Beyond the inevitability of countertransference feelings is the question of countertransference enactments. From a two-person, participant-observer or observing-participant perspective, enactments are inevitable. The analyst becomes influenced by the patient (and influences the patient as well) and enmeshed in the patient's internalized interpersonal configurations. Analysis works not by avoiding such action but by analyzing from within the interactional system. Analysts who are different from one another become engaged in different ways, since the person of the analyst is a significant variable. This article, using case examples, explores two analyst-related variables, age and family configuration, to expand the examination of countertransference enactments and some effects on the analytic process.

The traditional model of psychoanalysis, the blank screen model, never easily lent itself to the examination of countertransference. Although, beginning with Breuer's Anna O analysts acknowledged to their intimates that they experienced a wide variety of feelings and reactions toward their patients, these countertransference sentiments were largely viewed as based on unresolved problems in the analyst. In some more liberal analytic circles, in contrast, countertransference feelings were perceived as having no deleterious effect on the analysis and as a part of a “normal” set of reactions of one person toward another. As long as the countertransference feelings had no impact on

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the patient or on the analyst's objective perception of the patient, no harm was
done. If, however, the analyst's feelings influenced his or her perceptions of
the patient or led to interacting with the patient in a way that he or she would
otherwise not, countertransference was seen as a problem. In many instances
the analyst's neutrality and objectivity would be considered so seriously
compromised as to require the analyst to seek further help in his or her own
personal analysis, disqualify the analyst from ethically continuing work with a
particular patient, or both.

Although strong feelings leading to skewed perceptions and
countertransference enactments may lead to similar recommendations in
contemporary times, this is not necessarily the case. Breakthroughs in the
literature on countertransference occurring in the early 1950s, and then again
in the 1970s through today have led to a somewhat wider view of what is and
what is not necessarily harmful to patients (see Searles, 1979; Epstein and
Feiner, 1979; Tansey and Burke, 1989). Integral to this view is the
increasing elevation of models other than the blank screen model to
psychoanalytic prominence. The pioneering literature in countertransference
was introduced by analysts subscribing to model emphasizing the
participation of both members of the dyad in the analytic process. Analysts
from the British school of object relations, following the lead of Melanie
Klein, forwarded the concept of projective identification. Analysts stimulated
by the thinking of Harry Stack Sullivan in America began to see the analyst as
participant-observer instead of a purely objective observer. Only very
recently have some classical analysts begun to discuss countertransference as
part of a two-person psychology (e.g., McLaughlin, 1981; 1991; Jacobs,

The object relational and interpersonal models, though different from each
other in some important dimensions, attempted to convert what was harmful to
the analytic interaction into something useful to the process. Just as
transference was originally viewed as destructive to the purposes of
psychoanalysis and then later as the primary constructive vehicle, analysts
identifying with these points of view saw the countertransference experience
as among the most potent data in assisting the analyst in understanding the
patient. Countertransference is seen as ever present in that the analyst is
always influenced by the patient under observation, and, in turn, the patient is
always being influenced by the analyst (Racker, 1968). From this
perspective, there can be no neutral or objective observation.
Countertransference feelings
lead to gross or subtle enactments that are perceived by the patient and affect the patient. That is, unconsciously communicated feelings translate into unwitting participation (Hirsch, 1983, 1984, 1985, 1988; Jacobs, 1986; McLaughlin, 1991; Levenson, 1991; Hoffman, 1992). If the analyst fails to be aware of this and the effect it has on the patient, much of what the patient says or does becomes perplexing or incorrectly attributed.

My theoretical perspective on how psychoanalysis works has been influenced by Levenson (1972, 1983) and his concept of transformation. Sandler (1976), Gill (1982, 1984), Mitchell (1988), and Stern (1989), among others, have spelled out similar versions of this notion. Essentially, the patient as dominant participant lives out with the more recessive, second-party analyst a facsimile of the patient's basic relational configurations. That is, the primary expectancies based on the patient's consistent familial experiences shape the way the patient relates to others and induces others to relate in turn. The observer-analyst attempts relative objectivity and neutrality within the frame but before long is a participant with the patient in the latter's prototypical configurations. As Greenberg (1991) has noted, this is not prescribed technique but a description of what occurs in a two-person, participant-observer psychology. The key to successful analysis is to use the patient's observations to alert us as analysts to how we have been influenced and, from within the system, for us to analyze our way out. Often the most significant analysis occurs postenactment. This graduated sequence, along with awareness of the process, may offer a new experience for the patient and lead to a basic change in internalized interpersonal schema. If the analyst too rigidly tries to resist being influenced or transformed and to be a pure observer, rather than a participant-observer or an observing participant, the requisite degree of patient-analyst intimacy and engagement may fail to take place (see Feiner, 1977; Ehrenberg, 1992). This may lead to an overly intellectualized analytic experience. Rigid patterns of relatedness are indeed part of virtually every person's repertoire, and since they are internalized, they cannot be fixed by interpretations alone. This unwitting reliving of the old patterns, along with recognition of the conflicts involved in letting them go, is impossible without considerable countertransference participation on the part of the analyst. In a sense, the patient uses the analyst for this purpose. Awareness of enactment begins the process of both parties winding their way out of the patient's characterological configurations. Now that the presence of countertransference
feelings have gained a wider acceptance, it seems time to emphasize the omnipresence of enactments and their potential therapeutic value.

Since countertransference is always a combination of the analyst's personal qualities and the pull or inducement of the patient, not every analyst becomes part of the patient's world in the same way. No two analysts form the same exact pattern of interaction with a given patient. In addition to different personality characteristics among analysts, there are other very external and tangible differences, such as age, gender, marital status, presence or absence of children, health of the analyst and his or her family, and so on. How can therapeutic agents who are so different from one another produce similar results, since the therapeutic instrument is always the person of the analyst? The fact that one analyst is age 35 and another is age 65 is likely to have a significant impact on the way the patient relates to the analyst and on the way the analyst perceives and engages the patient. Something will most assuredly differ in the interaction, in both its content and its form. Each analyst enters the patient's world in a different way. It is unclear how this will affect analytic outcome. From the perspective of a two-person psychology (Aron, 1990; Hirsch and Aron, 1991), however, it must be assumed that the analysis cannot conclude in the same way. I am not ready to say that one element or demography is better than the other, just that there is difference. The case examples in this article focus on the variables of the analyst's age and family configuration. I am writing from a male, heterosexual perspective, though issues of gender and sexual orientation are obviously key factors in all issues discussed. Also, in the case examples used, rather than comparing one analyst with the other, I draw from my own personal experience and speculate about how I may have worked with the same patient were I a different age and at a different point in my life.

It is likely that an analyst perceives any patient differently and has a personal inclination toward different kinds of relationships at least somewhat as a function of age and stage of life. The most frequent configuration referred to in the analytic literature is between the male analyst and the female patient. Not infrequently, the female patient develops an idealized, romantic, and sexual interest in the usually older, male analyst. It is always an open question as to how much the analyst initiates this attraction by his need for admiration and how much the patient's biography is the originating factor. Over the years I have seen a significant number of young women in their 20s. Most were single and
heterosexual, and many were attractive and professional or in school. In recent years I have come to be old enough to be a father to them, and they have been roughly only five to ten years older than my own daughter, while at least 20 or more years younger than myself. I am reasonably close to the age of their parents and, indeed, have many friends and colleagues their parents' age or older, who have children the patients' age or older. When I saw these young women 12 to 15 years prior, when I had just completed analytic training, my own daughter was just a child and I was only modestly older than some of the men these women dated. Even more significantly, I often felt more like a male peer than fatherly, the latter being my current primary feeling. It is more complicated than that, however, since these young women are often attractive, relatively mature, and living on their own, and sexual attraction is mixed in with paternal feeling. At age 35, I felt less paternal feeling for my female patients of their age range. At that time it was far more important than it is currently that they would view me, among other things, with romantic interest. I would have anticipated it and been disappointed were it not present. At this point in life I do not expect it but must admit to some disappointment when it is, indeed, not at all visible. On the other hand, the tension so often produced by romantically or sexually charged relationships is less present, and I have felt more relaxed with these young women than I may have earlier. To the extent that these women remind me of my daughter, I am probably more generous and patient than I may have been just 12 or so years ago.

My current sense of relatedness to these patients' parents is also different. I am much more inclined to view their parents kindly than critically, as was the case at age 35 and certainly when I was younger than that. I more easily see the separation problems their parents are going through as well as the ones these young women are experiencing. A dozen or so years ago I would not have had as good a sense of their parents' perspective and would have been likely to see the parents' efforts to cling or control as more malevolent. When I have pictured my own children grown up and the anticipated, dreaded loneliness of that for me, I have felt quite able to be more evenhanded in my efforts to clarify the family picture of these young women. Sometimes my sense of identification with their parents has been powerful, and I know it could never have been that way at age 35. I have felt the responsibility to see that my patients' relationships and careers turned out all right and that the young men with whom they became involved treated them well. It sometimes
has been almost as if I were hired by the parents and conferred with them regularly. My awareness of this has been significantly acute so that it has cautioned me to pay attention to these women's separation desires, I hope to a sufficient degree. I am certain, however, that my parental sentiments have been visible. Twelve or so years earlier I would have clearly sided far more with the patients' rebellious aspects.

Now let me switch to a somewhat different male-female configuration. In recent years I have also seen a fair number of divorced or single heterosexual women in their late 30s to late 40s whose presenting problems focus around romantic disappointment. Some have had children, but most have not. I saw far fewer women of that age when I was about 35, and when I did, my perceptions were clearly different than they are now. For one, I am now roughly the age of the men these women are interested in meeting. This adds an immediate intensity and tension to the relationship, based on a sense of urgency on many of their parts. The urgency, of course, is related to the biological clock regarding children and the sociological factor of decreasing numbers of available men as women get older. I easily become the romantic focal point. I am, in part, flattered by this and, in part, terrified that I will tease them and lead them on. In fact I sometimes fear that romantic strivings are the only reason they keep coming and that I provide nothing for them in the way of personal enrichment or analytic expansion. I think I am sensitive to this issue and always try to address it analytically with an eye toward incestuous embeddiness in their relationship with me. In some instances, I have not fully realized the extent of the romantic hopes pinned directly on me, skipped over them too lightly, and thereby provoked the intense fury of a woman scorned. In my better moments I am more attuned to my standing in for all the unrealized hopes, dependency, and longings, despite considerable possible ambivalence about issues of intimacy on their part. This can be painful and very trying, particularly when it comes to the possibility of their never having children. I find this among the most painful issues that I face in my work.

At age 35 I would have viewed most of these women as “older women.” I probably would not have felt much physical attraction to many of them and would have been somewhat more ill at ease than now if they had directly expressed sexual or romantic interest in me. I perhaps would unwittingly have avoided noting such transference references. I do not think I would have been as sensitive to the loss involved in not having children since this was not as salient a theme to me at the time. I think I
would have seen many more of these patients as difficult people who were not likely ever to find enduring love from a man or have children in a family context. I focus on this because it is the most frequent presenting problem. I think it would have seemed more to me that if nothing had gone right with romance up until now, the die was cast. I would have certainly tried to help them resolve the impediments to romantic intimacy, but without as much optimism as I feel currently.

Since I do not now see these women as “older,” it seems to me that there is much time to change and to resolve their ambivalence. I am often more optimistic than they are and quicker than I would have been earlier to point out the part of them that wished to remain outside of a one-to-one relationship. Except for the decreased possibilities of child-bearing, these women now seem reasonably young to me, for if they are old, so am I. My words at age 35 may have been similar, but I am now more genuinely convinced that many possibilities exist. I am currently more likely to attribute their difficulties with men to internal factors, for I am more focused on how such issues emerge in the transference-counter-transference interchange. That is, since I am currently more comfortable working in the here and now with these women around such issues, their own contributions to their difficulties are more likely to be faced. The avoidant and condescending “feeling sorry for” is curtailed. In addition, were I not involved in a stable marriage, I think I might, indeed, be more flirtatious with some of these women. An added risk in such a situation could be the encouragement of incestuous or romantic fantasies, providing these patients with countertransference cues signaling receptivity to their unfulfilled desires. Certainly, to the extent this occurs, there is a risk of interfering with the development of extratransference romance.

Case Examples

I present a fairly detailed example of each of the general configurations thus far outlined. The first is a composite\(^1\) of a 25-year-old woman (with the author as a 50-year-old analyst) and the second, a composite of a

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\(^1\) By “composite,” I mean that I have put together characteristics of a variety of patients I have seen over a number of years. The result is three fictionalized patients who have enough in common with individuals with whom I have worked so that the clinical and theoretical points I make remain pertinent.
40-year-old woman, with the author again at age 50. A third example (not discussed so far) is that of a current analysis of a composite man, roughly my own age.

**Example #1**

Jessica was very pretty, athletic, vivacious, and affable. She was successfully working in finance with aims toward an M.B.A. Despite being the only child from an ambitious, upper-middle-class Manhattan family and attending good private schools all the way through, she was less intellectual than I would have anticipated. Though socially sophisticated, she was not psychologically minded. Her intellectual capabilities were considerable, but she was more a young woman of action than of reflection. She played varsity sports in college, regularly worked out at fitness centers, and ran marathons, and preferred these forms of action to a reflective or intellectual life. Her attitudes toward sex were open and suggested a sense of equality with men of her age. She had had a number of lovers and was very accepting of her enjoyment of sex and of her lust toward attractive men. She spoke somewhat sparingly of this because of her equation of me with her father and because of her stated strong sexual attraction to me. Jessica had many close women friends from her growing-up years, college, and current life. She mixed easily with people but was decidedly more verbally open with women. She had a serious boyfriend, and they were contemplating engagement. Her most pressing reason for initiating treatment was a persistent uncertainty about the young man in her life. She met men very easily and was inclined to have fairly long-term relationships, never certain she really cared for these lovers. The young men were of very similar background to hers, attractive, and also well on their way to successful careers, but she always found herself with strong desires for other men. Consistent ambivalence toward this current man in her life and sometimes acted-on affairs with exciting strangers led her to worry that she was not able to love deeply. It is not so much that she wanted to marry immediately but that she feared that marriage would be easy but empty and boring. Her parents, with whom she was very close, encouraged her seeking therapy.

The patient's mother is very worldly and multifaceted in her interests. She is involved in fashion design and has owned a number of garment center businesses over the years. She is in excellent physical condition,
weighing less than Jessica, attractive, and young in spirit and appearance. As a young woman, she was a serious dancer. She is now a gourmet cook, has traveled extensively, and is very active in political and social causes. She is highly involved in her child's life and can be somewhat peerlike with her daughter. She is very open with her personal thoughts and maintains few of the verbal boundaries traditionally associated with mothers and children. She can be competitive with Jessica, particularly around the latter's boyfriends, with whom she is flirtatious. Nonetheless, Jessica has always felt that her mother was on her side and wanted the best for her. The major complaint about her mother is that she wants to be too much in her life, like an intimate friend. She can be overbearing and overly dependent on Jessica's involvement.

The patient's father is a successful litigator with a prestigious firm. He has a military family background. A former naval officer himself, he is a vibrant, robust, and handsome man who is a fanatic about skiing, sailing, and golf. He and his wife share many friends and interests, and, like his wife, he is both very devoted to his daughter and very open with her. He is generous with his money, though he is always worried about money. He has a volatile temper and is very aggressive and competitive, particularly in work and sports. In the family, he explodes with anger one minute and forgets about it in the next, resuming his tender and loving ways. Jessica worries about how much he worries, how volatile he is, and the ramifications for his health and longevity. Both his parents died quite young, and this is a significant, underlying concern in the family.

Jessica's parents are very close to one another now, but their marriage has been stormy and punctuated by two near separations when Jessica was younger. Jessica claims not to have been deeply affected by these storms, stating that she always knew her parents would not split up permanently. She feels that they were so fundamentally family oriented that family would ultimately take the priority it seemingly has. Jessica also feels pressure because her parents had desperately wanted a second child and never had one. There were many years of futile efforts to conceive and two miscarriages that the patient knows about.

In most respects, Jessica is very well functioning, and many would happily trade places with her past and current life. She, nonetheless, lives with a burden of strong parents who have made it difficult for her to separate and find her own way. She is manifestly independent, having been away to camps and colleges as well as traveling extensively and now living alone and earning an excellent income. Her dependency is not so
much related to helplessness as to a consistent eye on her parents' perceptions of, and feelings about, her life. She feels so loved by them and important to them that she is always worried that they will be hurt or disappointed. This may take the form of concern about gaining weight lest she worry them about her physical health and emotional well-being or about her not being clear if her current boyfriend is exactly what her parents desire as a potential son-in-law. She feels compelled to be active and extroverted. There is too little boundary in the family, and it seems as if they all know too much about each other and are wounded by “normal” secrecy or privacy. Jessica's interests, from clothes, to sports, to health, to restaurants, so parallel her parents' interests that it would be apparent to most strangers that they are of one family. Though there is no shortage of love, albeit some of it narcissistic love, Jessica has not found Jessica. She cannot be certain about, or fully comfortable with, the men in her life, because she is not fully in tune with who she is. She worries inordinately about her parents' health and psychological well-being because her sense of devotion and responsibility toward them supersedes her own involvements. Though she is dependent on her parents in certain ways, her parents are more dependent on her and her well-being. They have many interests and friends, but their sense of value lies in their daughter's robustness. When she is depressed, unhappy, overweight slightly, or in a slump or funk, her parents are acutely aware and thrown off their own equilibrium. Though this is true to a degree, I believe, with most loving parents, it seemed exaggerated in this instance.

Jessica's initial relationship to me lay somewhere between the respect and admiration she has toward both parents and the lust she feels toward her male peers. Though I was almost twice her age and old enough to be her father, she felt that her strong sexual feelings toward me interfered with her speaking freely. She initially referred to such feelings rather than speaking about them openly. What she did speak about tended toward the reportorial: descriptions of the actions and the doings of her life. Despite a distinct affability, she maintained a clear distance and obviously held back a good deal, both in affect and in her verbal content. I distinctly felt that she was protecting me from the rest of her, though I did not know what the rest was. She claimed that she was inhibited by her sexual feelings. As time went by, she spoke more and more about her past and her parents and became less reportorial, though she studiously

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avoided spontaneous transference remarks. I developed what appeared to me a clear feeling about her past and her family, but Jessica as a person in the present still eluded me.

As attractive and sexual a person as Jessica was and despite her professed attraction to me, I felt only modest sexual feelings in return. I felt very flattered but also bewildered why, with all the attractive young men in her life, she would persist in desiring me so. What I primarily felt toward Jessica was a kind of love similar to what her parents felt. I could plainly see why she was so important to them, for her well-being became very important to me. I felt a responsibility toward her parents to rid her life of uncertainty and unhappy love relationships and to help settle her down and get her on her way to a life with husband, babies, and career. Like her parents, I had an overdetermined desire that her life be full and ideal, at least by those standards of ideal just mentioned. It became increasingly clear that she was a daughter to me and that many of the feelings I had toward my own daughter emerged also with Jessica. I believe that her sexual interest in me, in part, reflected such boundaryless love with her father, but it was also designed to make me feel good as an older man with a pretty, young woman. I think that it was more for me than for her, and it, indeed, made me feel good, if not bemused. My role in relation to Jessica evolved into a parent (not just a father) with a special daughter. I often identified with her parents when she complained about their overbearing and burdensome ways, and at times I found myself explaining them to her, subtly asking her to forgive them because they loved her so much. I could well understand their feelings almost more than her own for I shared so many of their feelings toward my adolescent daughter. I became more repairing and indirectly directive instead of explorative with Jessica. I wanted to improve her, indeed perfect her, more than analyze her. Furthermore, my “improvements” reflected my own preferences for her, sometimes more than her own. This, too, reflected my own experience with my daughter, who was separating from me and toward whom I felt the loss of being the only special man in her world. Jessica was now my daughter in a way that was a combination of my own experience as a father and her parents' life with her. There were times when I felt so identified with her parents that I had images of joining them socially.

If I had seen Jessica 12 to 15 years prior, I believe the nature of the interaction would have been different. I think that my countertransference

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feelings would have been much more overtly sexual and flirtatious and that my parental feelings would have been far more in the background. I undoubtedly would have been more critical of her parents for their invasive ways and for the narcissistic elements of their love for their daughter. I doubt that I would have daydreamed about socializing with her parents; more likely I would have fantasized about being one of her boyfriends. At an earlier time I probably would have been more overtly encouraging of separation, perhaps of open rebellion and anger. I most likely would have challenged her more to be her own person and not to be so concerned about her parents' feelings. I did not yet know what it was like to be a parent in that situation.

As a male peer, I may have been more on the front lines of her presenting problem, relations with lovers. I think that my sexual attraction would have been considerably more acute and her view of me as a sexual being, more important to me. This physical or sexualized relationship likely would have resembled the exciting affairs she had that usually dissolved into ambivalence, doubt, and boredom. We may have directly lived through the process and achieved a first-hand look at what occurs with the men in her life. This decline in involvement may then have been examined more profoundly in relation to Jessica's primary involvement with her family and her conflict about leaving them. That is, the question that would have glaringly arisen out of our interaction could have been, What happened to your love and passion for me? As an analyst who was more identified with the patient's parents, the basic question was, What can I do to make you more happy and perfect?

Without going into further detail about outcome, I did help the patient through my living out with her a facsimile of her basic relationship with her parents. She helped me recognize this through observations about my protective attitude and by verbalizations related to fears of hurting me. My countertransference love for Jessica was similar to that toward my daughter, and her conflicts about becoming her own person had ample foundation in our transference-countertransference interplay. Until she could no longer be attracted to me as a man and openly express her anger and disappointment to me, her wish to make me whole dominated her striving for separation and autonomy. Jessica's emergence as a more directed and genuinely independent person would have had to come through a somewhat different route when I was a younger analyst. Instead of her loving me less and herself more, in a sense, she would have needed to love me more and be attached less to her family. As a rejected

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lover, I would probably have had to fight my way back into her interest and actively compete with her parents for this involvement. I do not know if the analysis would have reached the same place, but the road certainly would have been different.

**Example #2**

Marilyn is 40 and has never married. She is formally educated and earns a respectable income but less than she might at her age and level of experience. She is very pretty, lively, and outgoing yet has managed not to parlay these traits into a satisfying love life or professional life. She works to earn a living and has not been passionate about her work, ostensibly because marriage and family aims took priority. This is paradoxical, given that she has not had a serious boyfriend since her late 20s, when she was engaged to be married and broke off the engagement close to the altar. She has many women friends and makes acquaintances very easily. She has said, however, that she does not care deeply for any of these women and would not mourn the loss of any particular close friend. She initially began twice-weekly analysis three years ago when she started to become frightened that she was not married and on her way to raising a family. She finally recognized that the men she was attracted to followed a pattern of unavailability. She has had relatively few sexual experiences in her lifetime and considers herself highly moral in regard to sex. At this point, she is terribly frightened that she will never have a child of her own, and this concern dominates her emotional life.

Marilyn is the child of moderately religious, Jewish parents who had her late in their life (she was unplanned) after raising three, then almost grown children. Her parents were always much older than other parents in her middle-class suburban community, and her friends often thought her father, in particular, to be her grandfather. She was the absolute delight of both of her parents, who never believed that they would have another child and who were disappointed in their other children. Their marriage had become dysphoric, passionless, and functional. She was the new reason for their union and the light of their lives. They had very little avocationally, or socially aside from Marilyn. She was and is a very devoted daughter. She lived at home until almost 30. When her mother was ill, prior to her death, Marilyn displayed a competence and single-mindedness in assisting her that I have never seen in her career or in her

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pursuit of men. Despite her education and at least her physical exposure to a variety of people, her interests are narrow. Talking on the telephone with friends and watching taped soap operas occupies much of her leisure time. She has done some traveling but really has nothing else that represents a genuine interest. She is strong willed, independent, and stubborn, like her mother (who was a much stronger person than her father). Her thinking is often rigid and concrete, and she shows little sense of metaphor, analogy, or symbol. She seems to be in somewhat of a time warp, a woman more of her parents' generation than her own.

Marilyn has always appeared to me as thoroughly embedded in her family, loyal to them and to their ways. Her dreams, on the rare occasions when she brings them, are inevitably set in her parents' home or bedroom or relate to something in her distant past. She has always been most acceptiong of my observations of her family embeddedness, not understanding what I mean, being overly concrete in her hearing of what I convey or downright in disagreement. Though I view her as unable figuratively to separate from her family, she refers only to literal separations and provides me with such evidence (e.g., “I travel,” “I moved out of my family home in my late 20s,” and so on). She is full of contradictions yet does not put them together when they are addressed. For instance, she usually dresses in a way not to maximize her sexiness and is so frugal she often does not buy new clothes or go to costly parties or schedule trips where she might find interesting and eligible men. She externalizes and argues particulars and misses the main point. She has few contemporary amenities in her home, and from her description, her home could resemble the one in which she was raised. Though socially engaging and at times witty, she tends not to listen or to take in what I say. She often talks at me and seems distracted when I speak to her. She has difficulty understanding what I mean when I point this out and hears it as an accusation only. I often feel critical of her and find her about as stubborn as anyone I have worked with analytically. I think that many colleagues would write her off as “not an analytic patient.” I work harder to get through to her than with any other patient.

It seems to me that despite Marilyn's very genuine desire to have children, her primary attachment is to her internalized family. She still views herself as special, and the lifelong compliments she has received for her good looks and perky, sociable ways make this easy. She is mommy and daddy's special, pretty, and cheerful little girl who has all the time in the world to begin living. She tries to entertain me as she did them. Her
women friends tend to perceive her as timelessly youthful. Her denial and lack of depressive manner have sustained her but have also led to her wasting much time. She is too confident and optimistic, and only her age as related to childbearing is bringing her down. This is clearly where I have the most empathy and affective connection with her.

I am more than ten years older than Marilyn and roughly in the age range for her as a suitor/lover/husband. As could be expected, I was immediately the unavailable man whom she “fell in love with,” and I have not fully been able to shed this role in three years. She immediately found me far more attractive in every way than I actually am, and her reason for coming to see me has, for some time, felt more dominated by that than any other aim. She is very flirtatious, often more concerned with the trivialities of my life than the essentials of her own. Just as she was the star of her family, she has been starry-eyed in relation to me. She idealizes me far less than when we began, since her focus on me as the arch-unavailable man has been the obvious central theme of our work from the beginning. Nevertheless, in my career I have not had someone hold onto this with Marilyn's tenacity. What makes all of this most striking is that despite her good looks, I have not found her sexy or sexually appealing. She is not the apple of my eye, as she was to her father. It can be easy to be with her because she demands very little in the way of intense engagement. I can appreciate her pretty, youthful face aesthetically, and I sometimes enjoy her sense of humor. I also admire her incredible strength and her Spartan ability to be alone and without narcissistic pleasures. It is most significant that Marilyn believes that I am quite attracted to her and has openly complimented me on my professional restraint. I have tried to use my lack of romantic interest in her as a key to understanding her difficulty with men. I have conveyed to her that only my unavailability to her draws her to me. Indeed, she is rarely attracted to men as old as I. I have pointed out repeatedly that she is “not here” and that she is talking at me, unrelated to me as I am, and so on. I try to shake her with my confrontations about her narrow range of involvements and interests. In her concrete and stubborn way, she externalizes and holds on to her enchantment.

Marilyn suffers, I believe, from a starkly ambivalent relationship to men, partially based on her profound love for her father, on one hand, and her view of him as old and dull and asexual, on the other. For Marilyn, heterosexual love was from an adoring father who was unexciting and a functionary to his wife. Indeed, to be adoring of the
patient almost by definition renders a man unexciting. I have maintained
Marilyn's interest by being romantically uninterested and, even more, quite
critical at times in my attitude toward her. I therefore have never been her
loving and tender old father but, in her eyes, an exciting, unavailable young
lover, despite my age. One might think that entering her world this way would
readily lend itself to helping her become aware of the meaning behind which
men interest her and which do not. It has helped, but only to the degree that
she now dates men who do not seem initially sexually attractive and youthful.
Nonetheless, I am still too much the exciting man in her life, and in this regard
she does not feel lonely enough. If I were able to love her and admire her
thoroughly as her internalized father or mother do, were she the joy of my life
as my own children are, I might be in a position to trace with her a decline in
romantic interest in me. I wish I were able to repeat her father's love of her,
live through the old, and get to the new. I cannot seem naturally to enact her
parental adoration, and I have instead become increasingly challenging and
impatient. We seem to disagree about almost everything. This has taken some
of the romance out of our relationship for her and, in a way, cut through some
of the naive idealization of what a "real" marriage would be like for her and
of me as a person. On the other hand, I am still fascinating because I do not
adore her.

Marilyn now views herself as stronger and more stubborn and angry than
she was prior to this phase of our work. She is beginning to get the message of
her unrequited love. I do not think that I will ever feel toward her as her
parents did. I wish she would find an "old and dull" man to treasure her. I feel
on a mission to get her the baby she so desires. I believe, however, I will
have to become unappealing to Marilyn by virtue of our relationship's
becoming even more unpleasant, on one hand, and more deeply personal, on
the other. As the patient becomes more open in her bitterness, sadness,
disappointment, and anger, she is looking more to me like a full person with
greater depth. Her intensity is most marked by strong fears and sadness in
relation to her age vis-à-vis pregnancy. In this way she has always emerged
as a person with deep feelings and a reservoir of sadness. The happy, perky,
cheerful person, so much a part of what fueled the life of her parents, has led
to excessive denial. To the extent that I have sometimes found her easy to be
with and a bit of a rest from intensity, I have reinforced that denial. Similarly,
being viewed as her youthful, idealized lover has helped me through some
difficult days. Life between Marilyn and me must be transformed

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from anything that is denial-producing to something close to the difficulties inherent in genuinely intense relatedness. This may not make me like her father, but it will not be the glamorized antithesis of her father. Marilyn does not want her father as a lover but is fueled by the internalized adoration of father. She desires the dashing antifather as a lover, but this father is defined by his unavailability. In addition, the full pursuit of a life of her own leaves her internalized parents alone with themselves. The more “deep” Marilyn becomes, the more I care for her as a full person and experience tender feelings. Also, the less romantic I become to her, the more love can be a function of intensity instead of unavailability. This configuration is a very complicated one and partially explains why progress has been slow.

If I had seen Marilyn when I was in my mid- to late 30s (and she 40), I believe I would have perceived her as an “older woman.” I do not think that I would have viewed her as being as pretty, as I do now, and may have experienced her sexual and romantic interest in me as somewhat unpleasant. I do not like that I would have felt this way, but I do not think I would have been nearly as able to appreciate the esthetics of her womanliness because of my own limitations with regard to “older women.” I do not believe that I would have seen so clearly the irony of such a sociable and attractive woman's having a markedly constricted life. She probably would not have looked so pretty to me, and this may readily have influenced my perception about the factors contributing to her desertlike romantic life. The patient's other negative qualities would likely have been more prominent to me and not as balanced by my current sense of tragedy that a lively, energetic woman with such a strong desire for children remains so void of richness in life. Were I younger, I think I would have been more accepting of the inevitability of her loneliness. The personal qualities that have led to this state may not have appeared in such sharp relief. She may have been an “older woman” with some unappealing personal characteristics and, in my eyes, destined to remain alone. My current view — how could someone as pretty and sociable manage to avoid meeting men? — has fueled some of the productive aspects of our work together. My current optimism, based on the belief that she could still have a family if only she less rigidly adhered to internalized family configurations, allows both of us to go on struggling. In addition, Marilyn is not really “old” to me now. She is, indeed, the age of many women I find attractive, and in the day of “geriatric mothers,” of friends and colleagues who are having babies in their 40s. Romance, sex,
and children are still very viable for Marilyn in my own eyes. In my mid-30s' eyes, none of this may have been the case, and my negative countertransference may have been more globally negative.

How could I have been potentially useful to this woman a dozen or more years ago? At first glance, from what is described in the preceding paragraph, the analysis may have been a mutually dysphoric, gloomy disaster. On further reflection, however, I think it may have worked via a more depressive route. One of the issues that I have never fully helped Marilyn with is her inclination toward denial, her overly optimistic attitude, and her sense that time passes slowly. Given that she sometimes appears youthful to me, both physically and personally, I believe that I have unwittingly aided her in this denial, even though I have always tried to pressure her with an urgency.

At 50, I am aging more quickly than my patient, and she still seems relatively young to me. Indeed, I can readily reflect on physical and other changes that have taken place in me in the past ten years. When younger, my sense of pessimism around issues of her age and childbearing possibilities undoubtedly would have been more pronounced and certainly conveyed, at least nonverbally, to Marilyn. Under these circumstances her denial may have more quickly eroded, possibly mobilizing her to more rapid action in the expansion of her life. In addition, her view of me as a romantic figure who will someday leave his wife and marry her would not likely have been so prominent. I think that time was wasted in this implicit hope, though she has always denied that she was waiting for me to come to my senses and marry her. If Marilyn had experienced herself as older, albeit immature, she may have more readily let go of her picture of herself as eternally youthful and a sure bet eventually to attract a dashing, youngish man. Of course, it is unclear how she would have tolerated this constellation of perceptions and implicit communications on my part. In any event, her stubborn denial and her holding onto me as an idealized, unavailable, romantic figure have cost her time.

Finally, 12 or so years ago my marriage with Marilyn may have been more similar to the barren one between her parents. She may more readily have reached the depressive and angry aspects of her parents' feelings toward one other, without herself in the middle to make everything better. This may have helped her see that beneath her naive idealization of relationships between men and women, there is a basic sense that is deadly and empty. This transference emptiness may have made her reluctance to engage more intimately with men seem comprehensible.
to her. At this point in our analysis, idealization and denial are eroding, and I can readily see certain signals of more genuine engagement in work and in love. The patient, for the first time, has a job in which she feels some passion and where she works quite hard. She is now able to go out with, and not immediately reject, some men whom she does not immediately find handsome or youthful. Her search for a father for her future child has distinctly intensified, and she wastes less time in escape-based activities. If I am able to remain intense enough with her and not passively enjoy her idealization, I may help her integrate her love for her old, dull, and depressed family and her passion for the idealized and unavailable man. There is still time to help her show her love by means other than identification with, and repetition of, her family's dedicated but narrow life.

**Example #3**

James is an attractive, divorced, 48-year-old Ivy League-educated businessman with no children. He is the only child of his recently deceased parents. He is successful and wealthy in business but discontented. He is not at all sure he has chosen the correct avenue for his talents and often wonders if he should make a radical change in life-style. He is living with a woman in her middle 30s and feels attached but trapped. He feels affection for her and can be quite considerate, but when feeling confined, he can also be cold and cruel. He has a history of extreme dependency on his infantilizing mother and, as he reached his 20s, began to hate her and sever relations. Before her death he visited her only in a perfunctory way and has failed to mourn her. He related to his powerful and wealthy father similarly, though his anger for his father is a function of the latter's coldness and his lack of constructive involvement and direction through the patient's growing-up years. James has had some prior analysis and feels it has helped him somewhat in becoming more committed in his work. He began again because of problems in love. He does not know if he wants to break off with his lover and have sexualized relationships with many women or to marry her and have affairs on the side, as he is now doing. He also does not know if he should have a child with his lover, for she feels the pressure of her own age and has no children. He is ambivalent about letting himself feel the loss of his parents. He is sophisticated and realizes the dangers of insufficient mourning. He is
very bright and incisive and is often cutting, sadistic, or sarcastic toward me. His attendance is spotty. He frequently berates both the field in general and me for being charlatans who prey on people like himself who are plagued with indecision. Whenever he appears to soften, he quickly gets cold and tough again. He acknowledges no fondness for me or personal connection with me; I am a “paid whore.” He claims to have no interest in my life but notices my wedding band and assumes I am married and have children. When I point out indirect references to me that reflect some warmth or longing on his part, he laughs and conveys to me that I am living in delusion of my own theories.

At roughly his age, I feel that under other circumstances, I could be his friend. He is very bright and aware and has an excellent, though very sarcastic, sense of humor. We have many interests in common, and he feels to me to be on the same wavelength in a number of ways. I feel that I know him all too well, and he is threatened by my hovering interest. Due to some combination of a more regressive and sticky family experience and prior treatment that, for reasons difficult to unravel, was only modestly helpful, he is now dealing with issues of separation and autonomy that I faced some time back. I often think that were it not for some fortuitous circumstances, we could be more similar to each other at this point in life. James accurately perceives that I am pro-marriage, pro-children, and pro-dedication to work. In my zeal, I am like his mother, trying to seduce him into living my current way. I want to trap him into a loving bond with me and suffocate him in the process. I want to show him that fathers can overtly love their sons. He is perennially stinging me to get out of my smothering web. He treats me as he did his mother and as he does his current lover. Whenever there is an intimate moment, he gets brutally nasty and moves two steps away. I felt anxious initially, but I rarely feel that now. I feel the freedom to say whatever I wish to him. I like being this way, but I fear that James will coldly walk out for good one day when I am feeling too pleased at having gotten particularly through to him. If he stays, I see the route to analytic change as his gradual softening toward me, led by the accompanying shift in expectancy about my smothering him with narcissistic self-interest (mother), on one hand, and my being coldly and hostilely competitive (father), on the other. I hope that I will be able to release him from living out my own personal resolutions and facilitate his doing things his own way and arriving at his own place. To the extent that I see
him as somewhat similar to me and want him to travel my route, I am really
not much different from his mother, and he has every right to pull away from
me at all cost.

What analytic road would we have traveled if I had seen this man some 12
to 15 years ago? For one, I believe I would have been more frightened of him
and would have reacted to my fear by being more withdrawn and cool. I
would have been intimidated by his business and financial success and by the
seniority of his previous therapist, despite reports of his shortcomings. His
myriad interests and involvements would have made me feel a bit shaky, and
his way with numerous younger women would have aroused more
competitiveness. I also may have been more likely to see him as fixed and
intractable. If he was not helped by one prominent analyst and he has reached
his late 40s, is he really, all of a sudden, going to be able to love? I probably
would have been more pragmatic, as he reports his other therapist as being,
and would have focused more on vocational conflicts than on his terror of
entrapment in my clutches. Indeed, he would not have been clutched by me. I
do not believe that I would have been as willing to focus as much on
transference matters and open myself to his derision. I certainly do not
believe I would have wished he were a friend, and the sarcastic repartee I
now often enjoy may have been dreaded by me back then. I think he certainly
would have seen me as a “junior” and either protected me somewhat from his
rage or else unleashed it quite sadistically and perhaps destroyed me with it.
Most important for this discussion, however, the focus of the relationship
would have been less on his fear of his love for me and more on his potential
achievements. I do not think I would have been primarily his intrusive mother
with designs for love in the transference but something closer to his angry,
competitive, threatened, and defensive father.

I was, 12 to 15 years ago, fairly recently graduated from analytic training;
assuming a comparable level of competence minus the added experience,
what else might have happened? If James's basic or core issues are related to
his identification with his cold, competitive, and angry father and his fear of
being forever consumed by his seductively infantilizing mother, the system
can be entered in more than one way. In my mid- to late 30s, I would have
been less present, like his father. My lack of vital presence would be largely
based on my anxiety, but nonetheless, my distance and defensiveness may
have locked me into a
system of mutual coldness with the patient. My own teenage son was then just a baby, and I did not yet fully know how much love and pride could far transcend male-to-male competitiveness. If I was a good-enough analyst I would have become aware of the nature of this interaction, begun to address it in myself, then felt brave enough to address it in the transference. Through making the interaction and its historical antecedents explicit, I may have worked out of that configuration and enabled James to feel how he was both locked in a competitive battle with his father and identified with him. He then may have gradually become sufficiently vulnerable with me, or I may have felt soft enough toward him, to begin to live out some approximations of his relationship to his mother. The current road is different since I am not aware of feeling generally cold, competitive, and defensive, yet do view myself as intrusive. That is, like James's mother, I like to be with him and want to get near him. I want to feel his dependency on me, let him experience his weakness and vulnerability, and, to boot, have children as I did. If I can put this in perspective and back off a bit in this 1½-year-old analysis, he may be able to let me in and forge a new kind of relationship with me, somewhat distinct from the disabling ones with his mother or father. A dozen or so years ago, the goal would have been the same, but the interpersonal configuration quite different.

Summary

Case material was used to illustrate the theoretical point that the analyst inevitably becomes embedded in the patient's fundamental interpersonal configurations. Historically, this form of countertransference enactment was usually seen as destructive to the process, but shifts in recent years have led to a view quite different. At this point, the notion of transformation is no longer new and is accepted by a range of analysts, representing different schools of thought. The primary point of these case examples and of this article in general is to address the question of individual differences among analysts and the effect of these internal and external differences on the way the analyst unwittingly enters the patient's world and engages in countertransference enactments. I chose the variable of age and age-related phenomena, from a heterosexual male perspective, to begin to discuss this question. Since the theoretical point
of view that is most meaningful to me stems from a two-person psychology, it
only follows that the analyst as a person is a major variable in the interaction.
This is likely to affect both process and outcome. It does not seem likely that
the dominant patient will be so dominant that he or she will pull each analyst
in, in the same way, regardless of the personal and external variables of the
analyst. In considering some particular external variables and some personal
values that correspond, I used myself at different stages of my career to
compare how I might have unwittingly entered the patient's world and the
effect that such differences may have had on the patient, on the analytic
interaction, and on outcome. Much of this is speculative and hypothetical, but
the question I am addressing has not received sufficient attention to this point.

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