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The Pluralism of Perspectives on Countertransference[1]

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MUCH HISTORICAL RESEARCH IS required now for developing a fuller knowledge of the current psychoanalytic situation of the 1980s, as it both derives and differs from that of the 1930s. Almost half a century has already passed and we are, culturally speaking, light years away from a uniform, unqualified, and unquestioning belief in the necessary determinism of biology or the relational conditioning of sociology. Neither "environment" of the psyche is absolute. Such a research effort will, therefore, essentially be philosophical in content and reconstructive in scope. Of special interest are two questions. First, from within the standpoint of the ego-interpersonal perspectives, where do such environmentalist psychoanalysts as Sullivan and Hartmann, among others, find the logical and empirical grounds even to create their personal perspectives, let alone account for the uniquely individual, selfic resources from which they derive their own distinctly innovative directions? That of course, is a perspectival question concerning the overall construction of their special points of view. The second question concerns the clinical interaction. Does their systematic exclusion of the patient's uniquely individual, first-personal processes from the structure of psychoanalytic inquiry, in practical terms, also extend the psychoanalyst's authority unilaterally, and reinforce it for managing the procedures and for selecting the goals of the therapeutic inquiry? In other words: Does this exclusion of their own and their patient's immediate experience of first-personal processes mainly appeal to psychoanalysts who believe that it is they, of themselves, who control the conditions under which their patients appear to change? I shall not, of course, attempt to develop the clinical and

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speculative implications of these themes in exhaustive detail here. But my comments, below, on the radical individuation of psychoanalytic metapsychologies are, as we shall see, also suggestive of ways to address them.

I

As background for this discussion, it is useful to introduce a closely related theme. Let us consider in some detail why we are, at present, witness in clinical psychoanalytic inquiry to the increasing reports of evidence for the psychology of the self and for its origins in the immediate experience of first-personal processes. I trace its beginnings to the direct clinical work with and, later, with counterresistance and counteranxiety, undertaken as a serious effort for the psychoanalytic field of inquiry in which that work is done. It begins to occur during those phases of the inquiry, especially, in which both the psychoanalyst undergoing counterresistance and counteranxiety, and the patient in the analysis of transference, undergoing resistance and anxiety, cooperate to explore the interlocking of their unconscious and preconscious experience.

For this sort of exploratory inquiry to take hold, the two coparticipants must, without serious reservation, be open to seeking their own particular contributions to that interlocking. They cannot, in any case, work through their interlocking of transference and with a reasonable degree of adequacy until, in some measure, either or both are accorded the psychic space in the experiential field of therapy to stand behind what they each, in their own special ways, feel and think, desire and imagine, believe and realize. To take such a stand, they soon discover, requires a point of psychic origin from within the experience of its possessor, unsupported from without by the ego-interpersonal other in their shared field of inquiry. Now literally undefended, they must, on their own, fend for themselves. Whence, in their direct experience of this transaction, the observable rise of first-personal processes. It falls into the format, to both their own. In other words: Who, finally, generates "my" transference, the patient asks? or who generates "my" , the psychoanalyst asks? To which each coparticipant must, eventually, give a uniquely personal answer. On taking personal responsibility, their response, "I" do, given during the actual working through of transference interlocked

with , is, for the ego-interpersonal model, the major point of breakthrough into this new direction in psychoanalytic thought.

But still another, perhaps less obvious source of this increasing evidence for the psychology of the self may be found stored away in the 1930s ego-interpersonal model. There it was to remain longhidden and waiting, until the new clinical exploration of the immediate experience of first-personal processes brought it to the surface. It came out into the open in the following way: As a logical step beyond the id model, the patient's ego or interpersona was admitted to full participation during the actual therapeutic inquiry. That clinical change Rank and Ferenczi, and Reich began in the 1920s; A. Freud and Hartmann, and Sullivan and Thompson, among others, completed it in the 1930s. So now, in the context of this new ego-interpersonal experience, the patient, after undergoing the lengthy

and arduous procedure of clarifying some central irrational distortions of transference, may therefore come to perceive and understand self and others more directly, more clearly, more openly. What, then, is more natural and expectable than for the patient, in turn, to exercise this fresh sense of clarity in the very field of psychoanalytic inquiry in which, for the first time, the patient attains it, and, of course, with the ego-interpersonal other in relation to whom this significant psychic change first takes place? But now, where the patient perceives aspects of the psychoanalyst's ego-interpersonality that the psychoanalyst, adapting to peer consensus, has already learned to accept as rational, objective, and realistic about relating and communicating with patients, there no problem arises for their inquiry. The patient is observing only what others, including the psychoanalyst, have grown accustomed to observe about how that particular psychoanalyst relates and communicates. So far does the ego-interpersonal model go, but no further.

However, the psychoanalyst, possessing a total psyche, is not only present as conscious (that is, adaptive and consensual) in a particular field of psychoanalytic inquiry, but, accept it or not, also as unconscious and preconscious (that is, unadaptive and unisensual) in that same field of therapy. Consider what happens next. Suppose the patient, here, is able to turn some newly found psychoanalyzed clarity to a deeper perceptiveness, even to a unique understanding of the psychoanalyst, especially concerning one or another

aspect this time beyond the fringes of the psychoanalyst's conscious awareness. The patient, it appears, begins to experience distinct cues arising from the unconscious and the preconscious processes and patterns of
and counterresistance. By virtue of reporting them, the patient is calling for clinical notice to be taken of some aspect or other of the psychoanalyst's ego or interpersona that in origin or effect, or both, persists beyond the psychoanalyst's awareness, no matter whether they help or hinder the movement of the inquiry. For, in part or whole, the psychoanalyst's unconscious psyche most likely escapes the patient's immediate attention, interest, and concern, before the patient's own resolution of critical aspects of transference, resistance, and anxiety. However, now that the two are well enough along in the inquiry together, the patient sees some aspect of , the psychoanalyst doesn't.

Even with the most cooperative of conscious intentions, no psychoanalyst can do more, obviously, than say, not clear. For the psychoanalyst does not perceive or understand the way the patient does, the patient's experience of some unconscious dimension of , and so on. Or, if the patient touches the nub of some painful blindspot, the psychoanalyst may actively, even angrily, counter it in defense for security. So now, whatever else may happen, the patient stands alone in the midst of that experience, it is clear, with no choice but to draw conclusions about that perception and that understanding of the psychoanalyst from within the

patient's own psychic resources, unsupported from without. There is, no longer, any ego-interpersonal ground for continuing.

It is during such particular phases of the inquiry that, hidden and waiting, the direct sense of psychic self becomes the major point of breakthrough beyond the confines of the ego-interpersonal model. For the patient, thrown back on psychic resources outside that model, has to generate the self-supporting subjectivity for those perceptions from those inner resources. That is, thrown back on the psychic point of origin in immediate experience from which the first-personal processes arise. What else can a patient do in this circumstance now, except make some private judgment of the understanding presented to the blocked psychoanalyst. Of no help, here, is the psychoanalyst whose adaptive ego or consensual interpersona cannot, as defined, work itself into this phase of the clinical psychoanalytic inquiry. It doesn't have what is required: namely,

the immediate experience of first-personal processes. Which are, in fact, no different in psychic kind from the firstpersonal processes that the ego-interpersonal psychoanalyst must bring, undefined and unacknowledged, to those earlier phases of the inquiry in which unconscious and preconscious aspects of the patient's transference are, instead, the major focus of the inquiry. For then, no matter how cooperative a patient may be, or wish to become, no patient can help but be unaware of, and resistive to, the observations and inferences, or the insights and intuitions that the psychoanalyst may offer about the unconscious and preconscious aspects of the patient's own psyche.

As further clinical background for this proposed point of view, consider, in brief sketch, how the field of psychoanalytic inquiry changes from the earlier id model to the later ego-interpersonal model. Not in 1915–1917, we know, but only during the 1930s does the clinical psychoanalyst first take therapeutic cognizance of the patient's ego or interpersona as it is actually present and functioning in the psychoanalytic inquiry. Never before was the ego or the interpersona treated as psychoanalyzable, nor was it, therefore, even noticed as present and functioning in the field of clinical inquiry marked out by the previous id model. That creative breakthrough was, of course, brought about through the collaboration of many post-Freudian workers, and its landmark effects may be identified at many levels of modern psychoanalytic knowledge. I mention but two here, one because of its enduring historical interest, the other because it leads into our theme. Interest in that 1930s breakthrough endures because it was a first in historical fact. Not since Freud's postscript on transference in the case study of Dora, in 1905, had the practice of psychoanalysis, from its earliest beginnings in the 1880s hypnocathartic and autohypnotic therapies, undergone so radical a change in clinical direction. Not in Freud's lifetime, moreover, had so radical a change ever been brought about before, without his own contributed view taking the lead.

Thus, Hartmann's ego with autonomous function is, for example, not id-ego bound; Sullivan's interpersonal self is, by the same token, wholly made up of reflected appraisals. Which, from then on, means that the working model of psychoanalytic inquiry could again be changed and, as necessary, be further extended by those who follow the post-Freudians, but who modify their social and cultural perspective in turn. That is, of course, by the post-post-Freudians

(including, under this rubric, the post-Sullivanians and the post-Hartmannians) and their psychic-experiential model of therapy. But closer to our present theme is the second effect. For that movement from the id to the ego-interpersonal model brought into direct clinical view new possibilities of therapeutic inquiry, distinct from the derivatives of the patient's instincts, libido, or biology in general, undreamed and unpsychoanalyzed from the standpoint of the id model.

II

How, though still unnamed and unaccepted, do the first-personal processes first emerge during ego-interpersonal therapy? This question leads directly to the point of our present theme, the radical individuation of psychoanalytic metapsychologies. To provide one approach to this question, I discuss some clinical aspects of how this change in the direction of psychoanalytic inquiry came about. Once the patient's egoic mechanisms or interpersonal operations are psychoanalyzed with a reasonable degree of clarity, and when the psychoanalyst is satisfied that this is actually the case, what remains, here, to be done about the ego or the interpersona in the patient's psychic structure? Nothing more, I am suggesting, than that the patient use it. But, now, with whom? With none other, obviously, than the ego-interpersonal other who is, at that point, sharing that immediate field of experience with that patient. Which means, therefore, looking somewhat more closely at the other person in that inquiry, and, if nothing more, at least to see some strengths and limitations of the psychoanalyst's ego or interpersona as well. This sort of direct activity, it seems to me, is a natural and valuable extension of the patient's increased self-awareness, to be greeted and respected quite as unself-consciously as it arises. Why not, now, also expect the patient to turn to the coparticipant other in the inquiry, the psychoanalyst, with whose coparticipating agency the patient gets into and works through some significantly distorted patterns of ego-interpersonality? Or, if blocked by and frustrated by counterresistance in the actual field of inquiry, the patient may have to leave, so as to check out the undergone experience as a private effort, but without the active coparticipation of the psychoanalyst with whom it first takes place. Now that is, of course, a matter for a particular psychoanalyst's or patient's own personal choice, judgment, and decision. The point

is, it is no longer a rule of procedure fixed in accordance with the prevailing model of psychoanalytic inquiry. But the requirement that the patient leave without doing it, on the other hand, is a matter of policy for the procedure in ego-interpersonal psychoanalysis. In that frame of reference, nothing more remains to be done.

Suppose, instead, that the patient does not leave, and the ego-interpersonal psychoanalyst, out of personal and scientific curiosity, becomes actively interested in the patient's perceptions of , and so on. Something new and unprecedented is happening, for which no established and reliable guidelines are laid down in ego-interpersonal therapy. In this circumstance, what the psychoanalyst knows and accepts as adaptive or consensual about his/her personality—which is to say, what the psychoanalyst, as ego-interpersonal other, sees and understands about him/herself as a participant observer or/and interpreter—is, of course, what a group of ego-interpersonal peers, including the psychoanalyst, appraises and judges to be the case. Without reservation, here, the psychoanalyst can most easily agree with the patient. The two are, after all, still working together in an ego-interpersonal frame of reference, aren't they? No problem, yet, for the psychoanalyst working in this model of therapeutic inquiry.

Where, on the other hand, the two coparticipants have no such consensus or adaptive agreement about the psychoanalyst's personality to fall back upon, there is nothing further ego-interpersonal for them to do. The clinical psychoanalytic inquiry is, practically speaking, now over. But, consider the alternative: Where, especially, the patient sees the psychoanalyst in some unwonted, even novel way—distorted or not, but beyond the psychoanalyst's ego-interpersonal scope of awareness—the psychoanalyst may, at first, counterresist, and, of course, also undergo the experience of counteranxiety as well. If, however, the patient doesn't back off from the presented counterresistance, and even stays close enough to it to see the counteranxiety emerging, something new begins to happen in that particular phase of their psychoanalytic inquiry. As a direct result, something new also happens to the overall structure of the ego-interpersonal model. It changes, fundamentally and irreversibly. For the patient is not only observing some aspect of , adaptive and consensual, to which the psychoanalyst may respond in counterresistance and counteranxiety. But

the patient is, now alone and unsupported, also coparticipating with the psychoanalyst in that further effort at inquiry with some new input. No one else's psychic resources to rely on, the patient can move foward only from within.

Opposed by the personal psychoanalyst who is counterresistive and counteranxious, unassisted by a consultant or supervising psychoanalyst whom, as a rule, the patient doesn't call upon (as a treating psychoanalyst may, especially when working through distortions about self and other beyond their interlocked awareness), and, finally, without the unspoken edge of the psychoanalyst's

position for, as some phrase it, managing the therapeutic situation—because of all such prescribed limits of the ego-interpersonal model, partly inbuilt, partly conventional—the patient still interested in doing something constructive about some deeper perception and understanding of the psychoanalyst, must face that experience of the psychoanalyst alone, fairly unsupported, and without ego-interpersonal expectancy. The patient is no longer defended, but must, as we say, fend for him/herself.

The psychoanalyst, too, is moving into a fresh, unprecedented situation. That is, of course, most expectable. For the patient, in some sense capable of uniquely individual differences, is bound to see something uniquely individual, something different about the way in which the particular psychoanalyst faces the new perception being presented. Whether, now, the psychoanalyst works as the mirror of the id model, or as the participant observer or/and interpreter of the ego-interpersonal model, is of little consequence here. That is to say, whether the psychoanalyst chooses to respond to the patient openly, or indirectly, or not at all, as part of some established rule of therapeutic procedure, the choice to be made, now, is critical, decisive, individuating, uniquely differentiated, and it usually has irreversible consequences for their future work. It can't, in any case, be erased from the cumulative record of their coparticipant experience. But there is no way for the psychoanalyst to get off that spot, whatever a psychoanalyst feels or thinks about it: it's yes or no (silence, here, is also no). Yes: to engage the new line of inquiry with the patient who introduces it, aware enough of what the patient is talking about, and open enough to invite the patient to continue, even though it pushes beyond the psychoanalyst's customary scope of conscious awareness. Or no: to declare openly, or in unremitting silence, that the patient's new perceptions

of the psychoanalyst are out of clinical bounds, and therefore unworkable within the defined limits of established psychoanalytic inquiry.

This latter choice of procedure originates, of course, in the id model, but it derives, for us, directly from the ego-interpersonal point of view. To round out our discussion, its rationale may briefly be sketched: All the patient's new perceptions of the psychoanalyst's conscious and unconscious psychic experience, whether true or false, belong to the psychoanalyst's but not to the patient's personal therapeutic work. Hardly shared is the ego-interpersonal definition of its boundaries here, for the psychoanalyst alone takes the position to define them. That is the ego-interpersonal, as derived from the id, rule of procedure, and there is no getting around it. Such deferment of consideration of the patient's perception of the psychoanalyst, of course, any serious psychoanalyst can readily obtain simply for the noting, or, in any case, by reminding the patient, by spoken word, or with steady silence, that the standards of clinical inquiry are so constructed as to exclude the psychoanalyst's psychic structure from the conditions of the inquiry.

The id or the ego-interpersonal psychoanalyst, at that point, by that means, forecloses the possibility of a two-way exploration of ,
counterresistance, and counteranxiety, and, as a close consequence, also discontinues the work with relevant aspects of transference, resistance, and anxiety.

That is to say, only the outer exploration stops; the inner experience goes on. As set in motion by the patient's direct observation, the inner sequence of psychic process and pattern about that observation of the psychoanalyst's unconscious psychology continues to have effect in the experience of both coparticipants. And that, of course, is not so easily turned off. So much easier is it, by way of contrast, to turn off the patient's overt discussion with some arbitrary statement of the limits of the standard procedure. The sequences of inner experience continue unobstructed by it, however, not only for the patient but also for the psychoanalyst. After being eliminated from the working context of the ego-interpersonal field of inquiry, the inner experience may surface outside that field, at the least expected times, in the least predictable places. But it can't surface openly and naturally for a full and first-hand exploration in the ego-interpersonal inquiry in which it first arises.

III

At such points as these in psychoanalytic therapy ego-interpersonally defined, some ego-interpersonal psychoanalysts, howsoever quietly, privately, even painfully listening to their patient's voices of truth about ,
counterresistance, or counteranxiety, begin to hear the possibilities of new experimental procedures from within. They feel them, they follow them, they map them. They begin to look out, as well, to discover a new basis for furthering their coparticipation in the psychoanalytic inquiry. Toward that end, they search about for a new major empirical observation with the comparable power of, and as a worthy addition to, those already defined in the structure of psychoanalysis, such as transference and , resistance and counterresistance, anxiety and counteranxiety. They have, now, to work out some new empirical observation as fundamentally important for the conduct of clinical psychoanalytic inquiry, as these three pairs of defined observations already proved themselves to be, all three mutually consistent, yet each pair uniquely forward-moving. They had to find the relevance of some previously unexplored psychic process and pattern in order to accomplish at least two things during the actual inquiry.

First, and more relevant to personal experience, to make possible a direct and self-supporting release from their deep and painful sufferings of counteranxiety, and that, clearly, was the more immediate objective for obvious personal reasons. And second, but more relevant to procedural decisions, to make possible a

forthcoming clinical acknowledgment of unconscious and preconscious aspects of , and so on, for further psychoanalytic inquiry, so that the patient, on clarifying some owned ego-interpersonal distortions, may now look more closely at the psychoanalyst's ego-interpersonal psychology, and address new, perhaps highly individual perceptions of the psychoanalyst, with or without the psychoanalyst's cooperation, no matter whether these perceptions prove, by the end of the inquiry, to be true or false. Here, the process of inquiry into psychic experience is all-important.

This new mode of empirical psychoanalytic inquiry had, furthermore, to tap new psychic resources previously overlooked by, or expressly omitted from, both the id and the ego-interpersonal

models of therapy. In other words, and in terms of an altogether new approach to metapsychology, it was necessary to discover a basis in the human psyche that stands in a dialectical and transforming relation to both the patient's anxieties and the psychoanalyst's counteranxieties arising in the course of their shared clinical inquiry into their resistances and counterresistances. Which are: in the ego perspective, the Hartmann adaptive, defense mechanisms; in the interpersonal perspective, the Sullivan consensual, security operations. That is to say: from one side, to discover a psychic base in the patient's direct experience of anxiety about standing alone and unsupported, and from which, nonetheless, to continue offering some direct observations of the psychoanalyst, especially to indicate some unconscious and preconscious dimensions of , counterresistance, and counteranxiety; and, from the other side, to discover a psychic base in the psychoanalyst's direct experience of counteranxiety about some disturbed and failing counterresistance in the face of the patient's perception of some aspect of , or anything else about the psychoanalyst's psychic structure beyond the conscious awareness of the other coparticipant in the inquiry, namely the patient.

It is at such junctures of experience that the id and/or the ego-interpersonal psychoanalyst, following the lead of the standard procedure, can follow the lead of the inquiry no further. Psychoanalysis itself, it becomes clear, needs new theory and new practice. Lest, otherwise, the therapeutic quest for psychological change come to a standstill. There is, of course, nothing more in the id canon of psychoanalysis for the ego-interpersonal psychoanalyst to fall back upon, because the id model is constructed expressly in the absence of extended inquiry into the mechanisms of the ego or the operations of the interpersona. Nor, in addition, is there anything in the ego-interpersonal canon for us to fall back upon, because the notion of anxiety, and its correlatives of transference and resistance, represent the innermost workable limits of the therapeutic inquiry. As already indicated, there is nothing more that the id or the ego-interpersonal psychoanalyst could possibly do,

not in empirical observation and definition, nor in metaphorical interpretation and speculation, to account for these newly emergent possibilities of further therapeutic inquiry. Nothing more that these

psychoanalysts could do, and still remain consistent with their professed models of therapeutic inquiry.

It is for this clinical purpose, I am suggesting, that the old and many-faceted notion of the self, very hard to define, yet even harder to ignore, long explored in classical philosophical psychology but scarcely noticed in previous psychoanalytic inquiry, is now being brought into the field of therapy as comparatively new psychoanalytic psychology. The introduction of the clinical experience of the self, the psychoanalyst's as well as the patient's, provides the psychic counterpoint from which to study both the counteranxiety and the anxiety that the two coparticipants each directly experience from within, at first hand, and unmediated by the other, for working through the analysis of "me-you" relations. The immediate experience of the self in the first person, singular and active, is being brought into the clinical focus of psychoanalytic inquiry, I am also suggesting, for the unsuppressible reason that it proves, finally, to be ineluctable and ineradicable in human-psychic life. The development of new procedures for psychoanalytic inquiry into the psychology of that immediate experience, of course, still requires much empirical and systematic, clinical work. But the first step is, however, already underway in the making of a new psychoanalytic psychology of the first-personal self, providing, as it does, for the active processes of unique individuality that hold the experiential and dialectical counterpoint to the patient's processes and patterns of anxiety in transforming relation to those of the psychoanalyst's counteranxiety, as they each suffer and undergo their own from within.

Which brings us to the center of my theme, and entitles the point of this paper: pluralism in perspectives on . For the new direction in contemporary psychoanalytic inquiry is the radical individuation of its metapsychologies. Once the psychology of the self, the patient's now, as well as the psychoanalyst's, is seriously taken into empirical and systematic account; and once it is fully admitted into the field of clinical psychoanalytic inquiry; the working perspective that the two adopt for the interpretive metapsychology of their work, then, no longer remains the province and prerogative of the psychoanalyst only. That, so far, is clear beyond question. The two coparticipants in the psychoanalytic inquiry may, now, each offer elements of their own personal

perspectives on interpretive metapsychology—with neither one, however, held back by the reservations and caveats of the antecedently established id and ego-interpersonal standards of procedure, nor, of course, by the private and cherished

commitments, of the other.

The immediate experience of first-personal processes, singular and active, from its psychological origins to its logical functions, augurs well for this entirely new approach to the clinical working-out of psychoanalytic metapsychology. Unacknowledged though the inbuilt psychic resources to do this were, they, in any case, still remained present and functioning in the previous id and ego-interpersonal models. But they, nonetheless, remained dormant. Now, however, every psychoanalyst and every patient engaging in clinical psychoanalytic inquiry also has this new freedom in the new psychic-experiential model, explicitly encompassing the experience of inbuilt psychic resources of both coparticipants. Every patient and every psychoanalyst is, now, free to pursue any interpretive and speculative outlook on metapsychology, old or new, that interests either or both of them. They may, for the first time, freely open the field and turn the procedure to the psychic uniqueness of their respective first-personal resources, arising from their unalienable experience of the self in the active singular, private and public. In this coparticipant effort, especially to cope with both their anxieties and their counteranxieties, they may, now, acknowledge the individuating resources of the psychic self, newly admitted into therapeutic awareness for that purpose. Unexceptionably, it applies to all.

Once emerged into the therapeutic field and finally engaged in the therapeutic inquiry, not only is there no turning back from the psychic movement of the first-personal self. It is, also, free to do other things in the psychoanalyzable field as well. Especially may the first-personal self do such things in the psychoanalytic situation that, before its being admitted, once were, and that, even after its being admitted, still are ordinarily considered its customary province in the quotidian conduct of living. Such things as, that is, hold beliefs worth nurturing, decide values worth striving for, cherish ideals worth consummating—in short, seek the psychic realizations of experience and the ego-interpersonal fulfillments of behavior. In fact now, without both coparticipants, at some point, expressing

some uniquely individual slant on beliefs, values, and ideals, no psychoanalytic inquiry really takes hold.

In sum, and this is the compelling direction in contemporary psychoanalytic inquiry, both coparticipants may suggest some uniquely individual emphasis in perspective on metapsychology, and select the particular myth and metaphor to depict their own private and closely held part in the clinical psychoanalytic inquiry. From which the following hypothesis emerges: that the number of uniquely individual perspectives now possible for interpretive usage in psychoanalytic metapsychology is practically infinite, no more, no less than the practically infinite number of coparticipants in the inquiry. Hence, the radical individuation of its metapsychologies. In other words: no uniquely individual

emphasis on beliefs, values, and ideals; no genuine therapeutic inquiry.

The undertaking of the actual psychoanalytic inquiry, [2] we now know in practice, generates a far deeper and more intensive experience of the relativity of transference and than workers in the earlier id and ego-interpersonal models ever acknowledged in theory. This inquiry into the unconscious dimensions of transference converging with those of can be done within the shared field of their occurrence. It doesn't have to be done, but it can be. It cuts across metapsychological lines, and focuses on what is variously termed the transference-neurosis, the transference- situation, or the interlocking of transference and . Regardless of differences in terminology, however, the relativity of transference and is defined by the fact that these observable processes and patterns, in so far as they are human-psychic, are interchangeable without altering their essential character. Composed of the same psychic substance, they are symmetrical in value, and may be so considered during actual psychoanalytic inquiry **(Wolstein 1953)**, **(1954)**.

"Doctor" and "patient" designate the, so to speak, extra-psychic activities that derive from the hierarchical aspects of societal roles, and all that playing them entails—but are not, as such, indigenous to the psychic reality of the experience they both undergo together. For

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2 *Addendum, June 1982:* In response to the general discussion, I am adding the following brief comment and a few selected references to the literature.

the clinical psychoanalytic inquiry into transference and , as well as both resistance and counterresistance, and anxiety and counteranxiety, also brings the two coparticipants face-to-face with the sense of self. An autogenerative point of origin from within the psyche, this sense of self is uniquely individual. With it, the two may, in their separate ways, each establish ownership of, responsibility for, choice among these processes and patterns as these emerge for possible reconstructive change. The classic discussion of the self in American psychology is W. James, *Principles of Psychology* (New York: Holt, 1890), Volume I, Chapter 10; see also, G. Mead, *Mind, Self, and Society* (Chicago: University of Chicago Press, 1934).

From the 1930s onward, colleagues and students of Reich, A. Freud, and Hartmann in the id-ego wing, and Fromm-Reichmann, Sullivan, and Thompson in the interpersonal-cultural wing, have been psychoanalyzing the character armoring, defense mechanisms, and security operations. To study this sector of personality, they have developed therapeutic formulations in their diverse approaches to cover the adaptive and consensual side of the self. As Sullivan

succinctly put it: "The self is made up of reflected appraisals." This statement holds, however, only as long as the patient is treated in disjunction from the psychoanalyst, and the model of therapeutic inquiry is managerial. But a view of the patient as interacting with the psychoanalyst in a shared experience of the inquiry indicates the need for a larger conception of the self. That is to say, in addition to the self as adaptive, environed, and objective, what's needed is the subjective, spontaneous, and autogenerative side of the self. Sullivan, as is clear from the above citation, concerns himself with the objective side. Though he is, by standard scholarship, placed in the tradition of James, Dewey, and Mead (especially Mead, because of Sullivan's Chicago period), it is clear, now, that he emphasizes the objective side of the self (which they, of course, also do), but he leaves out the subjective side of the self (which they, especially James and Mead, do not). He is, I think, most fully in accord with Dewey **(Wolstein, 1949)**.

Some current work in the philosophical psychology of the self delineates the self in the first person ("I") as both distinct from, and as related to, the interperson ("me") even more sharply. And more comprehensively also, in my opinion, than James or Dewey or Mead. Among recent contributions to this emphasis in the psychology

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3 For a more detailed discussion of these two works, see my review essay, below, pages. There consider, especially, the notion of "privilege of direct access, " which gives psychological support to the generic distinction of first-personal from ego-interpersonal relations. The first person singular active, so priviledged, is, therefore, both individual and unique. But this individuality, if not psychic, is resourceless, and this uniqueness, if not ego-interpersonal, is anonymous.
First-personal relations, singular and active, supply the ego-interpersonal relations of their possessor with an inbuilt and induplicable opening to the domain of immediate experience. That is, literally, experience unmediated by the environing media of relatedness and communication. The inclusion of such experience within the structure of psychoanalytic knowledge extends the field of therapeutic inquiry through the patterned foreground of ego-interpersonal relations into its background of process in psychic origins. And how, in short, does acknowledging the "privilege of direct access" affect such perspectives as character structure, ego psychology, interpersonal and object relations? It brings irreversible changes into the metaphors of character adjustment, ego adaptation, interpersonal or object-relational consensus. For it makes them directly responsive to the uniquely individual, first-personal experience of the subject, to whom, finally, the structure, psychology, and relations belong.

of the self, which I find interesting and useful, are R. Chisholm, *The First Person* (Minneapolis: University of Minnesota Press, 1981) and P. Weiss, *You, I, and the Others* (Carbondale: Southern Illinois University Press, 1980).[3] Although both Chisholm and Weiss develop the structural elements of their themes from different

philosophical and psychological points of view, their works converge in focusing on both the language and the experience of the self as origin, as self-moving, and as first person, singular and active. Other recent items of interest are: E. Anscombe, "The First Person, " in S. Guttenplan (ed.), *Mind and Language* (Oxford: The Clarendon Press, 1975), pages 45–65; F. Brentano, *Psychology from an Empirical Standpoint* (London: Routledge and Kegan Paul, 1973); K. Popper and J. Eccles, *The Self and Its Brain* (New York: Springer International, 1977); P. Strawson, *Individuals* (London: Methuen, 1959).

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