

ENACTMENT AND THE EMERGENCE OF NEW RELATIONAL ORGANIZATION

Enactments are investigated from the process-oriented focus of our therapeutic approach. By embedding their occurrence within the ongoing flow of nonlinear dyadic process, we focus on the subtle back-and-forth between patient and analyst, as well as the importance of what we call *now moments*. An alternative to the dissociative self-state model is offered that emphasizes implicit memory processes in bodily comportment and style of relating with others. We suggest that change occurs through the emergence of new relational (i.e., procedural) skills within a therapeutic relationship that is self-organizing at more inclusive levels. Treating enactment as an emergent property of the dyad means not concentrating on the level of the individual components of a system. Rather, it means regarding enactment as a property of the entire system, without which there would be no emergent property. Going forward, we suggest use of the term *relational apprehension* in referring to the complex process of grasping a gestalt of relational meaning as an integration of perceptions, feelings, images and imaginings, sensations, fantasies, thoughts, and intuitions. Two brief case vignettes from the literature are discussed in order to illustrate this view.

Analytic approaches to clinical situations of disruption in the patient-therapist relationship have described this phenomenon from a multitude of theoretical perspectives. Variouslly termed crunches (Russell 2006), therapeutic impasses (Aron 2006), therapeutic ruptures (Safran and Muran 1996), and, more recently, enactments (Jacobs 1986; D.B. Stern 2010; Black 2003), these experiences represent some of the most challenging and potentially rewarding moments of therapeutic

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This paper is dedicated to the memory of Louis Sander and Daniel N. Stern. Submitted for publication October 9, 2012.

action and interaction. Often disrupting positive feelings of alliance and attunement, such occurrences frequently seem to undo what had appeared to be an otherwise harmonious working relationship, prompting feelings of surprise, blame, anger, and confusion where once an atmosphere of caring, alliance, and good feeling had prevailed.

Enactment has become a major focus of clinical attention within classical, relational, and interpersonal schools. These approaches to enactment, while somewhat different in their emphases, share a basic model of mind that supposes material, be it affective or cognitive, has been separated defensively from consciousness. In the classical model dynamically repressed material finds its way from unconsciousness into action as a mode of expression, while in the relational and interpersonal models experience that would be threatening to know consciously is separated from consciousness and disavowed as part of the self while simultaneously being played out behaviorally. Across schools, analysts describe the goal of transforming what has been enacted into a cognitive product—an experience that is meaningful and symbolically representable (see, e.g., Bromberg 2006). The shift to understanding enactment from the point of view of dissociative processes has been an important advance in addressing these difficult therapeutic engagements. The contributions of Donnel Stern, Philip Bromberg, and others have given enactment a new and different focus, one that creatively reimagines earlier understandings. Yet the dissociative theory currently popular in relational thinking about enactment leads to certain conundrums, as we will illustrate.

Lewis Aron (2003, p. 623) has described the tension between viewing all therapeutic interaction as a manifestation of unconscious mutual influence, thus turning all of analysis “into one huge enactment,” and viewing enactment as limited to discrete episodic events. As examples of the first, Aron considers the work of Edgar Levenson and Owen Renik, while he identifies several relational authors as proponents of the second: “the kind of enactments that are described by writers such as Bromberg (1998) and Davies and Frawley (1994), and that they convincingly relate to dissociative processes, must be set apart from the ongoing . . . enactment that we understand constitutes all psychoanalytic process” (Aron 2003, p. 625). We agree with Aron that these and other relational authors predominantly refer to enactments as discrete events, and we feel that their tendency to set these events apart from ongoing dyadic process represents a classical “holdover” in their approach.

We propose to regard enactment in a somewhat different manner, feeling that this topic, which has so much to do with clinical process, is an ideal one to conceptualize from the point of view we have described regarding implicit relational exchange. Thus, we begin with the assumption that patient and analyst are generally working hard to intuitively grasp each other's implicit intentions and directions. Conversation between them occurs continuously. And while that conversation has an inherent "sloppiness" to it, that sloppiness, rather than preventing communication, in fact contributes to its successful occurrence. Many levels of this conversation occur outside the awareness of patient and analyst, making a large part of their relating implicit. This implicit experience of what it is like to be together with that other person has been described as an implicit relational knowing (Boston Change Process Study Group 2010; henceforth BCPSG).

Like all relationships, within the therapeutic dyad expectations begin to be created as to what kind of things can be anticipated from the other person while the two are together. As we've described, over time a fittedness of joint directionality develops within the dyad, partly on the basis of the two partners implicitly coordinating their direction into a shared one. At times, however, what has felt like a shared direction no longer feels like one. This can happen rather suddenly and be quite shocking, or it may begin gradually and appear in the form of an uncomfortable feeling that something isn't quite right. Examples of both kinds of experience fill the analytic literature on enactments.

Our approach has been widely cited by relational theorists in their understanding of the implicit and affective dynamics contributing to enactments (see, e.g., D.B. Stern 2010; Bromberg 2006, 2011; Benjamin 2010). Yet there remain many questions in the relational literature regarding enactments, questions for which our approach offers additional explanatory insight. One such question concerns how we may conceive of enactment as further embedded within the context of a dyadic treatment process. Another question is what the therapist should do in the midst of and in response to enactments. A third question involves conceiving the mechanism of change in enactments. We would like to revisit the concept of enactment in order to broaden the conceptual framework in which these questions have up to now been answered.

Relational theory has developed a conception of dissociative self-state phenomena in its understanding of enactment. Yet the dissociative model of mind fails to provide a satisfactory framework for changes in

the relational organization of the dyad. We present here an alternative conception that in emphasizing dyadic process shifts the therapeutic focus from what currently are understood to be memories from the past to the present interaction of analyst and patient. We will show how from this perspective the distinction begins to break down between enactment and the subtle back-and-forth in relation. Rethinking enactment in this way, we feel, more fully situates the concept within a relational model of patient-therapist interactive process that less strongly isolates the moment of enactment. We understand that moment not as the return of a dissociated memory but as the threshold for the introduction of emergent ways of being that bring forth new relational possibilities in the dyad.

We begin this examination by taking two case descriptions from the literature as examples on which to base our comments, one by Donnel Stern (D.B. Stern 2010) and the other by Margaret Black (2003). Both are thoughtful discussions of enactment that allow us to address and expand on the enactment concept as it has recently been understood within the relational approach.

BRIEF CLINICAL ILLUSTRATION FROM STERN

Stern (2010, pp. 120–124) provides a brief illustration of a patient's lateness, which affords the analyst time to enjoy a snack. When the patient arrives, the analyst is slower than usual getting to the waiting room, greets the patient less warmly than usual, and has an internal dialogue in which he tells himself, "Well, for heaven's sake, the patient was late. What's wrong with using the time as I see fit?" Stern goes on to describe how the patient, who had a "demanding and easily disappointed father" and was prone to "intense vulnerability and humiliation," felt snubbed by Stern's less than usually warm greeting and spun into a feeling that Stern was in fact contemptuous of him and was interested in him only for the fee. In retrospect, Stern understands the patient's projection of the contemptibility he felt in himself onto the analyst, who then had to struggle with that same feeling; he reports that he felt alternately hurt, defensive, and angry. Stern understands that a self-protective dissociative process was threatening to become engaged in him, a maneuver that would wall off any feelings of inadequacy for not being considered the warm, engaged analyst he believed himself to be. Working with these intense feelings, Stern was able to revisit with the patient the effect of his less

than warm greeting: “I pulled myself together and said something of this order: ‘I was taken by surprise by what you said [the patient’s accusations]—I didn’t know where that was coming from. But now I’m asking myself if the way you felt might have to do with something you sensed during the last session, or when you came in today. Did you notice something I said or did? Because I did. This may not be the important thing, but I did notice that I didn’t greet you as I usually do.’ Despite my reaction to the patient’s accusations, in other words, I was able to consider the possibility that I might have played a role in setting the patient’s complaints in motion.”

The patient acknowledged that he felt “stung” by the analyst’s greeting, but then acknowledged that his defensiveness “could be understood, from within my perspective, as a response to his own critical remarks.”

BRIEF CLINICAL ILLUSTRATION FROM BLACK

Black (2003, pp. 635–653) begins her report of a therapeutic enactment by telling the reader that “Lisa came into the session with energy.” The patient goes on to recount an “amazing” story that Black takes to be a fun and lively, erotically charged romp. Black begins to laugh while Lisa tells the story, and Lisa begins to laugh too. Black writes that she “was enjoying the experience of mutual humor, pleasure, and amazement with this young woman, who was often depressed, blocked and emotionally unavailable.” But in a moment it becomes clear to the analyst that she is experiencing something different from what her patient is experiencing, something different from what Lisa said she wished to convey. “My enjoyment of the moment dissolved . . . almost as I became aware of it. Looking at Lisa, I could see that there was something else going on, a slightly tentative, uncertain look in her eye. We were no longer simply together.” When the patient accuses the analyst of insensitivity, the analyst becomes tense and responds defensively. The patient accuses the analyst of being made uncomfortable by the story she has told, and the analyst feels “set up, judged, and abandoned.” Black goes on: “No doubt in part sensing and responding to my personal commitment to hold on to my reality of her laughing with me, Lisa became increasingly irritated, insisting she had not thought the story was funny. As she drew further away from any recognition of the moment of shared experience between us, a sense of danger and attack filled the room. . . .”

ENACTMENT AS EMBEDDED IN PROCESS: WHY NOW?

A common feature of these two reports is that both analysts begin with the session in which the enactment occurred. Presenting the material in this way decontextualizes it, isolates it from the treatment that has preceded this moment. We believe that what these analysts are referring to as enactments are in fact portions of clinical process that were for the most part created out of the implicit relationship of the analytic pair to that point. Rather than regard these experiences as interruptions in a process of continual unfolding, we seek to move an understanding of them further into the fabric of the larger, nonlinear process of treatment. Both patients arrive in what for them is a unique way, one late, and one fully energized. We are told that this is unusual for them, but are given very little information regarding the trajectory of the patient-analyst process before the session in which the enactment occurred. This information is crucial to not isolating enactments as stand-alone events.

Because these examples aren't contextualized within the history of the patient-analyst interaction, the moment of enactment stands out as a dramatic break in what seems to have preceded it. In some ways, and for many authors including Stern and Black, this may be an understandable artifact of the way reports of enactments are standardly made in the literature. If one wishes to present an amazing, or intense, clinical story, then one often begins with the event that seems so surprising, perplexing, or frustrating and not with the clinical processes of the previous six months or several years. We are confident that relational analysts would agree with the wisdom of contextualizing enactments within the ongoing therapeutic process. Yet because of this mode of presentation, enactments are often described as sudden or disjunctive events, making it seem that they are all about what has just happened in that moment. One way of apprehending such events is as if they have occurred out of the blue, without warning or preparation. That feeling is very much a part of analysts' reports of such experiences. But given the rich, nonconscious implicit exchange going on between patient and analyst, it seems to us unlikely that these eruptions are the first indications of such experience. Gil Katz (1998, 2002) has even suggested that the observable "event" or "happening" of the enactment represents a change in, or endpoint of, an underlying process of psychic change that has *already occurred* in the treatment process.

We would like to build on Katz's important observation by considering such moments from the perspective of nonlinear dynamic systems. In so doing, we draw on the work of other analysts who have applied dynamic systems theory to the clinical situation (e.g., Galatzer-Levy 2002; Piers 2007; Coburn 2000). From this perspective, small or circumscribed events can be seen as potentiating dramatic change processes. But one would not say that the processes that result are tied linearly or causally to specific precipitating events. Seligman (2005) gives a good example from European history: the assassination of Archduke Franz Ferdinand that sparked World War I. He writes that "at a moment when the European geopolitical system was in flux, the shooting of the archduke set in motion a process that radically transformed the politics of the 20th century" (p. 306). Although the assassination seemed to have started the war, it in fact occurred in the context of a disequibrated geopolitical system involving many nations, with a history of cultural, economic, and political tensions. We bring a similar eye to the enactments Stern and Black describe: they seem to have been initiated by the analyst's actions (irritation and jocularity) but likely reflect implicit dynamic processes, ongoing between patient and analyst, that like the assassination have brought a situation to a head. This has important implications for making meaning of enactments, since it may well be that what is occurring in the dyad is about the analyst's lateness or grumpiness, or the analyst's laughter, as much as the initiation of World War I was about the assassination of the archduke.

In Stern's case report his patient began to consciously experience him in a manner different from how he had seen him previously. No longer was Stern the agreeable, warm presence the patient had come to know and trust; now Stern seemed put off by the patient, interrupted by him and "less warm." Stern's less than friendly demeanor *seemed* brand new, and to relate to what appeared to be the patient's new behavior of lateness. Yet these behaviors may not have been new in the sense that they arose just then. It's very hard to know, but also quite conceivable, that the patient subtly sensed, well before the event, that Stern could act in such a way. There may well have been indications of this in subtle implicit exchanges occurring between analyst and patient before the the event isolated here as an enactment. These exchanges are likely to have been relational transactions that were not consciously attended to by either of them. For instance, on an earlier occasion the patient may have been just a minute late, or the analyst may have subtly shown a more gruff or "stern" side.

From a nonlinear dynamics perspective, these exchanges may have been occurring beneath a threshold of organizational complexity at which small quantitative increases eventuate in qualitative discontinuities and the development of new levels. Such exchanges may have been as subtle as glances or postures or tones of voice, but if these implicit transactions had already begun occurring in the therapeutic process, their later emergence into consciousness would not be viewed as their arising here for the first time. Indeed, from a nonlinear dynamic systems approach the very same interaction might have happened even before this enactment and not triggered the same process between analyst and patient. If this were the case, it would have important implications for the way relational theory has understood such events, particularly as relating to the experiential contents of dissociative self-state phenomena. It is not just that consciousness lags behind the appearance of enacted experience; from our perspective it is rather that experience at the implicit level need not be formulated or symbolized, become thinkable or knowable, in order to be engaged therapeutically. Implicit experience is not necessarily dissociated experience, unformulated or repressed, and the goal of working with it is not to transform it into an understanding within the reflective-verbal sphere.

Considering enactment in a process-based framework shifts attention from what supposedly is “inside” each participant and focuses it instead on the dynamic life of the dyad. Because we regard a “state” as reflective of the semistable organization of the organism as a whole at a given moment, rather than focusing on the content “held” in that state, our view is less static and more dynamic than many relational approaches. A more fully relational model of enactment, we believe, would view such occurrences as a function of the dyadic system that is in the process of self-organizing at higher, more inclusive levels. To treat enactment as an emergent property of the dyad means not concentrating on the level of the individual components of a system (e.g., the analyst’s or patient’s dissociated self-state). Rather, it means regarding enactment as a property of the entire system, without which there would be no emergent property. We agree with Coburn (2007): “It’s where we stand *in relation* to one another (not *who* we are but *how* we are in relation) that determines our personal experiences and the meanings we attribute to them” (p. 502). Thus, we concentrate not on the hypothetical dissociated experience or self-state that an individual already “has inside” before these exchanges, but on the

move into particular affect configurations occurring within the dyad as solutions to problems at the local level.

Thus, Black's vignette may be approached from our clinical theory as an example of a divergence in the shared intentional direction of patient and analyst. For while Black felt she was "generally resonant with Lisa's experience as she spoke," she adds this: "I may even have been listening without fully looking at her, engrossed as I was in her account and picturing the scene in my mind" (p. 636). As this is occurring, Lisa, we may conjecture, is communicating her experience of outrage and astonishment in a complex, rapidly shifting implicit form. Black loses track of Lisa, and as the analyst enjoys her own moment the patient goes in another direction. Within the analytic dyad there is a constant process of self and other mutual regulation that is worked on all the time. During Black's feeling of enlivened enjoyment of Lisa's story, a directional slippage occurred in the balance of the dyad's regulation, a slippage that led to a tear in the intersubjective fabric of the analytic relationship. As in Stern's vignette, we may wonder what the subjective effect of working with this depressed and withdrawn patient was for the analyst, and how in this case that may have shaped her looking away to have a moment of pleasure for herself.

NOW MOMENTS

We regard the buildup to moments such as those described by Stern and Black to be the same process that we have called *now moments*, short subjective units of time in which something of importance bearing on the future is happening in the dyad. The "moving along" process between patient and analyst may be marked by warmth or by struggle. In either case, the dyad has established its own way of being together. Now moments represent a perturbation in that system. We have written about these moments as "hot" moments—fraught, affectively charged "moments of truth."

Now moments are not part of the set of characteristic present moments that make up the usual way of being together and moving along. They demand intensified attention and the choice of whether to remain in the established framework. And if the choice is not to stay there, what is to be done? These moments force the therapist into "action," be it an interpretation, a response that is novel relative to the habitual framework, or a silence. Now moments are like the ancient Greek concept of *kairos*,

a unique moment of opportunity that must be seized, because your fate will turn on whether you seize it and how. Clinically and subjectively, how analyst and patient know they have entered a now moment, a moment distinct from the usual present moments (the Greek *chronos*) is that these moments are unfamiliar, unexpected in their exact form and timing, unsettling or weird. They are often confusing as to what is happening or what to do. These moments are pregnant with an unknown future that can feel like an impasse or an opportunity. The present becomes very dense subjectively, as in a moment of truth. These now moments are often accompanied by expectancy or anxiety because the need to choose is pressing, yet there is no immediately available plan of action or explanation (BCPSG 2010, p. 16)

We view these disruptive moments as emergent properties of a complex dynamic system that become increasingly likely as progress is made and the potential for nonlinear leaps forward in the therapeutic process becomes greater. In a manner of speaking, these moments take advantage of the analyst's slippage to introduce new content and procedures into the dyad. A child developmental correlate to this can be found in T. Berry Brazelton's observation (2006) that just before developmental leaps there often occurs a disorganization in the child's behavior in which skills already mastered begin to fall apart. Thus, disorganization often prepares the way for developmental progress.

We have emphasized (BCPSG 2010) how these fraught moments might lead to different relational outcomes. Now moments may lead to a moment of meeting, bringing about a positive shift in the therapy and opening new possibilities for how to be together in the treatment relationship. Moments of meeting are moments of experiential sharing and fittedness where both participants sense that new and different possibilities for relating are opening up between them. But now moments may suffer a different fate: they may be missed as opportunities, the response to them may be misguided or inadequate, or they may endure in a way that prevents the dyad from moving along.

Enactments can be seen as beginning with fraught, charged now moments. Authors exploring enactments have made clear that moments of meeting are not usually the immediate outcome of such "hot" moments. Indeed, when now moments lead to experiences described as enactments, what is created is almost exactly the opposite of a moment of meeting: there is polarization, a distinct lack of any warm or generative

feeling of togetherness, and a sense that the alliance has fallen apart and become painfully disorganized.

WHAT ARE YOU GOING TO DO?

What is the nature of the therapeutic work entailed in working through an enactment? What is the work of repair?

What is often sought first in such moments is a return to the usual way of being together. But the unexpected occurrence of the now moment has disrupted the stream of the dyad's experiencing, making such a return impossible. No technical move can alter this disequilibrated intersubjective context. Something brand-new is called for, something that will move the dyad to a different accommodation, or that will mark the difference that has already occurred or begun to occur within the dyad.

Thus, we might formulate these moments as initially failed now moments that need a process of repair in order for the dyad to come together. However, we would also view now moments, including those that lead to enactments, as signals that a new sense of possibility is emerging or has emerged, a potential openness in the dyad to change in the old pattern of relating. This eruption of something new into the process further opens the possibility of the dyad's finding new ways of being together. In Stern's vignette, affects that he notes had not been present in the analyst-patient interaction now enter the dyad in intense and immediate ways. In Black's vignette we see the same thing, as the relationship "enter[ed] some fluid disrupted space" (2003, p. 652) from which patient and analyst needed to emerge in a different configuration.

Thinking about these moments as slippages in a dyadic process of self and other regulation is less shame-inducing, we believe, than thinking about them in terms of mutual dissociative operations. One would hope that hardworking analysts would feel less guilty about having a snack or having a good laugh if they could regard their behavior as filling important needs of their own, needs that exist side by side with those of the patient. There is no "mistake" made in the actions themselves, but what seems to make these experiences high-intensity moments in the dyad is that the analyst is not quite there, not quite prepared to respond to the occurrence. Indeed, this may in part be why the moment occurs. A process has been afoot in the dyad that comes to a head, confronting the analyst with having to accommodate a situation in which no fitted response seems available that would move the two to another level of

relational organization. The question then becomes this: What is the work that needs to be done to address this moment so that the dyad may move on? Relational theorists have answered the question by referring to a dissociation-based model of the mind, a model that as it stands presents difficulties.

While relational theory increasingly acknowledges the central role of implicit processes in therapeutic action, it continues to view dissociation in terms of individual, internal mental states. This is important because, if it is generally acknowledged that therapeutic change results from implicit rather than symbolic exchanges and that cognitive understanding follows change rather than creates it, then a shift in psychoanalytic conceptions and the language of mind inherited from Freud may be needed to adequately describe the change process. For instance, memory processes occurring within mental states are predominantly declarative, episodic, and autobiographical. However, relational theory, while embracing the implicit dimension of the change process, continues to invoke this model as a goal when, for instance, referring to the transformation of dissociative “not-me” experience into autobiographical and declarative knowledge of the self. But there is another perspective from which to view what occurs within enactments, one that does not avail itself of this language of the mind and may be experientially closer to the felt phenomena. The type of memory phenomena that occurs during enactment experiences is not declarative or episodic. Nor is it episodic or declarative memory that has been dissociated. Instead, it is a form of memory that has been described in terms of enactive relational representations (Lyons-Ruth 1999; Reis 2009). From this perspective, memory takes an implicit form that is expressed nonconsciously as an embodied tendency toward patterned activity. This may be thought in terms of a “style,” in much the way we currently think of attachment as reflected in a variety of styles—not as a mental phenomenon, but as representing the dyadic history of an individual in relation. Daniel Stern (1985, 1995) referred to these affective and implicit relational modes as “ways-to-be-with” and “styles of relating.” More recently these styles have been described by Fuchs (2011a) as “the totality of implicit dispositions of perception and behaviour mediated by the body and sedimented in the course of earlier experiences” (p. 86).

We might from this perspective regard enactive relational representation as reflected in a person’s implicit predispositions in relating with others, his style. But we would stop short of speaking about inner contents existing within the mind of the individual, as if that individual or

that mind could be separated from the person's comportment in social contexts. Instead we think dyadically and systemically about the self as an intersubjectively open system continually in the process of forming larger and more complex systems in interaction with others. In our view, the mind must be understood as inherently relational, not only in its constitution but also in its functioning, always in relation, and any conception that does not place exchanges with others and with the world at the heart of the model is inherently reductionist.

Here is where relational theory, having retained some of the classical conceptions of mind, may also perpetuate classical assumptions about mind and its relation to the body and to behavior. For instance, there is currently a conceptual split between what are described as two distinct realms, the dyadic and the internal: either implicit experiencing in the dyad is seen as *leading to* or *triggering* the release of dissociated mental content, or, alternatively, dissociative mental content is understood to be *influencing* the implicit relatedness between analyst and patient.

This split may in part arise from the origins of dissociative theory in trauma studies. When relational thinkers became interested in the work of Janet, van der Kolk, and other trauma theorists, they imported ideas about traumatic memory phenomena—ideas having to do with amnesias, hypnoid states, the reenactment of traumatic memories in behavior, and their integration into consciousness as a method of cure. While those ideas have been extremely helpful in the treatment of traumatized persons, in recent years the theory of dissociation has been expanded beyond trauma theory and treatment to a more general model of mind. In this model, as in the classical model, hidden mental content tends to “sneak up” on the individual, and the dissociated, like the repressed, must then become consciously known and owned as belonging to the self.

We would instead situate dissociation within the implicit interactive matrix of relationship, rather than in each individual's inner mental space. From the perspective of enactive relational representation, emphasis shifts to the field of immediate interaction as the location of the phenomena of consciousness and dissociation. This is so because these phenomena, which we have become accustomed to think of as private, inner, and self-generated, are in fact always relations embedded in contexts (Reis 2010). The move to “another scene,” a mental space behind or beneath, in which consciousness or dissociation are supposed to dwell and from which they are supposed to emerge, is a move away from the intersubjectivity that has created these phenomena and remains their context.

Thinking in these terms takes us away from conceptualizing dissociation as the mental storing of ineffable experiences that have some relation to language (e.g., as not spelled out [D.B. Stern 1997], as unsymbolized [Bromberg 1998], or as subsymbolic [Bucci 1997]). The emphasis shifts instead to the body in its relations with others, as concentration on isolated or hidden mental states diminishes. As we have noted, the memory phenomena that actually occur in enactment experiences are not of the episodic, declarative kind. They are implicit and therefore bodily. They pertain to relational moves, to the immediate quality of responses, or the lack of responses, of the participants. This intersubjective exchange occurring between patient and analyst occurs in the present moment and is about the past only as a present phenomenon. Memory is the way of being with this other person, a way that has become habitual and re-engaged in the treatment relationship. Henri Bergson (1896) differentiated this type of memory from the episodic declarative type, calling it a *memoire habitude*, writing that “this consciousness of past efforts stored in the present is certainly a memory as well, but a memory fundamentally different from the first [episodic declarative type], always directed towards action, based in the present and looking only at the future. . . . Indeed it does not represent our past, but enacts it” (quoted in Fuchs 2011b, p. 10).

Enactive processes are such that they include patient and analyst feeling out their relational fit by observing the other’s face, movement, tone of voice—bodily events that have mental readings but are different from the putting into action of a mental state. From this point of view, mind becomes the *way* in which a living body acts, not something separable from, hidden behind, or leading to its actions (Reddy 2008). Thus, the distinction breaks down between an enactment and the subtle back-and-forth in the relation, and the fitting together begins to be more important. From this perspective, change is not limited to a verbal or cognitive integration occurring in one person but is conceived as a procedural integration occurring in the dyad regarding how to be together with others, and this integration is organized at a different, more inclusive and complex level than the earlier level. This will necessarily involve the negotiation of a wider range of affects and contexts, and is different from what occurs in insight or individual integration.

We need a clearer view of whether dissociation is based on past experiences in anything like a linear or causal or even psychodynamic fashion. Consequently, we do not conceive of the mechanism of change

in enactment as the integration into consciousness of dissociated mental contents, especially when those contents do not clearly represent episodic pieces of history, as in some current relational theory where the original event is not a thing that happened *per se*, but a slight shift in intersubjective state between two people—a moment of confusion, a lack of attunement, or the like. As a result, it becomes less clear that there are discrete events or, in fact, that discrete events go into the preparation for a dissociation and recall, as they would in a Freudian model based on trauma and involving the occurrence of a specific event.

An alternative account is that a new way of being with the other is emergent. A new relational skill develops as a function of the treatment relationship itself. It is a way of being that was not an old one being held in a dissociated state, but one that is now emerging as a new possibility in the relationship. Consciousness is neither necessary nor sufficient for such a shift to occur.

WHY IS THIS THERAPEUTIC?

Because experiences such as enactments are inherently disorienting, the analyst cannot immediately understand the relational meaning or impact of an enactment or how it was handled in the treatment. For instance, Black couldn't know going into the second session whether her move to leave the enactment unremarked was ultimately going to be a positive relational choice or not. Before her choice she had done a great deal of work on her own that allowed her the freedom and flexibility to move in many directions. It was a flexibility that included letting the angry disagreement go unaddressed in response to subtle and possibly unnameable cues from Lisa. But there was no way she could know beforehand whether this move would be progressive or regressive.

We would argue that one can construct a possible rendering of the longer-term relational meaning of the transaction between Black and Lisa only in retrospect—with knowledge of the greater vitalization that continued after their angry disagreement. Because direct verbal exploration of the enactment did not occur, this vitalization happened at an unexplored relational level. It is at that level that change occurs in the dyad, and the dyad's later understanding of its meaning becomes, as Donnel Stern has suggested, not the instrument of change but a sign that change has taken place, the real work already having been done by the time the new story falls into place. One thing this illustrates is the messy,

improvisational, and creative feel of what actually occurs in therapeutic relationships. This is obviously a process the analyst not so much directs as participates in. In our vignettes, both analysts' participation with their patients helped create new relational possibilities for the dyad and for each individual.

THE PROCESS AND MECHANISMS OF CHANGE IN A RELATIONAL TREATMENT

If the central mechanism of change involves the widening of the relational possibilities available to the patient, we still must account for how patient and analyst negotiate such change in the treatment relationship.

A first level of challenge lies in finding terms to capture the relational perceptions and encounters that are the heart of the treatment process. At the end of her paper, Black struggles with this issue. She variously mentions the verbal and the nonverbal, brings up mentalization, and finally considers whether images would be a better vehicle for conveying how we process relational experience. Considering the depth of her experience of the relationship with Lisa, which we can only assume is weakly conveyed by translation into words in the article, none of these terms for dissecting the process is satisfying on its own. Instead, a powerful collective conviction arises from us that our perceptions of our relations with others are not divisible into verbal and nonverbal processes, or into separable feelings, ideas, images, and words. Any attempt to carve up the experience into separable processes impoverishes and, ultimately, loses the experience. It is only in the bringing together of all the strands of the experience of the other that the perception of the other takes its form. The relational meaning adheres in the whole of how the threads of imagery, words, and affect come together in a relational exchange, and the picture vanishes if this finished fabric is unraveled back to its separate threads.

Words, in particular, are not the medium for the perception of one person by another. Words will inevitably fail us in fully conveying our relational experience. We use words in the service of relating, and we use words in the service of reflection, in order to make these interpersonal processes available to conscious interpersonal problem solving when established procedures are problematic. However, affect and intention cues that contextualize, inflect, and modulate the words are more powerful and primary conveyors of interpersonal meaning than are the words themselves.

Black devotes considerable space in her article to struggling with identifying the qualities of the work the analyst must do in order to emerge from the confusion and paralysis that accompany enactment. We are in great sympathy with the need to better define the relational moves that will ultimately reengage a direction of moving along within the dyad. A consideration of this process may be informed by Sander's work with infant-caregiver dyads. Sander (2008) proposed that life begins with two biological "givens": the condition of being distinct from others, which is necessary in acts of agency and initiation, and the condition of being together with others. Rather than treat these conditions as being in conflict and opposition, Sander proposed that both are always operative simultaneously. Because we begin life in relation to others, our connection with them is, for varying reasons, always in flux. This means that we are never entirely disconnected from others, though there may be points at which we are less embedded in being with others and more embedded in being distinct. In the language of nonlinear dynamic systems theory, as a component of a larger system that has found relative stability, an infant may make use of the "open spaces" in the experience of being with others to disembed itself as a self-organizing agent. Sander regarded such experiences of disembedding as a "loose coupling" that allows new emergent properties to arise in the infant-caregiver system. Similarly, infants participate in a condition of being together with others during which "each participant assimilates aspects of the complex organization of the other in order to achieve new integration at the systems level" (p. 171). We might consider the work the analyst must do in enactments as being similar to the infant's disembedding itself to make use of open spaces in the relationship with caregivers. While the dyad is not in a state of relative stability, analyst and patient somehow move from an overly tight coupling (with poor fittedness) to a loose coupling that makes use of each individual's self-organizing functions, allowing new properties to emerge.

RELATIONAL APPREHENSION

In our discussion of the crucial issue of the analyst's reemergence from this space, we considered it extremely important to preserve the integrity of this experience rather than degrading it into its component parts (e.g., mentalization, the verbal encoding of the nonverbal, dissociated experience, the creation of mental imagery). We believe there is an inherent

wholeness to the experience of the analyst's "getting it," a layered gestalt that is not simply about regaining one's ability to think or to imagine. A term like *mentalization*, for instance, for us fails to encompass this experience, partly because it is ill defined and concentrates primarily on conscious experience at the expense of a far more powerful, fundamental, and developmentally antecedent apprehension of others' current states and tendencies that do not involve consciousness.

In considering this extremely important issue, our group's discussion focused on the various words that might best describe the analyst's "getting it." Many of these words contained a strongly implied grounding in intention and movement—forms of vitality (D.N. Stern 2010) that have to do with grasping, getting, holding, and capturing. The word *apprehend* seems to us to best describe this feeling. Etymologically, the word suggests both capturing and grasping; it also means to become aware of through the emotions or the senses. We find the term *relational apprehension*, a term used by Edmund Husserl (2005) that includes aspects of understanding, as well as uneasy anticipation, to be particularly useful in describing the layers of gestalt that go together in forming the analyst's grasp and grasping.

Using the physical metaphor of grasping to refer to an act of interpersonal perception has deep roots in our neurobiology. Mirror neurons, which form one basis for our intuitive grasp of the other's intentional directions, were first described in the premotor cortex, the area of the brain that controls grasping and other motor actions (Rizzolatti, Fogassi, and Gallese 2001). The cortical area that guides our own intentional action also registers the intentions behind the actions of others. Thus, the same area of the brain that facilitates our physical act of grasping underlies our intuitive grasp of others' intentions. It is no accident that we speak of "getting" another person, or of someone important who "gets me," in the sense of relating to me in a deeply satisfying way.

Apprehending, or "getting it," is typically used to convey an understanding of the whole, of the big picture. We understand relational meaning to adhere in the whole, and our process of grasping it to be the product of an integration of perceptions, feelings, images and imaginings, sensations, fantasies, thoughts, and intuitions. Our quest then is to find a language that captures the essential wholeness of our apprehension of our relational exchanges with others.

Thus, we would suggest in going forward we need to talk about *relational apprehension* as a complex process with its own integrity, a process that is fundamentally irreducible to its components.

We get a feel for the breadth of the process of relational apprehension when we consider Black's process of feeling out her apprehensions of her patient. These included feeling her way into multiple potential perspectives of the patient, as well as out of her own feeling currents in relation to the patient's material. All this is brought together into a set of potential models for interpersonal action that of necessity must integrate aspects of feeling, imagery, and thinking into a whole.

The analyst can never know or apprehend what is going on when in the midst of an enactment. He is in the dynamic flow of a process engagement. Black (2003) nicely describes this therapeutic space: "What most powerfully defined the experience between us was not the *content* that became available through the countertransference experience. Rather, it was the *motion*, the fluidity, the energized feel of the session, and the sense . . . [of] being in these murky waters together . . ." (p. 646). There is something developmentally important about the companionship of others in these experiences. As Donnel Stern (2010) writes, "The patient could *feel* or *sense* what it was like for me to be with him through the course of his accusations. That was important; but more important yet was that the patient felt for one of the first times the confidence that I had felt hurt or angry with him without losing track of my warm feelings about him (or losing track of them only very temporarily)" (p. 124). Sharing these experiences with others and being able to come out of these experiences together with them leads to an ability to share new directions. In both vignettes, the analyst remarks on the dyad's move to new levels of relational organization, a move that felt like a deepening of the process between analyst and patient.

Motion, feeling, sensing: both Stern and Black emphasize these dynamic forms of shared experience over the content of verbal communication. Black (2003) writes of the power of this experience in "the sense of our having been swept up into something that had palpable force and that moved us both into unusual positions, new territory" (p. 643). Given that dyadic systems involve complex processes, it is a mistake to imagine that one might identify the immediate precipitants to having been swept up in this manner. There is simply too much going on in a dynamic system, especially one that involves human beings, to ever be able to put the actual steps together. Dissociative models make reference to past events as explanatory reference points, yet in our model there is no reference point, or the reference point may never become clear. Considered as a developmental process within the dyad, the move to new levels of organization is not so much a return of the past as it is the emergence of possibilities for

future forms of relatedness. We know that dyadic systems have directionality, and that just as there is an inherent direction in development, so there is an inherent direction in the development of the therapeutic relationship. Our emphasis therefore is on something new that has been created by the relationship, not on experience that already exists in some form that requires integration. It is not that the two people don't have histories of their own, but once the disruption occurs it is what it will mean for their intersubjective voyage together that counts.

SUMMARY

Relational theory is a diverse collection of varied psychoanalytic conceptualizations. Yet its approach to the topic of enactment has been strikingly consistent in the widespread adoption of a dissociative self-state model of the mind. Over time there has been significant change within this model regarding our understanding of therapeutic action, change that clearly tends toward an embrace of nonlinear process conceptions, as in the work of Bromberg and Donnel Stern. We see our work as part of this larger directional turn.

Conceptualizing enactment from our perspective involves embedding its occurrence within the ongoing flow of nonlinear dyadic process. While dramatic enactments have garnered significant attention from analysts, we have previously suggested that much of therapeutic action takes place outside such heightened moments or enactments (BCPSG 2010, p. 190). Here we have linked enactment to the occurrence of now moments, situating enactment within the flow of therapeutic process rather than seeing it as an interruption in that flow. By emphasizing that implicit rather than explicit memory is largely involved in enactment, we suggest that a dissociative model of individual minds that posits nonintegrated mental content that later reemerges to become an understandable part of the conscious self perpetuates a classical emphasis unrelated to the process of change in psychotherapy and psychoanalysis. Alternatively, we suggest that enactment be regarded as the emergence of a new relational (i.e., procedural) skill within the therapeutic relationship, a skill that will extend to the patient's ways of being with others.

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