Working with enactment:
From within the body-mind relational-field.

These handouts are intended to be a *fairly thorough introduction* to enactment dynamics; and there a number of writers referenced throughout whose work is greatly amplifying.

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by Russell Rose. 2018

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An Introduction to Enactment Dynamics:

Across the relational movement, there is no clearly agreed-upon definition of the term 'enactment', though increasingly many practitioners are understanding it as a crucial and paradigm-shifting relational-psychology formulation for what used to be called transference-countertransference dynamics. (Soth 2005 - The Three Relational Revolutions (2007))

I work from the following understanding:

Enactment occurs when significant dynamics from an attachment wounding become manifest in the implicit dynamics of the therapeutic relationship, in an unconscious co-participation that goes beyond the material presented, beyond transferential constructs; and into an actual here-and-now, two-person, body-mind re-emergence and replication of the relational wounding.

As the attachment-drama emerges so its characters and fragments constellate within the implicit relational-field, implicating the therapist unconsciously in this re-emergence; not (just) as an analytic observer or a benign expert, but as co-participator, and to the extent that it is the dynamics of *the therapeutic relationship* that need to be experienced and healed for transformation to occur, rather than the abstract of a past relationship.

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Many therapists believe, either conceptually or instinctively, that enactment is an indication of poor therapeutic technique and should ideally be avoided, that it is counter-therapeutic, an obstruction to useful therapy - rather as both transference and counter-transference were once considered.

The question of avoidance is largely mute. Enactment manifests across a spectrum of dissociation and awareness, and sensing that we are in an enactment is not the same as knowing *how* that enactment has been constellated and is being re-enacted. How do we avoid something when we don't know how it's happening?

We might imagine that our therapeutic structures and perspectives at their best may waylay enactment dynamics, but that takes us down a cul-de-sac when we recognise that our therapeutic position - in particularly, its steadfastness - may itself be or promote an enactment.

When we try to avoid becoming a bad-object we will likely inadvertently become just that;
an unconscious perpetuator of the wounding-dynamic rather than the imagined solution to it.

The more significant question is why we would choose to avoid it if we could? Across modalities, an increasing number of theorists are contesting that not only are enactment dynamics inevitable, but that they are the primary vehicle for the transformational re-working of attachment-trauma.

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"It is impossible to pursue a therapeutic agenda of breaking through the armour or undercutting the ego's resistance without enacting in the transference the person against whom the armour/ resistance was first developed."
Michael Soth: From Humanistic Holism via the 'Integrative Project' towards integral-relational Body Psychotherapy. 2006

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This is not to suggest that enactment is never counter-therapeutic, as its healing potential inherently and unavoidably runs alongside its capacity for re-traumatisation. It has to emerge if it is to be re-worked and transformed, but by emerging it risks re-validation of its traumatised script. So it has to happen but the risks are significant.

If we don't go there, we belie our intention of supporting transformation.
If we do go there, we may inadvertently confirm everything that we are trying to transform.

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Being a good-object is more instinctively appealing than becoming a bad one; and to a large extent this is a therapeutically-essential position to be able to occupy. Most clients needs restorative, restitutive, compensatory, soothing, good-enough-reparenting; to be offered the chance to experience and introject a loving, healing object. Occupying a good-object therapeutic position brings much to the process, offering a reparative introject of empathy, experiential validation, and a soothing for the grief of a deficient earlier life.

The development of a flexible and robust therapeutic working-alliance initially tends to rely heavily on the therapist being constructed as a good-object, on the side of the client, in their corner and understanding their language; offering, despite whatever blindspots, a reparative alternative to the bad-object traumas.

However, a therapeutic good-object, when it becomes mutually habitual, can disguise how it is that the dynamics of the relationship have already become a constellated enactment. For example: of the parent who positioned himself as a good-object in the primary scenario, as a reparative introject rather than a tacit perpetuator of the attachment-wounding.

An apparently good-object is not always what it seems.

The bad-objects and wounding-dynamics of the primary attachment-trauma are bound by the psychological defences that emerged as a result of the child/client's adaptation to them.
These established and habitual psychological structures, which essentially defend in anticipation of re-traumatisation, arrive in the therapeutic relationship along with the primary relational-wounding that they have emerged in response to; and the danger of a good-object therapeutic position is that it can serve to *unconsciously* collude with these established structures in keeping an attachment trauma from being re-experienced.

I stress the word *unconsciously*, because a conscious collusion with established structures is by no means definitively un-therapeutic, as suggested above. We need the working-alliance and a safe enough relational-space if we are to survive re-emergent trauma intact, but of course the conscious attention to these details might naturally blend with an unconscious collusion with established ego structures.

Whilst the shadow that *enactment* parallels is *re-traumatisation*,
the shadow paralleling *collusion* is *therapeutic stasis*.

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Much as it might be comfortable to imagine so, we are not psycho-energetic islands. We unconsciously co-organise relationally, systemically, and intuitively; and have been since the early pre-linguistic days of the species and the pre-verbal days of each of our lives. Mediated principally

by right-brain attunement, mirror neurones/embodied resonance, and corresponding body-mind processing, this process is largely unconscious and non-linguistic.

We carry our entire psychological history into every relationship, entwined in our body-mind, habitual and emergent, conscious and unconscious structures and expressions; and this incorporates our inter-generational psychological history, the imprints of which are implicit in our own woundings, unconsciously embodied in our own psyches, and which, at least to some degree are passed through the generations epigenetically as well as psycho-energetically.

It's these psychological histories that co-organise, in part driven to re-create an environment for a re-working of an underlying wounding (an enactment), and in part driven to maintain a stable equilibrium and status quo (a collusion).

The more significant the relationship, intensity of engagement, and proximity of the attachment-wounding to the here-and-now dynamics, the more intensified the need for equilibrium and the more likely it is that respective emergent woundings will collide.

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"When a psychobiologically attuned dyad co-creates a resonant context within an attachment transaction, the behavioral manifestation of each partner's internal state is monitored by the other, and this results in the coupling between the output of one partner's loop and the input of the other's to form a larger feedback configuration."
Allan Schore. Effects of a secure attachment on right brain development, affect regulation, and infant mental health. 2001

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"From a neurobiological perspective the essence of the nonlinear element within psychotherapy stems from the coupled dynamics between people, where mind/body/brain rhythms get synchronized and two people operate as an indivisible whole. This begins in the womb where the umbilical cord serves physically both to connect and separate mother and baby. Similar dynamics continue after birth, in mind/brain/body systems, however invisibly. This holds not just for the flow of emotions but also for autonomic physiological processes. Recent research by Guastello, Pincus, and Gunderson (2006) shows that even in strangers, there is coupling of Galvanic Skin Response during turn-taking in a casual conversation."
Terry Marks-Tarlow. 'Merging and Emerging: a non-linear portrait of Intersubjectivity during Psychotherapy. 2011.

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The body and mind are mutually reliant, mutually dependent, and mutually informative in the experience, expression, and development of the psyche, as well as with the maintenance of its habitual psychological structures and habitual expressive pathways. The body informs the mind and the mind informs the body, in a complex, systemic co-organisation. The psyche is embodied, as are it's woundings and its defensive adaptations.

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"Suffice to say in this context that (Wilhelm) Reich developed a holistic theory of the wound, integrating biology and psychology. 70 years before neuroscience began to confirm some of these

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ideas, he described how emotional and psychological trauma affects all levels and systems of the bodymind's functioning, from basic physiology and anatomy through vegetative and autonomic nervous system reactions to the voluntary and involuntary muscles and breathing, including the expression and inhibition of emotion as well as memories, images, perceptions and thoughts. In simple terms: the wound affects and pervades the whole complex system of body-emotion-fantasies-mind - the whole person. This challenges the dualistic notion that if there is a subjective mental experience of pain, the problem must originate and be treated in the mind; that psychological suffering is restricted to the mind and can be cured by insight or the correction of 'faulty thinking'."
Michael Soth: How the wound enters the consulting room. 2007

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"This is Descartes' error: the abysmal separation between body and mind...the suggestion that reasoning, and moral judgment, and the suffering that comes from physical pain or emotional upheaval might exist separately from the body. Specifically: the separation of the most refined operations of mind from the structure and operation of a biological organism.
Antonio Damasio: Descartes Error. 1994

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Whether through prosody, intonation, inflection, imitation, posture, body-kinetics and gestures, respiratory and muscular patterns, skeletal form, energetic presence, spontaneous images and thoughts etc, the dissociated psyche expresses itself also *non*-verbally, *non*-cognitively, and relationally; manifesting it's psychological history into the relational-field, especially as it's pertains to the themes and intensity of the specific relational engagement.

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"Over the last three decades, there has been growing realisation that the right hemisphere is essential for language and communication competency and psychological well-being through its ability to modulate affective prosody and gestural behaviour, decode connative (non-standard) word meanings, make thematic inferences, and process metaphor, complex linguistic relationships and non-literal (idiomatic) types of expressions."
Ross and Monnot: Brain and Language 2008

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"....accordingly, such nonverbal variables as: tone, tempo, rhythm, timbre, prosody and amplitude of speech, as well as body language signals need to be re-examined as essential aspects of therapeutic technique."
Hutterer and Liss: Journal of American Academic Psychoanalytic Dynamic Psychiatry, 2006

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Psycho-energetic co-organisation manifests dissociatively in the body-mind relational field.

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The Primary Attachment Drama:

The psychological field of an attachment drama is typically far more complex and subtly nuanced than is consciously recalled or initially presented in therapy. There are the principal characters:

- The *Identified Victim* (usually now our client) and

- The *Identified Perpetrator*.

Traumatic stories are often initially told dualistically, a Victim and a Perpetrator, and there is a good reason for this simplification: once there are more than two characters in a traumatising story, the dynamics become increasingly *complex* and hard to experientially process in a relatively palatable cause-and-effect version of the story.

It's more likely that there are other characters significant to the perpetuation of the wounding, though often in the background of the initial presentation. These are three more frequent generic characters:

- The Inadequate Onlooker: often the adjacent parent who identifies that the dynamic is wounding but is too fearful to intrude.

- The Disinterested Bystander: who also knows that the dynamic is wounding, but who appears not to care.

- The Potential Rescuer: often someone who offers a respite or a contrary style of engagement, but also may be an imagined character (ripe for being projected onto Disney-like heroes and, of course, psychotherapists.)

"Relational complications in current trauma therapy" (Heitzler, M. & Soth, M. - BACP Journal 'Therapy Today', May 2018)

All these figures, however, are not one-dimensional figures – they are more complex humans than their client-denoted role in the re-attachment drama would suggest.

- They each bring their own and entire psychological history with them, any of which might become activated and implicated within the systemic dynamics of the attachment-drama at-hand; both explicitly and subliminally.

In order to sustain a damaging attachment-pattern, the Identified Perpetrator is presumably wounded too. The incapacity of the Inadequate Onlooker to intercede is likely explained by their own developmental wounds. A Disinterested Bystander is often dissociated, pathologically wounded; also a victim.

- Therefore, respective perspectives and role-denotion will vary between the participants.

For example: the highly controlling father, who the client may present as a perpetrator, may feel that his discipline is only necessary because the mother let's the child get away with everything, and he resents being put in the position of bad-guy; especially given that his level of discipline is, in his view, essential for the child's healthy development.

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In the energetic relational-field of the attachment-wounding, he may occupy three positions: the perpetrator, the victim, and the rescuer.

The mother, who may be presented as loving, emotionally connected to the child's suffering, but too fearful of the father to intrude and change a dynamic that she knows to be damaging, is in this example presented to the therapist as an Inadequate Onlooker; but on a dynamic level she is also implicated in the perpetuation of the damaging contact, and often feels deeply guilty as well as inadequate. As this character may step in after-the-fact, to offer the child surreptitious soothing and some displaced attachment-reparation, she may well become in this sense also a Potential Rescuer. Again, within the relational field she may occupy three positions.

Both of these adult characters could be inhabiting the position of victim, perpetrator, and rescuer; each in conflict internally, relationally and systemically; each of these positions and the various conflicts between them re-awoken in body-mind expression and dialogue. As these emerge and constellate, perhaps in characterisation and perhaps in non-verbal fragments such as body-language or intonation etc, they become both potentially available for re-working and yet camouflaged *dissociatively* within the therapeutic dynamics.

For example: one aspect of the controlling father is inherent in the client's habitual self-derision, fuelled psycho-energetically by the father's own childhood attachment wounds, which are bound within his presenting attitude; re-emerged in body-mind characterisation and fragmented expression. Perhaps his attitude to the child is an exact replication of his own father's attitude to him.

Meanwhile, the therapist feels powerless in the face of the client's robust self-derision, unable to find a way to challenge it effectively, in doing so occupying the position of the adjacent-parent from the primary drama who failed to step-in and change things until after the damage was done; this character fuelled also by their own attachments-wounding that left them feeling inadequately unable to stand up for their own sentiments. Perhaps this character overlaps with the therapist's own story, a representation of his own childhood attachment experience; again all of these aspects of the wider story alive in dissociated and non-verbal expressions, fragments of the primary wounding stories, each an aspect *and* containing access to the whole.

And so on, and so on. This is just one or two layers of a multi-layered complex story.

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The dynamic relational-field is entangled with *complex*, subjective and intersubjective, known and mostly unknown, explicit and mostly implicit, systemic and inter-generational experience and unresolved attachment-conflict. Most of this layered and complex storyline is dissociated, present but expressed unconsciously, in non-verbal communication, prosody, body kinetics, visceral process, and energetic presence; and, along with the explicit dynamics, is what the child has to co-organise with and around if:

- The pain and intensity is to be managed; bearing in mind their needs, the needs of the relationships, and of the system.
- Some personal sense of agency, safety, and sense of survival is to be held onto.
- If the above are to be sufficiently suppressed, repressed and dissociated; to the extent that they can't be satisfied.

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Internalised as Body-Mind Object-Relations:

There is a dynamically complex, repetitive, unbearable and unresolvable attachment-drama that must be somehow managed to become tolerable. Subjective affect is suppressed and micro-adapted, bad-objects introjected to preserve relationships, roles assigned to maintain good-objects, verbal and non-verbal fractal elements of the drama internalised, repressed and dissociated to soften or distribute the intensity.

The external relational drama becomes an *internal* relational drama (an object-relational parallel process), equally as complex and as subtly structured, and carrying fractal representations of subjective, inter-subjective, systemic and inter-generational psychological wounding and character-structures that were implicit in the primary drama.

Anything from the complex systemic-field (verbal or non-verbal, subtle or explicit) may be mapped into the psyche, *each fragment a fractal that carries access to the whole story*. The external relational wounding has become an internal relational wounding that has been defended against and dampened, bound within and by a traumatised relational-model, a character-structure that is a blueprint for future relationships, and essentially a prophetic anticipation of re-traumatising interactions.

Whilst it's tempting to think of these processes solely in terms of psychological defences, it's important to remember that they also preserve the trauma for future re-experience, and potentially therefore for future re-working, re-structuring, and characterological transformation.

For this though they need relationship. The wounding was relational, was internalised relationally, and to be re-worked it needs to do so through relationship; as that is its quintessential identity and dynamic-structure.

Re-externalised in Relationship:

Not only do developmental dynamic wounds re-appear in relationships, constellate and become (mutually) replayed, but it seems that we can be driven to bond with people who are particularly suited to this purpose; and the consistency by which certain themes emerge in successive relationships, despite their apparent differences, suggests an unconscious co-organisation of psychological history, established psychological structures and underlying processes that are driven towards re-emergence, or a co-resistance to re-emergence.

Some relationships are habitually co-organised around stability, with a mutual collusion between defensive structures tacitly agreeing to maintain the respective and the relational status quo; whilst others are more obviously characterised by their collisions and ruptures, as the attachment-woundings re-emerge under a relational-trigger, constellate and mutually enact. For most of us, these enacted clashes and collusions are more subtly expressed most of the time.

Sometimes this can manifest as a concrete characterisation or explicit character-traits, but can be anything in-taken from the primary relational field: gestures, kinetics, intonation, prosody, underlying conflicts, inter-generational dynamics, and a complexity of energetic presences and conflicts; and so on. Mostly dissociated, this will constellate within the relational-field, manifesting anywhere, including as spontaneous thoughts, sensations or images.

These can be understood both as fragments and fractals of the primary wounding (Soth), dis-unified but carrying each a snapshot of the whole story into the relational-field; which, to the extent that they remain charged in their intensity and dissociated, constitute a *colluding* enactment of the primary psychological adaptations or a *colliding* re-enactment of the primary wounding; or a tension between the two.

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As said earlier, re-traumatisation is never far away from therapeutic re-experience, and a relationship can have a built-in investment in *the stability of collusion*, or an uncontainable inclination towards *rupture and re-enactment*. So whilst it's of course possible for relationships to successfully navigate mutual enactment and experience relational-transformations, this is a lot more difficult, unreliable and inefficient in non-psychotherapeutic relationships due to the absence of certain structures, perspectives, skills, and pre-agreed roles of engagement.

Re-externalised in the Therapeutic Relationship:

"The therapeutic relationship is where the action is. It is the arena in which the abuse, neglect, and idealised salvation are re-experienced and in which the therapist and patient participate in the emergence, identification, and working through of powerful, often chaotic, transference and counter-transference paradigms."
Messler-Davies and Frawley. Treating the adult survivor of childhood sexual abuse. 1994

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As *enactment* is a complex, self-organising, relational, systemic and inter-generational re-emergence that manifests across a spectrum of dissociation and activates the attachment-history of both participants, it's impossible to form a clinically prescriptive therapeutic model for working with and within it. A systemised clinical method would be rather comparable to parenting from a textbook rather than from relationship, and would therefore inevitably be an enactment of detachment unto itself.

However, this is not to suggest that theoretical perspectives, honed skills, and therapeutic disciplines aren't essential as, without them, we are simply in an unstructured and uncontained relationship; and patterns of enactment and collusion would most likely remain habitual, dissociated, or re-traumatising. Here are a few perspectives that I personally most rely upon:

Habitual versus emergent:

An over-arching perspective, introduced by Michael Soth, for working with enactment dynamics is the habitual versus the emergent, the established defensive body-mind psychological structures versus the uprising traumas that they formed in response to.

This can sound like a neat binary battle between two opposing forces - the cry of the repressed wounded child versus the internalised and oppressive parents; the body versus the mind; and so on. However, it is anything but binary. Aside from the customary fact that the internalised trauma carries the wounds and perspectives of all parties, incorporating different ideas and feelings as to who is 'bad', who is 'good', who 'idealised' and who is 'wounded', interwoven into a complex mesh; furthermore, the habitual ego is conflicted with itself, both seeking a new experience for an old wounded entanglement so that it might be free and vitalised, and enacting its injunction on the pain ever being felt again, which is has to be if it to be free of its entanglements; and an emergent trauma is beset with the complex dynamics of the primary story, each vying for primacy in the process of both emergence and habitual inhibition.

As psychotherapists, our conscious attachment is often to the emergent process. We want our clients to be well, to be healed; but to dis-identify with the other crucial dynamics aspects of this complexity is to let them run unnoticed, unexperienced and uncontained; the privileging of health paradoxically inhibiting its possibility.

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Containment:

The therapeutic container is designed to be robust, flexible enough to withstand being bent out of shape yet strong enough to (sometimes, *just about*) hold the client, the self, and the relationship together so that the significance of experiential dynamics can come to be understood. The psychotherapist has a responsibility for:

- Applying structures and boundaries of engagement; which will be different for the client, and the psychotherapist.
- Overseeing the therapeutic process with a principle wish to keep the client *safe-enough* (though not so safe that nothing can happen.)
- Pausing response and reaction, in consideration of its significance to the client's wounding.
- Seeking awareness of one's responses in terms of one's own psychological history, that of the client, and of the relationships between them.
- Diagnosing, analysing, interpreting, applying techniques and perspectives, seeking patterns.
- Using our selves as a bad object, an idealised object, the hurt child, or an aspect in the primary story.
- Seeking professional help with disentangling and understanding difficult dynamics.
- And so on.

We manage the therapeutic process as best we can, in ways that can't healthily be replicated in a non-therapeutic relationship; although, ironically, it's also our failures to maintain said structures that can open up the relationship into a potentially healing enactment.

Intuitive Attunement:

"The intuitive mind is a sacred gift, and the rational mind its faithful servant. We have created a society that honours the servant and has forgotten the gift."
Albert Einstein.

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"As these interactions might give expression to dissociated painful, angry and defensive self-states, the empathic aspects in enactments do not depend on the analyst's ability to experience empathy for the patient's difficulties. The empathic component is found in the analyst's readiness and ability to resonate with what is not verbalised but unconsciously transmitted nevertheless."
Efrat Ginot: The empathic power of enactments: The link between neuropsychological processes and an expanded definition of empathy. 2009

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Much of the therapeutic dialogue is unconscious, right-brain mediated, and the more the implicit wounding emerges and enters the relational-field, the more intensified and high-speed this dialogue will become. Intuition allows us to be both highly engaged in the relationship *and* have the capacity to follow it.

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Intuition gives us access to the right-brain/somatic dialogue, and operates at a speed far faster than the deductive reasoning that has been conceptually privileged in our culture for some centuries.

We have become not very practiced at knowing something
without knowing how we know it.

Developing this capacity requires body-mind attunement, a *felt* sense of self, other, relationship and of dynamic process that notices subtle spontaneous shifts in energy or self-state, the unusual body-language or shift in posture, sudden changes in respiratory patterns and respiratory dialogue, a dissonance, a spontaneous image or thought, a tension, a conflict, or an intensity avoided, and so on. There is so much happening that only intuition and attunement can inform us of *at the speed at which it is emerging*.

Just as the powers and accuracy of analytic interpretation need to be practiced and honed over time, and over the time of any particular relationship, so intuition and body-mind attunment don't *just* come naturally. They need to be attended to, worked on, nurtured, and refined. I consider this to be a daily discipline and, in the context of a session, a moment-by-moment attention.

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"Clinically, the phenomenon of dissociation as a defence against self-destabilisation...has its greatest relevance during enactments, a mode of clinical engagement that requires an analyst's closest attunement to the unacknowledged affective shifts in his own and the patient's self-states."
Philip Bromberg: 'Awakening the Dreamer'. 2006.

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"*Following the therapeutic process at this level of attention to bodymind and systemic micro-detail, both internally and interpersonally, requires a therapeutic presence that is equally fluid and solid: anchored and stable as well as nimble and mercurial. We then recognise that on pre-reflexive levels of the interaction in the therapeutic relationship, the attachment – and the working alliance – is indeed a shifting, oscillating complex dance - there are many butterflies flapping their wings all the time, and it needs our own differentiated embodiment and flesh- and-blood presence to notice and pursue them. In this territory, timing, responsiveness and spontaneity are crucial – learning about therapy at the edge of chaos cannot happen via a manual, not even a video: you need to be embodied in the room, in the group, and participate. Left-brain reflection – as important as it is in the therapeutic position – usually happens after the event (maybe in preparation for the next one) ...*"
Michael Soth: : 'How are chaos and complexity theory relevant to our work as therapists?' 2017

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"Many therapeutic approaches make explicit assumptions and pursue strategies that construct therapy as re-parenting the client's hurt inner child, or make it at least one of its central tasks. Petruska Clarkson (1994) validates this modality of therapy as the 'reparative' or 'developmentally needed' relationship - the therapist as the 'better' parent who heals the wounds and makes up for the neglect and injuries of childhood: the parent who actively cares and gets empathically involved where there was neglect and coldness; who accurately mirrors the child's reality where there was mis-attunement and parental projection, insensitivity and outright dumping; who spaciously regulates and holds the child's overwhelming feelings where there was unresponsiveness or reactiveness; whose delighted gaze gives the child the permission, encouragement and faith in

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their separating and differentiating impulse to move away from the parent and grow into their own subjectivity; and who reliably provides firm boundaries where there was invasion and abuse.“
Michael Soth: ‘The necessity of the reparative relationship’. From a blog: https://integra-cpd.co.uk/general/allowing-constructed-enactment-bad-object/

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“A person often meets his destiny on the road he took to avoid it.”
Jean de la Fontaine: Fabulist and Poet: Book VIII (1678–1679), fable 16 (*The Horoscope*)

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Engagement and dis-engagement:

In the shadow of the relative harmony of the working-alliance and its partial collusions there are wounds and traumatised patterns implicitly co-organising, an emergent process simmering. Our attunement and intuition allows us to notice the gestures, fragments, and tentative explorations of this emergent process; at which point we have the option to both engage and to notice how dis-engaged we already were without knowing, not just analytically but also experientially; with our ‘*real’* selves as well as with our professional selves.

If we don't engage, the wounding cannot enact and become re-worked,
but if we only engage then the wounding cannot be contained and consciously embraced.

We need to move flexibly in this dance between radically different therapeutic positions; capable of surrendering to engagement, stepping back reflectively, having consideration for the significance of where we take our selves in this implicit and explicit dialogue, and remaining mindful of how it is that our particular theoretical modality limits our engagement, colludes, blinds us with pre-determination, and forms in itself a constellation of the enactment at-hand.

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“On the other hand, Plakun (1999) observed that the therapist’s ‘refusal of the transference’, particularly the negative transference, is an early manifestation of an enactment. The therapist’s ‘refusal’ is expressed implicitly and spontaneously in nonverbal communications, not explicitly in the verbal narrative.
Allan Schore. The forward to ‘The Shadow of the Tsunami.’ Philip Bromberg. 2011

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Character Constellation:

The relational trauma emerges into the interpersonal relational field, wherein the therapist will become unconsciously implicated in this re-emergence, embodying aspects and characters from the primary story. These fragments and character traits don’t attach to us accidentally, but require the unconscious collusion of our own psychological stories, habitual positions and underlying wounds. Paying attention to our own *felt* and *considered* selves, our internal conflicts, body language, spontaneous imaging, subtleties of intonation etc can inform us as to the details, structure and dynamics of the story that’s emerging between us.

It’s helpful to assume, in the charge of enactment, that the characters from the primary story ***are*** all present, manifesting in the body-mind, verbal and non-verbal relational-field; sometimes in concrete characterisation and sometimes in fragmented expressions.

Considering the five generic characters - The Victim, The Perpetrator, The Inadequate Onlooker, The Rescuer, and The Indifferent Bystander - I recognise all of these positions from my construct

and experience of myself in therapy, my client's construct and experience of me, and in the unconscious dynamic between us.

In the midst of emergent trauma, the inadequate position is very familiar to me, not knowing what to do or how to help, feeling fraudulent and a failure. I've been a perpetrator, perhaps more controlling than I realised, more rejecting or judgemental than I had been aware of. I've been a victim, felt persecuted by my client, unfairly judged or blamed, set up for failure by expectations that I couldn't possibly meet. I've been, as all therapists have, a rescuer, the knight in shining armour, the hero who offers the potential for another way of being. And I've been indifferent, at times bizarrely indifferent in the face of trauma that would normally move and engage me.

Realising that, though these positions may fit my own story, they are also constellated manifestations of the client's primary story, make them in some respects so much easier to work with. They don't just reflect me, but the story that is emerging, and I have to sit within them if the story is to emerge and be re-worked.

This is as true for relatively comfortable positions as it is for very discomforting ones, and it's crucial to connect with the *shadow* of any position that I take, feel or am denoted. For example: when working with trauma, it can be much more secure to feel that I am a rescuer, charged with being a good-object that soothes, heals, repairs, teaches skills that dilute pain and intensity; rather than acknowledging that in the primary scenario this rescuer might well have been an inadequate parent who changed nothing but stepped into the aftermath with love.

Until both my client and I can engage in *how* it is that we are perpetuating the traumatised dynamic, rather than just helping it, a deep transformation is unlikely.

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"And it is especially disturbing to become a wounding object when my habitual position as a therapist is to be an empathic, benign healer (wounded maybe, but definitely not wounding).
Michael Soth: 'Allowing ourselves to be constructed as the enactment of a bad object.' 2018

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"Every wounding in the psyche constellates - as a minimum - these four figures: the hurt child, the bad parent, the idealised parent and the elusive transformative object (as summarised in this hand-out - Soth 2014). Once we get into an enactment of the wounding, in the actual detail it can get more complicated with a whole crowd of objects, but these four figures are the minimum we need to pay attention to and understand, in order to stand any chance of surviving the enactment. That means we need to be able to allow ourselves as therapists to be constructed in these four positions, as these four figures."
Michael Soth: 'Allowing ourselves to be constructed as the enactment of a bad object.' 2018

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The Good, The Bad, The Idealised, and The Wounded:

These objects always manifest when a relational-wounding re-emerges. They are a defence against the wounding, a largely psychological interpretation formed to preserve safety, sanity, and attachment. They are also an enactment of the wounding, individually and collectively, carry all of its information, experience, and potential for re-working.

.The unconscious dynamics of the therapeutic relationship become a parallel of the client's internal object relations and of the primary wound itself, and the characters from the primary wound (at the very least, body-mind aspects of them) will inevitably re-appear. The psychotherapist might be

constructed into any of these characters, construct himself into them, or unconsciously become them in a re-enactment

The wounding is re-emerging in the here-and-now, and the therapist will be complicit within this manifestation, a character or a dynamic from the primary story; and our relationship to and awareness of this will relate closely to the dynamics of our own character-structure and its underlying story.

Good Object:

A therapeutic relationship is far more likely to survive and integrate ruptures when it is *fundamentally* experienced as supportive, empathic, and nurturing; when the therapist is implicitly embodied as being in the client's corner.

As therapists we tend to nurture this from the beginning of the relationship, developing the container of a working-alliance that will ultimately be robust and flexible enough to engage with and withstand vicissitudes. Without becoming, in some way or another, an internalised good-object for the client it is likely that ruptures will tend towards re-traumatisation.

The shadow of the good-object though is *collusion*, an habitual alignment as (s)he who reparatively satisfies needs through an attachment-bonding that avoids rupture and quells the emergence of ruptured dynamics. I'm not a part of the problem, but the solution to it. The healer.

As it relates to the primary story, the good-object may often be a here-and-now reliving of the inadequate-onlooker, who was unable to step in and protect the child until after the traumatic-relating had passed; and who then, despite deficiencies, was positioned as a good-object in order that the child could maintain some attachment-security and bonding.

This character may make everything feel better, take away the pain and demonstrate how the pain may be taken away, offer respite and nourishing restitution, a satisfier of needs who never makes things worse; and it's not difficult to imagine how a therapeutic position could find a comfort in such a construct and constellation that veered instinctively away from uprising trauma in order to preserve the mutual-pleasures of being understood as 'good'.

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"A therapeutic posture that systematically tries to avoid collisions between the patient's and analyst's subjectivities is eventually experienced as disconfirming the vitality of the patient's dissociated self-states that are trying to find relational existence. If the analyst is not responding affectively and personally to these parts, they are robbed of a human context in which to be recognised and come alive."
Philip Bromberg: 'Awakening the Dreamer'. 2006

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"Many therapeutic approaches make explicit assumptions and pursue strategies that construct therapy as re-parenting the client's hurt inner child, or make it at least one of its central tasks. Petruska Clarkson (1994) validates this modality of therapy as the 'reparative' or 'developmentally needed' relationship - the therapist as the 'better' parent who heals the wounds and makes up for the neglect and injuries of childhood: the parent who actively cares and gets empathically involved where there was neglect and coldness; who accurately mirrors the child's reality where there was mis-attunement and parental projection, insensitivity and outright dumping; who spaciously regulates and holds the child's overwhelming feelings where there was unresponsiveness or

reactiveness; whose delighted gaze gives the child the permission, encouragement and faith in their separating and differentiating impulse to move away from the parent and grow into their own subjectivity; and who reliably provides firm boundaries where there was invasion and abuse.“
Michael Soth: ‘The necessity of the reparative relationship’. From a blog: https://integra-cpd.co.uk/general/allowing-constructed-enactment-bad-object/

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“A person often meets his destiny on the road he took to avoid it.”
Jean de la Fontaine: Fabulist and Poet: Book VIII (1678–1679), fable 16 (*The Horoscope*)

The Bad Object:

“...*Jay Greenberg has suggested that if the therapist does not participate as a new good object, the therapy never gets under way; and if she does not participate as the old bad one, the therapy never ends...*”
Marta Stark. ‘Modes of Therapeutic Action.’ 1999 referencing Jay Greenberg: ‘Theoretical models and the analyst’s neutrality.’ Contemporary Psychoanalysis. 1986

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Again, there may be constructs on either side, but crucial to awareness is how the therapist has actually *become* the bad-object, not in fantasy but in unconscious reality. Controlling, rejecting, not present, failing to address the difficulties in the relationship, objectifying, being business-like, resentful, bored, irritated, unempathic, self-protective, defensive against criticism; and so on.

I recognise all of these from my own practice, at times held with some consciousness and often only seen clearly upon reflection, and my effort is then to relate these feelings to the client’s psychological story as well as my own.

Bad-objects are often presented as good-objects. For example, the inadequate parent who empathically looked-on but couldn’t intervene may be held by the client as a good-object as a protection against experiencing them as inadequate, and collusive in the primary wounding. It should be remembered also that one person’s good-object may be another person’s bad-object, for example the parent and child both thinking that the other is bad, and that every bad-object was a good-object once, before they’re own wounding.

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“It seems to me intrinsic to relational thinking that these ‘bad object relationships’ not only will but must be reenacted in the transference-countertransference experience, that indeed such reenacted aggression, rage, and envy are endemic to psychoanalytic change within the relational perspective.”
J.M. Davies 2002

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The Idealised Object:

This can be an attractive therapeutic-position to be seen in, but an especially dangerous one when occupied with an unconsciousness, as its inevitable demise can be dangerously rupturing when not, at least theoretically, anticipated.

There is the danger that we lose our (professional) selves within the idealisation, the admiring gaze that is so easily confused with love or with the truth, merge it with an idealised self-image, and pay

the price for dissociating all notion of the bad-object altogether, when a single perforation in the wall brings the house crashing down. Contrarily, a reluctance to become an idealised object for the client can result in a therapeutic stasis, drifting along until the client becomes bored and slowly leaves.

An idealised-object may be a re-emergence of The Rescuer from the primary scenario, promising to save the child from the unpleasant world; and again it's easier to see how a psychotherapist could befit that character, and be invested in it.

The Wounded Object:

I imagine that most psychotherapists know the experience of being the wounded-object; rejected or criticised by the client, abandoned, made to feel inadequate, dismissed, hated, glared at coldly, unappreciated, and so on.

In addition to however this resonates in our own stories, this experience offers us a deeply empathic opportunity to feel how the client/child felt, and our reluctance to experience this place ids a collusive alignment with the client's defensive ego, which is committed to keeping the wounding from being re-experienced.

The medical-model position and interpretations:

It's not that we should entirely shed the hierarchical relative-safety of the traditional medical-model position of expert healing the wounded, but we should:

- *Be willing to surrender its omnipresence:*

Any habitual position is ultimately detrimental to therapeutic process, and an habitual medical-model position in particularly; as it serves to separate and dissociate us from the process in which we are implicitly implicated. We have to step back, reflect, diagnose, manage a process, and seek understanding that can be shared; but this is not without dynamic consequence that it would serve the process to be mindful of. What is the impact, for example, of a client feeling objectified by the therapist, his feelings broken-down into bite-sized theoretical abstractions; the parent, teacher, doctor who always knows best and is always in charge.

- *Notice how it is that this position might be a camouflage for the comforts of experiential disengagement:*

I certainly notice that at times when I have stepped into a more hierarchical therapeutic position in a session it's because I've instinctively wanted to dilute the intensity; sometimes for the client, sometimes for my self, and sometimes for the relationship. It can, after all, be a lot more comfortable to assess how my client's allegation of my rejection relates to *his* primary attachment-figures than to experience how it is, in fact, that I am being *actually* rejecting.

- *Interpretations:*

Again, it is essential to interpret the dynamic process, but only if we accept that our interpretations probably only tell a partial story, and if we remember that they tend to instantly dilute the experiential process. The enactment dialogue is transmitting on an intuitive right-brain/body level, which we will need to evacuate if we are to engage in a left-brain interpretative intervention.

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"An interpretative stance...not only is thereby useless during an enactment, but also escalates the enactment and rigidifies the dissociation."
Philip Bromberg. 'Awakening the Dreamer'. 2006

Working with enactment:
From within the body-mind relational-field.

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"As a primary factor in psychic change, interpretation is limited in effectiveness in pathologies arising from the verbal phase, related to explicit memories, with no effect in the pre-verbal phase where implicit memories are to be found. Interpretation - the method used to the exclusion of all others for a century - is only partial; when used in isolation it does not meet the demands of modern broad-spectrum psychoanalysis."
V.M. Andrade. Affect and Therapeutic Action of Psychoanalysis. 2005

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"These (enactment) 'communications' are right brain primary process emotional and not left brain rational logical secondary process communications. These explicit, conscious, verbal voluntary responses are inadequate to prevent, facilitate, or metabolise implicit emotional enactments."
Allan Schore. The forward to 'The Shadow of the Tsunami by Philip Bromberg. 2011

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It should be also noted that a definitive *anti*-medical-model stance can be, in dynamic terms, effectively what it is attempting to counter; another pre-determined therapeutic position that pays testament to conceptualisation rather than to the client's experience.

After all, it may be that a hierarchically detached character is significant in the client's primary story, and that therefore we need to allow ourselves to inhabit that place so that the trauma can emerge and be re-worked.

Taking a consciously formed and purposeful medical-model position can be as therapeutically useful as recognising the significance of the unconscious hierarchical position that we've habitually taken.

The self-organising psyche:

The character limits of the psyche can be expanded incrementally, with new knowledge or understanding, with a discipline for a new practice or for the restraint of an old; and so on. However, character transformation occurs spontaneously, the psyche deconstructing and re-constructing with a *complex* and *non-linear,* rather than a *cause-and-effect,* disentanglement and re-formation.

It should be remembered that in complex systems *chaos theory* applies, whereby input does not equal output, less can be more, and the smallest shift in consciousness might elicit a disproportionate effect and dynamic re-structuring.

This is true also of the relational-psyche, the coupled-system in the implicit interpersonal-field: it can be influenced incrementally, but it's radical transformation of established structures is spontaneous and self-organising.

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"My observations as a clinical psychologist have led to me to assert that the self is also a self-organizing system with fractal structure."
Terry Marks-Tarlow: 'The Fractal Self at Play.' University of Illinois 2010.

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HANDOUTS
by Russell Rose. 2018

Working with enactment:
From within the body-mind relational-field.

"Self-organization denotes a process by which a structure or pattern emerges in an open system without specifications from the outside environment. When a system of this type receives a sufficient amount of energy, it may become unstable. As a result of this instability, an originally uniform state can give rise to a variety of complicated temporal, spatial, and behavioral patterns."
Prigogine & Stengers: 'Order out of chaos: man's new dialogue with nature. 1984.

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The edge of chaos:

*"The term **edge of chaos** is used to denote a transition space between order and disorder that is hypothesized to exist within a wide variety of systems. This transition zone between the two regimes is known as the edge of chaos, a region of bounded instability that engenders a constant dynamic interplay between order and disorder."*
Wikipedia.

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"Sciences of chaos and complexity theory reveal new universalities in nature applicable to psychology. This article proposes that the psychic structure long known as the "self" is best conceptualized as an open, complex, dynamical system. With chaos at the core of development, healthy selves self-organize and evolve to the edge of chaos, where they are capable of flexible reorganization in response to unpredictable social and environmental contingencies. The boundaries of the self are dynamically fluid and ever changing, mediated by complex, recursive, feedback loops existing simultaneously at physical, social, cultural, and historical levels. Because of multiplicity and multistability, wherein multiple descriptions and states are simultaneously possible, it is suggested that the self be considered dynamically as a process-structure that is fractally organized."
Terry Marks-Tarlow: Abstract of 'The Self as a dynamical system.' 1999

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"*Between absolute order and sheer chaos, there is an area of complexly evolving systems. If complexity and interestingness—the capacity to adapt to changing circumstances—are desired, systems must be on the edge of chaos. Because of the mathematical structure of the capacity to learn, such systems are at risk of two inherent dangers—stagnation, moving into a stable imperturbable configuration, and disorder, where all meaningful regularity is lost.*"
Robert M. Galatzer-Levy: 'Chaotic Possibilities: toward a new model of development'. 2003

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"Thus, complexity gives us a more comprehensive and embracing notion that there are many different types of change: linear and non-linear, regressive or progressive, sudden or incremental, overwhelming or organic, chaotic or planned; and it gives us the idea that systemic change might only need a therapist flapping their wings in a facilitative way, rather than pushing a boulder – or a donkey – up the hill.

At the boundary between established state and emerging process is the edge of chaos, where things are complex and in flux, the full picture unknown and outcomes unpredictable - like the shapes formed by the turbulences of rising smoke or flowing water, sensitive to the slightest environmental variations. The therapeutic process is similar, and it depends on the subtlety of our perception whether we are able to notice where that edge of chaos is from moment to moment.

HANDOUTS
by Russell Rose. 2018

Working with enactment:
From within the body-mind relational-field.

Rather than imagining that we are directing the boat of therapy across a calm lake in a straight deliberate line, facilitating any kind of dynamic process in any complex system is more like white water rafting - giving an occasional intentional steer at a crucial moment, but knowing that the situation is fundamentally unpredictable. The illusion of being able to control the process is one of the greatest hindrances in the helping professions, and complexity puts that impulse into perspective."
Michael Soth: From 'Working at the edge of chaos - a CPD Weekend. 2017

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Working within complex uncertainty:

"*An established metaphor amongst organisational consultants who draw on complexity theory is the comparison between paddling a boat in a straight line across a pond versus white-water rafting. As a facilitator, I don't entirely give up the responsibility of involvement in the face of overwhelming complexity; but neither do I fancy myself as in control of the whole process.*"
Michael Soth: : 'How are chaos and complexity theory relevant to our work as therapists?' 2017

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The more a trauma emerges into the therapeutic encounter the more I become unconsciously implicated within it, and the more strained any comfortable therapeutic position I might hold will become. Enactment dynamics are definably unclear, to the extent that if a trauma has emerged into the field and I'm *not* feeling uncertain about how to be or who I am in the story, I will (at least on reflection if not in the moment) consider how it might be that I've extracted myself from the constellated implicit storyline.

Not knowing what is happening or what to do is by no means necessarily counter-therapeutic, but a sign of the experiential engagement that is essential if a relational-wounding is to be re-worked.

If we want therapy to work, we have to shed *in the moment* our intent to know how it does.

Client's often present a relatively clarified picture of the wounding, with a clear victim and perpetrator; a picture often bound together quasi-moralistically. This parent was wrong for doing that. However, psycho-dynamics are way more complex than the simplification of a moral container, and unwinding a traumatised pattern requires experiential insight into far more detail than a moral understanding of good and bad will ever allow. After all, despite their construct of the problem, they *are* in therapy, so it can be assumed that their construct has become ultimately unsatisfying. Trauma is definitively uncertain in its root, otherwise it wouldn't be a trauma.

For us therapists, with our elaborate modalities and psychological models, uncertainty can be an assault on our sense of professional self. Client's expect us *to know;* to be experts, psychological surgeons who can put a wounded patient back together again whilst explaining coherently what the problem is; and the pressure to avert into a disengaged onlooker position or contain with an interpretation that dilutes the intensity can be far less therapeutic than not knowing what is happening.

In an emergent trauma, not knowing what is happening can be the one thing that makes sense.

Interpretation, of course, is a primary tool, from whichever modality we ascribe too. Body Psychotherapy was in part fuelled by a drive to challenge the traditional doctor-patient therapeutic relationship; yet can be just as diagnostic as any other paradigm. Interpretation is essential, as we

do absolutely need to *understand*, but can also be utilised by the therapist needing to escape the pressure of his unconscious implication in the relational-trauma.

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"As therapists privileged enough to be engaged in long-term psychotherapy with patients in hope of deep transformation, no matter how much we clean up our teaching stories and case presentations, the process is always messier than our sanitized versions of linear narrative streams. To truly enter into the relational dance means to surrender to its fits and jerks, to cultivate the patience necessary to sometimes grind to a standstill, to close our eyes metaphorically, while we grope, glide, and sometimes leap by feel alone; and always, always throughout, to adopt a warrior's stance of not having to know what is coming next."
Terry Marks-Tarlow. 'Merging and Emerging: a non-linear portrait of Intersubjectivity during Psychotherapy'. 2011.

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"...the analyst's understanding of what is going on regarding the transference, identification, thinking, or attacks of linking will only cohere out of the evolution of a selected fact that emerges from experience. As he (Bion) says, 'The only point of importance in any session is the unknown. Nothing must be allowed to distract from intuiting that.
Stephen Ellman: 'When theories touch: a historical and theoretical integration of psychoanalytic thought.' 2010

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Working with conflict and dialectic integration:

A relational trauma is built upon layers of conflict - *subjective, inter-subjective, inter-generational, systemic* - and it can be, and most often is, instinctive to privilege and identify with one side of a conflict over another in service of psychological or relational (pseudo)-harmony.

Perhaps I feel both compassionate about my client's story but also, in the background, a little bored of its repetition, a slight impatience with its intransigence. If I take hold of both feelings, despite their mutual animosity, and recognise them both as being significant, I might realise for example that the client's established structures are creaking, that he is becoming bored of his own story. I might realise that I've been over-collusive with the habitual storyline, and not taken on board that it's repetition suggests that something is ready to change.

What is the significance to the client's primary story of a wearily compassionate character in front of someone who repeated the same woeful tale over and over without being challenged about it?

If I simply identify with the compassionate position, I miss the significance of the spontaneous boredom that rose in me, and if I only identify with the bored position then my lack of compassionate engagement might leave too fragile a field for the trauma to risk emerging into.

If I identify with both positions, within myself and as a potential within the relational-field, they might likely spontaneously merge into a third position; for example, finding a compassionate way to challenge the habitual story, purposefully embodying one side of the conflict over the other whilst keeping the other in mind, setting up a dialogue between opposition positions, and so on.

If we identify only with one position, the other becomes suppressed or dissociated, which will likely be in itself another enactment; now unconscious and unavailable.

The key to the trauma and its resolution is in the adversarial aspects of the self and the relationship, but only if they can be identified, identified with, contained and made taut, so that a

tipping-point is achieved in which apparent opposites both incorporate and transcend themselves into a third integrated position.

This is often explicit in ruptures in personal relationships. The best arguer might win the moment, or perhaps the more moral position, or whatever; but ultimately the relationship won't grow from this rupture unless both participants can understand and identify, *to some degree*, with the shadow motivations of the self *and the other* at a level that might include but also transcends who was right and who was wrong.

Thesis + antithesis = synthesis: apparent opposites integrate to form a third position, one that both incorporates and transcends the polarised two.

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"*That all opposites—such as mass and energy, subject and object, life and death—are so much each other that they are perfectly inseparable, still strikes most of us as hard to believe. But this is only because we accept as real the boundary line between the opposites. It is, recall, the boundaries themselves which create the seeming existence of separate opposites. To put it plainly, to say that "ultimate reality is a unity of opposites" is actually to say that in ultimate reality there are no boundaries. Anywhere*."
Ken Wilber: 'No Boundary: Eastern and Western Approaches to Personal Growth.'

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"The New York Relational School has a saying: "That which gets dissociated is bound to be enacted." In a recent conference, New York psychoanalyst Philip Bromberg (2007) eloquently asserted, "It is impossible to permanently avoid an internal war between adversarial parts of the self simply by trying to increase the degree of power held by only one part."
Terry Marks-Tarlow. 'Merging and Emerging: a non-linear portrait of Intersubjectivity during Psychotherapy. 2011

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Gathering the fragments: (Michael Soth)

A full-blown re-enactment doesn't generally arrive in one foul-swoop - though it can - but tentatively emerges in the over or under-currents of the therapeutic relationship over time.

- *Gathering the fragments.' (Michael Soth).*

The dynamics of the primary attachment wounding will re-emerge in the implicit therapeutic relationship, whether in concrete characterisation, narrative position, or non-verbal emanations such as gestures, body language, kinetics, intonation, and so on. These don't usually first manifest in one go, in a tsunami of enactment - though they do sometimes - but in micro-expressions over time, as the tentacles of the wounding probe into the therapeutic relationship. Whilst it's essential to surrender the pure professional self to enactment, it's paradoxically also essential that reflection, analysis and interpretation lead us to an ever-increasing understanding of how this wounding is living and breathing in the here-and-now of interpersonal engagement; a process that Michael Soth refers to as 'gathering the fragments'.

Working with enactment:
From within the body-mind relational-field.

My own experience is that, at some indeterminable point, once as many of these fragments have been gathered into experiential understanding, a tipping-point is realised by which the strain on the established psychological structures is exacerbated by experiential clarity, to the extent that they spontaneously deconstruct, a new emergent psychological structure emerging that both incorporates and transcends the old.

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For the established structures to become strained towards a tipping-point of deconstruction and reconstruction, there needs to be a tension between:

• *The established structures and themselves.*
This tension is present from the beginning of a psychotherapeutic relationship, as a client is generally propelled towards therapy by at least a vague realisation that their established psychological structures are not proving fulfilling; otherwise, why be motivated to come to therapy? The more these habitual positions become experienced, looked at and assessed in therapy, and received as traumatised patterns whose effect can be seen to be self-negating, the more strained they become in their self-maintenance.

Q: to what extent am I validating the client's narrative in order to support a robust working-alliance, and to what extent to keep things calm.

• *The established structures and the suggestion of a new and improved way of relating.*
Over time it can be hoped that the therapeutic relationship is felt by the client to offer a better relational model than that which he is besieged by, and that brought him into therapy. The therapist as a good and benign self-object, to be introjected into parental deficiencies reparatively. The therapist as someone capable of being wrong, of acknowledging mistakes and participation, of ultimately containing an eruption better than expected, of being able to repair ruptures and understand intersubjectively why they might have happened, to be driven to understand. Nothing challenges established structures more than consistently experiencing an alternative relational model that offers more, feels better, costs less, and offers more aliveness than chronic habituality.

• *The established structures and the implicit wounding that fuelled them.*
The establish psychological structures are the inter-bred offspring of the primary relational wounding, emerging from within their systemic conflicts; serving both to keep them from conscious re-experience, and to preserve them in fragmented form for future attention. There is a drive to inhibit, and a drive to re-work; a drive to keep away the pain and a drive to be actually liberated from it. Managing the tension between these contrasting but intimately entwined positions is where a lot of the therapeutic work is and attention should be.

Q: how and why am I negating, softening or diluting the re-emergence of the trauma?

Reflection and embodiment out of session:

I'm not referring here to note-taking per se. Although a helpful vehicle for exploration, note-taking can be as much a part of the problem as it helps to understand it. For example: noting down things that were said, rather than exploring the uncertain dynamics between us; objectifying the client analytically; putting the client on paper as a way of evacuating their presence from our consciousness; and so on.

I find it more useful to explore *how* it is that I carry the client and the therapeutic process within me. Do I think about the client between sessions? If so, how does that internal dialogue sound,

how does my body-mind express the implicit as well as the explicit dialogue, how do my conflicts about the process become revealed?

For example: my client who was 'at-peace' with the abuse she received as a child brought up a rage in me when I thought about her. I could hear myself shouting at her - my own face contorted, body tense, fists clenched - that she should stop fucking protecting the abuser and, in particular, the inadequate onlookers who damn well should have stepped-in and done something to protect her. Aside from the more obvious realisation that she was evacuating her unmanageable rage into me, in part to protect good-objects from the primary story and to maintain the relative harmony of these internalised good self-objects, it became clear that she was angry with me for going along with the storyline without challenging it; and also that this was a pattern in my own psyche, of understanding people's motivations so quickly that my own anger toward them becomes waylaid or denied. My hesitancy to challenge the neat storyline was an enactment of my own habitual position and of the inadequate onlookers' in her traumatised story; and just realising this led me into our sessions feelings conflicted and uncertain as to how I should be with her, a more tangible enactment of the inadequate onlooker - I need to challenge versus I dare not. In our next session, she became irritated with me 'for being too nice', which I understood as a splinter of a much bigger issue between us.

I find the following generic questions useful in reflection:

- How does the client live within me?
- How is the working-alliance between us?
- Has the therapeutic process become static and collusive?
- How attached am I, and how attached is the client, to me being a good-object?
- To what extent am I engaging in (without necessarily acting-out) the 'real' dynamics between us?
- How and why am I diluting the intensity of the process between us?
- How am I re-working uncertainty into a pseudo-clarified picture?
- How am I a re-enacted aspect of the primary story?
- Am I engaging in being a bad-object?
- What character am I? How is this being expressed on a body-mind, relational level?
- What are the underlying conflicts, within myself and between us?
- How is my own story and habitual positions implicit within the therapeutic dynamics?

Supervision:

The Supervision Relationship offers potentially a fertile environment for gathering fragments.

The relative distance of the supervisor from the trauma allows her to observe relational patterns and dynamics, initiate an exploration, interpret and define them; as well as offering a relatively and sufficiently disengaged container for noticing how these dissociated dynamics might be playing-out in the dynamics of the supervision relationship itself; another parallel parallel process.

Additional, as a supervisee and as a supervisor, I find it useful after the session to consider the implicit dynamics between us for clues as to how the trauma is constellated and the established patterns structured in our subtle interaction.

In short: the relationship between the relational-wounding and the established psychological structures that formed in defence against re-experience of it will continue to play-out and enact in subsequent relationships (parallel processes) until they are enacted unconsciously, experienced, made conscious, gathered, contained, and understood.