THE EMPATHIC POWER OF ENACTMENTS
The Link Between Neuropsychological Processes and an Expanded Definition of Empathy

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In spite of the seeming experiential incongruity between enactments and empathy, clinical observations and recent neurobiological research are providing new ways to examine these two intersubjective processes and consequently expand our understanding of important empathic aspects embedded within enactments. Exploring interpersonal communication, neuroscience has started to delineate neuropsychological processes that similarly shape and underpin both enactments and therapeutic empathy; illuminating what mechanisms they have in common. Of particular interest are findings regarding mirror neurons and the right brain’s sensitivity to nonverbal aspects of emotional communication. These have greatly advanced our understanding of the ever-present nonconscious communication between people and its obvious implications for the inevitability of enactments within the psychoanalytic dyad. By allowing implicit relational and emotional patterns to be fully experienced within the analytic process, enactment enable both participants, and especially the analyst, attain an unmediated connection with what cannot be yet verbalized, a connection that essentially construes an empathic resonance. Furthermore, the analyst’s eventual awareness of the enactment and her disclosure of her participation in it create an empathic reflective space leading the patient to self-reflection, enhanced awareness and emotional integration.

Keywords: neuroscience, enactments, empathy, self-disclosure, reflectiveness

At first glance it may seem odd to discuss enactments and empathy as related intersubjective processes, seeing both as capable of generating unmediated emotional connections that ultimately enhance growth and integration. After all, enactments have long been clinically experienced and described as problematic interactions characterized by unconscious entanglements that can seriously interfere with a productive therapeutic process. What has made enactments such difficult experiences to accept and understand is the
accompanying loss of the reflective space shared by the two participants of the analytic dyad. Feeling as though they are reacting to “something” in the other, both patient and analyst are unable to view the interaction from different points of view, or reflect on what it may mean. Neither is fully aware of the complex dynamics that have propelled them into their fixed affective positions (Bromberg, 1998, 2006; Chefetz & Bromberg, 2004; Stern, 2004). Such interactivational impasses can find both patient and analyst no longer as partners, working together on the same side but as angry and hurt antagonists, or in some other scenarios, as cautious accomplices in a deadened, defeated, or hopeless atmosphere.

Long considered a corner stone of the therapeutic encounter, empathy on the other hand, is often described as an experiential attunement or resonance to the other, a direct and visceral understanding of the patient’s emotional state and difficulties (Aragno, 2008; Goldman, 2006; Kohut, 1971; Racker, 1968; Stueber, 2006). Whereas enactments are thought to result in therapeutic stalemate, an experience usually shared by the two participants, empathic interventions, verbal as well as nonverbal, will push the process forward by enhancing the patient’s feelings of being seen and understood. Empathic failures and their repair have been seen as crucial aspects of a successful analytic process (Kohut, 1971), and in light of the following discussion they could indeed be understood as enactments that in essence constitute an empathic resonance.

What enables us to consider enactments as empathic processes is the growing data, clinical and neuropsychological, recognizing the ubiquity of interpersonal communication that is ongoing and largely out of awareness. Many aspects of these intersubjective processes have contributed to the growing realization that much of what can be viscerally felt and known about the other is not gained through verbal interchanges alone, but is rooted in unmediated affective information (Ginot, 1998, 2001, 2007). As we will see, many of these nonconscious emotional messages are embedded within enactments whose subsequent decoded meaning may turn enactments into potential and powerful empathic connections.

Recently, Schore (2003, 2005, 2007, in press) has emphasized this paradigm shift from verbal and interpretive ways of relating to and understanding the other to unmediated emotional responsiveness. Integrating clinical experience with a vast body of neuroscientific research Schore has articulated the centrality of empathic attunement in affect regulation as well as the role of the right brain in affective nonconscious communication. The analytic dyad, according to Schore (in press) intensifies the patient’s (as well as the analyst’s) experience of dissociated dysregulated emotions and defensive adaptations. As they become part of an enmeshed interaction within the intersubjective field, they constitute not only a powerful mode of nonconscious communication, but through the analyst’s affect tolerance they also become an important means toward affect regulation. Similarly, Gallese (2006, 2008) and Iacoboni (2006, 2007, 2008) have researched the role of the mirror neuron system in generating automatic and prereflexive empathic reactions and have shown the brain’s propensity to respond to others by activating corresponding neural networks.

These nonconscious ongoing emotional communications are relevant to both enactments and empathic reactions, uniting them through their capacity to viscerally react to and affectively know the other. The recognition that both enactments and empathy are interpersonal events propelled by nonconscious processes suggests that the convergence between them may be more easily understood in the context of their embeddedness in neurobiology. In very significant ways, the neuroscientific findings shedding light on how the brain/mind works, far from being reductive, are starting to provide the necessary links to what we have observed and experienced in our clinical work. As neuroscience
continues to explore the interpersonal aspects of psychoanalysis and their complex connection to processes and structures within the brain, fast accumulating data may help explain what enactments communicate, through what nonconscious processes and what is essentially empathic about them.

Both enactments and empathy, then, can be seen as occupying space on a continuum between conscious and nonconscious intersubjective experiences. Just as enactments are inevitable and contain within them out of awareness communications, nonconscious neuropsychological processes underpin empathic resonance as well. What is important is not only that both enactments and empathy share aspects of intersubjective communication but also their potential ability to establish empathic modes of knowing the other. Because the empathic elements in enactments do not usually echo an accepting or comforting emotional attunement, it has led many to describe these events as impasses rather than empathic processes. The expanded definition of empathy explored here, however, recognizes enactments as the conduit through which the analyst may get a sense of what cannot be verbalized but only enacted (Bromberg, 2006; Schore, in press; Stern, 2004).

In light of the growing body of neurobiological research delineating the brain’s inherent tendency to nonconsciously convey and receive affective communications, we need to question some of our views regarding enactments, what they may mean therapeutically, and how at times they actually constitute empathic ways of knowing. However, while stressing the nonconscious elements common to enactments and empathy, the role of reflectiveness, or mindful-awareness will be considered as an important analytic aspect, also capable of transforming enactments from mere nonconscious entanglements into empathic interactions that may foster new relational patterns and integration (Fonagy & Target, 2006; Ginot, 2007; Jurist, 2008; Siegel, 2007; Wallin, 2007). The analyst’s self-disclosure of her own experiences and contributions to the entanglement will go a long way toward establishing the much needed reflective space in which patient and analyst can verbally examine and accept what has been previously enacted. It is not that reflectiveness is necessary for the empathic resonance itself, although in the vast literature on empathy, more cognitive or left-brain processes, such as theory of mind, have been often discussed (Allen et al., 2008; Goldman, 2006; Steuber, 2006). While the focus here is on the more nonvolitional, affective and nonconscious aspects of empathic connection, a more deliberate repair and analysis are important as well. A reflective exchange of what took place, of what each participant contributed, will enhance the integration of the dissociated patterns expressed through the enactment.

The empathic elements in enactments, then, straddle the range from the complementary empathic responses embedded in the entanglement itself (Bolongnini, 1997; Racker, 1968) to conscious meaning making (Harrison & Tronick, 2007; Siegel, 2007) in a developing reflective space (Bromberg, 2006; Seligman, 2007; Wallin, 2007) that may enhance affect regulation and emotional integration (Cozolino, 2002; Ginot, 2001, 2007; Siegel, 2007).

Is It Us or Is It Them?

As a growing body of clinical writing and research shows, the complex relational tones within each therapeutic relationship are expressions of the ever-present processes of mutual intersubjective influence that occur with or without our awareness. Indeed, the realization that out of awareness we always respond to the other’s communication, thus
inevitably and nonconsciously becoming engaged in various levels of enactments, is no longer in doubt (Aron, 1996; Bromberg, 1998, 2003; Ginot, 2001, 2007; Fonagy, 1999; Gallese, 2006; Iacoboni, 2008; Renik, 1998; Schore, 2005, 2007; Stern, 2004; Watt, 2003). In Levenson’s word, an enactment is a “continuous ubiquitous process, being the behavioral component of what is being talked about” (Levenson, 2006, p. 322). Consequently, it can be concluded that in actuality, enactments and countertransference cannot be easily distinguished nor can they be considered entirely different processes (Miller, 2008).

With the certainty that a neutral stance is largely an unattainable proposition, the question of what constitutes an enactment becomes even more important. Examining both clinical observations and neuroscientific studies that relate to the ubiquity of nonconscious communication of self-states and relational patterns, this paper will examine how the inevitability of enactments experientially dovetails with the very essence of empathy within the analytic dyad. By linking enactments and empathy this paper seeks to expand our clinical understanding, examine how closely intertwined they are, and how they can both be utilized therapeutically.

Consider a therapeutic process reported by a supervisee over a period of a few months into the second year of treatment. Repeatedly the therapist related that whenever she tried to probe into the patient’s memories and feelings about his childhood he would balk and become evasive. Without realizing it, the therapist retreated from further inquiries, reasoning first to herself and than to me that “obviously he is not ready to deal with his painful childhood. Maybe he needs some time before he can talk about his past.” What did become clear was the therapist’s cautiousness. She would be hesitant in her reflections, questions, and interpretations, lining herself closely with the patient’s verbalizations. However, she also felt that the treatment was stuck. Both felt therapy was “boring. And not going anywhere.”

This is a dilemma we often have with our patients. Is it us or them that determine the emotional atmosphere and the verbal exchanges? Obviously, the answer is that we are both contributors. However, what does it really mean? What if the supervisee’s own anxieties added to the patient’s difficulties in accessing his past? Conversely, were her nonconscious reactions a complementary empathic response that facilitated trust and the feeling of being understood? Should we have seen the process as an enactment or as an empathic environment? There are many ways to understand this particular interaction, of course, but for this therapist the answer came when she became aware of her cautiousness and passivity. Feeling increasingly uncomfortable with her careful behavior during sessions, she understood her reactions as the complex mix that they were, empathic resonance mingled with her own anxieties about confronting painful experiences. Only upon becoming aware could she free herself from her fixed emotional position, and explore other possible interventions that could move the treatment forward. Despite her trepidations, she disclosed some of her ongoing feelings of hesitancy to the patient and invited him to consider what they might mean. Over a period of time, although they both openly dealt with their possible effects on each other, the patient, now emotionally engaged, started to slowly become curious about his dissociated pain, his past traumas and the defenses against them. For her part, the therapist learned a great deal about herself.

By activating some of the analyst’s own implicit and dissociated relational patterns, enactments generate an environment in which both participants experience stress-induced disharmonious interactions made worse by their temporary inability to contain and reflect on dissociated dysregulated affects. As in the former vignette, often in an enactment, what has started as a collaborative effort is stalled because of projections that mutually impinge
on both participants. It is little wonder that projective identification, considered to be one of the dynamic forces behind enactments is often cited as a therapeutic hindrance because of the perceptual and emotional distortions they generate (McLaughlin, 1998; Ogden, 1979; Tansey & Burke, 1989; Wallin, 2007). At their most extreme, enactments can lead to untimely termination on the one hand, or to a stagnant, repetitious, and fruitless analysis on the other. What is largely absent in these instances is the reflective ability of both patient and analyst, each experiencing their dysregulated emotional reality (Schore, in press) as the only possible one.

Paradoxically, however, precisely because enactments tap into a wide range of dissociated self other representation (Bromberg, 2006), they can also become powerful empathic processes (Ginot, 2001, 2007). The following segments will delineate how the “information” and knowledge derived from enactments and the mechanisms through which they are conveyed, underscore their empathic qualities.

What Is Being Communicated: Implicit Affective and Relational Patterns

A growing body of clinical work and neuroscientific research has demonstrated that what enactments communicate in such gripping and indirect ways are implicit, neurally encoded affective and relational patterns. Patterns formed before verbal memory was fully developed and those defensively dissociated later on by an emotionally overwhelmed sense of self (Bromberg, 1998, 2003, 2006; Bucci, 2007a, 2007b; Mancia, 2006; Pally, 2006; Stern, 2004). As Schore (2003) and others have shown, early attunement and attachment patterns between infants and caretakers create lasting imprints in the brain’s neural network, resulting in implicit, enduring, and repetitive relational modes of being that ultimately influence one’s capacity for affect regulation and integration (Bebee & Lachman, 2002, 2003; Cozolino, 2002, 2006; LeDoux, 2002; Siegel, 1999, 2007; Wallin, 2007). Early experiences also shape the nature of the infant’s internal states of arousal, directly affecting the prevalence and rigidity of either hyperaroused or hypoaroused dissociated autonomic states, each characterized by different emotional tone and defensiveness (Schore, in press).

An environment suffused by emotional stress and compromised soothing in early childhood will result in frequent activation of the fear system and automatic defenses meant to minimize the viscerally experienced stress. Such an environment skews the developing neural systems toward dissociated self-states that tend to experience heightened interpersonal difficulties and poor affect regulation (Cozolino, 2006; LeDoux, 2002; Schore, 2003; Watt, 2003). The degree of neural dissociation or integration between these representational networks will determine which attachment state will be most often activated and repeated, thus affecting the quality of one’s relationships throughout life (Cozolino, 2002, 2006; Lyon-Ruth, 1999, 2003; Wallin, 2007). Emphasizing the importance of neural integration to the sense of wellbeing, Siegel (2007) has concluded that early relational experiences are directly related to the quality of self-regulation embedded within various regions of the prefrontal cortex.

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

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

The early maturing right hemisphere, as well, has been shown to be involved in implicit emotional learning that precedes verbal development and as such “represents the biological substrate of the dynamic unconscious” (Schore, 2005, p. 831). Whereas the slower maturing left-brain is associated with verbal and conceptual processing, including that of emotional information, the right brain involves the subjective experience of emotions and most importantly, the site of nonconscious emotional conditioning and autobiographical memories. Wittling and Roschmann (1993), for example, found that in subjects viewing emotional films the right hemisphere indicated stronger affective reactions. Similarly, lateral visual presentations of facial emotional expression coupled with painful stimuli were harder to extinguish in the right hemisphere than in the left (Grawe, 2007).

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

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

Indeed, attachment studies have demonstrated strong connections between interactional patterns during infancy and subsequent styles of secure, avoidant, anxious-ambivalent, and disorganized attachment (Diamond, 2004; Fonagy, 1999, 2001; Fonagy, Gergly, Jurist, & Target, 2002; Hess & Main, 2000; Siegel, 1999). Longitudinal studies revealed that behaviors of disorganized attachment style endured as dissociative affective patterns by age 19 (Lyons-Ruth, 2003). Echoing LeDoux’s (2002) emphasis on amygdaloid fear conditioning and automatic defensive reactions such as withdrawal, aggression, and submission, as well as Gainotti’s (2006) and Schore’s (2003, 2007, in press) descriptions of the preverbal development of implicit self representations in the right brain, Lyons-Ruth (2003) concluded that attachment strategies are early defensive adaptations designed to deal with the caretaker’s failure to provide soothing responses in the face of overwhelming fear or stress.

The relevance of these, and many other findings to a further understanding of what is being communicated during transference-countertransference enactments is apparent. What resides within the nonconscious implicit pathways of the right hemisphere are both early emotional conditioning (remember the role of the amygdala) and preverbal implicit memories of sensory-motor nature that over time coalesce into emotion schema or one’s implicit and explicit sense of self (Bucci, 2007a, 2007b; Gainotti, 2006; Happaney et al., 2004; Miller et al., 2001; Schore, 2003, 2007). What gets to be empathically known through enactments, then, are relational patterns and self-representations that cannot become recognized through verbal interchanges alone. Indeed, noting the inevitable relational impasses characterizing transference-countertransference interactions, Bromberg sees enactments as nonconscious messages to the analyst to get engaged directly and emotionally with unsymbolized self-states that cannot be otherwise expressed (Bromberg, 2003).

The “How” of Enactments: Shared Nonconscious Communication

It is no coincidence that neuroscientific findings regarding nonconscious communication have paralleled the growing realization in psychoanalytical writings that some aspects of countertransference present us with an opportunity for direct emotional knowing. However, what actually takes place in an enactment? How can two people communicate nonconsciously with each other, and what’s more, transmit in the process a great deal of information about implicit and dissociated schemas?

As increasingly shown by research, our brains are evolutionary primed to receive and impart a great deal of nonverbal intersubjective information, particularly of emotional and visceral nature (Miller, 2008; Schore, 2003, in press). Consequently, similar neuropsychological processes and mechanisms underpin direct nonverbal communication between parents and children as well as between patients and analysts, setting the stage for reciprocal nonconscious emotional give and take. What we communicate goes far beyond what we consciously intend to, and much of it is involuntary and out of our awareness. Facial expressions, gestures, gaze, and vocal qualities have all been shown to accurately convey the participants’ emotional and relational states (Bebee & Lachman, 2002, 2003; Diamond, 2004; Fonagy et al., 2002; Gallese, Eagle, & Migone, 2007; Iacoboni, 2006, 2007; Lyons-Ruth, 2003; Mancia, 2006; Pally, 2006; Schore, 1994, 2005, 2007; Siegel, 1999). Schore’s writings in particular, have emphasized the role of the right brain in
nonconscious communication processes between self-states of parents and children, and between patients and therapists. Being extensively connected to the limbic system and thus sensitive to interactional communication, conscious and nonconscious, the right brain is the one that seems to be acutely perceptive of emotional and viscerally felt experiences in others (Decety & Chaminade, 2003; Schore, 2005, 2007). These writers, as well as others conclude that the analyst’s sensitivity, or her right brain readiness to be fully attuned to nonverbal communication, is a necessary therapeutic skill. Becoming entangled in an enactment, although at first out of awareness, is a surprising facet of such sensitivity.

Relevant to the clinical observation that many enactments give voice to painful emotions are the findings by Sato and Aoki (2006) as well as Kimura (2004) who emphasize the right hemisphere’s role in receiving and processing negative emotional stimuli. Damasio (1994) and Adolphs et al. (2000) also conclude that the right hemisphere is the one involved in recognizing other people’s emotional expressions and is the one connected to internally generated bodily sensations. Thus, the right brain with its ability to perceive subtle cues and activate its own bodily and emotional sensations, allows the analyst immediate and direct modes of interactions. These nonconscious exchanges are essential on two levels; upon becoming conscious they open crucial windows into the patient’s dynamics, but at the same time they also reverberate empathically with the patient’s internal states, acknowledging and regulating them (Schore, 2005, 2007).

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

Within the psychoanalytic dyad, implicit information is mutually communicated on an ongoing basis (Bromberg, 2003, 2006; Miller, 2008). The neural and emotional arousal that occurs in response to perceived interpersonal cues are physical and real, operating through the thalamic amygdalar route, and are similar in nature to the response experienced in reaction to the original event itself (LeDoux, 2002; Mancia, 2006). It is the fact that we can emotionally access very complex relational aspects through an intense involvement with our patients that turns enactments into such valuable processes. In their largely nonconscious modality they go beyond more readily recognized countertransferential feelings, but connect with what is most hidden and implicit.

Mirror Neuron System

Another dramatic development in our effort to understand how people “get” the emotional states and behavioral intentions of others is the neuroscientific field identifying and studying the mirror neuron system. Although still in its beginning stages, some neuroscientists already have advanced theories linking them to our ability to inhabit the emotional states of others. In an interesting confluence of psychoanalytic thought and neuroscientific
research, the developing field studying mirror neurons reflects the growing clinical recognition of intersubjectivity as an essential aspect of all human interaction. At the very least, the consistent studies showing brain structures’ activity in response to observing others have paved the way to a more comprehensive picture of what happens biologically when individuals, including strangers, are engaged with each other. Research has so far indicated that the mirroring system is connected among other things, to imitation, language development, shared emotions, empathy, the mediation of pain and the development of the sense-of-self and others (Fadiga & Craighero, 2007; Gallese, 2008; Gazzaniga, 2008; Hari, 2007; Iacoboni, 2008).

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

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

The various subtle characteristics of neural mirroring responses studied and described by neuroscientists are all the more interesting and significant in light of our clinical experiences. Indeed, when we try to deconstruct the nature of empathy, what gets to be highlighted through these studies is our ability to connect with others’ emotions and intentions often before we can articulate what we feel. Contrary to understanding others by intentionally putting oneself in the other’s situation, or imagining how the other feels, Gallese’s and Iacoboni’s conclusions present a very different way to view empathy and enactments. The neural process of embodied simulation creates automatic, nonconscious and prereflexive empathic responses, ones that do not depend on deliberate efforts to understand the other, or cognitively trying to interpret their situation (Gallese, 2006, 2008; Gallese et al., 2007; Goldman, 2006; Iacoboni, 2006, 2007, 2008).

Adding to Schore’s (2003, 2007, in press) conclusions regarding the right hemisphere’s role in nonconscious communication, are findings regarding the mirror neuron system. Some of Iacoboni’s studies (Iacoboni, 2006, 2007, 2008) highlight the right amygdala’s part in perceiving and processing scary emotional facial expressions. Simi-
larly, other researchers have found that the right hemisphere mirror neuron system became more active among children and adults when observing and imitating emotional facial expressions in others. Dapretto et al. (2006) demonstrated that in comparison to normally developed children, a group of 12 years old autistic children displayed a lower mirror neuron system activity within the right hemisphere. Furthermore, the more severe the autistic impairment was, the less activity was detected in mirror neuron areas. The researchers concluded that social and emotional mirroring largely depends on the right brain mirroring areas connected to the limbic system. Exploring the relationship between mirror neuron system to self and other recognition, another group working with Iacoboni (Uddin et al., 2005) found that in tasks requiring subjects to recognize their own morphing face as opposed to that of their best friend, two areas in the right hemisphere became active; the parietal and frontal lobes, both mirror neuron structures. Interestingly, these findings as well fit with research findings describing the right hemisphere as the “location” of one’s sense of self (Schore, 2007, in press).

In a further refinement of what it means to resonate empathically, and with great relevance to the psychoanalytic encounter, both Gallese’s and Iacoboni’s assert that the shared neural processes do not imply a self-less merging phenomenon between participants, but rather an emotional and communicational permeability between them. In Gallese’s words, “empathy entails the capacity to experience what others experience while still attributing these experiences to others and not to the self” (Gallese, 2006, p. 288). Similarly, while demonstrating the role of mirror neuron system in self-other recognition, Iacoboni and his group (Iacoboni, 2008; Uddin, 2005) confirmed subjects’ ability to maintain their own sense of self when observing pictures of themselves and of others, a point emphasized by Gazzaniga (2008) as well.

Perhaps the most significant finding to the psychoanalytic dyad is the one delineating the relationship between mirror neurons and the limbic system. Exploring this connection, Iacoboni (2007, 2008) and Carr et al. (2003) have demonstrated that mirror neurons send signals to the emotion centers located in the limbic system, enabling us to experience feelings associated with observed and imitated emotions. The anterior insula was found to be the anatomical pathway that connects mirror neurons structures to the limbic areas, and especially the amygdala. Some of the visceral sensations can then reach consciousness and become subjective feelings (Gazzaniga, 2008; Iacoboni, 2008; Siegel, 2007). Of particular interest are Iacoboni’s (2008) assumptions that the mirror neuron system itself is greatly affected and sculpted by early care-taking experiences. This seems to be a significant contribution to the growing body of evidence showing the effects of early attachment patterns on the brain/mind.

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

As researchers, philosophers and clinicians struggle to explicate the connection between neural activation and the experience of empathy, conscious and nonconscious,
much remains that is still unknown. In this context, the current limitation of mirror neuron system to fully explicate the complex and often shifting phenomenon of empathy needs to be taken into account (Gazzaniga, 2008; Goldman, 2006; Watt, 2005; Zept & Hartmann, 2008). Nonetheless, the enthusiasm accompanying mirror neuron system research is also understandable. The opportunity to glimpse at a link between our biology and our human behavior has once again proven incredibly irresistible, engaging, and promising. The current state of research can still explain, for example, how and why both patient and analyst react to each other’s emotional and bodily cues, suffusing their perceptions with their own internal representations and defensive adaptations (Gallese et al., 2007; Iacoboni, 2008). As Gallese (2008, p.774) maintains “... mirroring is always a process in which others’ behavior is metabolized by and filtered through the observer’s idiosyncratic past experiences, capacities and mental attitudes.”

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

The mirror neuron system, then, may underpin the complex web of interpersonal communication in or out of awareness. This may be accomplished not by experiencing compassion for the other in a predictable comforting way necessarily, but rather through being able to reverberate with a wide range of implicit encoded patterns that can only be enacted. 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 her readiness and ability to resonate with what is not verbalized but nonconsciously transmitted nonetheless. Moreover, here is where we return to the original premise; although enactments may seem at times to be misattuned events that threaten the therapeutic process, by inhabiting the other’s dissociated affects and defenses they also embody an empathic resonance and direct emotional knowledge.

It may very well be that at times, there are no other ways to emotionally know patients, to really experience some of their earliest emotional memories and narratives. More specifically, it is possible that while treating patients suffering from pronounced dissociations of both preverbal and unaccepted self-states, enactments are the only authentic venue that can bring to life implicit affective and relational patterns. Thus, enactments do not just indicate an unconscious transference-countertransference process run amok, but rather express moments of meetings (Stern et al., 1998), where two subjectivities are totally, albeit temporarily, immersed in each other’s unknowable needs, expectations and defenses.

From Empathic Entanglement to Mindful Awareness

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

In actuality, however, it is the mutual process of embodied simulation that results in a direct, unmediated and visceral knowing of the other, eventually affording both patient and analyst a way to further recognize and understand dissociated self-narratives and relational patterns and integrate them into a more reflective and cohesive self. Both are affected participants and both may learn about themselves. The therapeutic way to achieve these important goals is bound with the process of mentalization (Fonagy & Target, 2006) or mindful-awareness (Siegel, 2007; Wallin, 2007) that is essential for regaining the cooperative shared reflective space. Coming out of an enactment, usually, but not exclusively, when the analyst becomes aware of her own contribution, both participants can start examining the meaning of the mutually determined interaction. A regained state of mindfulness will restore the analyst’s ability to listen again with a “tension between empathic identification and observing distance” (Zwiebel, 2004, p. 259).

The following vignette from an ongoing analysis illustrates how an enactment and its empathic elements revealed implicit relational patterns that later on could be understood and emotionally integrated.

Ben came back to treatment after having to leave in the middle of the second year of his analysis for two years of work in another country. When Ben started relating his difficulties with his current girlfriend, his experience sounded familiar. Ben seemed to repeat yet once again his role with women, that of a savior who sacrifices his own needs in the process. The association between his feelings about women and his early relationship with a very intrusive and needy mother, who made him the center of her life, was already spelled the first time around. What Ben had a difficult time with then and now, was with any feelings that put him in a needy and vulnerable position, sexually and emotionally, as well as knowing and articulating his own desires.

Ben’s new relationship resembled his old ones; again he became a caretaker of a “needy and insecure woman” who would not let him “have his space” as he complained. As we explored both his complaints and his obvious attachment to his girlfriend, I noticed at times the intensified level of my interventions and the frequent inquiries aimed at trying to help Ben sort out the underlying dynamics of his complaints. It seemed to me at the time that Ben needed this guidance, even though I also realized that instead of analyzing this need, we enacted it. I reasoned that it was important for him to understand this relationship so he can make better decisions for himself. After all, it was important for him to find a relationship with which he would be recognized and empathized. What I was not aware of was the real extent on my activity, and especially the loud message I was conveying; that I knew better than Ben what was best for him.

A few weeks later, however, experiencing growing anxiety and discomfort, my behavior came into partial focus; I simultaneously knew and didn’t know about my over-activity. I was also becoming aware of feeling uneasy, as if something was unknown and out of my grasp; I felt dissatisfied and puzzled by the way the analysis was going. Not surprisingly, realizing the frenetic pace of my interventions resulted in more acute feelings of discomfort, and the sense that these uneasy feelings seemed to fill the room, and in spite
of our verbal activity, seemed to suffocate us both, preventing a meaningful emotional exchange. It felt like we were both feeding each other’s anxiety, but without much awareness or understanding.

Upon catching myself yet once more pursuing too leading a question, it became clear to me that some of the anxiety at least had to do with the active and superficial aspects of the process. We were busy trying to understand Ben’s frequent fights with his girlfriend and the significance of what was said and who said what. When I discussed with Ben the anxiety I felt and what it might mean for us, Ben reflected on his own anxiety about asking for help, albeit, indirectly and without words. We understood that with me Ben allowed himself to ask for help, to be rescued. That self-state, quite dissociated with other women was enacted with me. Nonverbally Ben was asking for guidance, and I gave it. But this was only one aspect of our enactment.

Not being conscious of Ben’s deeper need, I recreated his experience with his mother, rushing in too actively and explicitly, threatening his autonomy. When I articulated this to Ben he became red and visibly uncomfortable. After a long silence and with difficulty, he described how terrified he felt at being controlled by me. It was the first time these feelings were acknowledged and analyzed within a strong emotional experience, and not just via historical data. Reflecting on our respective roles in the enactment, it was also interesting to analyze what seemed to be an empathic resonance paradoxically conveyed through my participation. I was enacting two implicit aspects of his early experiences at the same time; his mother’s intrusiveness and the caring partner answering his dissociated need.

But although we articulated these mutual experiences, we both still felt the discomfoting anxiety. Ben said he now felt disorganized and anxious, becoming more uncomfortable with each session. My uneasiness grew as well, undoubtedly reflecting and worsening Ben’s own. When we talked about the anxiety in the room, I spontaneously told Ben that I felt as if I was trespassing some line, that I was forcing a condition of unwanted and threatening closeness. I myself didn’t quite understand these feelings initially, and again Ben experienced intense discomfort. He felt fragmented, as if something terrible was about to happen, feelings that resembled a full-blown panic attack.

It took a few sessions for Ben to be able to articulate his sensations and feelings. And the focus was no longer the more familiar dread at his mother’s control and invasion. The very same relational pattern Ben enacted with me actually protected him from a deeper and more unsettling anxiety. He was viscerally terrified of becoming vulnerable through expressing his need to be seen and cared for who he was. As long as I did not fully recognize his autonomy but insisted on knowing better, being more like his mother, Ben was in more consciously accessible familiar territory; anxiety-inducing but also tolerable. What Ben could not avoid any longer was reacting to my feelings for him. Becoming aware of my caring interrupted this familiarity and exposed Ben to an unfamiliar dread, that of being needy.

At this point we were both able to reflect on the nonconscious elements of our interaction, understanding their connection to a much deeper and conflicted hunger for closeness. Although he was asking for my help he also became increasingly anxious about it. It was not only that I was becoming his intrusive mother. It was also his growing feelings that I really cared for him that made him anxious. And although “acting like his mother,” I also genuinely wanted to see him become his own person, capable of a mature relationship with an empathic woman that will allow him to express his own desires. This realization of potential closeness between us, especially the sexual feelings he started to feel toward me made him acutely anxious. My need to help was not just a repetition of the dynamic he had with his mother; it was also a nonconscious reaction on my part, to his dissociated needs.
for mutual love and recognition. Before reflecting on our enactment, we both scared each other. Intimacy and its many affects became too much of a threat for us, invoking fears of impending danger. And this danger needed to be faced and understood by both Ben and myself.

In our attempt to deconstruct the many feelings involved in the enactment, I talked about the most personal aspects of my experience only minimally, detailing on the other hand my feelings as they pertained to our interaction. As I’ve maintained before (Ginot, 1997, 2001) self-disclosure, the actual articulation of the analyst’s experience within the intersubjective matrix is mostly rooted in that experience and does not gain from inappropriate personal information. But there’s plenty of the authentic and the personal in this form of self-disclosure, too; feelings and fantasies that are embedded in the interaction and as such do not belong to the analyst alone.

This multilayered enactment and its conscious resolution essentially embodied an active form of empathy, one that was wholly intertwined in the interpersonal process. It’s not as if some of the elements of Ben’s emotional make-up were not cognitively recognized and articulated before, but only the enactment generated an interactional empathic connection with Ben’s fundamental emotional and relational difficulties. Empathic resonance was found in both our reactions. I connected to Ben’s implicit dread at needing to be taken care of, while Ben’s growing realization that I really cared for him was nonconscious and empathic as well. Above all, the many aspects of empathy embedded in the enactments, especially the visceral resonance of Ben’s many anxieties were invaluable in both containing and symbolizing his implicit but enacted relational patterns.

In many ways the analyst’s dilemma and struggle within an enactment are sharper and more poignant than that of the patient’s. For as long as her feelings and interventions are hemmed in by nonconscious forces, she cannot maintain her ability to understand, contain, and even respond in what would traditionally be seen as interpretive or even empathic responses. On the other hand, however, it is the analyst subjective experience, gained through bypassing cognitive functions that enables her to empathically resonate with the patient’s implicit emotions and patterns. Although we can clearly appreciate the difficulty in becoming emotionally and sometimes behaviorally entangled, by accepting the occasionally confusing reality of unclear boundaries between subjectivities, the analyst allows herself to become a conduit and then an interpreter of what is hidden. Thus, it may be hard to distinguish between enactments and empathy. Both are related and intertwined and ultimately reflect the inevitable and nonconscious interpersonal communication between patient and analyst.

Obviously, however, there are also differences between empathy and enactments, mostly in the overall level of consciousness present in both, in their therapeutic impact, and in their ability to enhance neural and emotional integration. An enactment that does not reach a reflective resolution will lose its empathic underpinnings. For the same reason, empathy couched in verbal exchanges alone will not provide the visceral connection to the implicit. How then, can we best utilize the empathic elements in enactments?

Mindful Awareness: Shared Emotions and Enhanced Integration

By emphasizing the importance of neural and emotional integration Siegel (2007) has greatly advanced our understanding of what therapeutic changes and gains can look like. The centrality of integration as a measure of therapeutic growth is guided, according to
Siegel, by its close relationship to important aspects of wellbeing such as flexibility, adaptability, stability, coherence, affect regulation, and mindful-awareness.

Of particular interest is Siegel’s observation that mindful-awareness promotes brain integration by strengthening connections among areas of the prefrontal cortex (medial, orbitofrontal, ventral, and dorsolateral), the anterior cingulate, the insula, the limbic system, the brain stem, and the body. Similarly, connections between the left and right brains are strengthened as well through mindful awareness. In his words, “Mindful awareness, through the promotion of integration in the brain, may be directly harnessing our innate capacity for coherence and wellbeing” (Siegel, 2007, p. 199). Mindful-awareness and the integration accompanying it also promote relational growth and the development of empathy. Like Gallese (2006) and Iacoboni (2008), Siegel, as well as Gazzaniga (2008), stress the importance of mirror neurons as the first stage of an empathic resonance. However, to become aware of an empathic experience, according to Siegel (2007), it is important for the prefrontal regions to become engaged and reflect on the visceral sensory-motor sensations and shifts and on the emotional signals processed by the limbic system.

This reflection, or mindfulness, will then lead to the felt experience of empathy. Here, remembering one of the questions raised about the still existing conceptual gap between neural mirroring and a ‘felt’ empathic experience, Siegel’s understanding seems to provide a beginning of an answer. Consequently, to further turn an enactment from a potential impasse to an empathic intersubjective experience, it needs to be decoded and verbalized within an analytic space where reflecting on mutual shared emotions is modeled and encouraged (Bromberg, 1998, 2006; Ginot, 1997, 2007; Harrison & Tronick, 2006). This mutual reflective process will clarify and enhance any empathic response already embedded within the enactment itself. Significantly, the way the analyst shares her own experiences within an enactment may determine whether the nonconscious aspects of the interaction will reveal their meaning to the patient or lead to further impasse and rupture.

Another important determinant in the mutual repair of an enactment may be the history of the analyst’s self-disclosure, a track record that is capable of sending strong messages as to the value of reflecting on and understanding any intersubjective interaction or entanglement, on all levels of consciousness. Through the verbal analysis of the shared experience, and through disclosing her-own reactions, the analyst can model and promote the importance of nonconscious affect and behaviors as well as mindful-awareness.

The fact that enactments tend to be accompanied by intense feelings and at times difficult interpersonal exchanges only strengthens their potential empathic function. As has been noted by both clinicians and researchers, without a significant emotional experience, any analytical progress is short-lived at best (Bromberg, 2006; Bucci, 2007a, 2007b; Schore, 2007; Siegel, 2007). According to Cozolino (2002), integration is made possible through the “simultaneous or altering activation of conscious language production (top and left) with more primitive, emotional and unconscious processes (down and right) that have been dissociated due to undue stress during childhood or trauma” (p. 310). Cowan and Kandel (2001) concluded that affective arousal results in the increased presence of neurotransmitters that consequently allow for neural relearning and cortical reorganization. Certainly, the raw interpersonal exchanges generated by enactments and their aftermaths provide the necessary conditions for neural changes. The analyst’s self-disclosure provides the other element contributing to growth, an authentic encounter that is really an acute empathic resonance with the patient’s internal world.
Conclusion

Viewing enactments as an inevitable feature of the psychoanalytic encounter, an intersubjective entanglement that is mediated by neuropsychological systems operating within both participants draws immediate attention to similar processes that seem to be behind empathic resonance. The common nonconscious interpersonal communication that underpins both intersubjective experiences also offers an expanded understanding of enactments. In a new paradigm, enactments are seen as an embodiment of empathic responses that are prereflexive, direct and involuntary. What is empathic about enactments is the entanglement itself, the nonconscious involvement on the analyst’s part in some of the patient’s dissociated emotional and relational patterns. This presents both participants with an authentic opportunity to symbolize and integrate what could only be enacted. Although often fraught with distress and trepidation enactments, by their very ability to create an intense resonance within the analyst with what cannot yet be verbalized, embody a direct and unmediated connection with the patient’s emotional and relational patterns.

It is not only the enactment itself that construes an empathic process. The effort to reflect on and understand the meaning of the nonconscious communication that led to the enactment can enhance therapeutic empathy and the patient’s sense of being understood. The mutually reflective space that opens up, usually at the analyst’s suggestion, as well as her willingness to examine her own contributions have great potential to strengthen the psychoanalytic bond and both participants’ self-awareness. In this paradigm, both patient and analyst, while building a new intimacy, are also tuned to the other, responding to what is communicated out of awareness. The patient also “gets” the analyst’s internal representations and responds to them, making it difficult at times to clearly delineate the exact role each one played.

During the mutual and reflective process of meaning making (Harrison & Tronick, 2007), the patient’s nonconscious “reading” of the analyst and its emotional and behavioral effects on the analyst’s reactions would further contribute to a growing understanding of both participants’ affective building blocks. Although the analyst does not make herself an object for analysis during the repair of the impasse, her self-disclosure is essentially an attempt to examine not only her part in the interaction but also what her participation means to the patient. By recognizing that the shared experience is not about her or the patient alone, and by taking a chance to reveal some relevant internal experience, her self-disclosure can set in motion a process that ultimately can result in emotional growth. Although an enactment inherently involves the blurring of self-other boundaries, it is ultimately about helping the patient become more aware of and integrate what previously could only be enacted.

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