The Inevitability of Analytic Enactments Defined as Symbolic Interactions Between Patient and Analyst

ABSTRACT

The inevitability of analytic enactments, defined as symbolic interactions between patient and analyst, is discussed. Clinical material from the psychoanalysis of a latency-age child is presented to illustrate the role of enactments and to demonstrate their usefulness in furthering the analytic work.

Although we think of words as the primary modality of communication in analysis, patients do more than talk to us. They also communicate with other forms of behavior—with actions, attempts at actualizations (Boesky, 1982), and with enactments. The role of these behaviors during an analysis, in particular the role of enactments, has provoked much discussion, most recently at a panel presentation (1989). Most of the analysts who participated in that discussion, both panelists and members of the audience, agreed that enactments in analysis are inevitable. What remained unsettled was the question of whether and how enactments could beneficially contribute to the analytic process.

Enactments are symbolic interactions between analyst and patient which have unconscious meaning to both. During an analysis, they are usually initiated by the patient's actions or by the covert communication in his words (Poland, 1988). Enactments also may originate with the analyst (Jacobs, 1986), although in these instances, it is often the analyst's countertransference response to the patient's material that leads to the enactment.

Throughout an analysis, patients engage in symbolic action (both verbal and nonverbal) which generates a corresponding

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impulse for action in the analyst. In the best of all possible worlds, an analyst is sensitive to his patient's transference, as expressed in either words or action, but does not act. Sympathetic with a patient's pitiful state, he does not nurture; temporarily aroused by a patient's seductive attacks, he does not counterattack. An analyst contains his impulses, examines them, and uses the information gained to enrich his interpretive work.

This best of all possible worlds is the ideal, something we strive for, but often fail to achieve. In the second best possible world, where most of us dwell, an analyst reacts to his patient—but catches himself in the act, so to speak, regains his analytic stance, and in observing himself and the patient, increases his understanding of the unconscious fantasies and conflicts in the patient and himself which have prompted him to action. As Sandler (1976) notes, the analyst will "tend to comply with the role demanded of him [but] may only become aware of it through observing his own behavior, responses, and attitudes, after these have been carried over into action" (p. 47).

It is written into our job description that in "doing analysis" we must contain ourselves yet still experience the impulse to action. But when actions are forbidden, often the experiencing of the impulse also feels forbidden. I believe at times it may be more useful for an analyst to act on an impulse, catch himself, and thereby learn about the impulse and its stimulus, than to be so constricted that he is never stimulated or so defended that he is not aware of his behavior. I do not think that enactments are therapeutic in themselves, and I do not advocate consciously gratifying a patient's wish for mutual enactment. However, unconsciously determined enactments, if observed, can inform the analyst in a new way. They provide information

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1 Enactments have been used in support of various clinical theories. For example, Alexander (1950) presented a clinical vignette containing an enactment to support the therapeutic value of the "corrective emotional experience." He described a patient who unconsciously provoked his analyst into disliking him in order to reinforce a defensively distorted memory of his relationship with his father. In the discussion, Alexander noted, "The analyst's reaction was not calculated to be different from that of the patient's father. He simply lost, for a moment, the type of control which we consider so important in psychoanalytic therapy" (p. 491). In essence, Alexander unconsciously participated in an enactment of a defensively distorted object relationship. He makes clear that it was his subsequent awareness and articulation of this that enabled the patient to gain from the experience. Nonetheless, based on this observation, Alexander made a recommendation for a consciously manipulated experience for his patients.
as to the content of the fantasy, memory, or impulse that is being enacted, and lead to affects that can enrich the analytic process. The value lies not in the enactments themselves, but in the observation, description, and eventual understanding of their transferential meaning.

The potential for enactments is omnipresent throughout an analysis; as soon as there are transference distortions of the analyst and the process, any exchange within the relationship may lead to an enactment. A patient who "imagines" that the analyst is critical or seductive has some distance from his experience—which permits the analyst to have distance from the experience. There is no such distance during an enactment. During an enactment, the patient has a conviction about the accuracy of his perceptions and behaves so as to induce behavior in the analyst which supports his conviction. Even if an analyst is neither angry nor critical, a patient's accusations can still induce guilt, defense, and retaliative anger. This is one aspect of the evocative power of enactments.

In addition, all object-related wishes and fantasies (including the wishes and fantasies of the analyst) are evocative of relationships with the primary objects. Both gratification and frustration contain a potential for regression which exposes the individual to dormant internal conflicts and the possibility of maladaptive compromise formations. Every time a person has a wish within an object relationship—in this case, the therapist's wish to be of help to his patient—he exposes himself to the possibility that the interaction will evoke an earlier object relationship, that is, will become laden with transference. To want anything from patients, to want to cure, to help, even to be listened to or understood accurately, is to be vulnerable to the
experience of one's own transference and thus be susceptible to an enactment.

Communication is always a two-person procedure; what is intended to be said is altered by the person and the context in which the information is received. When patient or analyst speak, the meaning and intent of the words is altered by how the other hears him, altered for the speaker as well as for the listener.

If an analyst accepts the inevitability of his contribution to enactments and analyzes them to separate his participation from the patient's understanding of his participation, to distinguish the determinants based on his psychology from those arising from the patient's, the work can only be enhanced. As illustration, I shall present material from the analysis of Debra, a latency-age girl. Much of the work with Debra can be related to work with adults; I find it useful to focus on her analysis because so much of a child's communication is through action—and so many of Debra's actions led to enactments.

Debra

Debra was eight years old when she was referred for treatment. She was an exceptionally intelligent child who was working at that time with an educational consultant regarding school placement. Debra had already attended three private elementary schools but had been unhappy at each, ostensibly because they "failed to stimulate" her. She had applied to and was accepted at a fourth school, one of the best available in the city, but the consultant feared that without psychological help Debra would continue to be unhappy.

Before I had even seen her, the parents' pride-filled description of Debra created an image in my mind of a very talented, somewhat vulnerable child whose environment continually reinforced whatever grandiosity already existed. My expectation proved correct—as far as it went—for Debra was very talented and very grandiose. What I was not prepared for
was the intensity of her rage, the totality of her isolation, and her utter contemp and lack of empathy for others.

Debra, on first meeting, was a physically beautiful, totally self-absorbed, angry, sullen child. She had taken gymnastics since age four, and as she posed gracefully and motionless in the chair opposite me, with no evidence of discomfort or anxious chatter, I felt as if I were part of the stage set for a movie of "Debra's visit to a psychiatrist's office." There was no apprehension in the gaze of this incredibly self-possessed child as she communicated that I, not she, was expected to perform. She did say she had no idea why her parents had wanted her to see me and that, as far as she was concerned, the whole idea of talking to someone about her private life was ridiculous —"After all, it's private, isn't it?" As I struggled to find some subject with which to engage her, I was impressed with the difficulty of my task and a sense of not wishing to expose myself or my thoughts to any more of her contempt than was absolutely necessary. This concern with self-protection set the stage for my participation in the first enactment: a guardedness in approaching Debra.

Debra was the oldest of three children. She had two younger brothers who were good athletes, on whom the father spent a great deal of time as coach for their soccer teams. Her parents were upper-class, concerned about social form and status, yet quite invested in all their children. The father was well-meaning, insecure, and totally dominated by his wife. She was an imposing woman whose enormous energies were devoted to furthering peace and fellowship in the world and to achieving an atmosphere of total psychological and physical sharing in her family. She also was given to emotional storms, which were made more dramatic by their unpredictability. During my weekly meetings with the parents I often found the mother intimidating, and I was more than relieved when, after a year of Debra's analysis, the mother accepted a recommendation for therapy for herself.
Debra's development during infancy was normal. However, from early on her precocious intellectual achievements were an important focus of her parents' lives, and she was subject to constant cognitive, physical, and psychological overstimulation. By the time Debra came to analysis her mother was sharing intimate details of her own emotional, sexual, and excretory functioning with her daughter, and expected Debra to do likewise. In contrast, the father's wish to shut the door when he toileted was considered peculiar and prudish, and his "selfishness" was a family joke.

I made the recommendation for analysis reluctantly, although I believed that only an analytic experience could enable Debra to emerge from her narcissistic isolation and expose her conflictual impulses and unhappiness. Nonetheless, I felt that to engage Debra would be no easy task.

My reluctance proved fully justified. Debra began the work with her self-esteem further reduced by the recommendation for treatment, and she was enraged at me for "belittling" her. She made it clear that it was inconceivable that there would be any benefit from the treatment.

During the first hours Debra sat silently, noting only when I took a deep breath or seemed as if I wanted to speak. That was her signal that I was open to criticism and that it was time for her to begin an attack on my appearance, my smell, or my "rudeness." Rudeness was her name for my interest in talking with her, and for my curiosity about her irritation, her anger, and her desire to be left alone. It was not lost on Debra that I made a deliberate effort not to ask too many questions and restricted my interventions to responses to her or clarifications of what I perceived to be happening between us. She said, with some satisfaction, that she knew she made it hard for me to speak. Debra's awareness of this first enactment—my self-esteem preserving caution in response to her message that I was persona non grata—made the situation all the more uncomfortable. I felt ridiculous trying to make myself inoffensive to an eight-year-old.
Although my "self-esteem preserving caution" and "guardedness" in approaching Debra was "... a compromise between [my] own tendencies and the role-relationship which the patient is unconsciously seeking to establish" (Sandler, 1976, p. 47), I found no evidence that the elements in my life that gave rise to my participation in the enactment were relevant in understanding the significance of the enactment for her. The affect evoked in me did seem to complement hers, and that I used as a clue to her current experience within the transference. However, the genetic determinants for our participation in the enactment were quite different. I believe this is important, for had I assumed that the unconscious meaning of the enactment was the same for Debra and for me, it might have led to inaccurate interpretations, which would have further confused an already difficult situation.

I noted, in the midst of this first enactment, that I had ceased being neutral or abstinent, and instead was engaging in a counterenactment; that is, I was using clarifications as disguised directives. This realization, that through my words I was covertly trying to control Debra's behavior, led me to a beginning understanding of what was being enacted. And so, in the midst of her protests that I was a prying busybody, intent on sticking my nose into her business, I said she had told me that she knew her complaints and criticisms made it hard for me to speak. I wondered whether this made her feel more powerful than me, as if she could control me, and whether she had ever felt controlled. Much to my surprise (for I had begun to question whether there would ever be a non-adversarial exchange between us), Debra responded spontaneously that the kids "picked on" her at school, but she didn't care, she just ignored them. I then asked, "Are you trying to get me to ignore you?" To this she responded, "It probably won't work; my mother never ignores me when I want her to leave me alone."

My understanding and clarifying her use of complaints to try to control me seemed useful. For a brief period, Debra was less "up-tight," and a comfortable silence, alternating with talk.
about her mother and school (both of which displeased her), took over the sessions. Then the next set of enactments began.

Debra became very curious about me. At first she expressed her interest through casual questions about the sweaters I wore and whether I made them. But soon the questions escalated to a belligerent inquisition of relentless intensity. She quizzed me about my taste in clothing, perfume, hairstyles and lipstick colors. She told me my furniture wasn't "fine," my toys were old-fashioned, and my waiting-room magazines were dull and, she was sorry to say, rather tacky. But worst of all were my other patients—they were disgusting. She was particularly interested in and censorial of the bathroom manners of the five-year-old girl whose hour preceded hers. She talked at length about the smell, dirtiness, and habits of this other patient, watching carefully for my reaction. From my protective feelings for the other child, it was clear Debra's comments had gotten to me. However, I said nothing until she began to attack me directly. Focusing on my failure to join in her criticism, she said it was proof that I was as disgusting as the other child. I asked her, as she was shouting at me for being disgusting, whether she expected me to defend myself and shout back at her. She stopped short, then, smiling rather sheepishly, she said, "No, I guess I'm not giving you a chance. Do you think I sound like my mother when I yell?"

Debra's remarks and her finicky behavior when describing the disgusting habits of others were related to conflictual anal fantasies. Her haughty self-isolation expressed both a compromise between the wish and fear of intrusion and a defense against an awareness of this. Her anal fantasies had contributed to her low self-esteem, and during the course of the analysis, as they became less forbidden, she projected less and became able to speak about them more directly. The problem was, as with other children (and some adults) at this early stage of the treatment, evidence of her unconscious conflicts and fantasies was clear long before she had any conscious awareness of them. This
made it hard to talk about her internal world in a nonthreatening, nonintrusive way that did not bypass defense, was experience-near, understandable, and at the same time therapeutically useful. I found that with Debra enactments provided a ready, albeit not always welcome or comfortable vehicle for this, for they enabled the analytic process to be a joint venture. Her awareness that I could be "touched" by our interaction seemed to make me more available to her as an object for transference projections and externalizations.

In analysis (particularly in child analysis), the inequality of the doctor-patient (or adult-child) relationship often functions as a resistance to an integration of the analyst's words with the analytic experience—the words become encrusted with authority because of the source and are discredited at the same time they are ostensibly accepted. Recognition of the potential for and occurrence of enactments, a shared experience, diminishes the authoritarian image of the doctor and the tendency of patients, particularly child patients, to fall into a (iatrogenically induced) submissive relationship with him. It is not that the analyst "confesses" his participations in enactments, but his and his patient's awareness that the process has engaged them both enhances the sense of a collaborative effort and, to the extent the analyst is nondefensive, permits the patient greater freedom to give voice to his transference-based perceptions of the analyst.

In the beginning phase, all my attempts to explore the projection in Debra's comments had led to a heated denial and further isolation. However, Debra could talk about her behavior toward me and the interaction it produced. Her initial success in inhibiting me was clarified in a way that "felt right" to her and made Debra curious about herself in a new way. To be sure, everything that was condensed in the enactment, that contributed to it, was not explored. But from our talk she began to understand how her reaction to her peers was similar to her reaction to me, how anticipating discomfort in the contact with
her classmates, she retreated from any real engagement and "turned them off" just as she tried to turn me off.

When Debra first quizzed and criticized me I had worked hard not to withdraw or counterattack, but I had felt inhibited from commenting on the sadistic, intrusive aspect of her questioning. In my apprehension about stimulating rage in Debra, I had participated in the enactment of her fantasy that she could control me. Again, although it was my own early life experience that made me particularly vulnerable to the threat of her anger, I did not think the specifics of my experience informed me about hers. However, becoming aware of my overdetermined reaction and its origin enabled me to talk more easily about Debra's interaction with me, which led, in turn, to her first attempts to understand herself. Debra's self-scrutiny yielded only the explanation that her wish to control me was justified by my crudeness, my curiosity about things scatological. Nonetheless, her willingness to think about herself, even if only for a moment, did permit us to extend the area we talked about. Initially, in response to, "Oh, Dr. Chused, that darkhaired girl got pee on the floor again; you must be crazy to let her use your bathroom," I would simply say, "Debra, you're telling me that girl does disgusting things; are you also telling me that if she does something disgusting, we shouldn't have anything to do with her?" Now, I was able to make more exploratory comments such as, "You've said I'm interested in sex and bathroom stuff and that's disgusting, but it's not clear what it is about having sex or getting pee on the floor that's so awful." Sometimes she could follow me into this type of dialogue, but more often than not, as we began to approach her own impulses or defensive reaction formation, she would project, with remarks such as, "You're a strange grownup, always wanting to talk about sex with a kid." For a long time, no matter what I said, Debra heard guilt, defensiveness, or seduction in my response.

It was not that Debra could not understand the words, for, as Katan (1961p. 185) has said, with analysis, "verbalization
[increases] the possibility of distinguishing between wishes and fantasies on the one hand, and reality on the other," but rather that my speaking had accrued symbolic meaning. I thought I was trying hard to "say it right" because I was so invested in the work. Debra thought I was self-motivated and intrusive. My efforts to verbalize our interaction became, for a while, an enactment of her transference perception of me as intrusive. But here, too, the clarification of our differing perceptions of my talking was part of the "working through" and permitted us to better understand her attempts to control me as she had wanted to control both her mother and her own arousal.

Although Debra was engaged at this point, and her isolation had given way to greater responsiveness, the anal erotic fantasies that preoccupied her had not yet entered the sessions in a usable fashion. Then, after about 18 months of analysis, Debra began to come into my office with her school uniform unbuttoned at the waist. She also started to wear her sweater under her skirt, with a leg in each sleeve and the neck hole over her perineum. She stated her legs were cold and it was important for a gymnast to wear warmers, but since her family was poor, she had to make do with her sweater. I resisted making any comment about the sweater until it became obvious, through her unbuttoned uniform and requests for safety pins, that she wanted me to notice the hole. When I stated this, she told me that she liked to have her body noticed, and described, in rather vivid detail, the ticklely perineal sensations she had when she thought someone was looking at her. She went on to volunteer the fantasy she had of intercourse, of two ferris wheels that rose up from a horizontal position on the ground to join together vertically, like two wheels fusing. But just as the holes in her clothing, her showing and my seeing her body, were to lead to an enactment, the telling of her fantasies also became part of an enactment. The fantasies were not communicated to me as evidence of her inner life, shared so that together we could understand them better. Instead they were presented, like the hole over her perineum, to excite me and titillate her.
with the thought of my excitement. Speech serves many functions; affective appeal (Loewenstein, 1956) rather than the communication of ideas was often the motive force behind Debra's words.

Debra's fantasies did indeed interest me. Having spent many hours with her, listening (as one must) to recitation of daily events, school activities, stuck-up friends, and mean parents, I was pleased when she began to reveal her inner life more directly. Trying to ferret out the significance of material expressed in displacement or through play is a difficult task—direct verbal communication of a fantasy, wish, or fear always appeals. However, this was not the only reason for my heightened interest. My curiosity was also a response to the covert communication of excitement, a communication that contained critical information about Debra. I did not recognize this at first, but it soon became apparent (from the increased pressure in her speech and the associated gestures) that Debra's understanding of my increased attentiveness was not entirely the same as mine. It was through my self-scrutiny, the recognition and integration of what was stimulated in me with what I knew of Debra, that I began to understand what we had just enacted. And it was to this I directed our attention. I stated rather simply that my listening to her seemed to make her excited. With some pride and a bit of a giggle, she agreed she wanted to see how I would respond to her story about the ferris wheels—she liked to think about it while she was in the bathroom. She went on to say, "I could tell you were interested. My mom also likes to hear me tell what I think about sex, about getting breasts and hair and all that stuff." She then asked, "Did you know I don't use the bathroom in school, only at home and now in here, while I wait for you?" Actually, during the past several months I had noted that she was always in the bathroom when I came into the waiting room to get her, but I had refrained from commenting on it (another enactment), apprehensive that a direct comment would anger her and lead to an attack. Now I said, "Was I supposed to notice? Maybe notice
but not say anything?" Again she smiled slyly, then said, rather irritatadly, "But you always ruin things by talking about them." As if to prove her point, I went on to say that I thought not using the bathroom at school was like not playing with the kids—it was as if they would find out something private about her, something she wanted them to know and not know, something she wanted them to like but was afraid they would not, just as she did not like the little girl's pee on the floor. She made no response immediately, but then said, "In my family we all like to stay on the pot a long time—and we all fart a lot too; my father has the smelliest. We always talk and joke about it, but my father doesn't like that. He also doesn't like to kiss me on the lips—only on the cheek and the forehead. My mother always kisses me on the lips … and she talks about everything."

The enactment of her transference perception that I, like the mother, was sexually interested and aroused by her, but like her father, retreated from stimulating interactions, followed from my attentive silence. As we explored her understanding of my interest in her erotic fantasy and my noticing yet not saying anything about her exhibiting herself, she began to talk of her experiences with her mother (who, in regular baths with her daughter, intently examined Debra's body for evidence of pubertal development) as well as her disappointment that her father was not more involved with her physically.

There was an additional enactment that preceded Debra's acceptance of her disappointment in her father's unavailability. As Debra was explaining how she saw me, she said that even when I was silent, she knew I wanted to ask questions, that is, pursue her and intrude into her. In part Debra's perception was correct, for when she had begun to describe her interaction with her mother, I had reacted with a silence that was far from neutral. The extent of the overstimulation she described had made me uncomfortable, and I had withdrawn from the analytic process. This enactment, though initiated by Debra's attempt at transference gratification, was created by the interaction of her behavior and my response. My withdrawal, a

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countertransference response, appeared to Debra to parallel her father's, and she elaborated it into the same secret arousal she wanted to see in him. I do not know if the reaction formation of dismay which Debra's experiences aroused in me was similar to the father's reaction. I do know, however, that Debra chose to deny my withdrawal just as she denied her father's discomfort—and her own. It was the defensive denial that I addressed.

Debra's connection to her mother had been in yielding to her mother's persistent questioning about sexual and excretory functioning. This became part of the transference as did her denial of disappointment in the exciting yet unavailable father who kissed her on the forehead rather than the lips and had the poor manners and selfishness to close the door when he was using the bathroom. Though she initially saw me as intrusive as her mother was and as she wished her father to be, the exploration of our enactments and her transference misperceptions enabled her to see both her parents more clearly, to separate her wishes from theirs, and to begin to behave more autonomously. In addition, her gradual awareness of her disappointment and sadness over her father's unavailability (which she had initially talked about only as a joke) marked the beginning appreciation of the extent of her longing for him.

Before I say more of Debra, I would like to elaborate on my understanding of enactments and how I differentiate them from "acting out" or "repetitions." Terms such as acting out and repetition refer only to the patient's behavior; they imply that the analyst is an observer of the experience, not a participant in it. Even the term "projective identification," while recognizing the analyst's responsiveness to the patient, does not acknowledge the contribution to the analytic experience which is determined by the analyst's own psychology (Sandler, 1976); (McLaughlin, 1991).

Enactments, distinguished by the unconsciously determined affective and behavioral involvement of the analyst, result from the patient's attempt to create an interactional representation of a wished-for object relationship. Through getting
the analyst to enact with him, the patient achieves a measure of reality for his transference fantasies. *Enactments occur when an attempt to actualize a transference fantasy elicits a countertransference reaction.*

Many analysts today recognize that they are both observers and participants (to a greater or lesser extent) in the analytic process; however, this was not always true (McLaughlin, 1991). Even now, while there is general agreement that threats or overtly seductive gestures stimulate responses in the analyst which affect his analyzing capacity, there is still a failure to attend to the more subtle behavior, more ambiguous expressions of a patient's affective state, which can wreak havoc with analytic abstinence and neutrality and lead to enactments.

There are several possible scenarios when a patient attempts *unsuccessfully* to evoke an enactment. The analyst may recognize what is transpiring and be able to usefully interpret the process to the patient. Or, with no reaction from the analyst, the unconscious intent of the patient's behavior may be lost, to reemerge later in another form. If the patient has sufficient self-observing capacities, he may become aware of his frustrated wishes and begin to speak of them, rather than enact them. Or he may continue to provoke until he has roused the analyst to action. So it was with Debra.

After disclosing a wish that her mother were less intrusive and her father (and I) more involved, Debra stopped talking about her excitement with me, and instead turned to the play materials. Within several weeks, she had begun a repetitive game that continued for six months. Debra's pattern was not unique; many latency children (Debra was then ten) dramatize their conflicts and wishes in play rather than speaking about them directly. What made Debra's activity interesting was that not only were her conflicts expressed through the content of the play, but she also "played" to an audience (me) and the manner in which she "played" was determined by the response she wished to elicit from me.
It began with a "confession" of masturbation, which occurred while Debra was decorating a lamp in my office that is in the shape of a glass ball. She and other children I analyze have discovered that this ball (lit by an interior light bulb) melts any crayon pressed to its surface, and it has become a means for them to draw, mess, and play out conflicts. The crayon melting for Debra began as a distraction, intended, I believe, to draw off some of the motor tension she was feeling as she told me of her masturbation. This had come in the midst of discussing my prurient interests, and though she initiated the "confession," she began by saying there was something she did that she guessed I might be interested in since I was so nosey. Her tone made it clear she was being "forced" to talk. Somewhat defiantly, then, as she melted a crayon, she said she sometimes stuck her finger "in there" to see if she was clean.

At this point she became aware of a design left by another child, and with competitive vigor, wiped off the other child's work and took over the lamp. The next hour she returned to the lamp as soon as she entered the office, and by the end of the week crayon melting was her only activity (other than speech). Within two weeks her crayon melting had assumed the characteristics of a ritual. It was performed in an identical manner each day; her absorption was total, her movements sensual and slow. At first she pretended that the melting crayons were men trying to cross over a barrier she had to keep clean. If they dribbled across the barrier before she could wipe them away, they would do evil. If she kept the barrier clean (and destroyed the dribbles), evil would be overcome. While her total absorption in the melting crayons made it appear she did not want me to "cross the barrier" surrounding her, her comments seemed designed to provoke me to penetrate her reserve. She spoke angrily of the other children who "dared" to touch the lamp. She also said she thought I was angry that she messed up the lamp and did not talk much (though I kept it hidden, she said, because I was supposed to "act" like a "good doctor"). Gradually
her transference misperceptions and preoccupying sexual daydreams became interwoven, and she developed an erotic fantasy of my punishing her, spanking her again and again on her bottom for messing. She imagined that I would act in anger but claim, "it's for your own good."

Over time, as Debra began talking more directly of her fantasy, her interest in melting crayons decreased. Its function shifted from being a symbolic playing out within the transference of sadomasochistic anal fantasies (not only did she create an incredible mess on and around the lamp, but regardless of the colors other children used, after Debra's hour the lamp was always yellow-brown) to once again being a means to release enough of the affective tension associated with her aggressive and erotic fantasies to tolerate talking about them.

Of note is that during the "lamp game," when I had expressed concern for the crayon splatters on the wall, Debra did not hear me as particularly angry. Her belief that I was angry or disgusted or aroused seemed to have no relation to my behavior or affect. During this time Debra was so caught up in the analysis that within her psychic reality I was a full participant in the transference, even when I was abstinent (Bird, 1972). Though our interaction during much of the lamp game does not fit my definition of enactments, it served the same function. The major difference was that when I was not "enacting" I was able to understand the determinants of Debra's behavior sooner.

However, not long after the lamp game stopped, another enactment ensued. Debra by now had become more comfortable in school and had begun to take pleasure in describing her activities there. Nonetheless, talking about friends soon became conflictual (I believe because she felt that I, like the mother, would be jealous of her relationships with others), and she gradually slipped into her "actress mode," overdramatizing scenes and events. Once again I felt excluded and began to overtalk, chasing Debra with words. When I became aware of how insistent I had become, I asked Debra if she noticed that the more
I talked, the less she seemed to hear. Her response was, "You sound like me trying to talk to my mother," and she went on to speak of her helplessness in challenging her mother's opinions. Later this was elaborated into her feeling of being helpless yet excited by her mother's sexual intrusion and the sensations it stimulated.

There was one final enactment that heralded the onset of termination. Debra began to not understand my interpretations and clarifications. During the lamp game she had acknowledged that her withdrawal was motivated by a wish to have me ask questions, and together we had connected my questions with her genital "tickles" and her confused and troubled experiences with her parents. Now, over a year later, she again withdrew, ostensibly without any understanding of "why." I began once more to work hard at teasing out the determinants of her behavior, as Debra, sensitive to my desire to be helpful, unconsciously manipulated me into "playing analyst." When I regained my self-observing capacity and asked her about this, she said, "Don't you like helping me understand myself?" I replied that I did, but then asked whether she was worried that I would not like her being able to understand without me. She nodded her head in agreement.

That enactment (our joint participation in the fantasy that she still needed me) was followed by a change in her behavior, not an enactment, but a clear nonverbal communication. Debra insisted that we play card games. She knew from past experience that I generally do not play card and board games (because of their tendency to degenerate into ritualized resistance), and over the years we had been together, she had grown to accept this, with some reluctance and irritation, but with eventual tolerance for my limitations. Now there was a new insistence, and when I would not join her, she played solitaire. I tried to clarify her behavior—she did not ignore my words, nor did she disagree, but she kept on playing cards. She then brought in yarn and began knitting in the chair opposite mine (she knew that I

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sometimes knit while listening to patients). Again I felt frustrated—not angry, but somewhat useless. It took me a while to recognize that Debra was telling me I was useless to her now, that it was time for our work to be over. Why did she tell me this way? I asked her that. Her reply was, "I don't know; I wasn't sure it was time to leave. I know I feel good, that I like school and the kids, but I also like coming here. And maybe I didn't want to hurt your feelings."

Thus began Debra's termination. This initially very vulnerable, defensively isolated child was experiencing what she had avoided for so long, that once you are engaged, it hurts to become disengaged. That she saw it in terms of my being hurt was not a bad beginning. We had lived with our joint participation in the analytic process, through enactments and other analytic interactions, for a long time. I was certain that if she thought I had feelings, she was aware she had them too.

Debra's analysis contained many enactments, not only because she was a child, but because she was a chronically overstimulated child whose capacity to organize and contain her impulses was less than other children's, and I was susceptible to the primitive, dramatic quality of her behavior. In addition, her isolation and hunger, as well as her previous discomfort and feeling of vulnerability in relationships, had intensified my importance to her and her susceptibility to transference misperceptions. Like other patients in analysis, when stimulated by significant regression, she attempted to actualize the transference through enactments.

**Discussion**

Given that enactments are inevitable during an analysis, the question remains, how can they be most effectively utilized? Words that name can reduce anxiety by organizing conflictual emotions. Enactments, in creating experience beyond words, engage the participants in a regressive experience which often increases anxiety and decreases ego mastery. Yet this regression
can lead to a new depth of understanding of conflict, fantasy, and memory. Enactments also link current and past experiences with a vividness of affect and intersubjective relatedness that imparts enormous conviction. They are a concrete shared experience in which the opportunity for defensive denial, intellectualization, and distortion is diminished. If an analyst finds that he is unintentionally enacting with a patient, withdraws from the enactment, and then subjects his behavior and subjective sensations to analytic self-scrutiny, he often has additional information that was not available when he was not so fully engaged.

I believe enactments result from a communication via unconscious clues (Sandler, 1976) that relies on an affective signaling similar to that used by (and with) very young children, before the capacity for abstraction and symbolization takes place. Both Stern (1985) and Emde et al. (1976), in their work on the affective mode of communication that antedates language, have demonstrated the appeal, clarity, and universality of such signals. However, that repressed conflictual fantasies and wishes find expression via a developmentally early mode of communication does not mean that the conflicts expressed are from a preverbal period of life—only that a more primitive channel of communication, reliant on affectively laden signals, is being called into play. Throughout our lives we all are attuned to the subtle clues contained in gesture, tone, facial expression, and rhythm. What makes analysis unique is not the analyst's reception of the clues, but his examination of them, and his effort to find the words to describe their message.

In any analytic search to understand the intrapsychic domain, much of the initial data come from the observation of interpersonal behavior; the problem during an enactment is that the analyst's power of observation is clouded. In addition, as unconscious conflicts lead to his participation in the enactment, even after he becomes aware of the enactment, the analyst's resistance to full understanding will continue. There were times during my analysis of Debra when all I was aware of was
my discomfort and a feeling that the work was nonproductive. Occasionally it required taking verbatim notes immediately after the session, or discussing the process with a colleague for me to recognize when I was enacting.

Enactments do not necessarily offer an easier road to the unconscious determinants of behavior or a better way to communicate with patients. But as they occur, repeatedly, in the course of every analysis, an objectivity about them, a capacity to deal with them just as we deal with the associations or memories that are called forth by our patients' verbal communications, can only increase our technical armamentarium. To continue to track is the work of analysis, whatever the mode of communication.

Even after one enactment is recognized and interpreted, others may ensue. When a defense or resistance, impulse or fantasy, is revealed in a patient's associations and interpreted, his psychic equilibrium will shift, often with new compromise formations and the expression of the conflict in a new form. Similarly, when an enactment is interpreted, the arena of enactment may also shift, with the patient's conflicts expressed in new behavior, which again tests the analyst's vulnerabilities.

For example, after an analyst has withdrawn from participation in an enactment, integrated the experience with his cognitive understanding of the patient and the analytic process, he often wants to share his understanding of the enactment and its determinants with the patient. However, to a patient enmeshed in transference, the very act of intervening can become a vehicle for an enactment. Interpretations, heard as meaning that the analyst understands something which the patient does not, are denied. If the analyst tries harder to clarify the experience, he is heard as defensive or irritated, and his words become evidence of his authoritarian stance.

Or, after the analyst first interprets, the patient may begin to speak in such a way as to manipulate him to continue to interpret the seemingly unconscious connections. This too is an enactment. And though quite common, this use of words to
stimulate the analyst to "act like an analyst" can be quite difficult to detect.

In the Panel on enactments (1989), Boesky said, "just about everything the patient feels, says, thinks, or does during the session is influenced by wishful tendencies which press for actualization." When we as analysts are conscious of this "press for actualization," we are able to interpret and, through our interpretations, increase our patients' awareness of their motivating impulses and fantasies. When we are not so aware, we enact. Enactments are often the first sign of a shift in a patient's transference, a shift that caught the analyst by surprise and made him a participant in an emerging transference paradigm he is not yet able to objectify and observe. The analyst does not consciously "choose" to enact; he enacts and then thinks, "Why did I say (do) that?" It is his scrutiny of the enactment, not the enactment itself, which will lead to a new understanding of the transference.

In analysis we interpret more than words; we also explore and articulate the unconscious links between what is said at one moment and what is said at the next. That these links are revealed through the process of speaking has misled many of us into assuming that the content of verbal communications is the focus of our work. This is not true. Not that the content of the patient's material is not valuable. It is, for it leads to an awareness of unconscious connections and enriches the analyst's interpretations and makes them immediate, specific, and therefore real to the patient. But in the work of making the unconscious conscious, it is the determinants of the words and their sequence, rather than the conscious thought, that we attend to.

The same process of looking for unconscious determinants is at work when we examine enactments. We look beyond the conscious intent of behavior (both ours and the patient's) and examine it within the context of the analytic situation, hoping to uncover its relation, via the transference, to unconscious
processes. Jacobs (in Panel, 1989) has suggested that enactments in analysis often reflect specific identifications and are essentially memories put into action—memories of actual events or events defensively distorted by the patient but retained in memory as enacted. This has not been my experience. I think that enactments, being a resultant of unconscious forces in both the analyst and the patient, are rarely so specific. However, I do agree with Jacobs that external behavior can sometimes communicate what thoughts and feelings do not quite capture. The determinants for the analyst's participation in an enactment will not be the same as for the patient, but the intrapsychic conflicts being stimulated may prove similar enough to provide a new source of empathically derived information which, when "made consonant with the patient's material according to disciplined, cognitive criteria" (Arlow, 1979 pp. 204–205), can lead to an understanding that was not accessible through words alone.

Nonetheless, enactments are still seen as deterrents to analysis. Is this just because of the potential for gratification in enactments, or because they are tenacious resistances? Or is it also because our participation in enactments leads us, the analysts, to behave in ways that feel unanalytic?

Enactments will convey, from patient to analyst, knowledge of impulses and affect that may be impossible to communicate through verbal description. But enactments will also convey to the patient the analyst's participation in the process. Unlike repetitions, in which it is the patient who repeats and the analyst who witnesses, in an enactment both analyst and patient are participants.

The communication of the analyst's involvement and his vulnerability to involvement, inadvertent though it be, will have important ramifications for the course of treatment. It is different from a deliberate act by the analyst, for the latter, be it classical abstinence or Kohutian mirroring, is under the control of the analyst and carries with it a sense of his authority. There are times during an analysis when the analyst's involvement can
be an important fuel, motivating the patient to continue the work. At other times, even with the same patient, it can be a significant source of resistance, or a threat to the patient's comfort with the relationship. But all reactions to enactments, including these, are information to be explored and analyzed. Not to do so is to collude with the patient's resistance.

In summary, an enactment is a nonverbal communication (often cloaked in words) so subtly presented and so attuned to the receiver that it leads to his responding inadvertently in a manner that is experienced by the patient as an actualization of a transference perception, a realization of his fantasies. Although not therapeutic in itself, an enactment can provide invaluable information and an immediacy of experience that enrich the work. Viewed as yet another source of information, greeted with curiosity and not guilt, enactments can become part of the analytic process from which we all learn.

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