

ENACTMENT

by

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I would like to raise the question, "Where -- and in what time period -- does significant action and therapeutic change take place in psychotherapy?" There seem to be four theaters or arenas and two time periods that can be tracked and worked within:

1. The external reality theater, or arena, where the *play of the here-and-now* in the therapy room takes place.
2. The internal theater or arena, where the inner play of present reality in each person's mind is internally observed (in the mind's eye) as he or she lives in the external reality theater of the *here-and-now events* in the therapy while simultaneously reacting to a different inner play of past memories of *there-and-then*, emotionally charged events recalled during the therapy session.
3. The internal, hidden, unconscious theater, or arena, where the dance of the emotions takes place in and on the body of the client in response to *the here-and-now* of present events in the room in combination with *the there-and-then* of the memories past events of.
4. The external symbolic theater, or PBSP® "structure" arena, organized and directed by the PBSP® therapist (and controlled by the client) to externalize, illustrate, illuminate, experience and express what is taking place in the here-and-now in:
 - a. both internal theaters of the client's mind and
 - b. the internal, hidden, unconscious theater in the client's body.

The two time periods are:

1. The *here and now* of the actual present. Paradoxically, present consciousness is always subjectively experienced in combination with neuronally provided, simultaneous, interlaced flickerings of past memories associatively linked with the events taking place in the immediate present
2. The *there and then* of events stored in memories of the past. Recent research tells us that memories are not perfect records of events but are frequently subjectively distorted or changed by experiences coming after the original event.

Carefully built "structures" help set the stage and create the needed scripts and scenarios for the creation of the healing, new, virtual memories which lead to therapeutic change. These "structured" symbolic events – happening in the *immediate present* in the therapeutic arena – the client records in their mind in the same place where memories of the *there and then* of the past are located. These new

virtual memories of symbolic – yet kinesthetic, sensori-motor experiences – of how it would have felt to have the right, needed figures provide the right, needed interactions at the right, needed age – counter the effects of literal memories of what had been missing when the client was “actually” at the age when those needs should have been appropriately attended to.

The notion of enactment includes the belief and reality that there has to be external body expression and experience before an event is truly “over” and fully integrated, so there is a premium among us for motor expression in our therapeutic work. But the idea of enactment can mean many different things to many people.

There is the ongoing enactment of the self, moment to moment as we live in the world as it actually is, as we actually are. That is the goal of all therapy, education and spirituality – being here in this world we find ourselves in, right now, in the present. That goal is not often reached by many. There is the likelihood of much “there and then” embedded – as well as out of conscious awareness – in our “here and now”.

Let us look at this notion of enactment from the perspective of points one and two.

What is happening in the enactment of the “here and now” in the therapy session well before enactment of historical scenes is deliberately attempted. The therapist should look at this unplanned theater to discern if there are patterns of behavior more relevant, determined and perhaps distorted by the unconscious recollection of past events (which might have been triggered by what is going on in the room or by the recent present) than would be the case if they were only responding to the actual “here and now”. More simply said, “watch out for projection and transference in the client/therapist, client/group relationship.”

Enactment being a premium also to our clients, some clients can at times, become busy and eager to consciously “play out” past events that they have determined beforehand has had an important effect on their well-being.

This can sometimes become a pitfall. Some clients at some times may use the images in their minds as the source and choreography for the movements that they intend for themselves and others in the group to make without sufficient attention to the more organic wellsprings of tensions, symptoms and kinesthetic sensations. More simply, they may be doing more “acting” in the sense of “play-acting” than bodily expression i.e. “enactment” of the “true self”.

Now on to a combination of point three and four.

When there are parts of the self that have not yet been born or some basic needs that have not been satisfactorily met - even though these facts might be discovered or realized at some advanced age, when and where do those expressions get done and those experiences get internalized? And just who, or what part of ourselves is doing that expression and experiencing those satisfactions that should have been enjoyed at some earlier age? And who should be the audience of that expression and the attenders of those needs? In other words, where is the stage for that satisfaction, who are the players and when is it happening?

If those events are played out in therapy should we encourage the client to believe that it is happening now, with those of us who are in the room? Is that sufficient or accurate, or therapeutic?

Here we must look into the differences between real time and symbolic time – temporal events and ritual events.

The stage in concrete reality terms is the therapy room, but a more real stage is the body of the client. That is where the action stimulated by the cardiovascular, endocrine and muscular systems is happening. But I would like to posit now that the most critical stage or arena is taking place in the mind's eye and more strangely, felt and experienced in the "mind's body".

It is in the "virtual reality" of our interior consciousness that all the links are made to the parts of us in the past connected to the parts of us in the present that are attending to the unfinished business of the past. The client must be trained to be a masterful conductor, choreographer and stage director in this interior theater. The client can not simply be the actor or dancer and not also be in charge of the entire production. The outer theater of the actual body in the actual room is the basic stuff and raw material out of which the meaning is constructed that is delivered and responded to in the inner theater of the mind.

There, in the mind, a new history is being crafted and accurately located in the appropriate centers.. This present event is converted into a hypothetical past event that will become a counterpoint the old, life distorting history that is so negatively influencing the present. The child states must be recalled and allowed to live in the adult's body. The adult should never become the child but simply let the child state use the adult's body. We are not children, although we do have vivid recollections and reflections of what happened or didn't happen to us as children that live on in our bodies and consciousness. You can't go home again. We are irrevocably further down the river of life, but we can make a ritual where we can vividly recall that past and make, not a new future, but a new past that will positively influence our future.

We are not getting satisfaction in real time, but in ritual symbolic time. Body psychotherapists should always remember that.

Attending to point 2. The client in a body oriented therapy session might come in prepared to "enact" or re-"enact" a scene which they remember and which is clear in their mind's eye. The movement that they make and that comes out of that enactment may or may not be emotionally based. It may merely be a voluntary movement attempt to repeat what had been seen or is remembered from the past. To move from the point of enactment to the point of place. Where is such enactment taking place. Is it really happening in the mind's eye, or is it really happening in the room. Where is the charged and therapeutic theater or arena. What is the client doing with that action? Is he or she simply watching it happen as if from the outside, or are they inside and being there now?

Or is the enactment scene treated as a ritual or magical play that in of itself will have profound effect.

To include the question of time. Are they feeling as if they are back there in that time at that age when it was happening. Or do they feel and know they are simply remembering an event and that it is really not happening again now?

First, is the action that is created in the session rising from images in the mind or feelings in the body? It is possible for clients, in an attempt to do something therapeutic, to ask themselves and others to go through the motions and images that they see in their mind's eye whether or not there is emotional feeling connected to those motions. In other words, does the motion or enactment rise from cognitive images or body sensations.

Obviously, the most authentic and therefore therapeutic action should be that which arises from emotions, impulses and feeling states. The client's inner state and the origins of his/her body movements should be well monitored in a therapy session. The therapist should note whether the action is "acted" or comes about from some unmistakable undeniable internal state that must become manifest in order for one to feel real and true.

But is the action still "true" if it has been done over and over again in therapy sessions. My belief is that the actions or enactments that are most useful in therapy are those that have not till now been able to become expressed and externalized. The repetition of strong emotions, once again fully felt and once again fully expressed, does not seem so much therapeutic and resulting in change to me but more an addictive process, making up for some unsatisfied deficit that has yet to be attended to.

Another question arises here. How often does one have to do the actions that may not have been fully expressed in the past?

And in what time period does the client feel they are carrying out that action? This last question brings in the notion of self observer and self identification to those topics.

Are they so absorbed in the immediacy of the memory that it seems to happen now? Or are they simply making themselves and others who may be asked to role-play, simply go through the motions of what they already "see" in their minds.

What is happening in the client's mind as he/she is doing the action. Do they believe that they are in the here and now when they are mostly remembering or thinking about an event which they may wish to re-visit in an attempt to deal with the troubles which seem to have arisen from that event?

When a client is in a PBSP® structure and is seemingly receiving and experiencing the satisfaction of unmet needs of the past, I watch carefully and check carefully what is happening in their body and in their mind. It is important for me to note whether they are indeed feeling and longings and the subsequent satisfaction of those deficit states viscerally and kinesthetically in their bodies. That is, I do not think it is as therapeutically beneficial if the client is simply "acting" like a child, moving their bodies in imitation of a child rather than organismic remembering their own child feelings and moving from the center and force of those long forgotten impulses while they know they are living in their adult body. They are not being that child, they have been that child and are viscerally and organismically remembering having been that child, while they see in their mind's eye, that part of the themselves and cast in their mind's eye, the figures representing the wished for ideal parents ministering to that child while they feel the ministrations of those real figures in the room in the here and now, they can transpose those experiences and somehow, "feed" that experience to the child image in their mind's eye and the child's body experiences, in of all things, "the mind's body."

What I am saying is that the arena where the "real" stuff is happening is that internal arena of the mind's eye and the mind's body that is being played in the depth of the client's consciousness. The scene should not only be happening in the here and now of the therapy room. For in that case, the client is regressing and is not so much remembering and transposing present remembered feelings to the past but is gaining the satisfaction of them in the actual present as if they were a child in the present. This is my definition of regression and this is not my goal in the healing use of body action and enactment.

So, I am not only a body therapist. I have to attend to what the mind of the client is doing with the materials arising in the session and being played out in the room. If that is unattended to, the client may be constructing conscious or unconscious fantasies in an attempt to make sense of what is going on.

That is the job of what I call the "pilot" in PBSP®. That part of the client that is organizing the meaning that is to be taken from the expression and experience. It is not enough to simply do the action and assume that it has the same consequences to the client that you the therapist have in your mind.

There may well be a wish in the client to become in reality the child they had never been. I do not offer such explanations of the work in the therapy session. I make it clear that we are unavoidably adult, with vivid memories and vivid longings for what had been missing in our childhood. Deficits for which we have paid enormously. We cannot make up for those deficits in real time. We can only provide ourselves with sensory motor, kinesthetic auditory and visual experiences out of which we can make symbolic memories. We cannot change the past, but we can make images in the present, connected to the past, out of which we can make virtual memories. To do that kind of work requires active participation by the client's pilot or adult self, to take in the information and experience as well as the expression in such a way as to be the functional equivalent of the memories of the past that were laid down in experiences viscerally and kinesthetically registered and then responded to again and again.

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