A Helpful Way to Conceptualize and Understand Reenactments

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Attempts to understand the purpose and the etiology of reenactments can lead to confusion because reenactments can occur for a variety of reasons. At times, individuals actively reenact past traumas as a way to master them. However, in other cases, reenactments occur inadvertently and result from the psychological vulnerabilities and defensive strategies characteristic of trauma survivors. This article offers a means to conceptualize and understand the many ways in which reenactments can occur. Psychotherapeutic strategies are offered to help individuals integrate past traumas and decrease their chances of becoming involved in destructive reenactments.

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Victims of trauma often experience a wide range of psychiatric symptoms, including intrusive recollections of the trauma, numbing and avoidance of stimuli associated with it, anxiety, hypervigilance, and other symptoms indicative of increased arousal.[1–3] Many individuals re-create and repetitively relive the trauma in their present lives.[1–6] These phenomena have been called *reenactments*.[5] For example, it has been found that women who were sexually abused as children are more likely to be sexually or physically abused in their marriages.[7] It has been noted that traumatized individuals seem to have an addiction to trauma.[8] A number of researchers have observed that retraumatization and revictimization of people who have experienced trauma, especially trauma in childhood, are all too common phenomena.[7,9,10]

Several ideas have been suggested to explain the phenomenon of reenactments. Some conceive reenactments as spontaneous behavioral repetitions of past traumatic events that have never been verbalized or even remembered.[11,12] Patients may express their internal states through physical action rather than with words.[13,14] Freud[15] noted that individuals who do not remember past traumatic events are "obliged to repeat the repressed material as a contemporary experience, instead of . . . remembering it as something belonging to the past" (p. 12). He further hypothesized that the

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obligatory repetition of painful situations from one's past may result from the death instinct or "an urge inherent in organic life to restore an earlier state of things" (p. 30). Indeed, it has been noted that the compulsion to repeat may have an almost biological urgency.[11] Others suggest that reenactments result from the psychological vulnerabilities characteristic of trauma survivors.[5,7,14,16] As a result of a range of ego deficits and poor coping strategies, trauma survivors can become easy prey for victimizers. Other writers understand reenactments as a means of achieving mastery: a traumatized individual reenacts a trauma in order to remember, assimilate, integrate, and heal from the traumatic experience.[1,12,17,18]

A definitive understanding of reenactments and the function they serve remains elusive. Herman[5] has written that there is something uncanny about reenactments. While they often appear to be consciously chosen, they have a quality of involuntariness. In addition, although it has been theorized that reenacting a past trauma is a way an individual attempts to master it, lifelong reenactments and reexposure to trauma rarely result in resolution and mastery.[8,17] Understanding and addressing the fact that traumatized people typically lead traumatizing lives remains a great challenge.[6]

Reenactments can arise from very different underlying dynamics and can result in vastly different outcomes. Thus, an understanding of the purpose of reenactments must be multidimensional. A conceptualization and understanding of the many different ways in which reenactments can occur will also help to shed light on why traumatized individuals often do not achieve mastery and will help to organize and focus clinical intervention.

In this article I have broken down reenactments into four general categories. In the first, reenacting as an attempt to achieve mastery, individuals more actively reenact a traumatic situation from their past. Some of these efforts are adaptive resolutions of earlier traumas; others, however, are reflective of a maladaptive process and can lead to continued revictimization and difficulties. In the other three types of reenactments, I suggest that reenactments occur in inadvertent and unintentional ways. In reenactments caused by rigidified defenses, defenses lead to reenactments and to the problems that the original defenses sought to avoid. With reenactments caused by affective dysregulation and cognitive reactions, intense affective and cognitive reactions produce others that can lead to a reenactment. And finally, with reenactments caused by ego deficits, trauma survivors' psychological vulnerabilities can often lead to reenactments and revictimization. This classification admittedly is somewhat artificial, since elements from several categories often play a role in the manifestation of a particular reenactment. The categories are not all-inclusive, and there are other ways to conceptualize reenactments. However, this breakdown serves to illustrate the various ways that reenactments can evolve.

REENACTMENTS AS AN ATTEMPT TO ACHIEVE MASTERY

Individuals may actively reenact elements of a past traumatic experience as a way to cope with and master it. At times, the attempt is an adaptive process that facilitates the successful resolution and working through of the earlier trauma. In other cases, however, the effort to master the trauma is a maladaptive mechanism and the strategy results in continued distress and difficulties for the individual.

The distinction between adaptation and maladaptation can be difficult to make, since all coping mechanisms are inward struggles to adapt to life and to master its challenges.[19] In addition, because trauma can affect many spheres of functioning, the individual may have adaptively mastered certain aspects of the trauma, but in other areas the resolution may be less than adequate. For example, Peck[20] described an individual who was violently beaten as a child and who adaptively mastered this trauma by becoming a homicide detective and

having a driven search for crime. However, despite his effective mastery in the vocational realm, his intimate relationships were marked by competitiveness, detachment, and underlying terror.

Notwithstanding this difficulty, adaptation can be distinguished from maladaptation in that adaptive responses are characterized by a more flexible coping style, they are motivated more by the present and future than by the past, and they make use of secondary process thinking.[19,21] In addition, with adaptation, emotions stemming from the past are less overwhelming and destabilizing, and overgeneralized negative schemas about self and others have been altered.[22,23] As Pine[24] has noted, these adaptive changes enable the person "to respond to the present free of the categories of experiencing laid down in the past" (p. 175).

Reenacting Indicative of Adaptation

It has been suggested that actively reenacting a past trauma can provide an opportunity for an individual to integrate and work through the terror, helplessness, and other feelings and beliefs surrounding the original trauma.[1,12,17,18] Freud posited that mastery could be achieved by actively repeating a past uncontrollable and unpleasurable experience.[15] Control can slowly be reestablished by repeatedly experiencing what once had to be endured.[21,25] For example, a woman who was sexually abused as a child and who, as a result, was terrified of physical contact involved herself in massage therapy training. Placing herself in a situation reminiscent of her past trauma and exploring her massage therapy experiences in psychotherapy enabled her to work through her overwhelming affect related to her past sexual abuse and diminished her fear of physical contact. We can also see this process in normal grief work: reexperiencing the feelings of grief, telling stories about a lost loved one, and repeatedly confronting every element of the loss until the intensity of the distress has remitted can enable the individual to assimilate the event and to work through the feelings surrounding the trauma.[26]

Psychotherapy can also help individuals to more fully work through and effectively master a previous trauma. With the adjunct of therapy and the benefit of insight, the detective mentioned earlier[20] who adaptively coped with past physical abuse by becoming a detective and taking on highly risky situations began to exercise better judgment and no longer felt as strongly compelled to take on situations involving physical risk.

Reenacting Indicative of Maladaptation

In many cases, actively reenacting a past trauma can be more reflective of a maladaptive defensive posture than an adaptive process. For example, many childhood victims of sexual abuse become abusers of others.[27,28] In these cases, reenacting past abuse by becoming an active abuser is a defensive stance that ensures that the terror and helplessness related to the old traumatic situation or relationship do not get reexperienced. In addition, the abusive act allows the individual to express and direct rage at others. This way of being in the world is an attempt to master the previous trauma, but it is a maladaptive one because it does not result in a reworking and integration of the individual's traumatic past and it victimizes others in the process.

Childhood sexual abuse has also been linked to prostitution in adulthood.[29,30] Chu[17] describes a woman who explained her prostitution as a way to control men through sex and as an attempt to have active control of a previously passively experienced victimization. Although this has explanatory value, it is a maladaptive resolution of the earlier sexual abuse. The woman is now controlling rather than being controlled, but the old drama of past object relations is still being played out in the present. An adaptive mastery of the earlier conflict has not been achieved; men are still feared, they still need to be controlled, and revictimization often continues to occur.

An individual may also seek out a person who is like a past abuser and reenact a past traumatic relationship out of a need to change the other person in order to feel better about herself. For example, a woman who was abused by her father and who blamed herself for this found herself in a relationship with an abusive man. The woman's unconscious attraction to this person was rooted in a desire to get him to treat her well, which, if successful, would have ameliorated her feelings of self-blame and badness. She never succeeded, however, and a reenactment occurred. Although her effort was an attempt to master an earlier conflict, it was a maladaptive one: she continued to be involved in a destructive relationship where her needs were never met.

Trauma survivors may also be drawn to establish relationships that are similar to past significant relationships because there is comfort in familiarity. For example, a man who was emotionally abused by his aloof, distant mother ends up in a relationship with a woman with similar traits. Another woman who was sexually abused by her father and brothers acts in sexually provocative ways with others. It has been found that when animals are hyperaroused, they tend to avoid novelty and perseverate in familiar behavior regardless of the outcome. However, in states of low arousal they seek novelty and are curious.[31] For many victims of childhood abuse, dealing with other people on an intimate basis is a high-arousal state because past relationships have been marked by terror, anxiety, and fear. As a result, when establishing relationships, they avoid novelty and form relationships that, even if destructive, are similar to past ones. Maladaptive reenactments can also occur because a person seeks out and "chooses" a powerful, caretaking (and sometimes abusive) figure to solidify a shaky self-concept and a fragile sense of self.[5,16,23] In addition, survivors of childhood abuse who suffer from self-hatred, an internal sense of badness, and a sense that they deserve mistreatment may gravitate to others who resonate with this negative self-concept, and past experience can then be recapitulated.[17]

REENACTMENTS CAUSED BY RIGID DEFENSES

As suggested above, individuals for various reasons often actively reenact elements of past traumatic relationships. However, even when there is no active reenactment of a past trauma, a person's defensive armor and rigid way of defending against the reexperiencing of traumatic affect can inadvertently lead to a reenactment. As Krystal[32] has noted, "Among the direct effects of severe childhood trauma in adults is a lifelong dread of the return of the traumatic state and the expectation of it" (p. 147). People learn how to avoid their ultimate dread through rigid characterological changes,[14] which are the mental "fingerprints" of who they are. Unfortunately, inflexible and rigid defenses can lead to the very problems that the original defenses attempted to avoid.

As an example, a man who was constantly preoccupied with abandonment because his mother abandoned him and his family when he was a young boy continued to be plagued by unresolved dependency concerns. To ensure that he was never again abandoned, he developed extremely possessive and clinging relationships with women. Since the man was so suffocating, women typically left him, and he reexperienced the pain of abandonment again and again. Through his own behavior, which was designed to prevent loss, abandonment, and terror, he inadvertently caused a reenactment to occur. Another woman who had a rejecting relationship with her father coped with her fear of again being rejected by establishing relationships with "losers" she did not really love. Although these "losers" did not meet her emotional needs, which was a reenactment of her past relationship with her father, she avoided her greatest fear, namely rejection by someone whom she truly loved. In these cases, reenactments occurred in paradoxical ways: through efforts to avoid an overwhelming, disintegrating state of trauma, these individuals made decisions and choices that backfired and led, after all, to reenactments.

REENACTMENTS CAUSED BY AFFECTIVE DYSREGULATION AND COGNITIVE REACTIONS

Trauma survivors who have not integrated past feelings surrounding the trauma can become flooded and overwhelmed by them.[33] Intense anger, disappointment, and fear can be triggered in interpersonal relationships, and the present situation can be perceived and responded to in the same way as the old trauma.[5,14] For example, a man who had not worked through his parents' neglect of him became flooded with rage, hurt, and disappointment when a friend failed to return a phone call. The man understood this omission as proof that he was not cared about, which was a reenactment of his earlier relationship with his parents. The man then withdrew from his friend, which further re-created his isolation and loneliness.

Reenactments may also occur when an individual reexperiences and expresses intense feelings from the past that are then reacted to by another. For example, a woman who was physically abused by her father when she was a child continued to feel rage and anger. Her father also used to criticize her, which made her feel worthless. As well as having a fragile self-esteem and extreme sensitivity to criticism, this woman often perceived harsh criticism even when it had not been expressed. In her current relationships with men, when she received any criticism she overreacted and reexperienced her rage, which she expressed in vicious and hostile ways. Not only did this frequently cause her relationships to end in fights, but often the verbal fights would turn physical and the woman would again be abused.

Individuals can also reexperience and subsequently become overwhelmed by fear that has never been integrated. When they encounter a threatening situation, trauma survivors may reexperience their old, unresolved feelings of terror and helplessness. These feelings will then overwhelm their psyches and prevent them from taking appropriate action, thus leading to a reenactment and revictimization.[5,17]

Understanding reenactments in this fashion should not be construed as imposing blame on trauma survivors for their victimization. There can be no justification for the abuse of others, and victimizers must always take responsibility for their actions. These examples are offered to demonstrate that in select situations, depending on who is encountered and what defenses are put into use, a reenactment can develop when unresolved feelings and beliefs resulting from past traumatization are reexperienced in the present.

REENACTMENTS CAUSED BY GENERAL EGO DEFICITS

Although methodological and research problems arise in attempting to ascertain the long-term effects of childhood abuse, there appear to be many associated long-term psychological effects. These long-term effects typically include depression and low self-esteem, drug and alcohol abuse, self-abusive behavior, anxiety, learning difficulties, impaired interpersonal relationships including an inability to trust others, identity disturbances, and helplessness.[10,34] Again without blame to the trauma survivor, early childhood abuse can lead to ego deficits that render an individual susceptible to both reenactments and repeated revictimization. For example, a woman who developed poor self-esteem and identity disturbances as a result of having been raised in an abusive childhood environment found herself unable to leave an abusive relationship. On many levels, she lacked the internal resources to separate herself from her abusive partner. The difficulty she had in trusting others also prevented her from turning to others to obtain the help she so badly required. The learned helplessness model also played a role in her tolerance for the abuse, since she believed that nothing could be done about it anyway. Another trauma survivor's alcohol and

drug use resulted in a reenactment and revictimization when, under the influence of alcohol or drugs, she was victimized due to impaired judgment and loss of consciousness.

Deep-seated disturbances in identity, self-concept, and security in the world can also render individuals vulnerable to being enticed by others who resonate with and counter these ego deficits. Because of early trauma, a person can feel helpless, fragile, and out of control. In turn, the person may be extremely susceptible to anyone who can take control, who can gratify dependency needs, and who can elegantly counter the individual's extreme sense of powerlessness, insecurity, and vulnerability.[5] In this regard, Kluft[16] has discussed incest survivors who became sexually victimized by their therapists.

Another factor that can contribute to the frequent reenactments of trauma survivors is the use of dissociative defenses.[5,16] Trauma survivors often tolerate mistreatment and abuse because of their habitual use of this defensive style. Whether it is physical abuse, abusive remarks, emotional neglect, or a partner's drinking or drug use, individuals with a history of trauma seem to minimize, block out, not see, and tolerate such abuse. Although this may have an adaptive value since it allows the person to tolerate the situation, simultaneously it will inhibit appropriate action, and past abuse may be reenacted.

IMPLICATIONS FOR TREATMENT

Ongoing reenactments are a reflection that a patient is continuing to act in stuck and rigidified ways. In addition, reenactments often lead to revictimization and related feelings of shame, helplessness, and hopelessness. Consequently, an important goal of treatment is facilitating an understanding and control of reenactments. Reenactments are caused in part by powerful unconscious forces that must eventually be verbalized and understood. Thus, in order to address reenactments and to break their repetitiveness, the therapist should help the individual to understand why they occur. However, before proceeding into this phase of treatment and exploring past traumatic relationships and experiences, the therapist must first have achieved a strong and solid therapeutic alliance with the patient.[35] In addition, the patient's safety must be firmly established, and any acute problem areas, such as chemical abuse problems or ongoing self-destructive behavior, need to be stabilized.[5] Once these issues have been resolved, exploratory therapy may begin.

As the patient becomes aware that a pattern of dysfunction is evident, the therapist can suggest that it might be useful to try to understand this. Using as a framework the categories of reenactments that have just been discussed, the therapist can explore which of them could be playing a role in a particular patient's reenactment. It will generally be more helpful to intimate that a pattern of destructive interaction appears to be occurring and to then explore how this takes place than to suggest that the patient is reenacting a trauma. Furthermore, even if the reenactment is due to a more active process, the patient is not truly reenacting a past trauma, but rather a traumatic relationship. Consequently, in such cases it will be more productive to suggest this latter process, which is closer to the patient's subjective experience.

Once both the patient and the therapist understand what the patient is doing that contributes to the reenactment, the next task is to explore why the patient feels and acts in such ways. Inevitably, this will lead back historically to the traumatization that triggered and continues to cause the resulting feelings and behavior. Considerable time must be devoted to discovering how life was experienced for the patient as a child, because it must be ascertained how it influenced the individual, how the patient learned to cope, and what feelings were experienced.[5,23] The overwhelming fear, terror, and related beliefs that the patient originally experienced in childhood must first be validated and acknowledged by both therapist and patient. In turn, in order to break the

pattern, the patient must process and work through the entire traumatic experience throughout the course of therapy with the support of the therapist.

An example is the therapy of a man who came for treatment because he had been feeling uncontrollably angry. He reported that he had been raised by an extremely physically abusive mother and a distant, removed father. He had been in therapy previously and felt that he had worked through many of his past issues, which indeed he had. As therapy progressed, it became evident that much of his rage was due to mistreatment and emotional abuse by his lover, which appeared to be a reenactment of his past relationship with his mother. When he recounted interactions when his lover had treated him "like dirt," he displayed little affect and often shrugged it off even when his friends made comments to him about his lover's mistreatment of him. As his nonchalance and his tendency to block off emotion were pointed out to him, he was able to see how he tended to brush off his feelings, and he recognized how he had learned to do this at an early age to tolerate his mother's abusive behavior toward him. This led to an exploration of his early childhood environment, and over time he became significantly more aware of his feelings. He learned to attend to them and to use his feelings as a guide for action. He eventually left his lover because he no longer wanted to be the recipient of the lover's abuse.

Patients will eventually come to see that whereas their feelings, beliefs, and ways to defend against overwhelming terror were appropriate and justified in the past, such intense feelings and defensive operations may no longer be as necessary. Through a painstakingly close examination of the individual's past and a process of allowing the patient to experience the intensity of the old traumatic feelings within the safety of the therapeutic relationship, the patient is given the opportunity to integrate the entire traumatic experience.[36]

Wolf[37] has articulated this process in the following way: "A patient's self is strengthened by re-experiencing the archaic trauma, with its associated affects, in the here-and-now of a therapeutic situation that allows an integrating and self-enhancing restructuring of the self" (p. 103). Once the trauma has been integrated, the patient's feelings will be less intense and more manageable, and the person will be able to exercise better judgment as well as use less rigid defenses.

Although some patients may not have the ego strength or desire to explore early traumatization, therapy can still be of considerable benefit. Even without a full reworking of the individual's past traumatization, reenactments can be stopped by helping the patient to respond differently in the world through behavioral and cognitive change.

Throughout the course of therapy, the therapist's own countertransferential feelings should be examined and used to help understand patients' problems with reenactments. Boredom, anger, rage, or sexual feelings experienced throughout the course of therapy can be useful in understanding what patients engender in others that may play a role in the reenactments they experience. Without blaming patients for their reenactments, therapists can help them to better understand their vulnerabilities and how they may contribute to their own exploitation.

For example, a 32-year-old female patient with a long history of childhood sexual abuse noted to her therapist that she had been abused in many of her past relationships. In the early course of therapy, the therapist began to explore with her how it was that others took advantage of her, which did not prove to be particularly productive. As the therapy progressed, however, the therapist became aware of his own wish to take control of the patient's life, to rescue her, and to tell her what to do. When he examined these feelings, he became more cognizant of how timid and frail the patient's presentation was, and he decided that it would helpful to explore this. He began by inquiring how the patient imagined others viewed her. With specific questions about whether she thought others viewed her as

powerful or powerless, the patient eventually began to better understand how she presented to others, which, in turn, played a role in her victimization. The therapist's awareness of his own feelings when working with the patient was the catalyst for this line of questioning that enabled the therapy to progress.

Whatever tools are used, the healing that needs to occur is not a short-term process. Successful clinical work can take years because the goals are to help patients work through overwhelming affect, modify their internal object relationships and cognitive structures, and change their basic ways of being in the world. Such work is necessary, however, if we are going to diminish their vulnerabilities and decrease their chances of getting involved in destructive reenactments.

SUMMARY

In this article I have proposed a useful way to codify and conceptualize reenactments and offered strategies for addressing them in the therapeutic process. Although trauma survivors may actively reenact elements of past traumas, reenactments can also occur in inadvertent ways that result from psychological vulnerabilities and defensive strategies. In addition, although an active reenacting of a past traumatic situation may reflect an adaptive process, in other cases it may be a maladaptive defensive strategy that can cause the individual repeated difficulties. Understanding the many different ways in which reenactments can arise will help to focus and sharpen clinical intervention.

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