of the earliest psychoanalysts to begin writing about enactments. He believed the construct "enactment" offered a new way of thinking about countertransference and the therapist's impact on the patient. Countertransference was not to be viewed as a deficiency in the analyst, one that suggested he or she was not fully analyzed (Ellman et al, 1999), but as a natural part of the analytic process. This shift in the thinking of the analyst's countertransference created opportunities to explore the mutual influences between patient and analyst, including enactments.

With the development of a more relational approach in psychoanalysis (Greenberg and Mitchell, 1983) and a less pejorative view of countertransference, the analyst was now able to make therapeutic use of his or her countertransference. Enactments became an important part of the therapeutic experience, a space where patient and analyst are engaged within transference and countertransference processes. In addition, with a deeper understanding of trauma and dissociation (LeDoux, 1996) (van der Kolk, McFarlane, & Weisaeth, 1986), and even psychotic processes (Eigen, 1993), enactments are now seen as an almost necessary part of treatment. Enactments have been referred to as "...pot holes in the royal road..." (Bromberg, 2000, p. 7) to the unconscious, and like dreams, are first experienced, and then explored to understand unconscious or dissociated parts of the personality.

A primary issue in defining enactment is to what degree the term describes both specific moments of interpersonal interaction in treatment, and a broader sense of relating. The challenge for the therapist has been to guard against defining enactment in either a too narrow or too broad way. For example, Jacobs (1986) originally defined enactment as, "Any unconscious interpersonal communication in which gestures, body language, and nonverbal communication play significant roles..." (p. 134). This early definition creates a rather large brushstroke as to what could constitute an enactment. McLaughlin (2005) anticipated such issues when he wrote that, "Soon we shall have packed it with analytic meanings, only to come to the sad conclusion that we have a term utterly lacking in the precision that would satisfy those who like their theory neat" (p. 185).

Aron (2003) sees the difficulty in creating a neat definition of enactment as a positive, in that this difficulty creates an "important tension" (p. 623) between the narrow and broad uses of the term. Aron believes enactment can represent both "episodic and discrete events" (p. 623), as well as ongoing interactions in treatment. While Aron values both sides of this tension, he cautions that the broader definition can result in, "...turning all of analysis into one huge enactment" (p. 623).

Bass (2003), a psychoanalyst, proposed distinguishing between ongoing and specific enactments by using a lower case e for the former and a capital E for the latter. Lower case enactment describes, "...enactments that form the daily ebb and flow of ordinary analytic processes..." (p. 657). Capital Enactments, "...are phases of both unusually high risk and high-potential growth for analyst and patient alike" (p. 661).

Another psychoanalyst, Davies (1997) uses the term "therapeutic enactments" (p. 246) to describe certain moments in treatment, what she calls "wrinkles in time" (p. 246). These moments collapse both past and present into, "...a coconstructed organization of the transference-countertransference matrix that bears such striking similarity to an important moment of the past that patient and analyst together have the unique opportunity to exist in both places at the same time" (p. 246).

Similar to psychoanalysis, the development of a relational approach in transactional analysis (Hargaden & Sills, 2002) created an interest in ways client and therapist enact unconscious parts of both of their personalities. The term enactment is often used when describing work with trauma and dissociation by authors such as Little (2006), Stuthridge (2006, 2013), and Oates (2012). In the transactional analysis literature, there seems to be limited exploration of the tension Aron (2003) addressed between enactments that are discrete events, and ongoing interactions. This may be an area of further study within transactional analysis.

Stuthridge (2006) has written about enactments as part of her work with trauma and dissociation. She describes how early relational interactions a child experiences with his or her primary caregivers are then internalized within a "Parent/Child ego state dyad" (p. 271). She adds that, "The intrapsychic structure then shapes the view of self, others, and the world outside so that the adult survivor of abuse continues to see monsters long after they are gone" (p. 271). Stuthridge believes that through the therapeutic relationship, including enactments, these, "...implicit relational patterns formed in the abusive context inevitably emerge in the therapy relationship" (p. 277).

Stuthridge (2006) speaks of the difficulty in reconciling traditional transactional analytic theory with enactments. She explains that, because Berne's methodology was more of a one person approach, the detached therapist would remain outside the relationship. From this position of detached observer, the therapist would refuse to engage with the client's transference. Instead of viewing the transference as part of an enactment that needs to be experienced in a two person relationship, the one person approach would view this transference as a game to be confronted.

I am arguing that games have a much broader reach than enactments. Games have been explored and used effectively beyond the therapeutic dyad in areas such as social (Joines, 1882), family (Massey, 1990), couples (Karpman, 2009) and organizations (Summerton, 1993). So, while an enactment may be another form of a game, there are

many other ways to make use of game theory that fall outside of enactments.

There are times when clients may be unable to work within a two person model (Stark, 1999) or their issues need to be address more intrapsychically than through an interpersonal model. Often, these are times when the client is unable to recognize that what is occurring in the therapeutic relationship is not a continuation of past childhood trauma. In these instances, a fuller immersion into the client's emotional world, within a cocreated experience, may be less effective, if not ill advised. This type of experience seems better defined as a reenactment rather than an enactment or game. Reenactments are explored in the following section.

Reenactments

The recent emphasis on enactment seems to have engulfed the term reenactment in a way that distinctions between the two have become blurred. In addition, the distinction between game, reenactment and enactment has not been discussed in much detail in the transactional analysis literature. I believe there is important therapeutic, if not theoretical value in keeping a distinction between the terms.

Schwartz (2000) who writes about trauma and dissociation, states that reenactment and enactment are often used synonymously. However, he delineates between the two by defining reenactment as a specific type of enactment that is trauma based. He cites Miller (Schwartz, 2000) who defined reenactment as containing, "...elements of the original trauma in posttraumatic symptoms, behaviors, and/or interpersonal patterns of relating-all characteristic of trauma survivors' functioning" (p. 134). For enactment, Schwartz takes what he describes as an egalitarian perspective, defining enactments as having "...not only elements of the patient's psyche but elements of the therapist's psyche as well" (p. 134).

Again, how one differentiates between reenactment and enactment depends on the ways each is defined. In my way of thinking, an important difference is that often in a reenactment, the client's experience of traumatic memories makes it more difficult for him or her to make use of the therapeutic relationship. In many cases, the client is unable to separate the traumatic memory being evoked in the therapy from the actual past trauma. In these instances, the therapist may be seen as a stand in for a past abuser or unprotecting caregiver.

Davies (1997) takes a similar position, noting that in an enactment, there is a joint reliving of a traumatic experience, as opposed to a more one sided reliving of a trauma in reenactment. She believes this joint reliving is what makes an enactment distinct from a traumatic reenactment. Davies writes, "...a joint reliving of what was originally experienced in psychic desolation and traumatizing isolation is the only way to categorically differentiate the therapeutic reprocessing of previously inexpressible horror from a traumatic reenactment of the abusive events" (p. 247). Using language that

sounds similar to transactional analysis, she adds, "It is only in relationship to an analyst who feels for and with him that the abused child within the adult survivor may come to struggle once more with emotional desire and yearning..." (p. 247).

Davies's (1997) thoughts on relating more directly to and with the abused child within the adult survivor are consistent with the ways I use transactional analysis when a client is able to work more relationally with his or her trauma. However, when the client is in the throes of a reenactment, the work may need to focus more on the client's intrapsychic processes. Often this requires a shift from a two person approach (Stark, 1999), to a one or one and one half person mode of therapy (Stark). The primary focus is on what is being triggered within the client's traumatized ego states, rather than what is being evoked in the here and now relationship.

The clinical difference between reenactments and enactments is subtle but significant. In a reenactment, the client's experience in session is not being cocreated with the therapist, as defined in enactment. Rather, the origins of the reenactment are usually in the client's trauma memories. While the therapist's words or body language may be triggering these traumatic memories, this is generally not occurring from within the therapist's countertransference or unconscious processes. In these cases, the client may be misreading the therapist.

These are also times when the therapist's training and her own self awareness are required to help her discern if the current situation is more a reenactment or enactment. Davies (personal communication) believes the therapist must be able to self reflect on her own countertransference when the patient is accusing or attacking her, rather than becoming reflexively defensive, or assuming an enactment is taking place. Within the process of understanding the therapist's contribution (i.e., an enactment between client and therapist), or lack of contribution (i.e., a reenactment based upon past traumatic experiences), the client develops a greater ability to distinguish between more interpersonal and more intrapsychic experiences. This distinction is illustrated in example one of the clinical vignettes.

Reenactments then can be seen as originating primarily in the client's transference, and his or her intrapsychic experiences that are being triggered and symbolized in the therapeutic relationship. Not all reenactments are the result of a negative transference. A positive transference can create a reenactment around loving or longed for individuals from the past.

I believe that by keeping reenactment separate from game and enactment, we can continue to have a specific term and clinical construct to distinguish these forms of trauma repetitions from games and enactments. There are other clinical reasons to retain a separation between games, enactments, and reenactments, which I address in the following section.

Clinical reasons for separating games, enactments and reenactments

Speaking to the lack of consensus on the meaning of enactment, McLaughlin (2005) speculated that, "...probably the best we can do is to declare our preferences and attempt to justify these as best we can on both clinical and theoretical grounds" (p. 186). As stated, my preference is to keep games, enactments, and reenactments separate. I believe each construct is describing a different experience or process.

For example, unlike the familiar relational patterns in games, and familiar intrapsychic processes in reenactments, enactments are relational moments where both client and therapist are experiencing a way of relating in which something new is experienced by both of them. What seems to be evoked in the client is a part of the self that has been so deeply split-off, that it is usually not revealed in either games or reenactments. Often these unconscious experiences are revealed within intense enactments. Example two of the case examples touches on this process.

Another reason for keeping these three constructs separate is the difficulties in integrating constructs from different periods or different theories. Soth (2013) expressed concerns about "stretching the framework" (p. 132) when that framework is rooted in an earlier historical period. Berne's game theory was developed outside of the recent surge of trauma and dissociation research (Caizzi, 2012; Cornell & Olio, 1992; Erskine, 1993; Stuthridge, 2013). His references to unconscious processes would have fallen within his psychoanalytic training and theories of unconscious process of his time. In relational psychoanalysis and transactional analysis there is a heavy emphasis on enactments that originate around issues of trauma and dissociation. The contemporary views of trauma and dissociation were not available to Berne.

I agree with Soth (2013) that while there are benefits to an integrative approach, there may be unintended consequences. He suggests one consequence of integrative therapy could be an oscillating by the therapist, "...between contradictory principles, thus unwittingly giving double messages to their clients" (p. 132).

For example, my training in contemporary psychoanalysis occurred many years into my career, which was primarily based in transactional analysis theory. At the time of my psychoanalytic training, I had also begun to learn more about trauma and dissociation. A long term client of mine began to recognize how my ways of working with him were changing. Some sessions I saw his issues as trauma based and worked within my understanding of reenactments. Other times I worked as though we were in an enactment. Still other times, my work was informed by my understanding of game theory. While his presenting issues were not changing, my way of working with them often changed session to session. At the time, I felt this offered us many different ways to look at his issues. I missed the confusion I was causing him, until one day he let me know. In an exasperated tone he said, "Jesus! When I started therapy with you, you used TA. Then you added trauma theory. Now you've added this psychoanalysis stuff. It

seems you try something different every session. You're driving me crazy!" I discovered from this experience the importance of keeping these three constructs separate, and using them in more informed ways.

In a previous article (Novak, 2013) I took the theoretical position that games were similar to enactments when I was working clinically with trauma and dissociation. I fell into the trap Soth (2013) mentions of appropriating a word or construct, in this case enactments to games, in a "taken-for-granted" (p. 132) fashion.

When I was introduced to game theory over twenty years ago, I was taught that all clients played games and part of my job was to recognize the game, label it, and work to help the client stop playing it. Usually this involved some form of confrontation. In group supervision, often with the use of tape recorded sessions, I was taught to look for the first con or discount, which could alert me that my client and I may be in the terrain of a game.

This way of working had already put me at odds with my client. The client was up to something. He was going to try to con me, get me to feel bad at the end of a game, and I needed to be on guard. This is hardly an atmosphere that is conducive to creating potential space for cocreative experiences. This way of working with games would most likely foreclose the development of the type of potential space where enactments generally occur.

A parallel issue in classical psychoanalytic theory could be the distinction between manifest content and latent content (Fosshage, 2011). Here, the analyst listens to the patient's words and stories, manifest content, as if they are a defense and attempts to uncover what meanings these narratives carry at deeper unconscious levels, latent content.

Both these ways of working can create situations where the therapist may be listening to the client with suspicion, or in ways that the client is actually disbelieved. I would argue this might be the first discount, and it is coming from the therapist.

The historical technique of game analysis is ingrained in me at a rather deep procedural level. My style of working with games still remains more one person. When I explore a moment in treatment through game analysis, I can sense myself working more within in a one, or one and one half, rather than two person experience. I find it difficult to believe my more intuitive clients do not sense this shift.

Because games, enactments, and reenactments have different origins and different treatment approaches, rather than integrating them, I have found myself using each construct independently at different times throughout the course of treatment. What I have found to be helpful in working with all three constructs this way has been the ideas of Howard Bacal (2011) and his metatheory of specificity theory. Bacal (2011) writes

that, "...each analyst-patient dyad constitutes a unique, reciprocal system..." (p. 267) and that, "Therapeutic possibility is cocreated in the specificity of fit between the patient's particular therapeutic needs and that therapist's capacity to respond to them, both of which will emerge and change within the unique process of each particular dyad (p. 267).

Bacal's (2011) specificity theory has been helpful to me, as it captures the way I make clinical uses of games, enactments and reenactments. Thinking in terms of specificity of fit, a client and therapist may at different times throughout the therapy be involved in any one of the three. One of the challenges for the therapist is deciding which of the three constructs fits with what seems to be going on within the therapeutic relationship at the time.

This is not an integrative or eclectic approach. This approach considers that at different periods of time in a therapy, the client and therapist may be involved in a game, enactment, or reenactment. Once the therapist decides which of the three constructs best fits the therapeutic experience, the corresponding treatment approach is used.

For example, when I sense a client and I are working within a reenactment, I find myself thinking and working within trauma theory (Schwartz, 2000; van der Hart, Nijenhuis & Steele, 2006; van der Kolk, McFarlane & Weisaeth, 1996). If what we are experiencing feels more like an enactment, I work within contemporary psychoanalytic theory (Bromberg, 2006; Davies, 1997; Stern, 2010). When the experience feels to me more like a game, I work within transactional analysis game theory (Berne, 1964; English 1977; Woods, 2002).

Often my shift into any one of these three ways of working is not consciously motivated. At times, I find myself naturally moving into one of the three, motivated by a change in session that I have not yet consciously recognized. For example, the client may have experienced something in the session as a trauma trigger, and he may be moving into a reenactment. My shift to a more intrapsychic approach may be in response to the client's shift.

Keeping enactments separate may also carry a clinically informative quality around therapeutic progress. For example, an enactment could be an indication that the client's traumatized parts of the self are now able to relate to the therapist in the present, rather than as a past object. Although the therapeutic relationship will most likely continue to evoke past memories and feelings, the client is more aware that these are rooted in his or her past trauma.

To further clarify the clinical distinctions between these three constructs, the following section will provide examples of working with a reenactment, enactment and a game. I offer brief comments of the ways I thought about each construct clinically.

Examples: Reenactment, Enactment, Game

Example 1: Reenactment - A one sided reliving of trauma

For many months Jody experienced in her weekly sessions what I would define as reenactments. In her preteen years, a powerful member of the family sexually abused Jody. Now as an adult, Jody was a successful business woman who lived life as if everything was great. However, internally, she silently suffered with feelings of shame, disgust and panic from her childhood abuse.

Jody would begin each session talking about the events of the week, only to become more silent as the session progressed. In this silence, she experienced body sensations that she said were like the ones she felt during and after her sexually abuse. Sometimes I would ask her if she could describe what was going on, other times I would sit quietly with her.

If this has been an enactment, I would have been contributing in some way to Jody's feelings. For example, perhaps my questions would have felt invasive, or I may have pushed too hard for her to talk about her abuse. My silence might have creating feelings that I was ignoring her abuse, like her parents had done when she was a child.

However, as best Jody and I could discern, merely being in the presence of another person who knew what she kept hidden was evoking her feelings. Neither Jody nor I thought her feelings were being evoked through a cocreated experience. Her comment, "I always feel this way when I'm alone with a man" seemed to indicate she was in the terrain of a trauma trigger and a more one sided reliving of her trauma. These experiences in session were processed as more intrapsychic experiences. Over time, Jody was able to eventually change her internal experience of me, and then other men. These new internal experiences were different from the internal experience associated with her abuser.

Example 2: An Enactment Misidentified as a Game

Brian had been attending weekly sessions, when his feelings of anxiety, which had started to reduce, returned. He became less interested in exploring what was going on for him. Instead, he wanted me to provide concrete answers as to why he was feeling so much anxiety. I would remind him of his childhood traumas, which included a history of abandonment, a lack of support, and being terrorized. My thoughts were that his anxiety was connected to these experiences. Brian would agree, but then return for his next session appearing to have forgotten our discussion from the previous session. A very bright man, I found his chronic forgetting strange if not irritating. Several months later, the anxiety seemed to deepen into panic attacks, and somatic symptoms that had Brian going to emergency rooms and doctor's offices, in hopes that they could discover what was medically wrong with him. A healthy man, the medical profession could find

nothing medically wrong with him.

My internal irritation and impatience continued to grow as Brian continued to ask me what he should do. Meanwhile, Brian continued to seem uninterested in attempting to reflect on his symptoms. All he would say was, “I don’t know.”

At this point, I was thinking and working within game theory. I thought Brian was attempting to make me helpless and ineffective, just like all the physicians who could not provide a diagnosis. I guarded against playing an “I’m only trying to help” (Berne, 1964) game as best I could.

Then in one session, following another week of medical testing, Brian spoke of a childhood experience where his mother and father had been dishonest with him. For some reason, this new material seemed to allow Brian to become less protective of his parents, and to see the lack of support from them. That weekend I received a text from Brian, asking me for clarification on something I had said in the session. My initial thought was, “more game.” I thought I was being set up to provide more information that would be rejected. However, as I thought more about the text, and our work together, I thought of the last sentence in his text, “This is making sense.” I now understood that Brian had not been asking me for answers as much as he was looking for reassurance that everything was going to be ok. This was one of many important needs that had been missing in his childhood; someone to tell him everything was going to be ok. I now saw what was going between us not as a game, but as an enactment.

Brian was looking for reassurance that neither our work, nor I, was providing. So in the next session I merely stated what I had believed to be the obvious. I said something like, “Brian, I think we have a very good idea of what is going on and where to go with it. We can do this work, everything is going to be ok.” Brian was silent and then he began to cry. My eyes became moist as well. Our enactment revealed that within this strong man, there was a split-off need to feel safe, protected, and reassured.

We were beginning to experience a joint reliving of Brian’s feelings around his original experience of traumatizing isolation. This joint reliving deepened and intensified in future sessions. Through this work, I began to see his response, “I don’t know” to mean, “I don’t remember.” As dissociated experiences from Brian’s childhood became available, they seemed to connect with Brian’s feelings of anxiety, and somatic sensations.

Example 3: A Game, Not an Enactment

Mary began the session in way that was unusual for her. Rather than getting right down to business, as this was “costing her money,” she talked about a weekend sporting event. She’d been upset that her team had lost. Feeling a sense of connection around this sporting event, I noticed myself relaxing, something that tends not to happen in

sessions with Mary. I began to talk with her about the sporting event, offering my own opinion as to why her team lost, when Mary abruptly cut me off in mid sentence, and blurted out, "I don't want to talk about this, it's a waste of my time!" She then began to talk about her week.

I felt stunned, and attempted to grab my bearings. I rationalized that this was in fact her session. As she was fond of saying, "She was paying for this." So she could make use of the session time however she wanted. However, I knew this was my attempt to avoid something that now needed to be addressed. Being short with family and friends was a repeated pattern for Mary. She had described several incidences similar to what had just occurred in our session. I spoke about how I thought what sometimes happens with family and friends may have just occurred between us. As had been the case with other people, Mary had no idea of her impact on me, and then felt bad, saying, "This is what I do to people."

From my perspective, this experience would not be an enactment, primarily because there wasn't anything new in this experience. That is, this was not the discovery of a previously unformulated experience. Rather, this was a familiar and recognizable pattern that was now in our working relationship. Also, the familiar pattern was explored more within a one, or one and one half person mode of therapy. That is, my experience was not discussed. Instead we focused on helping Mary understand her experiences before, during, and after these types of situations.

Conclusion

Transactional analysis continues to foster openness to examining, and when appropriate, incorporating contemporary research and theory from other disciplines into transactional analysis theory. Other times, transactional analysis has also been able to make use of emerging theories and ideas, while keeping them separate from transactional analysis theory.

I believe enactments and reenactments are constructs that merit inclusion in transactional analytic theory. However, I also believe that games, enactments, and reenactments each should remain separate from each other. This conclusion is based upon theoretical and clinical differences between them.

The construct of enactments has theoretical origins in psychoanalysis. The primary clinical focus of enactments has been to enhance the therapist's ability to work in a two person relational mode, when unconscious experiences are a primary issue. Reenactments have been helpful in expanding ways of framing and working with

intrapsychic processes, within the client, related to trauma memories and dissociation. Games carry a broader range of use in exploring a client's interactions with people in many situations such as work, groups, and family, along with the therapeutic relationship. This expansive use of game theory seems to lend itself to remaining independent from enactments and reenactments.

I see none of these three constructs as privileged. Keeping them separate helps to avoid generalizations that may occur if all three constructs are integrated. By keeping separation, each construct retains some uniqueness in theory and clinical function, and each can be used at different times in treatment, for specific experiences.

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