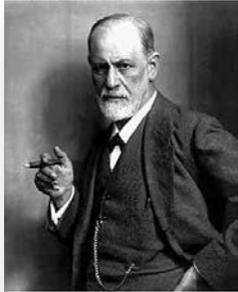


Reenactment

Sandra L. Bloom, M.D.



Sigmund Freud

It was Sigmund Freud who drew attention to what he called “the repetition compulsion,” the all-too-human tendency to repeat the past. He connected it to traumatic experience and pointed out that through their actions people unconsciously repeat the past [1].

It has become clear that the very nature of the trauma response determines this repetitious behavior leading to the use of a more descriptive term, “traumatic reenactment” [2]. The memories of the traumatic experience are dissociated, nonverbal, and unintegrated. Over and over, people find themselves in situations that recapitulate earlier trauma and lack any awareness of how it happened much less how to prevent it from happening the next time. The lack of awareness is due to the dissociative blockade that places the behavior out of the context of verbal and conscious control. Since words are not available to sufficiently explain the experience, thinking cannot really occur. Under these circumstances, people will usually come up with explanations for their strange and mysterious behavior, because the rational part of their mind is struggling to make sense of the situation. But without access to the dissociated material, the rational mind flounders helplessly, interpreting behavior in a simplistic, often stupid way, while the person helplessly re-exposes himself or herself to further trauma.

“Traumatic reenactment” is the term we use to describe the lingering behavioral enactment and automatic repetition of the past. The very nature of traumatic information processing determines the reenactment behavior. The traumatized person is cut off from language, deprived of the power of words, trapped in speechless terror. Trauma demands repetition – what Pierre Janet, Freud and so many others observed when they noticed the compulsion to repeat evident in trauma survivors. As Freud wrote, *“He reproduces it not as a memory but as an action; he repeats it without, of course, knowing that he is repeating... he cannot escape from this compulsion to repeat; and in the end we understand that this is his way of remembering”* (p.271) [1].



This lack of control over the repetition of trauma, combined with an insistent, albeit unconscious need to repeat the traumatic scenario is called a compulsion. A compulsion, by definition, is impossible to resist - the person is compelled to do what he may even consciously know is wrong to do. The power that motors this behavior is the energy that derives from the dissociated mental contents pressing for

expression. When we are able to see it coming, we can stop acting and begin thinking about, and ultimately feeling and integrating the split of mental contents. This may be the most important function of psychotherapy.

People have a strong compulsion to repeat traumatic experiences, sometimes overtly but more frequently in a disguised, often highly symbolized, way. These reenactments which consist of the repeated establishment of the traumatic scenario that then gets relived over and over can come to dominate a person's entire life and are comprised. In this way, Shakespeare's observation that the world is a stage is particularly apt. Each of us experiences the early drama of our own life, and then, for the rest of our years, we reconstruct the pattern over and over, using different people, places, and things, to play the same old roles, usually with the same old endings.

We must assume that as human beings, we are meant to function at our maximum level of integration and that any barrier to this integration will produce some innate compensatory mechanism that allows us to overcome it. Splitting traumatic memories and feelings off into nonverbal images and sensations is life-saving in the short-term, but prevents full integration in the long-term. For healing to occur, we must give our overwhelming experiences words. In "Macbeth," Shakespeare told us "Give sorrow words; the grief that does not speak whispers the o'er fraught heart and bids it break." Both Janet and Freud claimed that the crucial factor that determines the repetition of trauma is the presence of mute, unsymbolized and unintegrated experiences [1]. Freud wrote that in order for feelings to be experienced (for affects to become conscious), words had to be linked to them. It was the linkage with word representations that allowed the affect to cross the repression barrier and become conscious [3].



But why does trauma demand repetition? Probably because of the inherent conflict between what the brain does to manage overwhelming stress at the time of an overwhelming event and the later effects of this loss of integration. The mind has shattered into fragments and yet the cognitive imperative asserts itself, demanding that all aspects of reality and experience are integrated into a meaningful whole. Robert Lifton, a psychiatrist who has made an intensive study of various traumatized and traumatizing populations, has talked about the "failed enactment" that occurs at the time of a traumatic event [4]. This failed enactment is associated with profound feelings of helplessness, which is a fundamental characteristic of any traumatic experience. He has found that at the time of the trauma, there is some beginning, abortive image toward acting in a way more positive than can actually happen at the time. This schema for enactment is never completed, and was in most instances impossible to achieve in the first place. Nonetheless, the person feels guilty about not having completed the successful act, even though it was impossible in reality. Lifton and others believe it is this failed enactment that probably helps to propel the reenactment behavior, as the person unconsciously attempts repetitively to do the situation differently, unwittingly becoming traumatized over and over again.

But we cannot find the words by ourselves. That is the whole point - traumatized people are cut off from language, deprived of the power of words, trapped in timeless, speechless terror. But they do speak. They speak the language that existed before we had words or language, the language of action. Mimesis is defined as “the ability to produce conscious, self-initiated, representational acts that are intentional but not linguistic” [5]. Through mimesis we re-enact or re-present an event or relationship. This is a form of self-expression and social communication that precedes the development of language and is evident in primates. It is the level of communication that underlies all modern cultures and forms the most basic medium of human communication and is central to all the arts [5]. Mimesis is the basis of ritual behavior and the arts and in many ways is the basis of the human condition [6].

Reenactment behavior is repetitive and ritualized. It is so because it is usually not seen or heard for what it is - a signal to the social group. We are a social species. Once trauma has occurred and our consciousness has been split into fragments, there is nothing internally that will put “Humpty-Dumpty” back together again. The evolved mechanism for healing is not fundamentally biological - it is social. In their apparently crazy behavior, traumatized people are desperately trying to get the attention of their social group. Psychiatric patients have always been accused of “trying to get attention.” It is true. They are trying to get attention. But that is because getting attention is precisely what evolution has programmed them to do. The problem does not lie with the body of the traumatized person. We have seen how their body has responded to danger in exactly the appropriate way. The problem lies with the corporate body, the social body, that refuses to play the role it is duty-bound to play. It is not the traumatized person who is basically sick. It is those people who fail to understand our oldest, bonded, interconnected language.

Link to Bloom, S. L. *Every Time History Repeats Itself the Price Goes Up: The Social Reenactment of Trauma*

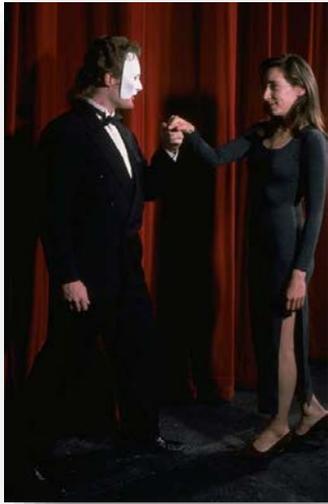
Multigenerational Transmission of Traumatic Reenactment

Our lives are reenactments not only of our own buried traumatic experiences, but also contain our family history. To the extent that our family history has been traumatic, the family traumatic reenactment then compounds and magnifies the individual traumatic reenactment . Intergenerational trauma has been best studied in research on the offspring of Holocaust survivors [7] and can be summed up in one sentence: “The children of survivors show symptoms which would be expected if they actually lived through the Holocaust” [8]. Lenore Terr quoted a survivor and psychoanalyst as saying, “My thirty-five year-old son told me recently that he has had nightmares in which the Gestapo come up his stairs. You realize what this means? My son was born and raised in America. But he dreams my nightmare, MY life” [9].



The Drama Triangle

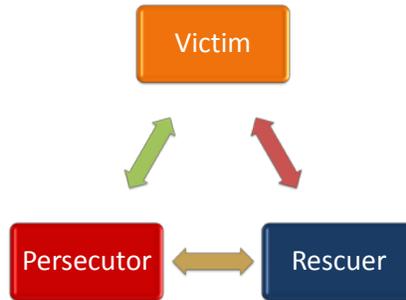
One of the most important challenges to the therapeutic environment is the successful management of traumatic reenactment. Trauma demands repetition. Clients come into treatment exhausted after a



lifetime based on repeating an overwhelming and humiliating past. Trauma produces a fragmentation that results in the accentuation of a nonverbal and a verbal split in memory, affect, perception, and identity. The language of the nonverbal self is behavior and in the presentation of their symptoms, our clients tell the story of their most terrible experiences. The role of the social environment is to engage enough with the story to understand the script but then to change the automatic roles that are being cued for by the client so that the story changes instead of being repeated. Traumatic reenactment can be seen in the shifting roles that clients and staff assume on the “rescuer-victim-persecutor” triangle.

The compulsion to repeat that is so frequently observed in individual lives in historical events is frequently puzzling to people so we will digress a moment here to try and shed some light on this difficult subject. The “Karpman Drama Triangle” was first described in the 1960’s by a transactional analysis therapist named Stephen Karpman [10]. It started as a bunch of doodles that Karpman was drawing while he tried to figure out basketball and football fakes [11]. But it turned out to be a powerful tool in understanding some of the more perplexing of human behavior. Karpman described three dramatic roles that people act-out in daily life that are common, unsatisfactory, repetitive, and largely unconscious. When playing the “Persecutor” role we are operating from a position of some kind of power, tend to bully, find fault, accuse others, lead by threats, and are often blaming and shaming. When in the Rescuer role, we are working hard to “help” someone else but are often feeling martyred, guilty, angry under the surface, and may be considered meddler by others. In the Victim role, we become helpless, incompetent, oppressed, and hopeless. When we are trapped in any one of these roles, the roles can shift quickly and dramatically, and being trapped in one means being trapped in all three. Rotating around the Drama Triangle means that problems will not be solved but will instead be endlessly repeated, and everyone involved will feel more or less “jerked around”.

**REENACTMENT:
NEVER HAVING TO SAY GOOD-BYE**



References

1. van der Kolk, B.A. and C.P. Ducey, *The psychological processing of traumatic experience: Rorschach patterns in PTSD*. Journal of Traumatic Stress, 1989. **2**: p. 259-274.
2. Van der Kolk, B., *The compulsion to repeat the trauma: Reenactment, revictimization, and masochism*. Psychiatric Clinics Of North America, 1989. **12**: p. 389-411.
3. Sashin, J., *Duke Ellington: The creative process and the ability to experience and tolerate affect.*, in *Human feelings: Explorations in Affect Development and Meaning*, S.L. Ablon, et al., Editors. 1993, The Analytic Press.: Hillsdale, NJ.
4. Lifton, R.J., *From Hiroshima to the Nazi doctors*, in *The International Handbook Of Traumatic Stress Syndromes*, J.P. Wilson and B. Raphael, Editors. 1993, Plenum: New York.
5. Donald, M., *Origins of the Modern Mind: Three Stages in the Evolution of Culture and Cognition*. 1991, Cambridge, MA: Harvard University Press.
6. Driver, T.F., *The Magic of Ritual: Our Need for Liberating Rites That Transform Our Lives and Our Communities*. 1991, San Francisco: HarperSanFrancisco.
7. Danieli, Y., *International Handbook Of Multigenerational Legacies Of Trauma*,. PTSD Research Quarterly, 1997. **8**(1): p. 1-6.
8. Herzog, J., *World beyond metaphor: thoughts on the transmission of trauma*, in *Generations of the Holocaust*, M.S. Bergmann and M.E. Jucovy, Editors. 1982, Basic Books: New York.
9. Terr, L., *Too Scared To Cry: Psychic Trauma in Childhood*. 1990, New York: Harper and Row.
10. Karpman, S.B., *Fairy tales and script drama analysis*. Transactional Analysis Bulletin, 1968. **7**(26).
11. Karpman, S.B., *1972 Eric Berne Memorial Scientific Award Lecture*. Transactional Analysis Journal, 1973. **III**: p. 73-76.