What psychoanalysts do is more a function of each uniquely individual analyst than theoretical allegiance per se. Nonetheless, the latter also normally has considerable significance. These conceptually based community ties (Aron, 1996; Greenberg, 1999) are often most evident around questions and controversies concerning the relative significance of interpretation in effecting mutative action. They also appear when we observe the contents of interpretations and how these commonly fall into clusters that are based on analysts’ “school” or tradition. Sandler (1983), however, astutely observes that no one actually knows what analysts do behind closed doors. What is usually described in the literature is what we want our respective communities of cotheorists to know about us, and this normally conforms to “family” values. Sandler also suggests that analysts have what he calls “private theories” that are not necessarily in harmony with publicly shared ones. These private activities and theories coordinate with therapeutic interventions that may bear only marginal resemblance to written or oral reports in journals and conferences. With this caveat in mind I briefly trace the history of the community of interpersonal psychoanalysis and its intersection with the newer and broader designation, the relational perspective. The analytic activities of these traditions, interpretation and beyond, are well characterized by Hoffman's (1998) discussions of spontaneity, or “throwing away the book,” while still adhering to psychoanalytic ritual, or “the book.”

* A variation of this paper was presented at the PEP CD-ROM-sponsored Symposium 2001; What Psychoanalysts Do: Interpretation and Beyond, New York, N.Y., February, 2001. The key questions posed to all panelists (representing a range of theoretical traditions) were: (1) How significant a role does interpretation play in your analytic activity? (2) What else do you do in addition to interpretation? The primary interest of the conference organizers was to clarify whether analysts still view interpretation as the central vehicle of analysts' participation, and what other modes of analytic participation may have replaced or now accompany interpretive activity. The variant presented here is an effort to address these questions from an interpersonal-relational perspective.
Interpersonal psychoanalysis starts with Sullivan's participant-observation, a concept that has led many psychoanalysts to a relational turn and heralded a shift from modernism to postmodernism in psychoanalysis. The idea of analysts as inherently subjective—always participating unwittingly, and by definition, always countertransferring—shifts investigative focus from the study of the specimen patient in vacuo to the examination of the interactional field. As many from this point of view have already argued (Levenson, 1972; Aron, 1996; Hirsch, 1996; Mitchell, 1997; Stern, 1997; Hoffman, 1998), knowledge is perspectival and analysts can no longer be considered objective experts. Greenberg (1991) clarifies that participant-observation is not a technique or a prescription for how analysts should engage. Participation is what he calls a *description* of what inevitably happens, by definition, in any two-party interaction. One cannot *not* participate, and silence, for example, is a powerful participation. As Gill (1983) discusses, viewing psychoanalysis as a two-person psychology does not dictate the degree of analysts' verbal participation. There are very reserved and quiet interpersonalists and very active and expressive classical analysts; the role of analysts' personalities is always pivotal. Yet, on the other hand, belief that participation is inevitable and ubiquitous has led, in the interpersonal and relational traditions, to an acceptance of an increased range of analysts' verbal behavior—beyond interpretation, if you will. Gill (1982) claims that what analysts' say (within boundary limits) is not necessarily problematic, as long as the effect of the interaction on the patient is addressed and analyzed. He believes that analysts' silence or extreme reserve have often been viewed as non-participatory and that the effect of this interaction on patients too commonly goes unexamined.

With respect to the key question regarding the role of interpretation and alternative analytic activity, there is little doubt that interpersonal thinkers have played a role in reducing the singular impact of insight via interpretation in theorizing about mutative action. From the beginning (e.g., Thompson, 1950; Wolstein, 1954; Singer, 1965), interpersonalists stressed unwitting analytic interaction, potentially new, internalized, and salubrious, as integral to analytic change. When interpretations are offered they are viewed as neither objective nor as scientifically verifiable. Further, if patients benefit from the understanding provided by interpretive activity, who can say whether feeling known or understood by one's analyst has more effect than insight *per se* (Mitchell, 1988)?

Central emphasis on what is now called the relational factors in therapeutic
action, however, has not totally neutralized the significance of interpretation for most interpersonal and relational analysts (see Imber, 2000). Interpretations are also interpersonal acts and are therefore viewed as more than simply transmission of insight. In addition, most analysts today believe that there are many potentially “correct” interpretations and that analysts' preferred theory has much to do with how these are made and how life history is understood (Spence, 1982; Schafer, 1983). Metapsychology has always been viewed suspiciously by interper-sonalists and theory-based interpretations seen as the easiest and most academic aspect of psychoanalysis. Thompson (1964) argues that analysts of her day were too often squeezing patients into prescribed theory and losing the latters' unique individuality. Strong theory may readily lead to fixed interpretive schema and intellectualized or stereotyped insights. Interpersonalists and relationalists, many of whom have embraced existentialism (e.g., Farber, 1966; Basescu, 1988; Hoffman, 1998) strived to reduce or even eliminate any theoretical preconceptions in order to counter this inclination. As Sandler (1983) and later Greenberg (1991) point out, however, each analyst has at least private theories of development and motivation and it is impossible to entirely avoid impinging these on our patients. In what follows, I very briefly address the role of interpretation in the work of seven seminal interpersonal thinkers and, as well, what they tend to do other than provide insight through interpretation. It should be noted that although there are some binding similarities among these theorists,¹ they are also quite different from one another. There is no uniform interpersonal or relational theory of therapeutic action.

Harry Stack Sullivan

Sullivan's (e.g., 1953, 1954) exposure to his own rumored schizophrenic or near-psychotic episode and the examination of such problems with others, his interest in Kurt Lewin's social psychological field theory, physics' uncertainty theory (Levenson, 1983), anthropology and sociology, as well as his disenchantment with the drive theory of his day, all lead him to a view of human development that emphasizes real interpersonal

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¹ Three similarities are: (1) Analysts as real second parties, for better or for worse, are always unwittingly present in interaction with patients; (2) Knowledge is perspectival; (3) Individual development and the contents of unconscious processes are based primarily on internalized and elaborated real experience with significant others.
experience and its internalization. Some contemporary versions of his rather commonsensible idea that people cause problems (and make for strengths) for people can be seen in D. Stern's (1985) parent-infant observation research (see also, Seligman, 2001); Benjamin's (1988) developmental conception of evolution from object to subject relatedness; Mitchell's (1988) notion of internal structure as consisting of internalized relational configurations; Greenberg's (1991) unconscious as built on internalized representations; D. B. Stern's (1994) summary of interpersonal conceptions of internal structure; and Bromberg's (1999) conceptions of disparate and sometimes dissociated self-other integrations and identifications. For Sullivan, people's difficulties are caused by identifications with troubled caretakers and efforts to adapt to the psychological requirements of these significant figures. Anxiety erupts when familial, and thus personal, equilibrium is threatened. On the other hand, avoidance of anxiety requires mystifying psychological blindness and adaptations that are constricting and often symptom producing.

Sullivan's two-pronged analytic way is to walk a delicate line between avoidance of evoking patients' (or his own) dreaded anxiety and provision of awareness of key past and current interactional patterns. Like Strachey (1934), he believes that analysts' failure to confirm patients' troubled internalized expectancies provides what amounts to a new and corrective emotional experience. Also, in contrast to the free-associative analytic practice of his time, Sullivan actively and spontaneously questions his patients about the details of past and current real-life events. He refers to his model as “detailed inquiry.” Insight, for Sullivan, is reflected in the attempt to facilitate patients' seeing what is unattended in both past and contemporary life and the impact of selective attention on being in the world of others. Awareness of both internalized and current interpersonal relations helps expand sensitivity and clarify vision, facilitating greater capacity to live in the present. Sullivan reduces patients' (and his own) anxiety by carefully avoiding addressing any here-and-now transference themes. The interpretations and insights he offers are exclusively of the extratransference variety. This “expert in interpersonal relations” avoids the transference and focuses his inquiry on clarifying patients' historical and current interactions with others. This put him well out of the analytic mainstream and now separates him from the psychoanalysis typically practiced by most interpersonalists and relationalists today.

Though Sullivan did construct a broad developmental theory, he is skeptical of most universal developmental propositions and assumptions.
He prefers the detailed examination of the unique anxieties and defensive structures in one's interpersonal history as a way of accounting for one's present life with others. What interpretations he makes focus on promoting awareness of unique life histories and how such history serves as a template in negotiating current experience. Sullivan's preferred interventions are not interpretations, however, but spontaneous queries that rise out of his own curiosity—questions that lead patients to their own expanded attentiveness, clarity, or demystification. Though Sullivan is quite delicate, cautious, and empathic with patients, because of his detailed questioning he is certainly more verbally active than many analysts of his era.

**Erich Fromm**

Fromm (e.g., *1964, 1980*) is as aggressively challenging and directly confrontational with patients as Sullivan is oblique and careful. For Sullivan, anxiety is disorganizing and patients fragile, while for Fromm, anxiety is motivating and patients resilient. Sullivan tries to provide an environment of safety that he believes contrasts with patients' experience of anxiety. Fromm values authenticity and honesty that he believes contrasts with patients' experience of deception and dishonesty (Singer, *1965, 1971; Epstein, 1982; Kwawer, 1991; Lesser, 1992; Burston, 1994; Hirsch, 1998*). Fromm expands on Sullivan's notion of analyst as participatory other or as second party. He views analysts' role as beyond explicating and identifying patients' experience through questions, interpretations, or empathic attunement. Fromm actively shares with patients his own experience of them. He readily conveys to patients his sense of what he believes they are like, both in and out of the analytic interaction. Unlike Sullivan, he works very much in the here and now, using counter-transference awareness to share with patients his experience of their interaction with him and with others. He does not so much speak directly of his feelings, but tries to use his feelings to enlighten patients to the impact they have on him and how the past is re-created in the analytic present (see Singer, *1965; Ehrenberg, 1991*).

It is evident that Fromm is an active, verbal, and challenging affective presence. He has been criticized for taking up too much space in the analytic dyad (e.g., *Aron, 1996*). Though this aspect of Fromm's work is not interpretive in the usual sense of the term, it clearly is an attempt to provide another kind of insight—insight into what patients are like with
other people (Ehrenberg, 1991). Fromm's sympathy with existential thinking leads him to view people as active agents in shaping their worlds, reconstructing and repeating early conflicts in contemporary life and in the transference. Parenthetically, Sullivan too placed great emphasis on promoting patients' awareness of how they impact others, though he emphasized extratransference others. Awareness of the ways that one influences the world of other people is a central component of interpersonal conceptions of interpretive insight.

On the other hand, Fromm can also be quite actively interpretive with patients around what he views as the core conflict in human development. Fromm conceptualizes a universal conflict between attachment to the familiar and familial ties of the past and the risk of aloneness and separation. Influenced by the theorizing of Otto Rank (Thompson, 1950), the struggle to emerge from enmeshment in the internalized past is the heart of psychoanalysis. Fromm's concept of unconscious rests on ties and allegiances to internalized others that are out of awareness. His interpretive efforts focus on explication of unconscious embeddedness in the past and to the attachments and loyalties that motivate avoiding the aloneness of fully living in the present, including the analytic here and now.

**Clara Thompson**

Thompson (e.g., 1950, 1964) tries, with limited success, to integrate the then maverick ideas of Sullivan and Fromm with the brand of traditional American psychoanalysis under which she trained. In particular, she sees the limitations of Sullivan's avoidance of addressing transference and Fromm's impatience with allowing it to develop. Like her two compatriots, Thompson believes that unconscious consists of internalized attachments to and experience with, real significant others. Psychopathology is a function of people organizing contemporary life and relationships to conform to past configurations (Barnett, 1980). Similar to her more traditional Freudian colleagues, she addresses repetition of these internal templates as they appear in the here and now of the transference. Using her countertransference awareness as a guide more than classical analysts of her era, insights and interpretations linking past and present are engaged in the context of the transference. Though the contents of unconscious are somewhat different from her Freudian peers, Thompson's method of providing insight into internal experience is similar in form.
On the other hand, like most interpersonalists, Thompson is wary of interpretation because of its inherent link to theoretical bias. As far as I know, she is the first American analyst to issue severe warnings about the degree to which theory can dominate analysts' perceptions (particularly interpretations) about patients. She prefers a loosely constructed interpersonal approach to developmental theory (the examination of unique relational life histories) because she believes it leaves more room for appreciating the uniqueness of each patient, as theory-free as humanly possible. She strongly advocates use of countertransference as a way of understanding people that allows for less theory and more emotional immediacy in interpretation. Of course, using countertransference experience to understand patients substitutes affective for theoretical subjective bias. Thompson knew this, yet she still preferred it to the risk of providing interpretive insights that had become stereotyped, formulaic, highly technical, and experience-distant.

Benjamin Wolstein

Wolstein (e.g., 1954, 1976, 1987) was both a patient and a student of Thompson and elaborates on her placement of the transference-countertransference matrix at the center of the interpersonal approach to psychoanalysis. He develops Fromm's tendency to convey analysts' experience of patients directly to them into a way of engaging that he calls “shared experience.” He is closer to the spirit of Sandor Ferenczi (Thompson, 1950) than his contemporaries in his view that analyst and patient are equally subjective, seeing the fields of transference and countertransference as symmetrical. He is scathingly critical of metapsychology, firmly believing that unique individuality readily disappears once theory directs our observations and interpretations (Fiscalini, 1994). He also eschews interpretative interventions, because these inevitably come from a theoretical notion of how people get to be the way they are. What Wolstein means by “transference” and “countertransference” is what current analysts call “subjectivity” or “intersubjectivity.” He tries to avoid interpretive psychology by promoting an interchange where patient and analyst, relatively symmetrically, speak of their experience of one another. Such shared experience or exchange of observations produces a liberating atmosphere in which patients ultimately may discover their unconscious. Wolstein has a view of unconscious unlike that of any other interpersonal analytic pioneer. Close to D. W. Winnicott's concept of
“true self,” Wolstein believes that unconscious reflects each individual's inborn self, or uniqueness. This discovery is psychoanalysis' ultimate aim and is best facilitated in an atmosphere of optimum freedom of expression by both analyst and patient. The internal conflicts based on one's history of interpersonal experience are referred to as “preconscious,” and Wolstein may use interpretive or insight-producing interventions in this dimension. It is clear, however, that for him this is the mundane in psychoanalysis, compared with the discovery of what has yet to be consciously experienced.

Very few current interpersonal and relational thinkers agree with Wolstein's ideas of inborn unconscious and of endogenous self. One can say that despite his efforts to abandon metapsychology, his own idiosyncratic theories about conceptions of self and unconscious actively guide his work with patients. Wolstein's way of being with patients has inspired many of his students more than his theories (e.g., Wilner, 2000). His placing interpretation and insight into the background while valuating the mutual sharing of immediate experience comes close to Martin Buber's notion of I-Thou relatedness. Wolstein brings a passion and immediacy into the analytic interaction that many of his students and patients find vital and affectively rich. For him this has more mutative power than the interpretive insights that Wolstein finds too intellectualized or even formulaic. Patients' affective engagement with a new significant other in a context where that relationship is mutually examined may be one road to discovering oneself, relatively free from the adhesive attachments and constraints of the internalized past. In Wolstein's medium, the usual notions of insight and interpretation are psychoanalytic background material.

**Edgar Levenson**

Levenson (1972, 1983, 1991) integrates Sullivan's valuation of naive curiosity and inquiry with Thompson's focus on the analytic relationship as reflecting repetition. He shares much of his colleagues' skepticism about the value of interpretation and of explanatory, cause-and-effect understanding. Indeed, his early critiques (Levenson, 1972) of psychoanalysis as a truth-finding enterprise served to pave the way for much psychoanalytic thinking now known as relational or intersubjective. Levenson prefers the “what” of experience to the “why”—the latter is subject to too many theoretical presuppositions. He inquires into both the “what”
of history and extratransference and into the jointly constructed analytic relationship. “What is going on around here?” is the question he is after, though he knows that one can never be certain of the answer. He speaks of this descriptive pursuit of experiential data as the esthetics of experience (see also, Searles, 1979) and prefers it to the effort to genetically understand experience. He believes that awareness of immediate experience is both expansive and provocative of lively curiosity and that this in turn may lead to efforts at demystification of both present and past.

Rather than interpret in a linear manner, Levenson tries to line up or describe recursive patterns that exist in all aspects of a patient's relational world and, of course, in the transference-countertransference matrix. His concept of transformation (Levenson, 1972) precedes Sandler's (1976) notion of role responsiveness. He observes that sooner or later analysts become caught up in the recurring patterns of patients' lives and patients' transferences are unwittingly actualized. A number of years later, Jacobs (1986) and others referred to this kind of unwitting engagement as “mutual enactment” (Hirsch, 1996). Levenson's alternative to linear interpretation is the clarification of enactments after they occur and then matching them up with patients' key relational patterns, past and present. He prefers to call such experience “expansion of awareness” (in preference to the more linear notion of interpretation), though it is clear that cause-and-effect insight may be implicit. Patients can draw their own conclusions and make their own interpretations of causality, at least somewhat independent of their analysts' theories of development and of unconscious process.

**Harold Searles**

Searles (e.g., 1965, 1979), though a highly distinguished training analyst for many high-functioning individuals in and out of the psychoanalytic profession, concentrates his significant body of writing on his work with schizophrenic and borderline patients. Searles' theory of development and of unconscious is very close to those of Fromm (1964) and Singer (1965, 1971). He views all psychopathology basically as a compassionate sacrifice (Feiner & Levenson, 1968-1969). In order to alleviate the potentially disorganizing pain and anxiety (Sullivan, 1953) of loved ones, patients themselves take on this anxiety and remain enmeshed within their families in ways that preserve the latter's sanity as well as patients' secure place in the family system. The more serious the potential pathology
of family members, the more the designated patient holds them on his or her shoulders, like Atlas, preserving the family balance and the deadly familiarity of embeddedness. In an ironic twist, it is the allegedly ill patient who is strong, and the “healthy” who need sacrificial bolstering. Searles readily sees this configuration repeated in the transference to the seemingly strong analyst. Searles's judicious use of the deliberate self-disclosure of his experience (like Fromm and Wolstein), as well as some of his feelings, conveys something other than just a stoic, strong, and objective other. Searles's analytic attitude reflects a living example of Sullivan's well known doctrine, “we are all more simply human than otherwise.” Patients may readily see that they can get through to analysts in ways other than psychopathological sacrifice. Searles's thoughtful use of affective self-disclosures is one effort to convey this to patients.

In another theoretical reversal, Searles views patients' abilities not only to be stronger than their analysts, but to help them in nonsacrificial ways, as key to feeling productively useful. His ability to let patients see that they not only have impact, but can be useful and helpful is partly responsible for some of the profound therapeutic results he has had with a very difficult population. Searles's analyses with severely disturbed patients consists of shared affective experience carefully integrated with interpretations and insights often related to the core conflict of sacrifice and en-meshment versus separation.

Most psychoanalysts have little interest in working with very seriously disturbed patients, and have not sufficiently assimilated Searles's written contributions into their work with well-functioning people. They fail to absorb Sullivan's, Frieda Fromm-Reichmann's, and Searles's shared argument that there is continuity between wellness and sickness, that people are more alike than otherwise in their humanity, and that they do not fall neatly into binary categories. Among other reasons, this is particularly unfortunate in that Searles has been the only major interpersonal thinker of his generation who has openly addressed the question of judicious, deliberate disclosure of affects as integral to therapeutic action. Contrary to popular belief among analysts of other perspectives, though deliberate disclosure has never been taboo and is always one option for interpersonal analysts, it has never been considered anything close to standard procedure, nor has it been thoroughly debated prior to some recent relational

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2 Erwin Singer (1971), another key interpersonal figure, has written meaningfully about this theme.
Merton Gill

Gill (1982, 1983), in the last stage of a highly distinguished career, makes enormous strides in the effort to integrate the interpersonal perspective with traditional classical psychoanalysis. Gill holds fast to the centrality of the tradition of both transference observation and transference interpretation. He views the addressing of transference phenomena as the most important analytic intervention and focus on extratransference material as often mutually avoidant. Working through requires transference repetition and its elucidation in the context of the transference-countertransference matrix. Like Levenson and others, Gill believes that analysts unwittingly participate in patients' transferences, and old terms like “projection” and “distortion” are of questionable value. Patients' ability to perceive analysts' participation when invited to do so reflects what is essentially Gill's effort to interpersonalize the concept of transference. The older notion of transference as reflective of endogenous experience projected outward becomes transference as interpersonally learned, internalized, and repeated in contemporary life with unwittingly participating others.

Gill maintains the tradition of centrality of transference interpretation while integrating it with the two-person psychology of analysts' participant-observation in all transference phenomena. His interpretive schema has become decidedly interpersonal and relational, essentially an effort to line up themes in the transference-countertransference matrix with earlier relational patterning. This is very similar to Levenson's idea of talking about what is lived-out in the analytic interaction. The interpretive schema of traditional metapsychology has long been out of Gill's favor.

Summary Comments

With the exception of Sullivan, who paved the way with his conversion of a blank-screen model to one of participant-observation and detailed inquiry, all of the key figures described identify discussion by analyst and patient of their jointly constructed analytic interaction as central to mutative action. Although each has some theory of human development, motivation, and unconscious process, all warn against the imposition
of strong theory and all eschew metapsychologically based interpretation. Each (except for Sullivan)\(^3\) believes that primary attention to the nuances of the analytic relationship serves as a hedge against theory-dominated interpretation. The liberating or curiosity-producing impact of examining immediate experience prior to linking it up with earlier experience reduces the likelihood of intellectualized or stereotyped insight. Explication of the transference-countertransference matrix generally takes priority to its explanation. It therefore becomes crucial that patients are encouraged to point out analysts' participation (Hoffman, 1983), that analysts appreciate the extent of their own subjectivity (Mitchell, 1988; Aron, 1996), and that, in some manner, they examine patients' experience of this. Analysts' deliberate disclosure of observations or even feeling states are among possible responses, though this is not at all uniform. Each analyst discussed has a somewhat different way of working. The absence of a standard technique can leave an analyst swimming in uncertainty (Imber, 2000). The advantage of the anxiety of uncertainty lies in the greater potential it affords for spontaneity, for curiosity (Stern, 1997), and for the attempt to optimally understand each patient's uniqueness, as free of interpretive bias as possible.

The work of most contemporary interpersonalists falls somewhere within the spectrum of the seven prominent analysts so briefly summarized.\(^4\) Conceptions of mutative action usually include the analytic relationship as a potentially new and salubrious internalized experience, the value of the verbal explication of that relationship, and as well, the linking of it to internalized early experience (Greenberg & Mitchell, 1983; Greenberg, 1999). The correlation of patients' past and transference present, either descriptively or in cause-effect sequence, maintains the psychoanalytic tradition of the value of genetic insight and interpretation. Sullivan's detailed inquiry into allegedly real past experience reflects an effort to help patients develop their own insights in the face of analysts' inevitable theoretical biases. Fromm, Wolstein, and Searles emphasize insight into patients' impact on the other, sharing with patients observations about the experience of being with them. Implicitly or explicitly, such observations lend themselves to linkages with the internalized past. Thompson, Levenson, and Gill believe analysts inevitably and unwittingly

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\(^3\) Sullivan believes that attention to the nuances of extratransference relationships is a hedge against theoretically based interpretations.

\(^4\) Of course, this body of work continues to expand in contemporary interpersonal and relational writing.
enact (repeat) patients' key internalized relational configurations (Mitchell, 1988) with them, actualizing patients' transferences. One or the other coparticipant becomes aware of this post facto and verbally addresses it in the dyad. One may conclude that the tradition of relative silence and reserve, punctuated with titrated provision of insight through interpretation, is variably maintained among interpersonal-relational analysts. Analysts' witting actions, however, also usually include some combination of spontaneous questioning, the initiating of observations, and sometimes, deliberate disclosure of feelings about patients' impact and about dyadic configurations. Interpersonal contributions to psychoanalytic praxis both straddle and elaborate the earlier classical tradition, as captured in Hoffman's felicitous dialectic between ritual and spontaneity in the psychoanalytic situation.

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