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

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Abstract

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

This article had its origins in the 2014 World Transactional Analysis Conference held in San Francisco and titled "TA Now: A Game Changer." The conference provided many opportunities to review game theory and the similarities between games and enactments as defined by transactional analysis and psychoanalysis. During the conference, I noticed that many practitioners, including me, seemed to use the terms *games* and *enactments* interchangeably. As the conference progressed, I began questioning this assumption. I engaged in many conversations about how we might have been too quick to conflate the two terms without examining the possible differences between them. When I asked colleagues if they thought games and enactments were similar, most had a knee-jerk reaction that yes, they were similar, followed by a reflective pause that indicated possible doubt, and then further discussions, with no definitive answer emerging.

In this article, I want to consider these constructs—games, enactments, and reenactments—and the ways they may be seen as similar or different depending on which definitions and theories are used for the comparisons. I believe that despite having many similarities, there are meaningful clinical differences that suggest the importance of clearly distinguishing between them.

Untidy Definitions of Games and Mutual Enactments

When games and enactments are evaluated through the lenses of transactional analysis and psychoanalysis, the similarities or differences depend on which definitions are used for comparing them. More liberal definitions create greater similarities than do narrow definitions.

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Since Eric Berne's *Games People Play* was published in 1964, game theory has been one of the fundamental constructs of transactional analysis. Games have a rich history in describing patterns of relating and behaving as well as their motivations not only in therapeutic relationships but also in groups and everyday life. Berne's primary definition of a game was clear and straightforward: "an ongoing series of complementary ulterior transactions progressing to a well-defined, predictable outcome" (p. 48). He suggested that the defining features of a game are its ulterior quality and the payoff.

Since then, other writers have expanded our understanding of why a game is played. English (1977) suggested that games are played for a payoff of strokes rather than a payoff of bad feelings. Her emphasis was on the process of the game leading to these strokes, which she called "racketeering" (p. 130). Joines (1982) also distinguished between games and rackets. He believed a person settled for playing a game to evoke unpleasant feelings when racketeering was not possible.

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

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

Whether games and enactments can be viewed as similar depends on whether one believes that the definition and theory of games can be expanded to include the processes Cornell described. For my part, I favor retaining the more traditional ways of defining games and placing the deeper unconscious experiences within the construct of enactments. Keeping games and enactments separate allows us to distinguish between preconscious relational patterns as found in games and unconscious processes often discovered through enactments.

Unlike games, enactments are not well defined and do not lead to predictable outcomes. In fact, enactments within a therapeutic relationship have the potential for creating what Bromberg (2006) described as "safe surprises" (p. 198). These safe surprises occur when, following the initial experience of pain and discomfort within the enactment, there is a new experience between the client and therapist in which the unsymbolized emotions and ego states of the past are recognized and processed by them together. This is where I see the primary difference between games and enactments: Games tend to support the individual in defending against unconscious experiences, whereas enactments tend to reveal unsymbolized unconscious experiences.

This distinction centers around my belief that some experiences are defended against, whereas others have never been formulated and therefore require no defense. I came to this understanding after reading Stern's (2003) views on unformulated experiences. For him, experiences that are outside consciousness may not require action or effort for them to remain there. Rather, action may be required to bring these experiences into consciousness. From this perspective, rather than primarily looking for and trying to disable defenses in therapy, the client and therapist work to uncover unsymbolized experiences. One way this can occur is through enactments. Stern compared these unformulated experiences to boulders on the bottom of the ocean. For him, working to bring these experiences into consciousness is like "lifting a rock from the bottom and hauling it to the surface" (p. 86).

I think the difference between payoffs in games and safe surprises in enactments is that, generally, the exploration of games leads to an understanding of how known experiences became split off

and defended against, whereas enactments lead to the discovery of unformulated experiences within both the client and the therapist. Keeping games and enactments as separate constructs provides transactional analysts with a way to theorize and work with both.

To date, most exploration of enactments in psychoanalysis and transactional analysis has been limited to the analytic dyad, although Aron (2003) noted that family therapists (e.g., Minuchin, 1974) have developed the construct in work with families. A standard definition of enactment remains elusive, and it is likely that enactment will continue to have multiple definitions and meanings. For my purposes here, however, Chused's (2003) definition can be used as a starting point. She identified the bidirectional nature of enactments, which are generally thought to originate within the transference-countertransference field (Bass, 2003). She described enactments

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

Chused further noted that not all of the analyst's countertransference reactions are elicited by the patient and that only those countertransference reactions that appear to be elicited by the patient fit within the construct of enactment (Chused, Ellman, Renik, & Rothstein, 1999, p. 11).

Historically, McLaughlin (2005) was one of the earliest psychoanalysts to write about enactments. He believed the construct offered a new way of thinking about countertransference and the therapist's impact on the patient. His views were consistent with Ellman's (Chused et al., 1999) idea that countertransference should not to be viewed as a deficiency in the analyst that revealed that he or she was not fully analyzed but as a natural part of the analytic process. This shift created opportunities to explore the mutual influences between patient and analyst, including enactments.

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

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

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

Bass (2003), a psychoanalyst, distinguished between ongoing and specific enactments by using a lowercase "e" for the former and a capital "E" for the latter. The former describes "enactments that

form the daily ebb and flow of ordinary analytic processes'' (p. 660), whereas the latter ''are phases of both unusually high-risk and high-potential growth for analyst and patient alike'' (p. 660).

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

As had happened in psychoanalysis, the development of a relational approach in transactional analysis (Hargaden & Sills, 2002) created an interest in ways client and therapist enact unconscious parts of both of their personalities. In this context, the term *enactment* has been used to describe work with trauma and dissociation by authors such as Little (2006), Stuthridge (2006, 2013), and Oates (2012). In the transactional analysis literature, there is limited exploration of the tension Aron (2003) described between enactments that are discrete events and those that are ongoing interactions. This may be a fruitful area of study within transactional analysis.

Stuthridge (2006) has written about enactments in relation to her work with trauma and dissociation. She described how early relational interactions a child experiences with primary caregivers are internalized within a ''Parent/Child ego state dyad'' (p. 271). She added, ''The intrapsychic structure then shapes the view of self, others, and the world outside so that the adult survivor of abuse continues to see monsters long after they are gone'' (p. 275). She suggested that through the therapeutic relationship, including enactments, these ''implicit relational patterns formed in the abusive context inevitably emerge in the therapy relationship'' (p. 277).

Stuthridge (2006) also described the difficulty in reconciling traditional transactional analytic theory with the concept of enactments. Because Berne's methodology was primarily a one-person approach, the detached therapist usually remains outside the relationship. From this position of a detached observer, he or she would refuse to engage with the client's transference. Instead of viewing the transference as part of an enactment that needs to be experienced in a two-person relationship, the one-person approach views such transference as a game to be confronted.

I am arguing here that games have a much broader reach than enactments. The concept of games has been explored and used effectively beyond the therapeutic dyad in such contexts as social action (Joines, 1982), families (Massey, 1990), couples (Karpman, 2009), and organizations (Summerton, 1993). Thus, whereas an enactment may be another form of a game, there are many other ways to make use of game theory that fall outside the realm of enactments.

Sometimes clients are unable to work within a two-person model (Stark, 1999) or their issues need to be addressed more intrapsychically than is possible though an interpersonal approach. In such cases, the client is unable to recognize that what is occurring in the therapeutic relationship is not a continuation of past childhood trauma, and a fuller immersion in the client's emotional world within a cocreated experience may be not only less effective but ill advised. This type of experience seems better defined as a *reenactment* rather than an enactment or a game.

Reenactments

The recent emphasis on enactment in the clinical literature seems to have engulfed the term *reenactment* in a way that blurs the distinctions between the two. In addition, the distinction between games, enactments, and reenactments has not been discussed in much detail in the transactional analysis literature. I believe there is important therapeutic, if not theoretical, value in distinguishing between these terms.

Schwartz (2000), who has written about trauma and dissociation, stated that reenactment and enactment are often used interchangeably. However, he delineated between the two by defining reenactment as a specific type of enactment that is trauma based. He cited Miller (1984), who defined reenactment as containing ''elements of the original trauma in posttraumatic symptoms,

behaviors, and/or interpersonal patterns of relating—all characteristic of trauma survivors' functioning" (p. 134). For enactment, Schwartz took what he described as an egalitarian perspective, defining enactments as having "not only elements of the patient's psyche but elements of the therapist's psyche as well" (p. 134).

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

Davies (1997) took a similar position, noting that in an enactment there is a joint reliving of a traumatic experience as opposed to a more one-sided reliving of a trauma as in reenactment. She believes this joint reliving is what makes an enactment distinct from a traumatic reenactment. She wrote, "A joint reliving of what was originally experienced in psychic desolation and traumatizing isolation is the only way to categorically differentiate the therapeutic reprocessing of previously inexpressible horror from a traumatic reenactment of the abusive events" (p. 247). Using language that sounds similar to transactional analysis, she added, "It is only in relationship to an analyst who feels for and with him that the abused child within the adult survivor may come to struggle once more with emotional desire and yearning" (p. 247).

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

The clinical difference between reenactments and enactments is subtle but significant. In a reenactment, the client's experience in session is not being cocreated with the therapist as it is in an enactment. Rather, the origins of the reenactment are usually in the client's trauma memories. Although the therapist's words or body language may be triggering the traumatic memories, those stimuli are generally not originating in the therapist's countertransference or unconscious processes. In fact, the client may be misreading the therapist.

At such moments, the therapist's training and his or her own self-awareness are crucial in helping him or her to discern whether the current situation is more of a reenactment or an enactment. Davies (personal communication, 30 March 2012) believes that the therapist must be able to self-reflect on his or her own countertransference when the patient is accusing or attacking rather than becoming reflexively defensive or assuming that an enactment is taking place. It is through understanding the therapist's contribution (an enactment between client and therapist) or lack of one (a reenactment based on past traumatic experiences) that the client develops a greater ability to distinguish between experiences that are either primarily interpersonal or intrapsychic. (This distinction is illustrated in one of the clinical vignettes described later in this article.) Reenactments can then be seen as originating primarily in the client's transference and intrapsychic experiences that are being triggered and symbolized in the therapeutic relationship. It is important to note that not all reenactments are the result of a negative transference; a positive transference can create a reenactment around loving or longed for individuals from the past.

Keeping the idea of reenactments separate from games and enactments provides us with a specific term and clinical construct with which to distinguish them from the kinds of trauma repetitions we see in games and enactments. Speaking to the lack of consensus on the meaning of enactment, McLaughlin (2005) speculated that "probably the best we can do is to declare our preferences and

attempt to justify these as best we can on both clinical and theoretical grounds" (p. 186). As stated, my preference is to keep games, enactments, and reenactments separate because I think each construct describes a different experience or process.

Clinical Reasons for Separating Games, Enactments, and Reenactments

Unlike the familiar relational patterns in games and the familiar intrapsychic processes in reenactments, enactments are relational moments in which both client and therapist experience a way of relating that is new for both of them. What seems to be evoked in the client is a part of the self that has been so deeply split off that it is usually not revealed in either games or reenactments. Often such unconscious experiences are revealed within intense enactments. (The second of the case vignettes later in this article touches on this process.)

Another reason for keeping the three constructs separate is the difficulty of integrating constructs from different periods or different theories. Soth (2013) expressed concerns about "stretching a framework" (p. 132) when that framework is rooted in an earlier historical period. For example, Berne's game theory was developed well before the recent surge of interest and writing in transactional analysis about trauma and dissociation (Caizzi, 2012; Cornell & Olio, 1992; Erskine, 1993; Stuthridge, 2013). His references to unconscious processes were consistent with his psychoanalytic training and the theories of unconscious process of his time. Today, both relational psychoanalysis and transactional analysis heavily emphasize enactments that originate in issues of trauma and dissociation, ideas that were not being discussed in Berne's era. I agree with Soth (2013) that while there are benefits to an integrative approach, there may be unintended consequences, one of which might be an oscillating by the therapist "between contradictory principles, thus unwittingly giving double messages to . . . clients" (p. 132).

In my own case, my training in contemporary psychoanalysis occurred many years into my career, which until that point had been primarily based in transactional analysis. At the time of my psychoanalytic training, I also began to learn more about trauma and dissociation. A long-term client of mine began to recognize how my ways of working were changing. In some sessions I saw his issues as trauma based and worked within my understanding of reenactments. At other times I worked as though we were in an enactment. At still other times, my work was informed by my understanding of game theory. While his presenting issues did not change, my way of working with them did. I thought this was affording us many different ways to look at his issues, but I missed the confusion I was causing him. One day, in an exasperated tone, he said, "Jesus! When I started therapy with you, you used TA. Then you added trauma theory. Now you've added this psychoanalysis stuff. It seems you try something different every session. You're driving me crazy!" I thereby discovered the importance of keeping the constructs of games, enactments, and reenactments separate and using them in more informed ways.

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

When I was introduced to game theory over 20 years ago, I was taught that all clients play games, and part of my job was to recognize the game, label it, and work to help the client stop playing it. Usually this involved some form of confrontation. In group supervision, often with the use of tape recordings of sessions, I was taught to look for the first con or discount, which could alert me that my client and I might be in the terrain of a game. This way of working had already put me at odds with my client. I viewed him as being up to something, trying to con me and get me to feel bad at the end of a game, so I needed to be on guard. This is hardly conducive to creating potential space for cocreative experiences. In addition, this way of working

with games usually foreclosed the development of the type of potential space in which enactments generally occur.

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

Both these ways of working can create situations in which the therapist may listen to the client with suspicion or actually not believe what the client is saying. I would argue that minimizing manifest content might be the first discount, and it comes from the therapist.

The historical technique of game analysis is ingrained in me at a deep procedural level, and when I use it in treatment I recognize myself working more within in a one- or one-and-a-half rather than a two-person experience. I think my more intuitive clients sense this shift.

Because games, enactments, and reenactments have different origins and require different treatment approaches, rather than integrating them, I have found myself using each construct independently at different times over the course of treatment. In this regard, I have found the ideas of Howard Bacal (2011) and his specificity theory to be useful. He wrote, ''Each analyst-patient dyad constitutes a unique, reciprocal system'' and that ''therapeutic possibility is co-created in the specificity of fit between the patient's particular therapeutic needs and that therapist's capacity to respond to them, both of which will emerge and change within the unique process of each particular dyad'' (p. 267). Specificity theory captures the way I make clinical use of games, enactments, and reenactments because my client and I may at different times be involved in any of the three. My challenge as the therapist is to decide which seems to being going on within the therapeutic relationship at any given moment. This is not an integrative or eclectic approach. Rather, it involves identifying which process is underway and then choosing the corresponding treatment approach.

For example, when I sense a client and I are working within a reenactment, I think in terms of trauma theory (Schwartz, 2000; van der Hart, Nijenhuis, & Steele, 2006; van der Kolk, McFarlane, & Weisaeth, 1996). If what we are experiencing feels more like an enactment, I work within contemporary psychoanalytic theory (Bromberg, 2006; Davies, 1997; Stern, 2010). When the experience feels more like a game, I work within transactional analysis game theory (Berne, 1964; English, 1977; Woods, 2002). Often my shift into one of these three ways of working is not consciously motivated. At times, I find myself naturally moving into one or the other motivated by a change in a session that I have not yet consciously recognized. For example, the client may have experienced something in the session as a trauma trigger and move into a reenactment. My shift to a more intrapsychic approach may be in response to that movement.

Differentiating what is an enactment may also provide useful clinical information about therapeutic progress. For example, an enactment might indicate that the traumatized parts of the client are now able to relate to the therapist in the present rather than as a past object. Although the therapeutic relationship will likely continue to evoke past memories and feelings, the client is more aware that these are rooted in his or her past trauma.

To further clarify the clinical distinctions between these three constructs, the following section provides examples of working with a game, an enactment, and a reenactment along with some comments about the ways I thought about each construct clinically.

Clinical Vignettes

A Game, Not an Enactment

Mary began the session in a way that was unusual for her. Rather than getting right down to business, because ''this is costing me money,'' she talked about a weekend sporting event. She was

upset that her team had lost. Feeling a sense of connection around this event, I noticed myself relaxing, something that tended not to happen in sessions with her. I began to talk with her about the sporting event, offering my own opinion as to why her team had lost. Suddenly, Mary cut me off in midsentence and blurted out, ''I don't want to talk about this, it's a waste of my time!'' She then began to talk about her week.

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

From my perspective, this experience was not an enactment primarily because there was nothing new in the experience. That is, it did not involve the discovery of a previously unformulated experience but, rather, a familiar and recognizable pattern that was now part of our experience of working together. In addition, the familiar pattern was explored more within a one- or one-and-a-half person mode of therapy in that my experience was not discussed. Instead, we focused on helping Mary understand her experiences before, during, and after those types of situations.

An Enactment Misidentified as a Game

Brian had been attending weekly sessions when his feelings of anxiety, which had started to subside, returned. He became less interested in exploring what was going on for him, instead wanting me to provide concrete answers about why he was feeling so anxious. I reminded him of his childhood traumas, which included a history of abandonment, lack of support, and being terrorized, my thought being that his anxiety was connected to those experiences. Brian would agree but then in his next session appear to have forgotten our discussion in the previous session. He was a bright man, so I found his chronic forgetting strange if not irritating.

Several months later, the anxiety seemed to deepen into panic attacks and somatic symptoms that had Brian going to emergency rooms and doctors' offices in the hope that they could discover something medically wrong with him. However, he was healthy, and nothing was found. My irritation and impatience grew as Brian continued to ask me what he should do even while appearing uninterested in reflecting on his symptoms. All he would say was, ''I don't know.''

At that point, I was thinking and working within game theory. I thought Brian was attempting to make me helpless and ineffective just like all the physicians who could not provide a diagnosis. I guarded against playing an ''I'm Only Trying to Help'' (Berne, 1964) game as best I could.

Then, following another week of medical testing, Brian spoke of a childhood experience in which his mother and father had been dishonest with him. For some reason, that new material allowed him to become less protective of his parents and to acknowledge their lack of support for him. That weekend I received a text from Brian asking me to clarify something I had said in the session. My initial thought was, ''More game.'' It seemed like I was being set up to provide additional information that would be rejected. However, as I reflected further on his question and our work together, I thought of the last sentence in his text: ''This is making sense.'' I now understood that Brian had not been asking me for answers as much as he was looking for reassurance that everything was going to be OK. That was one of many important needs that had been unfulfilled in his childhood: someone to tell him everything was going to be OK. I could then see what was going on between us not as a game but as an enactment.

Brian was looking for reassurance that neither our work nor I was providing. So, in the next session I merely stated what I had believed to be obvious. I said something like, ''Brian, I think

we have a very good idea of what is going on and where to go with it. We can do this work, and everything is going to be OK." Brian was silent and then began to cry. My eyes became moist as well. Our enactment revealed that within this strong man there was a split-off need to feel safe, protected, and reassured.

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

Reenactment: A One-Sided Reliving of Trauma

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

Jody began each session talking about the week's events only to become increasingly silent as the hour progressed. During the silence, she experienced body sensations that she said were like those she felt during and after her sexual abuse. Sometimes I asked her to describe what was going on; at other times I just sat quietly with her. If this had been an enactment, I would have been contributing in some way to Jody's feelings. For example, perhaps my questions would have felt invasive, or I might have pushed too hard for her to talk about her abuse. My silence might have made her feel that I was ignoring the abuse just as her parents had done when she was a child.

However, it seemed to both of us that merely being in the presence of another person who knew what she kept hidden was evoking her feelings. Neither of us thought they were being evoked by a cocreated experience. Her comment that "I always feel this way when I'm alone with a man" seemed to indicate she was in the terrain of a trauma trigger and a more one-sided reliving of her trauma. Thus, what she felt in sessions was processed more as an intrapsychic experience, and over time Jody was able to change her internal experience of me and eventually other men so that it was different from the internal experience associated with her abuser.

Conclusion

Transactional analysis practitioners remain open to examining and, when appropriate, incorporating contemporary research and theory from other disciplines into TA theory and practice. They also sometimes make use of emerging theories and ideas while keeping them separate from transactional analysis. I believe enactments and reenactments are constructs that merit inclusion in transactional analysis theory. However, I also believe that games, enactments, and reenactments should remain distinct from one another based on theoretical and clinical differences between them.

The construct of enactments has theoretical origins in psychoanalysis, and its main clinical usefulness has been to enhance the therapist's ability to work in a two-person relational mode when unconscious experiences are a primary issue. The idea of reenactments is helpful in expanding ways of framing and working with intrapsychic processes within the client, especially those related to trauma memories and dissociation. The concept of games offers a broader way to explore a client's interactions with people in many situations, including at work and in groups and families as well as in the therapeutic relationship. This expansive use of game theory lends itself to remaining independent from enactments and reenactments.

I do not view any of these constructs as privileged. Keeping them separate helps us as practitioners to avoid unhelpful generalizations that may occur if the three are conflated. Thus, each

construct retains some uniqueness in theory and clinical function, and each can be used at different times in treatment to understand specific experiences.

Declaration of Conflicting Interests

Funding

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