All the World's a Stage: Games, Enactment, and Countertransference

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Abstract
This article focuses on how games unfold as transferential dramas in the consulting room theater. The author explores how the therapist's countertransference can become an avenue for understanding the client's unspoken communication. Eric Berne's idea that games can be played in three degrees of intensity is suggested as a framework for thinking about and using countertransference. The author proposes that resolution of a game often requires an emotional shift within the therapist.

Keywords
games, enactment, countertransference, degrees of games, intersubjective, transference, unconscious, Britton, Bucci

> All the world's a stage,
> And all the men and women merely players.
> Shakespeare, *As You Like It,* Act II Scene VII

Berne (1964/1996) considered games to be ubiquitous in human encounters: "The bulk of time in serious social life is taken up with playing games" (p. 61). His book *Games People Play* (Berne, 1964/1996) captured the imagination of millions of people in the 1960s and 1970s as they found themselves reflected in its pages. These days, the book seems dated and sexist, and the term *game* has gathered negative connotations suggesting blame and manipulation. However, Berne's colloquial term aptly conveys something of the interpersonal struggle in the complex transferential tangles that are more often referred to as *enactments* in the current psychoanalytic literature.

Both *game* and *enactment* describe the behavioral expression of transference and countertransference, and in this respect, Berne's theory anticipated the psychoanalytic concept of enactment by several decades. Both terms connote performance: the way we act a part and unconsciously enlist others to play a complementary role in attempts to actualize transference expectations. Berne (1964/1996) originally defined a game as an "an ongoing series of ulterior transactions progressing to a well-defined, predictable outcome" (p. 64). McLaughlin (1991) defined enactment as "a conjoint process of attempted mutual influence and persuasion" (p. 605). Games and enactments concern nonverbal,

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interpersonal, and unconscious elements of the therapeutic process. These ideas, while not synonymous, signpost similar territory, and each concept can usefully inform the other.

Ronald Britton (2007), in a panel paper given at an International Psychoanalytical Association (IPA) conference, suggested that transferential enactment can be used as a refuge from the reality of analysis, "making the analytic situation into a game" (p. 8). Like Berne, Britton was using the term to highlight the defensive functions of enactment, meaning that it can serve to avoid the work of analysis and more uncomfortable realities. Berne (1964/1996, p.19) suggested that games serve four primary functions: relief from tension, the avoidance of noxious situations, gratification (strokes), and psychic homeostasis. My focus in this article is on the way games can serve a fifth function as a valuable path to communication: Games can convey meanings that cannot be expressed in words.

Berne's Game Theory and Drama

Transactional analysis game theory needs to be understood within the broader context of Berne's ideas on transference and script. In the 1960s, he wrote about transference as behavior and drama, whereas in classical psychoanalysis, transference was understood in terms of perceptions and projection.

> Games appear to be segments of larger, more complex sets of transactions called *scripts.* Scripts belong in the realm of transference phenomena, that is, they are derivatives, or more precisely, adaptations of infantile reactions and experiences. But a script does not deal with a mere transference reaction or transference situation; it is an attempt to repeat in derivative form a whole transference drama, often split up into acts, exactly like ... theatrical scripts. (Berne, 1961, p. 117)

A game can be understood as a pivotal act or scene in the script. This idea that transference is enacted and not simply a set of reactions or feelings based on perceived projections was a key innovation in Berne's thinking and forms the bedrock of game and script theory. Berne cited Glover's ideas about transference as closest to his thinking at the time: "The history of the patient's development ... is re-enacted in the analytic room" (Glover, 1955, as cited in Berne, 1961, p. 129). Berne was interested in the way transference is enacted over a lifetime, turning our lives into plays.

A game involves a sequence of events in which one person unconsciously uses the other, not merely to perceive the past in the present but to obtain a response that confirms his or her transferential expectations. The game partner *becomes* a character in the script.

Berne (1961) developed game theory working with therapy groups. He noticed how participants acted like casting directors, unconsciously choosing game partners with "considerable intuitive acumen" (p. 119) to play the parts required by their script. "When his casting is complete, he proceeds to try to elicit the required responses from the person cast for each role" (p. 119). A game occurs when a subtle provocation from one person (a con) hooks a defensive anxiety in the other (a gimmick), nudging, pushing, or prodding the other to extract a predicted behavioral and emotional outcome. The exchange of ulterior transactions creates a buildup of tension leading to a climax (that might include a sudden switch in roles) and ends with a moment of surprise or dramatic irony. Each player wonders, "How did I get here again?"

Berne's (1964/1996) descriptions of games in real-life relationships assumes that there are always two players, and both are equally trapped in unconscious dynamics, each playing a part in his or her own script. However, when he wrote about games in the consulting room, he believed, in keeping with mainstream thinking at the time, that if a therapist became caught in a game or acted out of his or her countertransference, this was a serious error (Berne, 1972, p. 352). It meant that the therapist needed more therapy or training.

According to Berne (1964/1996), "correct therapeutic procedure" (p. 78) entailed objectively detecting the client's invitation to a game, refusing to play the complementary role, and then using confrontation to expose the underlying dynamics. For example, in a game of "Wooden Leg" with a patient who avoids wellness, the client's ulterior message is "what do you expect of a neurotic?" and the antithesis is "I don't expect anything, the question is what do you expect of yourself?"

Berne's method makes two key assumptions: first, that consulting room games are unilateral (involving only the client's script) and second, that a competent therapist can be conscious of both the client's provocation and his or her own countertransference experience. These two assumptions have since been seriously challenged by enactment theory.

Enactment

American ego psychologists in the mid-1980s began to question the prevailing idea that it is only the client who brings transferences into the relationship, whereas a skilled therapist remains in a superior, detached position. They began to acknowledge that well-trained therapists often do behave unconsciously with clients (Jacobs, 1986; McLaughlin, 1987). Renik (1998) noted that our actions are sometimes the first clue to our countertransference feelings, and we only notice these after the event. For example, a therapist might enact his irritation with a client by inadvertently beginning a session 2 minutes late. In Berne's terms, that interaction constitutes an exchange of a con and gimmick in a bilateral game.

Jacobs (1986) and McLaughlin (1987) used the term *enactment* to describe these unconscious nonverbal interactions. McLaughlin (1991) defined the term in a broad sense to refer to any nonverbal gesture and in a narrow sense to events "that both parties experience as being the consequence of behavior in the other" (p. 599). Like Berne, McLaughlin understood these patterns as ubiquitous: "We busy ourselves throughout life with words and actions aimed at obtaining some response in self and other in keeping with these [transferential] expectancies" (p. 599). He suggested that words can also become acts when used like "sticks and stones" (p. 598) to exert pressure on others.

During the 1990s, relationally minded analysts increasingly viewed enactments as bidirectional, inevitable, and valuable when analyzed (Aron, 2003). Ellman (1998), Jacobs (1986), McLaughlin (1991), Maroda (1998), Renik (1998), and Stern (2010) all cited examples of mutual enactments in which the therapist's behavior could be related to both the client's repeating patterns and the therapist's unique personal history or script. For example, Jacobs (1986) described himself listening in silent awe to Mr. K. in the same way he used to listen to his father holding forth at the dinner table. He realized that his silence was an enactment that hid competitive hostile feelings toward both his father and Mr. K.

Ellman (1998) documented changes in enactment theory and concluded that shame and narcissism in therapists made it difficult to talk about mutual enactments earlier in the history of psychoanalysis.

Game Theory Since Berne

Berne was ahead of his time in understanding the significance of these intersubjective events, although game theory did not evolve much beyond naming games for many years post Berne. In fact, transactional analysts have been slow to move away from a unilateral approach to consulting room games despite strong evidence in the wider literature over the past 30 years that mutual enactments can offer a powerful glimpse into the client's unconscious (Aron, 2003). I wonder, has the development of game theory been hindered by lingering associations with the idea that involvement in a game is always a sign of a therapist's incompetence? More recently, relational perspectives within transactional analysis (Cornell & Hargaden, 2005; Hargaden & Sills, 2002), which assume that the

client's games and script are enacted in the present between client and therapist, have laid the groundwork for developing the bidirectional and unconscious elements of game theory.

For his part, Woods (2002) questioned Berne's focus on confronting the client's behavior, suggesting this could lead to regression, a slide into despair, or even psychosis. He highlighted the value of a game as "encoded unconscious communication" (Woods, 2000, p. 94) and developed an interpersonal approach to games in therapy settings using projective identification theory (Woods, 1996). From this perspective, person A projects an unwanted part of the self onto B, who then identifies with and acts out the projection, thus confirming the transference expectation. Woods stopped well short of seeing the therapist as an active player with his own transferences activated. Instead, he depicted the therapist as caught in the client's pathology.

Hine (1990) extended game theory into a fully bidirectional perspective in which both players are equally immersed in a game. However, she confined her application of theory to real-life situations, not therapy relationships. Hunt (2011) and Shadbolt (2012) both developed Hine's bidirectional model using Berne's (1972) Formula G and applied it to the therapy dyad. Hine described supervision as key to working with the therapist's unconscious contribution to a game, and Shadbolt (2012) offered a poignant example of using self-disclosure to create new meanings from a game process.

The Intersubjective Dynamics of Games

Game theory, viewed from a contemporary perspective, offers a unique way to understand intersubjective dynamics. Berne's notion of ulterior transactions is an attempt to explain how two minds communicate unconsciously. During a game, two conversations occur simultaneously: one conscious and verbal (social-level transactions) and the other nonconscious and nonverbal (psychological-level transactions). An ulterior transaction involves differing systems of symbolic functioning that are active at the same time with incongruent meanings. Nonverbal transactions can include anything from overt actions and behaviors to subtle shifts in tone, pitch, rhythm, and facial expression, which are communicated and picked up at a nonconscious level. Bucci (2001), a cognitive scientist, agrees that a great deal of emotional communication takes place nonverbally, for example, through nuances of gesture, eye movement, and breathing that can act powerfully beneath conscious awareness. She suggests that there is no need to rely on "supersensory perception or other abstruse explanations" (p. 44) to understand how one mind can communicate unconsciously with another mind.

A bilateral game begins when the client unconsciously scans the therapist as a possible game partner, looking for vulnerabilities that meet the character description in his script. Returning to Berne's theatrical metaphor, the client's ulterior transaction meets with the therapist's whole internal cast of characters, who are waiting in the wings for a director's call. The client, using all the expertise of an experienced director, will audition the range of possibilities available in seeking a particular quality. An aspect of the therapist's mind, best suited for the part, then steps forward to take center stage, and the drama begins. The cast might include shady characters who normally avoid the limelight or those who are finding a costume for the first time (unformulated elements of the psyche).

At this point, an exchange of ulterior complementary transactions takes place, with each move sinking the players more deeply into a deadlock. Stern's (2010) ideas elucidate these intransigent dynamics. He argued that during a mutual enactment, conflicting roles in a relational drama exist as separate entities in two minds. Incongruent parts of the self that cannot be kept in one mind without risking affect dysregulation are instead enacted between two people. In transactional analytic terms, each player excludes the complementary role and provokes it in the other. Typically, games revolve around split complementarities such as accuser and accused, persecutor and victim, seducer and seduced, betrayer and betrayed. For example, the client will act like a persecutor, inducing his or

her emotional experience as a victim in the therapist, or, vice versa, he or she will act the victim role and recruit the therapist for the role of persecutor.

Game switches and escalations to a more serious degree can be understood as desperate attempts to prevent unsymbolized affect from becoming conscious. My thinking in this respect concurs with English's (1976) formulation, which focused on the exchange of ulterior transactions. She viewed a switch as a panic reaction that only occurs when one player fears the other may stop playing.

Resolution of a game requires one player to contain both roles within consciousness. For the therapist, this can mean discovering an unwanted or unknown aspect of her experience, a process that often involves a disturbing encounter with emotional honesty. The therapist's capacity to symbolize experience and link incongruous affects can provide an opportunity to enhance the client's ability to contain internal conflict (Stern, 2010).

Games, then, can be understood both as repetitions of the past and also gateways to emergent experiencing. They convey unlanguaged experiences, meanings that have either been repressed or never yet formulated in thoughts, feelings, and words. They arise at the intersection between two scripts wherein the therapist becomes an actor within the client's script while simultaneously playing a part in his or her own script. Through dramatization between two minds, unlanguaged experiences are transformed into symbolic thoughts and feelings.

From this perspective, games serve an important communicative function. The therapist's personality and unconscious process, rather than being unfortunate contaminants, become vital tools (Slavin, 2010). Client and therapist together create a unique experience, and the therapist's countertransference becomes a powerful conduit for "hearing" a story that cannot be told in words.

Three Degrees of Games

Berne's (1964/1996) proposal that games are played in three varying degrees of intensity (like degrees of burns) provides an excellent organizing framework for thinking about the differing levels of symbolic processing involved in games and also the therapist's countertransference experience. Berne defined a first-degree game as "one which is socially acceptable in the agent's circle," a second-degree game as one "from which no permanent, irremediable damage arises but which the players would rather conceal from the public," and a third-degree game as "one which is played for keeps, and which ends in the surgery, the courtroom or the morgue" (p. 64).

This idea is familiar to many in, for example, the way a game within a marriage can escalate over years from an exchange of ulterior transactions in social situations to scenes that are kept hidden from friends and that eventually culminate in legal battles or violence at a third-degree level. Berne's somewhat glib definitions describe the behavioral manifestations of less conscious processes.

Cornell (2011) interpreted these degrees as representing social (first-degree), psychological (second-degree), and bodily (third-degree) levels of intrapsychic organization that can be applied through all domains of human experience. He added that Berne "never differentiated what styles and levels of intervention might be needed to work effectively with these levels of defence" (p. 338).

Britton (2007) proposed a parallel construct, comparing Klein's (1927) discussion of therapy with three children to differing levels of enactment in adult clients. He outlined Klein's work with Gerald, whom she described as normal; Peter, whom she described as neurotic; and a nameless 12-year-boy she described as delinquent. All three boys revealed similar violent phantasies, but their relationship to their phantasies was very different. Gerald enacted his phantasy through play in the consulting room. Although he retreated from verbal knowing, he was able to symbolize his internal conflicts through play. Peter was so afraid of his phantasies that he was inhibited and completely unable to play. Through work in the transference he learned to symbolize his experience. The delinquent boy enacted his phantasy literally and behaviorally through stealing and sexual attacks on girls.

Britton (2007) linked Klein's child analysis reports with three levels of enactment in adults: (1) enactment as the unconscious expression of organized thought, (2) action as an alternative to thinking and feeling, and (3) "evacuation of a psychic state" (p. 6) or ridding the mind of unformulated affect. Each level represents a varying degree of reflective capacity or symbolization within the mind and capacity for bearing conflict. Britton drew on Bion's (1963) theory that the mind contains several levels of symbolic functioning, from "undigested" or raw sensory data through to complex symbolic processes that create emotional meaning from perception, including thoughts, feelings, and dreams.

Beginning with this core premise that degrees of games represent different levels of psychic organization, first-degree games might be considered the externalization of symbolized thought (similar to Britton's first level), whereas second- and third-degree games concern experience that has never been fully symbolized (thought or felt) or contained as internal conflict. First-degree games are played out of awareness but remain accessible to consciousness, whereas second- and third-degree games involve meanings that are more difficult to reach. The difference between each degree can be experienced in the countertransference.

Berne's cognitive and objective methods of analysis work well with first-degree games in which a reasonable degree of symbolic functioning is present. Countertransference is usually conscious or preconscious and cognitively accessible. We know what we are feeling. Berne's methods are less effective, however, with second- and third-degree games because at those levels, the experience evoked in both participants is likely to be unlinked from symbolic capacities. That is, we can feel something without knowing what it is. At a second-degree level, countertransference is often revealed through imagery or association and often concerns affect or knowing that we prefer to hide from ourselves and others. Third-degree games involve highly toxic, unformulated affect, and countertransference is felt in a visceral form. Berne (1972, p. 111) associated these tragic payoffs and permanent outcomes with "tissue scripts," a term he used to describe script patterns resulting from early trauma and child abuse.

Countertransference and First-Degree Games

Countertransference with first-degree games can be accessed with attention to conscious thoughts and feeling states. The therapist knows something is wrong. For example, in a "Why Don't You, Yes But" (YDYB) game, the therapist will be aware of feeling bewildered and defeated.

Once we identify the feeling state, cognitive processes can be used to understand the game pattern and form an intervention, linking the current dynamics with the client's past. Or, as Berne (1961) put it, "The current life drama must be related to its historical origins so that control of the individual's destiny can be shifted from the Child to the Adult, from archeopsychic unconsciousness to neopsychic consciousness" (p. 118).

Novellino (1984) pointed out that the most crucial step in working with countertransference is "permission to have a countertransference" (p. 65). The therapist's feelings can offer insight into her own script and the complementary role disowned within the client's script. How the therapist then uses this information will depend on the therapist's preferred style and creativity.

Janet

Janet had left a marriage in which she had felt victimized for over 20 years, but now in her sixties, she remained chronically depressed. A long, slow game unfolded between us in which every intervention I made ended in a cul-de-sac of negativity, a dead end. Janet described interactions in which others appeared cold and uncaring. Life felt unfair to her. She told a similar narrative about her past in a family environment that resembled an emotional fridge. My contributions were generally

swamped with rebuttals and weighty sighs: "I see what you mean, but . . . " (actually it's not like that).

In hindsight, I can see I was determined to help Janet because I felt she had been let down by our profession when her previous therapist ended their work together abruptly due to a job change. Following this loss, Janet felt devastated and became suicidal. She approached me to begin again, feeling both desperate and fearing another abandonment. Unconsciously, I set out to prove my competence to Janet and probably my worth to an internalized mother. My script was hooked from the start. Because of my stubbornness and Janet's fear of a repeated experience, the game pattern became protracted.

Ironically, it was only once I began to feel and accept a sense of defeat that things began to move. At that point, I became aware of the YDYB game, realizing that while I was doggedly trying to help Janet, she had unwittingly set out to defeat me, re-creating her experience as a child with her unyielding mother. I began to see that Janet's relentless negativity formed a moat that I could not cross, evoking in me her experience as a defeated child. Because I was behaving like a zealot, I was slow to accept what I was feeling.

Berne (1964/1996) pointed out that YDYB is essentially a game that emerges from conflicts with surrender. I had to discover this battle with surrender in myself and eventually lay down my agenda before I could facilitate Janet's acceptance of the unwanted parts of herself. Once I was able to hold both roles of the drama in mind—the feeling of defeat and my stubborn, single-minded determination to be a good therapist—we were able to untangle the impasse. Comments such as, "I wonder if you might be doing to me what your mother did to you" invited curiosity and a new perspective for Janet. Instead of investing her energy in defeating me (a safer option than risking hope and wellness), tendrils of real hope began to emerge in the work.

Countertransference with Second-Degree Games

Berne's (1964/1996, p. 64) definition of second-degree games emphasizes the concealed and hidden nature of these dynamics, suggesting that the affect in these games is tainted with shame and guilt. Unlike first-degree games, which are socially acceptable, second-degree games are reserved for intimate relationships such as marriage, family, and therapy. In a therapy context, they might include moments that we forget to mention in supervision.

Britton's (2007) second category of enactment highlights the way action can function as an alternative to thinking in order to avoid unwanted thoughts and feelings. He suggested that there is an element of symbolic representation but no thinking subject present. An example is one of my clients, who twice forgot to pay for his sessions. The act of not paying represented a disowned, vengeful feeling that he was completely unaware of at the time. There was no sense of "I" linked to the act, as in "I am not paying you." Likewise, Peter, Klein's child patient, avoided his unwanted sexual and aggressive feelings though inhibiting play.

Countertransference with second-degree games is less accessible to cognitive processing and often experienced as a nameless affective disturbance. There is a sense of knowing something is wrong but not knowing what it is (Bucci, 2001). Feelings that conflict with the therapist's conscious identity as the good, kind helper—such as greed, hate, self-interest, or disgust—can easily evoke shame and guilt. A sense of anxiety or defensiveness can signal that something is being avoided. The key question for the therapist is not what am I feeling, but what am I not feeling?

Soth (2013) made the point that being mindful of one's countertransference makes little sense when working with our unconscious process. How do we reflect on feelings that are outside of awareness? Bucci's (2001) model of emotional communication and Ogden's (1994/2004) writing on the use of reverie both offer similar guides for working with second-degree games. According to Bucci (2001), "imagery is the pivot of the referential process" (p. 62) that links subsymbolic

experience (felt in sensory, somatic, and motoric systems) to verbal symbolic meanings or words. Images that show up in the therapist's mind through free-floating associations, memories, songs, or dreams can represent metaphors for the unworded experience. Reflection on the metaphor allows the therapist to make sense of what is going on in the relationship. For example, Jacobs (1986) noticed in his work with Mr. K. a visual association with the image of a public speaker performing to an entranced audience. Ogden's (1994/2004) detailed reflection on his reveries while working with a client followed the same path, from nonverbal symbol or image to conscious verbal symbolism as words or thoughts.

I rarely use disclosure in this process, and often the emotional shift within the therapist is the catalyst for change, producing a shift in the interpersonal field. Insight often lags behind action (Stern, 2010). The final verification of new meanings that emerge must ultimately rest with the client's discovery or Berne's (1961, p. 67) "phenomenological diagnosis."

Mike

Mike was in his late fifties and suffered from chronic anxiety, insomnia, depression, and other symptoms of posttraumatic stress related to a history of physical violence and sexual abuse by his father. He was contemplating suicide prior to seeking therapy. His adult life was bound up by obsessions and compulsions that severely constricted his thought processes and daily activities. For example, he compulsively turned car license plates into acronyms. But if a negative one popped into his mind, he would have to make 10 positive ones before doing anything else.

As a child, Mike had adapted to his father's tyranny by carefully controlling every interaction between them in a desperate attempt to avoid provoking him. He rehearsed reconstructions of his day at school in preparation for the regular interrogation sessions, which still often ended in beatings despite Mike's best efforts. His father's madness formed a blanket denial of Mike's own reality. Survival depended on intricate management of his thoughts, behaviors, and speech.

In the early part of therapy, Mike brought notes to each session and read from them. If I asked him to veer from the notes at all, he became distressed. Mike was a polite, gentle man, very likable and entirely undemanding. However, I felt a little superfluous with him, as if nothing I said seemed to have any impact. At one point I made an attempt to talk about this process with him. I commented that he seemed to experience input from me as disruptive. He said he was anxious that he might forget something important and apologized for making no room for me. At the end of the session, we both felt misunderstood.

Over the next few sessions, Mike stopped bringing his notes. A subtle distance crept up between us, although on the surface the therapy seemed to be proceeding well enough. He was attending regularly and no longer felt suicidal. One day I asked about the absence of the notes, and Mike confessed that he had been memorizing his notes before each session. It was a painful moment. He felt he had broken some sort of rule with the notes, and he was acting as if retribution might be imminent. As we talked this through, Mike realized he was behaving exactly as he had as a little boy. He was being meticulously careful not to put a foot wrong with me, despite his conscious feeling of trust.

Some weeks later, I had to prepare a report for the government insurance agency funding Mike's therapy, and I found myself taking notes in sessions. This was unusual for me, but I told myself I was being attentive to Mike's anxiety about the details and dates for the report. Mike asked for written statements from his sister to verify his account. He was anxious about getting it right for the insurer and afraid of being disbelieved. I told him that he did not need to provide proof and tried to reassure him that he had a valid claim. However, he felt I was discounting his version of events. He became more distant while still being superbly polite. I felt exasperated, as if anything I did tied us both up in knots of misunderstanding.

The situation reached a crunch point when the insurance assessor's report arrived with one critical fact wrong. The person who did the assessment said his facts were correct and he had an email from Mike as proof. Mike felt unheard, hopeless, and resigned to a world that did not listen. During this time, he told me about a dream in which he was flying a plane that crashed. The crash inspectors arrived and took many notes. They talked on and on about what they thought went wrong. Mike, in the dream, felt frustrated, ignored, and contemptuous of the inspectors. He thought, "Yeah, yeah, what would they know?"

I suddenly saw myself behaving like a crash inspector with my officious note taking and attempts to tell Mike that his letters of proof were not necessary. There I was standing in the ruins of Mike's life, with clipboard in hand, calmly noting the damage. I could see myself in Mike's eyes acting as if I were the expert and that his version of the truth was irrelevant. I had become his know-it-all powerful father in some measure, and I wondered (with some difficulty), if I liked feeling in charge and important after the weeks of feeling inconsequential.

My frustration quickly gave way to curiosity and compassion, and I gave up my notepad. The game pattern emerged more clearly from the fog of disquiet. It seemed to me that Mike and I were each taking turns at a furious attempt to control the relationship. A dyadic pattern was being unconsciously enacted. Initially Mike controlled the sessions with his notes while I felt ignored and powerless; then, in a switch, I controlled the sessions with my notes while Mike felt powerless. When I suggested his letters would not be needed, he felt ignored, as if there were no space for his reality.

The fury that lurked beneath these interactions was more difficult to see. I had to feel my frustration at being ignored and the subtle gratification bestowed by power before I could understand what was happening for Mike. The notes seemed to create a tangle of bureaucratic red tape that hid a fury we each disowned. As we talked this through, I began to wonder if Mike relied on his obsessions, like red tape, to keep his rage from surfacing.

Over the next months, Mike experienced deep feelings of rage and began taking risks with expressing anger and asserting himself. This process was fraught with anxiety because owning his anger made him feel like his hated father. He realized that his quiet, submissive manner and Buddhist philosophies acted like Harry Potter's invisibility cloak to hide a furious child. These feelings of rage could have endangered him in relationship with his father. I began to see the game between us as a derivative of the original drama between a powerless child who was forced to submit to a violent parent. After unleashing his anger, a tide of sadness and grief followed, emerging first in watery dreams and eventually tears.

This example illustrates a typical movement through a second-degree countertransference process: from dim disquiet and a feeling that something is wrong to an emotional shift within the therapist via translation of a symbolic image (the crash inspector) that, in this instance, was produced by the client's dream.

Third-Degree Games

Third-degree games are more likely with clients who have suffered trauma or neglect. In such situations, highly toxic affect is acted out or induced in others with outcomes that can be serious and permanent, including murder and suicide. In a therapy setting, there is often the threat of a sudden ending, and sometimes the work can end in the morgue.

Britton (2007) cited Klein's example of the boy who was sexually assaulting girls and stealing as an example of this tragic level of enactment. He suggested we see this form of behavior in adult clients functioning at a borderline level through "actions which penetrate the analyst in a visceral way" (p. 6). Britton argued that the primary aim at this level of enactment is to rid the mind of unformulated affect that is unbearable, not just unwanted.

The impact on the therapist who is involved in a third-degree game usually involves a temporary loss of reflective functioning. It becomes impossible to think in the moment, because the therapist, like the client, becomes overwhelmed by dysregulated affect. Working with countertransference in a third-degree game involves physiological arousal, often with no images or words to make sense of it. Understanding what the client is getting rid of usually requires the therapist, at some later stage after equilibrium has returned, to translate her somatic experience into images, metaphors, and ultimately thoughts and feelings.

Keri

I had worked with Keri for 7 years, and over that time an intense transference had developed that included both loving and hateful feelings. One day, at the end of a session, Keri refused to leave the room. I tried various ways to resolve the impasse but to no avail. Reaching a point of desperation, with a client waiting, I said if she persisted this could mean she was choosing to end the therapy. Whatever was going on, I thought, was not psychotherapy. Amid a huge storm of protest, including accusations of cruelty and uncaring, Keri reluctantly left. I felt overwhelmed and completely destabilized. I was very ready to end the relationship. Enough, I thought. The incident had followed similar behaviors, which included watching my house and children and also waiting for me near my car after work.

Keri had grown up with an emotionally depriving mother and a sadistic father. Consciously, I experienced this last incident as a hostile attack on the therapy. It seemed she was determined to destroy all the good work we had achieved, and in this light, the enactment could be understood as an acting out of her father's cruelty. However, in supervision I began to wonder about my visceral experience of utter powerlessness in being unable to remove her. Rather than clear thoughts or feelings, there was a sense within me of a helpless infant clinging to a wretched mother who was ready to hurl the baby out the window. I felt a tangible shift within as I allowed the sickening feeling of helplessness to sink in and, along with this, a new sense of compassion for Keri.

In the sessions that followed, Keri remained furious that I had dared to suggest an end to the therapy, and she threatened ethical complaints. I wondered out loud about clinging and neediness. She said she felt nothing of the sort, until a few days later when she told me about a dream in which, she said, "a sickly baby crawled into bed with you." A cascade of connections followed in which Keri began to realize that the sexual feelings she had long felt toward me might have more to do with deep-seated yearnings to feel held safely in a mother's arms. I could now see the enactment as an attempt to evacuate intolerable feelings of infantile helplessness and emotional need. The impossibly conflicted states of helpless infant and wretched mother had been enacted between us rather than contained within either mind.

Conclusion

Berne's game theory established an early model for understanding complex intersubjective processes and the ways in which we recruit others to perform parts in the stories of our lives. His methods focused mostly on conscious cognitive strategies that were effective with first-degree games and group treatment.

I hope this article will contribute to an ongoing discussion about methods for working with these perennial and painful dynamics. I have focused on the bidirectional and nonconscious aspects of games as these unfold on stage between client and therapist. The framework I have outlined proposes three ways to use countertransference as a source of data by attending to: (1) conscious feelings and thoughts with first-degree games; (2) nonverbal symbols, such as images, with second-degree games; and (3) physiological arousal with third-degree games. Table 1 compares

Table 1. A Guide to Working With Games and Countertransference.

Berne (1961): Degrees of Games	Britton (2007): Levels of Enactment	Bucci (2001): Systems of Knowing	Phenomenology of Countertransference
First degree	Symbolic enactment of organized thought	Verbal symbolic: words	Knowing something is wrong; conscious feelings
Second degree	Action as an alternative to thinking and feeling	Nonverbal symbolic: imagery	Knowing something is wrong and not knowing what it is
Third degree	Evacuation of unformulated experience	Subsymbolic: Somatic, sensory, motoric systems	Visceral experience and loss of reflective capacity

Berne's ideas on degrees of games with Bucci's model and Britton's levels of enactment. These models are not equivalent but together might offer some guidance in working with games as a function of multilevel communication.

My brief illustrations of this process suggest more ease than the clinical reality presents. Images do not always connect neatly with meanings, new meanings can be profoundly unsettling, visceral experience is always disturbing, and identifying unsymbolized feelings usually involves an inner wrestle with parts of the self we do not want to know. In the thick of this process with a client, I tend to discard a dozen more satisfactory answers, shedding each layer like a gecko sheds its skins, until I find something raw within. The honest answer often arrives "unbidden" (Stern, 2010, p. 138), like an unexpected guest in the night rather than being something consciously sought after. At best, we can be receptive and open to the arrival of this unexpected guest. We can keep the doors unlocked and learn to welcome discomfort in this work, or at least to let it in. As Searles (1986/2004) understood, a willingness to own our subjective experience is perhaps the therapist's strongest asset.

My experience confirms Boesky's (1990) conclusion: "If the analyst does not get emotionally involved sooner or later in a manner he had not intended, the analysis will not proceed to a successful conclusion" (p. 573). What we then do with our emotional involvement is the key to using games and enactments as transformative experiences. The therapist's ability to link incongruous or disowned affects within herself can foster narrative coherence within the client and ultimately self-agency. Rather than exposing the truth of a game, the aim is to strengthen the client's capacity to symbolize experience or to weave stories about life that are meaningful and bearable.

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