

IDENTIFYING & WORKING WITH RR
ENACTMENTS IN CAT

Kathryn

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A KEY FOCUS AND SKILL IN CAT

- Experiencing, naming, making meaning of and resolving enactments - which involves
 - Recognition of enactments of roles and procedures
 - Recognition of reciprocal nature of difficulties 'we'
 - Central place of the map/SDR
 - to recognise, describe, explore & predict them
 - to help to avoid reciprocation

Don't join the dance but...homeopathic dose

- Experience of actively working through difficulties
- Exit from them by developing alternatives
- Experience of new RR

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WHAT WE'LL COVER

- Before therapy starts – curiosity of enactments with you / others
- Before we have a map
- Being open and curious re enactment and opportunity 'markers'
- Enactment 'magnets'
- Roleplays -
- Reflection time

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BEFORE MEETING THOUGHTS / CURIOSITY

- Online working – client sends online link
- Client requests numerous time changes
- Frequent checking of time and date of session
- Referral / contact made on behalf of someone else (e.g., mother for adult daughter)
- Lots of long detailed emails
- Very limited, clipped emails / nothing, reticence to share anything
- Not filling in forms / getting PR / someone else to fill in forms
- ‘easy’ communication / balance
- Referral language

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RELATIONAL ENACTMENT – BEFORE A MAP

- I met Mariam online for her second therapy session
- I could see that she had logged on half an hour early again
- I kept to the scheduled start time and logged on
- She was again very polite and quietly spoken, said ‘hello’ and then waited for me to speak.
- I suggested we make an agenda for the session, and asked her if there was anything she wished to add
- Mariam responded quietly, ‘whatever you think best’
- Brief re-visiting of collaborative nature of CAT ‘yes’

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○ I asked if she had any thoughts about the previous session and she said her sister had asked her how her first session had gone and she had told her that it had gone okay and that “Dr Kathryn seemed very nice”. Then waited for me to speak.

Pause

- Thoughts so far?
- What is happening between us?
- Where am I being positioned in relation to Mariam?
- What am I being pulled to do?
- RRs?

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- o I could feel I was being placed in a position of authority, an invitation to be dominant in the room – loud and ‘big’
- o I felt Mariam was striving to be a ‘good girl’ (she was 29)
- o This early enactment conveyed a pattern in her relationships.
- o Others’ needs went before her own, she deferred and complied.
- o Silenced, unheard

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WORKING WITH THE ENACTMENT

- o Discussing what was happening between us filled the session - allowed a focus from past to present
- o Clarification of the **reciprocal role procedure** of the ways she ‘gave in to others as she has to, they are more important and she doesn’t matter’
- o Enacting the **reciprocal roles** of powerfully controlling in relation to powerless and obedient/silenced
- o We also spoke of the discomfort to step outside of this
- o And the pressure for me to **reciprocate** by occupying a dominant position in relation to her, to tell her what to do and control the therapy / what she did
- o Mapping / sketching bits

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Therapist - ?
 ? trying/striving? to be a good girl?
 ? How to bring more balance in TR?

*Dilemma - either powerful controlling and dominant or obedient powerless/silenced? **

powerfully compliant → *powerless*

loud big dominant ← *dominated small silenced unheard*

Others needs before own action

deferring, complying

** looks to her discomfort in doing something obediently complying and deferring - feels too much? (three corners)*

Others - more important, I don't matter


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DIFFERENT EXAMPLE – END OF SESSION – INVITED REFLECTION

- o Being in therapy – being ‘seen’ and ‘heard’ also leads to enactments (as a child for example, was it safe to be seen? Was the client criticised when they were seen/ neglect / abuse?
- o What might be enacted by the act of being ‘seen’ and ‘heard’ in therapy. Listening out for ‘markers’ of enactments and points of therapeutic opportunity
- o T: So what’s it been like, talking about that today?
- o C: Emm, good...I think I gave you all my shit again. I come in here and talk my head off!

FIRST MARKER OF AN IN-SESSION EVENT

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- o T: Do you think you shouldn’t come in here and talk your head off?
- o C: No, but it wasn’t originally like that. It was more structured to begin with and now it’s different, I come in here....

MARKER:
Client challenge/mild criticism of therapist?
Getting closer to vulnerability?

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- o and I don’t know, sometimes I feel like I’ve wasted your time or something

MARKER: A therapeutic opportunity

If left unnoticed what may happen?

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“ENACTMENT MAGNETS”

- Whatever is in the therapy room / brought into the therapy room / relationship, client (and therapist) will have a relationship with – on or off map
- Idea of therapy tools (psychotherapy file, life chart, reformulation letter, SDR, rating sheets etc.) as being ‘enactment magnets’ (Steve Potter?)
- Can predict this is likely and listen out for it / be curious.
- Process and content, e.g. how psychotherapy file filled in (as well as content), how it felt listening to RL etc.

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SOME EXAMPLES LATER IN THERAPY : WHEN WE HAVE THE MAP

- Nicola : Scenario – session 6, towards the end of the session (approx. ten minutes left). Nicola is asked if she would like to take the map home. The following conversation is had.
- As you listen, have a look at the map

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NICOLA'S MAP

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EXERCISE

- In threes, decide who will be observer, therapist and who will be Nicola. Using the script and the map, continue to roleplay the session. Consider the following:
- What is the enactment?
- How has this enactment played out before and how was this managed?
- During the roleplay, can you come to an understanding and an idea of how to go forward?
- What RRs are being used during the roleplay? (consider enactments as well as invites to new, more adaptive RRs)
- Hold in mind that the session is due to finish in ten minutes (real time exercise)

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EXERCISE FEEDBACK

- What is the enactment?
- Thoughts re how this enactment may have played out before and how was this managed?
- Were you able to come to an understanding and an idea of how to go forward?
- What RRs were apparent during the roleplay? (consider enactments as well as invites to new, more adaptive RRs)
- How did the time constraint impact?

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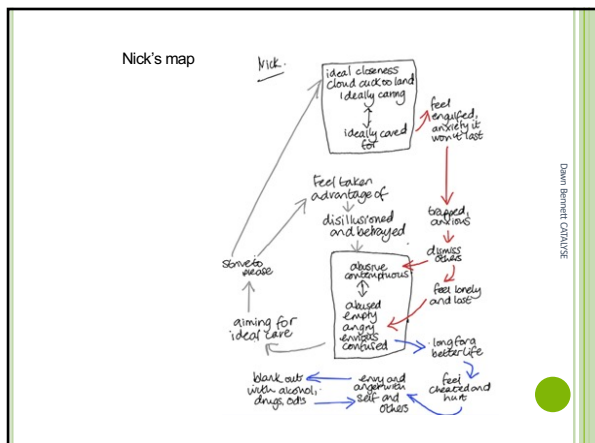
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SOME EXAMPLES LATER IN THERAPY : TOWARDS THE END

- We talk a lot more about endings in another teaching day, but any form of ending (end of session, annual leave, sickness etc) is a boundary and could be experienced as loss – strong or difficult emotions (core pain) = potential enactment
- Nick : Scenario – session 13 of 16 session CAT. We hear part of a conversation between the therapist and Nick, who appears somewhat agitated. It is towards the start of the session. The following conversation is had.
- As you listen, have a look at the map

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EXERCISE

- o In threes, decide who will be observer, therapist and who will be Nick. Using the script and the map, continue to roleplay the session. Consider the following:
- o What is the enactment?
- o How might you manage this?
- o What RRs are being used during the roleplay? (consider enactments as well as invites to new, more adaptive RRs)

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NICK: EXERCISE FEEDBACK

- o What is the enactment?
- o How did you manage this?
- o Thoughts from therapist and client?
- o What RRs are being used during the roleplay? (consider enactments as well as invites to new, more adaptive RRs)
- o What do you think you might focus on for the rest of the session?

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A THERAPEUTIC OPPORTUNITY OR ESSENTIAL?

- Working with enactments is certainly an opportunity for learning and therapeutic change
- At times it is not just an opportunity but becomes essential when it threatens the alliance
- For clients with history of trauma, neglect and lack of trust and difficulties in help seeking relationships
- More difficulty in making & maintaining an alliance and are sensitive of therapist errors
- Need to address the enactment if it is therapy threatening and may lead to drop out or life threatening

Skilfulness in recognising and working with these therapeutic moments are vital

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REFLECTION TIME ALONE

- Use the exercise sheet (section B) to reflect on your own client

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- Lunch

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