CHAPTER 4

Therapeutic Enactments: Unconscious Processes and Self-Systems Revealed

FOLLOWING LAST CHAPTER'S DISCUSSION OF the inevitability of enacted self-systems, this chapter further examines how therapeutic enactments in particular can reveal unconscious aspects of the patient and the therapist. As we already have seen, enacted unconscious relational styles are interpersonal manifestations of unconscious self-systems. Within the therapeutic intersubjective interaction, enactments reveal the participants' implicit relational and emotional patterns that inevitably come alive within the analytic dyad. It is suggested here that the analyst's eventual self-awareness of her own participation, followed by self-disclosure of her experience, promotes a conscious, verbally articulated encounter with the patient's unconscious relational styles, creating opportunities for enhanced mentalized affectivity and integration.

The focus on enactments as communicators of unconscious affective and relational patterns also reflects a growing realization that explicit content, verbal interpretations, and the mere act of uncovering memories are insufficient venues for understanding patients. Schore (2003, 2005, 2009, 2012) has emphasized this paradigm shift from verbal and interpretive ways of relating to and understanding the other to unmediated emotional responsiveness. Integrating clinical experience with a vast body of neuropsychological research, Schore has articulated the centrality of empathetic attunement in affect regulation as well as the role of the right brain in affective unconscious communication. The therapeutic dyad, according to Schore, intensifies the patient's (as well as the therapist's) experience of dysregulated emotions and defensive adaptations. As they become part of an enmeshed interaction within the intersubjective field, they constitute a powerful mode of unconscious communication; through the analyst's affect tolerance, they also become an important means toward affect regulation. Similarly, Gallese (2006, 2008) and Iacoboni (2006, 2007, 2008) have researched the role of the mirror neuron system in generating automatic and prereflexive empathetic reactions and have shown the brain's propensity to respond to others by activating corresponding neural networks.

As intense manifestations of transference–countertransference

entanglements, enactments seem to generate a wide range of interpersonal and internal reactions, spanning the awareness continuum. Expressed and revealed through enactments are implicit early representations and relational patterns with all their affects, defensive adaptations, and behavioral manifestations. By setting the stage for direct and nonverbal access to the patient's representational world, enactments take us beyond transference and interpretations and provide us with a new appreciation of what it means to know the other.

Enactments can be described as mutually reactivated self-systems or entangled implicit relational schemas of both patient and analyst and as such they serve as a gateway to the patient's unconscious relational system. To further understand the enacted qualities of our unconscious, this chapter explores what enactments convey, what possible mechanisms they use, and how the therapist's use of his or her own experience in the dyad contributes to the patient's self-awareness and growth.

Often described as relational impasses, enactments can create an intersubjective field in which both patient and analyst find themselves in an ongoing emotional entanglement that temporarily diminishes the likelihood of meaningful reflection (Bromberg, 2006, 2011; Chused, 1998; Mann, 2009; Maroda, 1991; D. B. Stern, 2010; D. N. Stern, 2004). What was a conscious collaborative effort can seem in danger of collapsing under the weight of difficult, threatening, and seemingly inexplicable feelings and behaviors in patient and analyst. At their most extreme, enactments can threaten to halt the analytic process altogether or get out of control. Whether sudden or insidious, early or late in analysis, or long or short in duration, enactments are almost always a surprise. Resulting from a patient's raw transferential feelings and projected perceptions that find conscious and unconscious emotional echoes in the analyst or from a pervasive, deadened atmosphere of being stuck and not moving, enactments indicate that something is out of sync. This "something" and its remarkable implications for clinical practice are another facet of the unconscious enacted.

A THERAPEUTIC IMPASSE: THE CASE OF TINA, PART 1

The following vignette, which depicts an experience that took place about two years into therapy, highlights how unconscious intersubjective processes embody and reveal early relational styles, and introduces the important role of the analyst's self-disclosure.

A professional, middle-aged woman who was married with two children, Tina had been in analysis before and, according to her, learned a great deal about herself and her relationship with her deceased parents, who came to this

country as refugees from the political turmoil in their country of origin. Explaining her wish to begin analysis again, Tina said that she was aware of some recurring behaviors she wanted to change. She did not like how oppositional she was and how easily argumentative she became in many situations. She suspected that her automatic opposition to others' opinions was really hurting her ability to achieve more and have easier relationships. She also wanted to further understand her "constant resistance to needing others," a lifelong problem she attributed to her experience of caring for her emotionally devastated mother, trying to "cure" her of grief and sadness. Tina could take care of herself.

She related all of this information with an earnest, optimistic demeanor, interspersed with cynicism and self-deprecating humor. She would give this process a trial, she said, adding that maybe what was behind her opposition "is something so dark and scary that we would not be able to deal with it." This was not said with a warning tone or with hostility. It did not even feel like a challenge, but like a neutral, matter-of-fact statement. "In any case," she said, "Not to worry, I'll be a good patient." Listening to her, I was surprised to find myself feeling both optimism and dread, reacting to what was said, but more so to some unuttered and unidentified feelings as well. I felt worried about future clashes and at the same time was aware of a wish to provide her with the opportunity to safely encounter what was clearly hidden and only enacted through feelings, thoughts, and actual behavior.

Tina indeed started as a "good" patient. She easily talked about her past treatment, her overprotected and yet emotionally demanding upbringing, and her problematic relationship with her husband. Rather quickly, it became apparent that she was well rehearsed in telling her story. Her words did not resonate or lack affect; she expressed feelings of anxiety and sadness, especially when recalling how miserable and grief-stricken her parents often appeared. What seemed stale was Tina's assured way of presenting her feelings and thoughts. It was as if she was not curious at all about any new possibilities or discovering something fresh about herself.

ENACTMENTS AS COMMUNICATORS OF RELATIONAL SYSTEMS

Bromberg (Chefetz and Bromberg, 2004) speaks of enactment as the patient's effort to negotiate dissociated self-states that, owing to traumatic experiences, are not verbally symbolized. Similarly, D. B. Stern (2010) as well as Maroda (1991) view enactment as the interpersonal manifestations of unformulated dissociated self-states that are not allowed to conflict with conscious ones.

Their views, steeped in clinical encounters and experience, are fully in sync with the view of the unconscious as brain/mind processes in action. In Bromberg's view, dissociated self-states have "no choice" but to engage with others and reveal themselves. In effect, as was discussed in Chapter 3, such an understanding parallels recent data describing neuropsychological processes that inevitably generate the enactment of unconscious maps.

Noting the unavoidable relational impasses that accompany enactments, Bromberg sees them as venues for communication whose real message to the analyst is to get engaged with the patient truly and authentically. Such an engagement, guided by the analyst's countertransference, can help one recognize and resolve painful attachment patterns that, left unidentified and reflected on, are doomed to repeat themselves (Bucci, 2011; Chefetz and Bromberg, 2004; Chused, 1998; Ginot, 2009; Jacobs, 1991, 2005; Pizer, 2003; Renik, 1998). By embodying the replications of early learned emotional and defensive patterns, enactments are in essence an expression of the repetition compulsion process. In the current view explicated here, the repetition of unconscious maps is an unavoidable aspect of brain/mind processes and indeed has no choice but to be activated in response to the environment.

What Is Being Communicated: Implicit Affective and Relational Patterns

What enactments seem to communicate in such gripping and indirect ways are those implicit patterns formed before verbal memory was fully developed and those defensively dissociated later on by an emotionally overwhelmed sense of self (Bromberg, 1998, 2006, 2011; Bucci, 2007a, 2007b, 2011; Mancia, 2006, 2007; Pally, 2000, 2007; Stern, 2010). As Schore (2003) and others have shown, early attunement and attachment patterns between infants and caretakers create lasting neural imprints in the brain's network, resulting in implicit, enduring, and repetitive relational modes of being that ultimately influence one's capacity for affect regulation and integration. (Beebe and Lachmann, 2002; Cozolino, 2002, 2006; LeDoux, 2002; Siegel, 1999, 2007; Wallin, 2007). Early experiences also shape the nature of the infant's internal states of arousal, directly affecting the prevalence and rigidity of either hyperaroused or hypoaroused dissociated autonomic states, each characterized by a different emotional tone and forms of defensiveness (Schore, 2012).

An environment suffused with emotional stress and compromised soothing in early childhood will result in frequent activation of the fear system and automatic defenses meant to minimize the viscerally experienced stress (see Chapter 2). Such an environment skews the developing neural systems toward nonconscious self-states that tend to experience heightened interpersonal

difficulties and poor regulation (Cozolino, 2006; LeDoux, 2002; Schore, 2003; Watt, 2003, 2005). The degree of neural dissociation or integration between these representational networks determines which attachment state will be most often activated and repeated, thereby affecting the quality of one's relationships throughout life (Bucci, 2007a, 2007b; Cozolino, 2002, 2006; Ginot, 2007, 2009; Lyons-Ruth, 1999, 2003; Wallin, 2007). Emphasizing the importance of neural integration to the sense of well-being, Siegel (2007) has concluded that early relational experiences are directly related to the quality of self-regulation embedded within various regions of the prefrontal cortex.

As we saw in Chapter 2, the amygdala and its related circuits have been of particular importance in how implicit patterns are created and stored out of awareness. Fear conditioning mediated by the amygdala occurs from the very beginning of life, without conscious awareness and with long-lasting neural impact (Grawe, 2007; LeDoux, 2002; Mancia, 2006). Besides storing implicit memories pertaining to perceived threat and danger, the amygdala modulates the formation of explicit memories in the circuits of the hippocampus.

Later in life the amygdala's automatic anxious reactions, even when deemed out of place and irrational, will result in increased levels of stress hormones and other physiological reactions. More significant, we may not be aware altogether of our conditioned interpersonal anxiety and its reactivation in specific situations. Fearful reactions within a relationship, for example, can be activated when we are unaware of the triggering stimuli and even when our conscious attention is not directly or intentionally focused on them (Grawe, 2007; LeDoux, 2002; Mancia, 2006, 2007). These encoded emotional and interpersonal representations constitute, in Lyons-Ruth's words, "enactive representations that are developed in infancy before the explicit memory system associated with consciously recalled images or symbols is available" (2003, p. 88). Throughout adulthood, regardless of the actual situation but cuing into individual meaning, the amygdala and its related circuits continue to nonconsciously focus on and react in repetitive ways to perceived interpersonal threats and discomfort.

The early maturing right hemisphere has also been shown to be involved in implicit emotional learning that precedes verbal development and as such "represents the biological substrate of the dynamic unconscious" (Schore, 2005, p. 831). Whereas the slower-maturing left brain is associated with verbal and conceptual processing, including that of emotional information, the right brain involves the subjective experience of emotions; most important, it is the site of nonconscious emotional conditioning and autobiographical memories (Schore, 2012). Wittling and Roschmann (1993), for example, found that in subjects viewing emotional films, the right hemisphere indicated stronger affective reactions. Similarly, lateral visual presentations of facial emotional expression

coupled with painful stimuli were harder to extinguish in the right hemisphere than in the left.

Morris et al. (1998) showed that the masked presentations of emotional facial expressions—visual stimuli transmitted below conscious perception—generated a strong neural response in the right hemisphere amygdala, but not in the left. Conversely, conscious unmasked presentations of the same stimuli enhanced neural activity in the left, but not in the right amygdala. In another study Morris et al. (1999) demonstrated that emotionally loaded stimuli can be detected, learned, and processed out of the subject's awareness by the right hemisphere's subcortical pathways, establishing implicit memories and learning schemas.

The implications of these findings to early emotional development, later relational patterns, and clinical work are significant. Before the fully developed PFC, especially the dorsolateral area, and before the slower-to-mature reasoning left hemisphere are ready to provide contextual cognitive and affective regulation, the emotional brain is susceptible to amygdala-driven fearful assaults generated by situations of misattuned and stressful interactions. Furthermore, the slower growth of the left hemisphere, the "interpreter" (Gazzaniga, 2008; Gazzaniga et al., 2014), may result in affectively rooted and highly distorted representations of self and others, generated by immature, self-blaming "explanations" for painful situations. The "negative bias" of the early maturing right brain and its propensity to encode for negatively charged affects could also affect the emotional tone of the encoded patterns within it (Gazzaniga, 2008; Hanson and Mendius, 2009; Schore, 2003, 2005, 2012; Siegel, 2007) (see Chapter 5). Dawson et al. (1999) showed that infants of severely depressed mothers were found to have a significant shift of dominance to the right brain, a shift that persisted into their childhood, not surprisingly reflecting their mothers' right-brain dominance. In light of these and other inherent potential emotional and cognitive pitfalls embodied in the human brain, the intersubjective quality of early attachment patterns seem more significant than ever (Braten, 2007; Cozolino, 2006; Schore, 1994, 2003, 2012; Siegel, 1999, 2007).

Indeed, attachment studies have demonstrated strong connections between interactional patterns during infancy and subsequent styles of secure, avoidant, anxious-ambivalent, and disorganized attachment (Diamond, 2004; Fonagy, 2001, 2008; Fonagy et al., 2002; Hess and Main, 2000; Siegel, 1999). Longitudinal studies have revealed that behaviors of disorganized attachment style endured as dissociative affective patterns through age 19 (Lyons-Ruth, 2003). Echoing LeDoux's (2002) emphasis on amygdala fear conditioning and automatic defensive reactions such as withdrawal, aggression, and submission, as well as Gainotti's (2006) and Schore's (2003, 2012) descriptions of the

preverbal development of implicit self representations in the right brain, Lyons-Ruth (2003) concludes that attachment strategies are early defensive adaptations designed to deal with the caretaker's failure to provide soothing responses in the face of overwhelming fear or stress.

Both clinical and neuropsychological findings indicate that each unconscious relational self-system is linked to a mental representation of a significant other, and these clusters of representations are then reactivated in social encounters (Andersen et al., 2007). These self-other representations, the associations they engender, and the relational self get enacted on the basis of automatic processes, solidifying and maintaining the underlying roots of one's unconscious reactions. Although established representations are activated out of awareness based on real or projected characteristics of the other, the reactions themselves are felt and experienced, though not understood or reflected on. As in the activation of any unconscious cluster of representations, when self-with-significant-other representations get activated by interpersonal contextual cues they spread to other self-linked representations. These include associations related to those aspects in the unconscious self-system that are related to the self-concept or self-worth.

The relevance of these and many other findings to a further understanding of what is being communicated during transference-countertransference enactments is obvious. Residing within the implicit maps of the right hemisphere are early emotional conditioning (remember the role of the amygdala) and preverbal memories. These memories, mostly sensory-motor and affective, generate many unconscious associations and further conditioned defenses and adaptational maneuvers. Over time all of these coalesce into nonconscious relational self-systems, with various degrees of integration among them (Bucci, 2007a, 2007b; Gainotti, 2006; Happaney et al., 2004; Miller, et al. 2001; Schore, 2003, 2009). What gets to be known through enactments, then, are relational patterns and self-representations that can never be articulated through verbal interchanges alone. As has been discussed, the neural nature of unconscious maps has no conscious access, but it does have an enacted quality. Indeed, noting the inevitable relational impasses characterizing transference–countertransference interactions, Bromberg sees enactments as unconscious messages to the analyst to get engaged directly and emotionally with unsymbolized self-states that cannot be otherwise expressed (Bromberg, 2006).

THE CASE OF TINA: PART 2

With time, Tina settled into a challenging and bantering way of relating, interspersed with being compliant and seeking recognition for it. When she was

argumentative, she was not openly hostile or contemptuous, but playfully thwarting, needing to be smart, to be right, and to have the last word. At other times, she seemed eager to please, agreeing with me and complimenting me for my interventions. Her compliments and compliance made me feel uneasy and anxious. I was vaguely aware of fearing retaliation, devaluation, and a pending attack. At the same time, I had the odd feeling that her flattering words were not really directed at me; they felt more like a generic, well-practiced brush-off to keep me at bay. Even when she agreed with me, she really did not; she somehow molded and shaped any intervention to suit her own known frame of reference. When feeling frustrated and irritated, I would ask myself whether unconsciously I was somehow contributing to the growing staleness of our sessions.

When I discussed my experience with Tina, she quickly agreed with me. She said that she was again reverting to her "old habit of being in control" of herself and of the situation. She acknowledged how guarded she was of letting anyone help her; it was "too unfamiliar" for her, and she did not really know how to do it. Tracing her behavior to her depressed parents, Tina felt that there was very little room in any relationship, including her marriage, for her to be overtly needy. Being self-sufficient and feisty was most comfortable and natural for her. Her caretaking role as a child with her anxious and sad parents again moved to the forefront. However, these discussions would also quickly drift to known territories and, rather than opening up the inquiries to additional emotional memories and experiences, seemed to close them off.

As time went by, I realized that the core of our interaction was construed around a dance that Tina performed with great expertise. Somehow, using her abilities to analyze, explain, joke, and thwart, she exerted unwavering control over her emotional responses and the emotional atmosphere of our interaction. My various interventions were heard, examined, and then subtly dismissed. Tina, it seemed, simply could not take much from me in any meaningful way. Although I understood and could even empathize with her need to be self-sufficient, I still felt superfluous, diminished, and unimportant. What she seemingly sought from me was an ongoing validation of her insights and conclusions. Often I would catch myself drifting away, too reluctant to reengage, preferring my own private world, feeling that putting any real stamp on the process was at best difficult and at worst mostly useless.

What I was not aware of yet was my growing inner rebellion against being so often thwarted and pushed away. Consequently, our interactions mostly reflected largely unconscious mutual communications that could not yet be reflected on and understood—in essence, an entanglement of implicit relational patterns emanating from us. Unaware, I became more active and verbal than ever before, repeatedly attempting to direct our interaction, in essence trying to wrest some control away from Tina. Over a period of a few sessions, I

relentlessly challenged her expressed feelings and explanations, deeming them too intellectual, too rehearsed, and too defensive. My interventions were not dynamically incorrect; some of these interpretations and observations had been discussed before. Rather, the emotional context of these interventions, my lack of felt empathy, my feelings of suffocation, and my overly active and controlling behaviors should all have alerted me to the fact that I was deeply involved in an enactment. At the time, however, although uncomfortable and anxious about feeling suffocated and rendered useless, I was not aware of my actions.

After these sessions, Tina would leave the office angry, defiant, and visibly distressed. But when she described her feelings and reactions during the next session, what I heard was not her vulnerability but more of the same: an unreflected-on, consuming need to fight me and thwart my attempts to help her. All through these few weeks, my feelings of deadness became more palpable, lodging themselves in my body, which at times felt paralyzed and listless.

The "How" of Enactments: Shared Unconscious Communication

It is no coincidence that neuropsychological findings regarding unconscious communication have paralleled the growing realization in psychoanalytical writings that some aspects of countertransference present us with an opportunity for direct emotional knowing. But what actually takes place in an enactment? How can two people communicate unconsciously with each other, and even more intriguingly, transmit a great deal of information about implicit and dissociated schemas? As an increasing body of research and clinical experience indicates, explicitly and implicitly exchanged communications activate unconscious self-systems if they touch the embedded particular meaning they contain.

When we remember the findings reported by Perani et al. (1999) and by Bargh (2007) and Bargh et al. (2001; Bargh and Morsella, 2008) for example, we again realize how fast and out of awareness old patterns jump into action. Action words as well as priming stimuli, perceived consciously or unconsciously, activated motor regions in the brain in the first case and resulted in the unconscious execution of behaviors in the second. The interchange of specific words between patient and therapist, for example, may activate the emotional, cognitive, and behavioral associations and meaning connected with a particular word. It is not that all mutual interpersonal communications are delivered on an explicit level; the contrary is true. After all, therapy uses facial expressions and other easily perceived physical manifestations that convey a great deal of emotional messages. What remains unconscious is the act of perception itself, the personal and hidden meanings that the perception carries

and activates, and the action-ready interpretations, emotions, and defenses embedded within the particular self-system that comes on line.

In a similar vain, and echoing Gallese and Lakoff's (2005) suggested connection between the mirror neuron system and the development of language, Borghi and Cimatti (2010) consider language a form of action as well, strongly connected to the body. In their view, language contributes to a unitary sense of our body/self and helps shape the way we implicitly perceive our body. The integrated sense of our bodies underpinned by language extends and pushes the anatomical boundaries between others and us. Language connects us not only on a pure verbal level but also in more implicit ways that transcend physical boundaries.

Our brains/minds, then, are evolutionarily primed to receive and impart a great deal of intersubjective information, particularly of an emotional and visceral nature (Miller, 2008; Schore, 2003, 2012). Consequently, similar neuropsychological processes and mechanisms underpin direct nonverbal communication between parents and children as well as between patients and analysts, setting the stage for reciprocal nonconscious emotional give and take. What we communicate goes far beyond what we consciously intend to, and much of it is involuntary and out of our awareness. Facial expressions, gestures, gaze, and vocal qualities have all been shown to accurately convey the participants' emotional and relational states (Beebe and Lachman, 2002; Diamond, 2004; Fonagy et al. 2002; Gallese et al., 2007; Iacoboni, 2006, 2007; Lyons-Ruth, 2003; Mancia, 2006, 2007; Pally, 2006; Schore, 1994, 2005, 2007; Siegel, 1999).

Schore's writings in particular have emphasized the role of the right brain in nonconscious communication processes between self-states of parents and children and between patients and therapists. Extensively connected to the limbic system and thus sensitive to interactional communication, conscious and nonconscious, the right brain is the one that seems to be acutely perceptive of emotional and viscerally felt experiences in others (Decety and Chaminade, 2003; Schore, 2005, 2007). These writers and others conclude that the analyst's sensitivity, or her right-brain readiness to be fully attuned to nonverbal communication, is a necessary therapeutic skill. Becoming entangled in an enactment, although at first out of awareness, is a surprising facet of such sensitivity.

Relevant to the clinical observation that many enactments give voice to painful emotions are the findings by Sato and Aoki (2006) and Kimora et al (2004), who emphasize the right hemisphere's role in receiving and processing negative emotional stimuli. Others conclude that the right hemisphere is the one involved in recognizing other people's emotional expressions and is connected to internally generated bodily sensations (see McGilchrist, 2009; Schore, 1994,

2003, 2005, 2009, 2012). Thus, the right brain, with its ability to perceive subtle cues and activate its own bodily and emotional sensations, allows the therapist immediate and direct modes of interaction. These unconscious exchanges are essential on two levels; on becoming conscious they open crucial windows into the patient's dynamics, but at the same time they reverberate empathically with the patient's internal states, acknowledging and regulating them (Schore, 2012).

The ongoing communication between interacting brains is particularly intense in close relationships where the participants are attuned to each other's messages (Bromberg, 2006; Maroda, 1991), especially during times of heightened and mutually dysregulated emotions (Schore, 2012). This finding may explain the prevalence of enactments and projections within couples and the difficulties they often encounter in trying to resolve them on their own. The activation of these implicit relational patterns within the therapeutic dyad, however, presents the only opportunity patients may have to become aware of their interpersonal difficulties. The therapeutic relationship, intermixed with the therapist's unique personality structure, can serve as retrieval cues (Carroll, 2003; Rustin and Sekael, 2004) for the early interactional schemes of the patients, in turn affecting those of the therapist. Both activate, according to Bucci (2007a, 2007b), past dissociated, maladaptive emotional schemas that are largely implicit and have affected the patient's life before therapy.

Within the therapeutic dyad, implicit and explicit information is mutually communicated on an ongoing basis (Bromberg, 2006, 2011; Ginot, 2007, 2009; Miller, 2008). The neural and emotional arousal that occurs in response to perceived interpersonal cues is physical and real, operating through the thalamic-amygdalar circuit, and is similar in nature to the response experienced in reaction to the original event itself (LeDoux, 2002, 2014; LeDoux and Doyere, 2011; Mancia, 2006, 2007). The fact that we can emotionally access very complex relational aspects through an intense involvement with our patients turns enactments into such valuable processes. In their largely unconscious modality they go beyond more readily recognized countertransferential feelings and connect with what is most hidden and implicit. In this way, the premise that the unconscious is more knowable through action finds a concrete illustration within the intersubjective field.

THE CASE OF TINA: PART 3

During one especially difficult session, when my behavior seemed to communicate to Tina that wherever she was, it was not where I wanted her to be, Tina burst into tears, her face and body displaying great agitation. Amid

sobs, she described how pushed and prodded she felt, how very anxious and alone. She said that she really wanted to please me but did not know how, and now she felt deeply disappointed in both of us. Just as with her former analyst, she felt hopeless, lost, and misunderstood. I wanted something from her, and she did not know what it was. All she felt was pushed and coerced.

Tina felt deeply wounded and held me responsible for "totally missing the boat." "Why is it so important to you to control what I need to say, to push your agenda?" she asked angrily. Feeling defensive, I answered that I was not quite sure what had taken place during the past few sessions and for some time before, but I was certain that as difficult as the experiences between us were, we needed to understand what they meant. I apologized for being pushy and hurtful, and said that what had happened, our mutual emotional misses, had been building up for a while and could teach us a great deal about her internal world and mine. As the session ended, I did not have a chance to describe the feeling that was most disturbing to me—the sense of deadening suffocation.

Tina left that session agitated. At the next session, she reported the following dream: we are both sitting in my office and she is asking me, "Why are we here? There are no windows in this office." She feels a growing panic, and with dread realizes that I can't help her, that nobody can. She feels on the verge of suffocation and forces herself to wake up. While discussing the dream —noting that in reality the office has two windows—for the first time Tina experienced and expressed her thoughts and feelings in direct and immediate ways. She was clearly and openly angry, sad, and frightened. She became fully aware of an intolerable sensation of being enclosed, held down, and suffocated. Her heart was racing, and her head felt light with panic. She felt like her chest and her head "were going to explode."

While disclosing to Tina my own frequent sense of being controlled and suffocated by her and how closely these feelings echoed her own, her distress intensified. But she was not running away from her frightening feelings and experiences this time. On the contrary, she desperately wanted to understand our tumultuous interactions. As we talked, it became clear to both of us that something very important was embedded in our seemingly mismatched communications. It was not just her need to take care of her mother that colored Tina's interactions, nor was it her argumentative and evasive behavior. The painful, protracted enactment exposed core, unconscious relational patterns and affective memories that characterized almost all of Tina's interactions with others—an intense fear of being emotionally violated and forced to adapt to the other—and myriad automatic defenses designed to preserve her sense of autonomy. Unaware, I came to embody her parents' deadened affect and also their implicit demand for her to join them. At the same time, Tina's own unconscious self-systems—the one succumbing to her parents and the one that

could find its voice only through stubbornly clinging to a sense of autonomy—were also part of our interaction.

Exchanging unconscious communications, we simultaneously reacted to and triggered implicit affective memories, fantasies, and defenses. In our subsymbolic (Bucci, 2007a, 2007b, 2011) interchange, I was the one "called on" to enact what was most frightening, almost annihilating—becoming through my behavior the emotionally oppressing parents. Like Tina, in the face of her emotional control I also experienced an increasing pressure to resist the feeling of suffocation, to withdraw and preserve my own subjectivity.

The defensive control Tina exerted on the sessions was something we had observed and discussed numerous times, but merely acknowledging and analyzing it did not create the interpersonal space in which to authentically experience and understand its multilayered meaning. On the contrary, talking only seemed to perpetuate and strengthen the oscillation between compliance and defiance. The enactment between us opened the therapeutic space to new experiences; by introjecting Tina's projected dread of being invaded, and by experiencing the fear of suffocation and defenses against it, her unconscious but enacted self-systems could be addressed.

In Tina's case, having an insight into her tendency to oppose and argue was not sufficient for integration and growth. Rather, an intersubjective stirring of her implicitly encoded early emotional and interpersonal attachment patterns gave voice to what was sensed but still not a part of a conscious sense of self. As Chapter 8 discusses further, insight is not enough: enduring change almost always demands a lived emotional experience. Such intense experiences are most often an inextricable aspect of therapeutic enactments. Being enacted by both of us, and in the context of the emotional aftermath, early implicitly encoded patterns had the opportunity to be recognized, analyzed, and integrated.

THE MIRROR NEURON SYSTEM AND THERAPEUTIC ENACTMENTS

Another dramatic development in our effort to understand how people "get" the emotional states and behavioral intentions of others is the field identifying and studying the mirror neuron system. Although this field is still in its infancy, some neuroscientists have already advanced theories linking the mirror neuron system to our ability to inhabit the emotional states of others. In an interesting confluence of psychoanalytic thought and neuroscientific research, this developing field reflects the growing clinical recognition of intersubjectivity as an essential aspect of human interaction. At the very least, the consistent studies showing brain structures' activity in response to observing others have paved

the way to a more comprehensive picture of what happens biologically when individuals, including strangers, are engaged with each other. Research has so far indicated that the mirroring system is connected to imitation, language development, shared emotions, empathy, the mediation of pain, and the development of the sense of self and others, among other things (Fadiga and Craighero, 2007; Gallese, 2008; Hari, 2007; Iacoboni, 2008; Rizzolati et al., 2002). These neural processes have been emphasized in other chapters discussing the significant influences intersubjective experiences have.

The mirror neuron system found in the premotor cortex and other areas is activated in monkeys and in people observing others engaged in purposeful behaviors (Iacoboni et al., 2005; Rizzolatti and Luppino, 2001). Further findings have shown that the mirror neuron system fires when we are watching or mimicking others' facial expressions or when anticipating others to be in pain, which has led some researchers to describe its functions as underpinning our ability to automatically and involuntarily simulate the emotional states of others (Gallese, 2006, 2008; Gallese et al., 2007; Goldman, 2006; Iacoboni, 2006, 2007, 2008; Ramachandran, 2011). This biological propensity—consistently shown through magnetic resonance imaging and other techniques—to replicate someone else's neural activity in one's own system or embedded simulation seems to be at the heart of our capacity to understand the feelings of others, according to these researchers.

Gallese and Iacoboni see this built-in mirroring ability as a neuropsychological expression of empathic responses, or in Gallese's words, "the empathic shared manifold of intersubjectivity" (2006, p. 271). Not surprisingly, perhaps, adults as well as children who scored higher on general empathy scales also showed stronger brain activity when they perceived their partners to be in pain or when observing others' emotional expressions (Dapretto et al., 2006; Pfeifer et al., 2008; Singer et al., 2004, 2006). Studies indicating that mirror neuron structures "communicate" with the emotional brain have led Iacoboni to state that "These results clearly supported the idea that mirror neurons areas help us understand the emotions of other people by some form of inner imitation" (2008, p. 119). Through embodied simulation, then, the mirror neuron system seems to automatically establish a direct experiential link between subjects. In Iacoboni's words, "This simulation process is an *effortless*, automatic, and unconscious inner mirroring" (2008, p. 120; emphasis in original).

The various subtle characteristics of neural mirroring responses studied and described by neuroscientists are all the more interesting and significant in light of our clinical experiences. Indeed, when we try to deconstruct the nature of nonconscious communication of enacted systems, what gets to be highlighted through these studies is our ability to connect with others' emotions and

intentions often before we can articulate what we feel. Contrary to understanding others by intentionally putting oneself in the other's situation or imagining how the other feels, Gallese's and Iacoboni's conclusions present a very different way to view empathy and enactments. The neural process of embodied simulation creates automatic, unconscious, and prereflexive empathic responses, ones that do not depend on deliberate efforts to understand the other or cognitively trying to interpret their situation.

Adding to Schore's (2003, 2007, 2012) conclusions regarding the right hemisphere's role in unconscious communication are findings regarding the mirror neuron system. Some of Iacoboni's studies (2006, 2007, 2008) highlight the right amygdala's part in perceiving and processing scary emotional facial expressions. Similarly, other researchers have found that the right hemisphere's mirror neuron system became more active among children and adults when observing and imitating emotional facial expressions in others. Dapretto et al. (2006) demonstrated that in comparison to normally developing children, a group of 12-year-old children with autism displayed a lower mirror neuron system activity within the right hemisphere. Furthermore, the more severe the autistic impairment, the less activity was detected in mirror neuron areas. The researchers concluded that social and emotional mirroring largely depends on the right brain mirroring areas connected to the limbic system.

Another group working with Iacoboni (Uddin et al., 2004), exploring the relationship of the mirror neuron system to self-other recognition, found that in tasks requiring subjects to recognize their own morphing face (as opposed to that of their best friend), two areas in the right hemisphere became active: the parietal and frontal lobes, both mirror neuron structures. Interestingly, these findings also fit with research describing the right hemisphere as the "location" of one's sense of self (Schore, 2012).

In a further refinement of what it means to resonate empathetically, and with great relevance to the psychoanalytic encounter, Gallese and Iacoboni assert that the shared neural processes do not imply a self-less merging phenomenon between participants, but an emotional and communicational permeability between them. In Gallese's words, "empathy entails the capacity to experience what others experience while still attributing these experiences to others and not to the self" (2006, p. 288). Similarly, while demonstrating the role of the mirror neuron system in self-other recognition, Iacoboni and his group (Iacoboni, 2008) confirmed subjects' ability to maintain their own sense of self when observing pictures of themselves and of others, a point emphasized by Gazzaniga (2008) as well.

Perhaps the most significant finding to the psychotherapeutic dyad is the one delineating the relationship between mirror neurons and the limbic system. Exploring this connection, Iacoboni (2007, 2008) and Carr et al. (2003) have

demonstrated that mirror neurons send signals to the emotional centers located in the limbic system, enabling us to experience feelings associated with observed and imitated emotions. The anterior insula was found to be the anatomical pathway that connects mirror neuron structures to the limbic areas, and especially the amygdala. Some of the visceral sensations can then reach consciousness and become subjective feelings (Gazzaniga, 2008; Iacoboni, 2008; Ramachandran, 2011). Of particular interest are Iacoboni's (2008) assumptions that the mirror neuron system itself is greatly affected and sculpted by early care-taking experiences. This finding is a significant contribution to the growing body of evidence showing the effects of early attachment patterns on the brain/mind.

THE NEED FOR FUTURE RESEARCH

The implications of these studies to the understanding the communicated elements embedded in enactments are intriguing. But as some writers have rightfully pointed out, the mere activity of mirror neuron structures in response to others does not tell a full story yet (Gazzaniga, 2008; Goldman, 2006; Stueber, 2006; Watt, 2005). Some significant questions, not yet answered by research, have been asked as to the causal relationship between mirror neurons and the *felt* experience of empathy. By the same token, the differences between a more aware experience of empathy on the one hand and a direct experience of emotional contagion on the other need to be delineated as well (Watt, 2005; Zept and Hartmann, 2008). The phenomenon of emotional contagion, according to Watt (2005), is carried by neural pathways that act faster and are more primitive than the mirror neuron system.

As researchers, philosophers and clinicians struggle to explicate the connection between neural activation and the experience of getting the other's conscious and nonconscious patterns, much remains unknown. In this context, the current limitation of our understanding of how the mirror neuron system explicates the complex and often shifting phenomenon of empathy needs to be taken into account (Gazzaniga, 2008; Goldman, 2006; Watt, 2005; Zept and Hartmann, 2008). Nonetheless, the enthusiasm accompanying this research is also understandable. The opportunity to glimpse at a link between our biology and our human behavior has once again proven incredibly irresistible, engaging, and promising. Understanding how another's person's unconscious systems are not just enacted but also received and acknowledged by the other—a parent, a patient, a partner, or a therapist—takes the neuropsychological findings about enacted representations to a different level. The current state of research can still explain, for example, how and why patient and therapist react to each

other's emotional and bodily cues, suffusing their perceptions with their own internal representations and defensive adaptations (Gallese et al., 2007; Iacoboni, 2008). As Gallese (2008, p. 774) maintains "mirroring is always a process in which others' behavior is metabolized by and filtered through the observer's idiosyncratic past experiences, capacities and mental attitudes."

At this point in time, we could say that although questions regarding the leap from neural firing to subjective feelings of unmediated understanding of an enacted neuropsychological map are not answered yet, mirror neuron system research still offers us some understanding. It explains what takes place within the intersubjective matrix, shedding light on familiar clinical experiences. One could also argue that when trying to understand what takes place in enactments within the psychotherapeutic dyad and outside of it, it is possible to see the role of the mirror neuron system not as structures that faithfully replicate observed emotional reactions but as neuropsychological processes that result in mutual, idiosyncratic attunement to each other's visceral/feelings states and intentions. At times, depending on the degree to which reflectiveness is lost, this mutual involuntary reactivity will culminate in enactments.

The mirror neuron system, then, may underpin the complex web of interpersonal communication in or out of awareness (Decety and Chaminade, 2003). This may be accomplished not by experiencing compassion for the other in a predictable, comforting way necessarily, but by being able to reverberate with a wide range of implicit encoded patterns that can only be enacted. Because these interactions might give expression to unconscious painful, angry, and defensive self-systems, the empathetic aspects in enactments do not depend on the analyst's ability to experience empathy for the patient's difficulties. The empathetic component is found in her readiness and ability to resonate with what is not verbalized but nonconsciously transmitted nonetheless. Here is where we return to the original premise: although enactments may seem at times to be misattuned events that threaten the therapeutic process, by inhabiting the other's nonconscious affects, defenses, and automatic interpretations, they also embody an interpersonal resonance and direct emotional knowledge.

ENACTMENTS AS INTERSUBJECTIVE WAYS OF KNOWING

The realization that the verbal content of an interaction constitutes only part of a much larger whole is highlighted by what has been discussed in other chapters: most of the information encoded and enacted in response to environmental demands operates out of awareness. Taking into account the limited verbal and cognitive access into our neural brain/mind maps or self-systems, it may be that

enactments offer the only ways to emotionally know patients and really experience some of their earliest emotional memories and narratives. In this way, enactments may be the only authentic venue that can bring to life implicit affective and relational patterns, as we often witness in our intimate relationships.

Thus, enactments do not just indicate an unconscious transference–countertransference process run amuck, but may express moments of meetings (Stern et al. 1998), when two subjectivities are totally, albeit temporarily, immersed in each other's unknowable needs, expectations, and defenses.

The enacted self-systems activated in the therapeutic environment offer an authentic and direct way for both patient and therapist to negotiate unconscious patterns. What gets revealed through enactments, just as through any enacted patterns, are the underlying characteristics of a particular brain/mind map or pattern. Perceptual tendencies, emotional convictions, automatic interpretations of interpersonal cues, and defensive behaviors—all become part of the mutual interaction. Within the emotional environment of promise and disappointment, hope and potential terror, old relational and emotional patterns are unavoidably activated and enacted. By simultaneously providing a safe environment and the opportunity for reflective awareness, the psychotherapeutic relationship is the one relationship where unconscious self-systems can be experienced, identified, and understood.

We could rightly worry, as some have when discussing enactments, that mutual embodied simulation, where each participant automatically and nonconsciously activates the other's neural systems, would lead to a hopeless interpersonal mess. If enactments cannot be avoided because of the permeable boundaries between brains/minds of interacting subjectivities—think of the automatic firing of mirror neurons (Iacoboni, 2007, 2008) or the right brain's sensitivity (Schore, 2007, 2012)—how can we know what's going on? How can we extricate ourselves as analysts from an entanglement that may stand in the way of our work? We can see why clinical writings have portrayed enactments as impasses that can derail the analytic endeavor, particularly with patients experiencing rigid dissociative defenses (Chused, 1998; Ivey, 2008; Pizer, 2003).

In actuality, the mutual process of embodied simulation results in a direct, unmediated, and visceral knowing of the other, eventually affording both patient and analyst a way to further recognize and understand dissociated self-narratives and relational patterns and integrate them into a more reflective and cohesive self. Both are affected participants, and both may learn about themselves. The therapeutic way to achieve these important goals is bound with the process of mentalization (Fonagy and Target, 2006) or mindful awareness (Siegel, 2007; Wallin, 2007) that is essential for regaining the cooperative

shared reflective space. When coming out of an enactment, as the analyst becomes aware of her own contribution, usually (but not always) both participants can start examining the meaning of the mutually determined interaction. A regained state of mindfulness will restore the therapist's ability to listen again with a "tension between empathic identification and observing distance" (Zwiebel, 2004, p. 259). The therapist's self-disclosure of her feelings, thoughts, and role in an enactment can further enhance the process of reflective awareness in both participants. It is particularly powerful in helping the patient better understand how an enacted self-state within the therapy debilitates his wellbeing, rather than promoting it. The therapist's disclosed experience, which in actuality is rooted in the intersubjective field, can help the patient directly and emotionally become aware of an important part of his internal life (Ginot, 1997). As modeled by the therapist, the patient can gain the sense that his behavior is not being judged or repudiated; rather, it is being examined as an unconscious emotional and interpersonal adaptation that, although successful in the past, no longer works.