In the last decade or so, the understanding of countertransference has become an emerging area of common ground among psychoanalysts of diverse theoretical perspectives. This convergence can be traced to the development of two key concepts—projective identification and countertransference enactment. Projective identification has evolved from a patient's intrapsychic fantasy in Klein's original work to an interpersonal interaction between patient and analyst. The notion of countertransference enactment has been widely used to capture clinical situations in which a countertransference reaction in the analyst corresponds to the patient's attempt to actualise a transference fantasy. These ideas, in conjunction with the contributions of social constructivists and relational theorists, as well as Sandler's conceptualisation of role-responsiveness, have led to an understanding of countertransference as a ‘joint creation’ by analyst and patient. The relative contributions of analyst and patient vary somewhat according to the theoretical perspective espoused by the analyst. This common ground is best regarded as comprising a gradient or continuum in which more weight is given to the analyst's contribution on one end of the continuum and more emphasis to the patient's contribution on the other. While countertransference enactments are widely regarded as inevitable, their role in creating intrapsychic change is more controversial.

In his search for common ground, Wallerstein (1990) noted that there are fewer differences in technique than in theory among the diverse psychoanalytic traditions. He proposed that systematic attention to the core psychoanalytic phenomena of transference and resistance shows that they are probably more similar than different in the clinical setting, regardless of one's theoretical perspective. In this communication I am proposing that recent psychoanalytic writings suggest another area of emerging common ground—namely, the understanding of countertransference. Abend (1989) recently acknowledged that the notion that an analyst's countertransference can be a crucial source of information about the patient has now become widely accepted. This has occurred in parallel with a gradual recognition that contemporary Kleinians and classical ego psychologists have a good deal in common (Richards & Richards, in press).

This rapprochement between groups of analysts on opposite sides of the Atlantic has been paralleled by another common theme in contemporary psychoanalytic writing. Hoffman has noted how many recent contributions have reported some form of deviation from a traditional or more accepted way of working, what he has termed a feeling of ‘throwing away the book’ (1994, p. 188). He related this to the spontaneous introduction of the analyst's subjectivity into the process. From a broader perspective, there is a growing recognition in all quarters that the analyst is ‘sucked in’ to the patient's world through an ongoing series of enactments that dislodge the analyst from the traditional position of the objective blank screen. By examining the interface of two related concepts, projective identification and countertransference enactment, we can track the evolution of this new common ground in
projective identification, a region that occupies a portion of the landscape that we regard as the analyst's psychic reality.

**The concept of projective identification**

The link between the notion of countertransference and the concept of projective identification has evolved considerably over the last 50 years. Although Melanie Klein is correctly credited with coining the term, her writings on the subject are relatively sparse and marked with ambiguity. The term first appears in her classic 1946 paper, "Notes on some schizoid mechanisms", and was actually a relatively peripheral aspect of that communication. Projective identification was considered as one of several defence mechanisms connected with the paranoid-schizoid position. In this context the term is used to describe how the infant expels 'bad parts' of the ego into the mother in an effort to possess and control the mother.

British Kleinian analysts have understood this usage to reflect Klein's conceptualisation of projective identification as an intrapsychic fantasy (Segal, 1964; Spillius, 1992). Some contemporary American contributors to the literature on projective identification (Ogden, 1979, 1982, 1994; Scharff, 1992) have called attention to a footnote in Klein's paper in which she stressed that she prefers to conceptualise the projected contents as going into rather than on to the mother. This attempt at clarification by Klein may be viewed as possibly signalling an interpersonal dimension to the process. This perspective is further bolstered by the usage of projective identification in her subsequent 1955 paper, "On identification". Ogden (1994) pointed out that in the novella, *If I Were You*, by Julian Green, which is the centrepiece of Klein's paper, there is a clear implication that the target of the projection is transformed by the process.

On the other hand, Spillius (1992) did not interpret this usage to imply a change in the external object as an integral part of projective identification. To the extent that the analyst was influenced by the patient's behaviour, Klein understood it to reflect countertransference in the narrow Freudian sense, implying that the analyst needed further analysis. Spillius (1992) has argued that Klein was not enthusiastic about the broadening of the concept to include the analyst's emotional response to the patient's provocative behaviour, as Heimann (1950) suggested. She was concerned that such a connotation might allow analysts to blame their patients for their own countertransference difficulties.

The ambiguity in the usage of projective identification by the Kleinians is also reflected in Segal's (1964) somewhat contradictory definition of the term. Although she generally regarded it as an intrapsychic fantasy, she also had acknowledged that the person targeted by the projection may identify with that which has been projected through the process of introjective identification (Scharff, 1992).

The interpersonal dimension of projective identification was made explicit in the 1950s by a small group of British analysts, including Bion (1955), Rosenfeld (1952), and Money-Kyrle (1956). Bion (1957, 1958, 1959, 1962a, b, 1970), in particular, led the way in redefining projective identification in a manner that is now common in contemporary psychoanalytic parlance.

Bion linked projective identification with his container-contained model. In other words, the infant projectively disavows affects and internal states that are intolerable and thus facilitates their containment by the mother. These feelings are 'detoxified' and metabolised by the mother and reinternalised by the infant, who is able to experience them more fully through means of identification with the mother. Bion was explicit in stressing that an interpersonal interaction occurs above and beyond the projector's unconscious fantasy. He stressed that in the analytic situation, the analyst actually feels coerced by the patient into playing a role in the patient's fantasy.

Elaborating on Bion's construct, Ogden (1979, 1982) has described three aspects of projective identification: (1) an aspect of the self is projectively disavowed by unconsciously placing it in someone else; (2) the projector exerts interpersonal pressure that coerces the other person to experience or unconsciously identify with that which has been projected; and (3) the recipient of the projection (in the
analytic situation) processes and contains the projected contents, leading to reintrojection by the patient in modified form. Ogden (1992) stressed, however, that these aspects should not be construed in a linear sequence of steps, but rather should be conceptualised as creating a dialectic in which the patient and analyst enter into a relationship in which they are simultaneously separate but also ‘at one’ with each other. A unique subjectivity is created through the dialectic of interpenetration of subjectivities.

Modern Kleinian analysts have widely accepted that the analyst's countertransference may reflect the patient's attempt to evoke feelings in the analyst that the patient cannot tolerate. Such feelings can therefore be regarded as an important communication. Joseph (1989) observed that patients often attempt to ‘nudge’ the analyst to act in a manner that corresponds to what the patient has projected. She suggested that analysts must allow themselves to respond to such pressures in an attenuated way so that they become consciously aware of the projected contents and can bring it to bear constructively through interpretation. Spillius (1992) has noted that, in practice, the analyst is always influenced to some degree by what the patient is projecting, a view shared by Ogden (1982). She pointed out, though, that virtually everyone agrees with Klein's caveat that patients should not be ‘blamed’ for all the feelings experienced by the analyst. In this regard she emphasised that analysts may well confuse their own feelings with those of the patient and that ongoing psychological work by the analyst is necessary to differentiate feelings that originate in the patient from those that originate in the analyst.

In the light of the broad agreement that projective identification relies on interpersonal pressure or ‘nudging’, rather than mystical exchange of psychic content, there is a growing consensus that the process requires a ‘hook’ in the recipient of the projection to make it stick (Gabbard, 1994a, b, c). In other words, the pre-existing nature of intrapsychic defences and conflicts, as well as self-object-affect constellations in the internal world of the recipient, will determine whether or not the projection is a good fit with the recipient. Even when the countertransference response is experienced by analysts as an alien force sweeping over them, what is actually happening is that a repressed self- or object-representation has been activated by the interpersonal pressure of the patient. Hence, the analyst's usual sense of a familiar, continuous self has been disrupted by the emergence of these repressed aspects of the self. Symington (1990) has described this process as one in which the patient ‘bullies’ the analyst into thinking the patient's thoughts rather than the analyst's own thoughts.

Racker (1968) divided the analyst's reactions into concordant and complementary countertransferences. The former involves an empathic link between the analyst and patient; in other words, the analyst identifies with a self-representation within the patient. Complementary countertransferences involve the analyst's identification with a projectively disavowed internal object-representation of the patient, which Racker regarded as an instance in which the analyst's own conflicts were activated by the patient's projections. Grinberg (1979) made a further distinction in the analyst's response by using the term projective counteridentification. He argued that Racker's complementary countertransference reaction is always a function of the patient's projection corresponding with certain aspects of the analyst's own unconscious conflicts. On the other hand, in projective counteridentification he proposed that the analyst introjects an affective state associated with the patient's object-representation that comes almost entirely from the patient.

Grinberg's (1979) view would be considered extreme by many contemporary thinkers. Although many would agree that an introjective identification process takes place in the analyst, if a 'good fit' is not present, feelings and internal representations projected by the patient may be shaken off as alien by the analyst (Gabbard, 1994c; Scharff, 1992). Hence, the analyst's valency (Bion, 1959) to respond to a certain projection must be taken into account. Ogden would appear to agree with this notion:

It is my experience that projective identification is a universal feature of the externalization of an internal object relationship, i.e. of transference. What is variable
is the degree to which the external object is enlisted as a participant in the externalization of the internal object relationship (1983, p.236).

Some critics (Kernberg, 1987; Porder, 1987; Sandler, 1987) of the broadened conceptualisation of projective identification have felt that the original Kleinian notion has been extended too far and distorted in the process. Kernberg (1987) argued for a narrower definition that includes projecting intolerable aspects of intrapsychic experience on to the analyst, maintaining empathy with the projected contents, attempting to control the analyst in the service of defensive efforts, and unconsciously inducing feelings in the object that correspond to what has been projected in the here-and-now interaction with the analyst. He felt that extending it to include the analyst's intrapsychic elaboration of the projected contents and the return of what has been projected in the form of an interpretation is unwarranted.

Writing from an ego-psychological perspective, Porder (1987) believed that projective identification can be alternatively conceptualised as an example of identification with the aggressor. In his model, the patient unconsciously turns passive into active by casting the analyst in the role of the bad child, while the patient takes on the role of a demanding, critical, masochistic, or sadistic parent. Porder has suggested that rather than something being projected into the analyst, an affect is induced in the analyst because of the patient's ‘acting in’.

Sandler (1987, 1993) cautioned that it is extremely risky to assume a one-to-one correspondence between what goes on in the analyst and what is in the patient's mind. He regarded projective identification as a defensive process involving two steps: first, there is an intrapsychic projection of a split-off and unwanted aspect of a self-representation into an object-representation, and second, the object-representation (revised in fantasy to include the unwanted aspect of the self) is externalised via an actualisation process in which the analyst is pushed (through unconscious verbal and nonverbal manoeuvres) to play a particular role vis-à-vis the patient (Sandler, 1987).

Sandler's (1976) original concept of ‘role responsiveness’ is closely related to the contemporary view of projective identification. Consider Sandler's observation in his classic paper:

Very often the irrational response of the analyst, which his professional conscience leads him to see entirely as a blind spot of his own, may sometimes be usefully regarded as a compromise-formation between his own tendencies and his reflexive acceptance of the role which the patient is forcing on him (1976, p.46).

Sandler conceptualised the patient as unconsciously actualising in the transference an internalised object relationship, in which the analyst is playing a role derived from the patient's intrapsychic world. Spillius (1992) has characterised Sandler's concept of actualisation as a colloquial term for the same process described by Joseph (1989), in which the patient unconsciously induces feelings in the analyst and nudges the analyst into acting in concert with the projection. Sandler (1993) regarded this form of identification with the fantasised object as more or less the same as Racker's (1968) notion of complementary countertransference. He distinguished it from a process of primary identification, an automatic mirroring process that underlies analytic empathy. Sandler underscored that any intense emotional reaction by the analyst to the patient's words or behaviour is not projective identification ‘unless it is unconsciously intended to evoke such a reaction in the analyst’ (1993, p.1105). In this regard he sharpened the definition to avoid a tendency in the literature to ascribe any intense countertransference feeling to a state that is induced by the patient.

**Countertransference enactment**

Among classical analysts associated with the ego-psychological perspective, the concept of enactment has stirred a great deal of interest over the past decade. However, usage of the term varies, and full agreement on a specific definition has not been reached (Panel, 1992). Jacobs (1986) was instrumental in introducing the term as a way of understanding subtle instances of interlocking transference-countertransference
dimensions that operate outside of conscious awareness, often through nonverbal means, such as body postures. In an elegant review of the term, McLaughlin (1991) noted the roots of the word in the notion of playing a part or simulating, and in the notion of persuading or influencing someone else in the interpersonal field. McLaughlin defined enactment broadly as

all behaviors of both parties in the analytic relationship, even verbal, in consequence of the intensification of the action intent of our words created by the constraints and regressive push induced by the analytic rules and frame (1991, p. 595).

He also offered a more specific definition: ‘Those regressive (defensive) interactions between the pair experienced by either as a consequence of the behavior of the other’ (p. 595).

When enactments are narrowed further to a focus on countertransference enactments, the connection to projective identification becomes clear, as in Chused's (1991) definition: ‘Enactments occur when an attempt to actualize a transference fantasy elicits a countertransference reaction’ (pp. 629). Boesky (Panel, 1992) noted the similarities between enactment and projective identification, and he suggested that detailed study of enactments might allow for a better understanding of how projective identification works. Chused (Panel, 1992) stressed that implicit in the notion of projective identification is that any analyst would respond in approximately the same manner to specific behavior or material in the patient. Countertransference enactments, on the other hand, assume that the intrapsychic meaning of an interaction in the analysis could be entirely different for different analysts, who might then behave differently when presented with the same material by the same patient. McLaughlin (1991; Panel, 1992) suggested that in projective identification the analyst is viewed as virtually empty and is simply a receptacle or container for what the patient is projecting.

The distinctions made by Chused and McLaughlin may be more apparent than real. As noted previously, modern Kleinians such as Spillius (1992) and Joseph (1989) share the same concern that it would be inappropriate to assume that all of the analyst's feelings derive from the patient. They would agree with Chused's perspective that individual variations in the analyst might result in different countertransference enactments or different variants of projective identification.

It is true that more classical analysts, when writing about enactments, often focus to a greater extent on countertransference in the narrow sense, i.e. experiences from their own past that are revived in the interaction with the patient (Jacobs, 1986). However, most would agree with the Kleinian notion that the analyst's countertransference may convey important information about the patient (Abend, 1989). As Jacobs has noted,

The inner experiences of the analyst often provide a valuable pathway to understanding the inner experiences of the patient … (1993a, p. 7).

Similarly, Renik (1993) described a countertransference enactment in which he felt immobilised and emphasised that the enactment was partly determined by his own childhood wish to save his mother and partly by his patient's need to elicit a rescue response in him.

Roughton also regarded countertransference enactments and projective identification as strikingly similar. He made a distinction, however, between an enactment, which simply involves putting an experience into behaviour, and actualisation, which he sees as

subtle forms of manipulation on the part of the analysand that induces the analyst, often unknowingly, to act or to communicate in a slightly special way or to assume a particular role with the analysand that silently gratifies a transference wish or, conversely, defends against such a wish. This interactive aspect might also be called an enactment which has an actualizing effect (1993, p. 459).

He acknowledged that this view of enactment as actualising a countertransference response in the analyst is virtually the same as Sandler's (1976) role-responsiveness and Ogden's (1979) understanding of projective identification. He noted that the principal difference may be that the common usage of projective identification is in the context of more primitive patients.
who are in somewhat regressed states during analytic treatment.

To summarise my major thesis up to this point: the modern usage of projective identification among those analysts influenced by Klein (and by the British School of object relations) and the usage of countertransference enactment by classical or ego-psychological analysts both involve an understanding of the analysand's countertransference as a *joint création* by patient and analyst (Gabbard, 1994a, b, c). The analysand evokes certain responses in the analyst, while the analyst's own conflicts and internal self- and object-representations determine the final shape of the countertransference response.

A consensus is emerging that such countertransference enactments are inevitable in the course of psychoanalytic treatment. What is less consensual is the extent to which such enactments are useful to the process (Chused, 1991). Eagle (1993) presented a case vignette in which a transference-countertransference enactment in and of itself appeared to cure a symptom. He invoked the mastery-control theory of Weiss & Sampson (1986) as an explanatory framework, assuming that the patient disconfirmed a core unconscious pathogenic belief, which in turn led to symptom remission without insight.

Chused (1991) has noted the value of enacting certain impulses within the analytic frame, only to catch oneself and retrospectively examine what happened. She stressed, however, that the value for the analysis is not in the enactment itself but rather in the observations and eventual understanding that derive from those enactments. Jacobs (1993b) has taken a middle course in which he has said that both experience and insight operate together and cannot truly be separated from one another.

Renik (1993) argued that countertransference awareness always emerges *after* countertransference enactment. He shares Boesky's (1990) view that analysis may not proceed unless the analyst gets emotionally involved in ways that he or she had not intended. Renik has embraced a technique that allows for spontaneity of the analyst even though a certain degree of the analyst's subjectivity inevitably works its way into interventions. In this regard, he has aligned himself with constructivists such as Hoffman (1983, 1992, 1994) who recognise the inevitability of bringing subjectivity to bear in understanding the analytic interaction. The constructivist view also acknowledges that to some extent the analyst's behaviour is shaped by influences from the patient. Both transference and countertransference would be regarded as joint creations within this view.

Central to the constructivist (or socialconstructivist) perspective is the notion that enactments are going on continuously in the analytic setting, and analysts must continually monitor themselves for the possibility that they are unconsciously participating in an internal scenario scripted by the patient (Gill, 1991; Hoffman, 1992). Moreover, the process goes both ways in the sense that the analyst's actual behaviours influence the patient's transference to the analyst. Another implication of the constructivist understanding of transference-countertransference enactments is that the intrapsychic and interpersonal realms cannot be divorced from one another in the analytic dyad (Hoffman, 1991), a view also stressed by Coen (1992), who has approached the issue from a more classical orientation.

Relational theorists, such as Mitchell (1988, 1993), Aron (1991), Hirsch (1993, 1994), and Tansey (1994) have arrived at similar conclusions about the inevitability and usefulness of countertransference enactments. Mitchell, for example, in pointing out the similarities between his view and those of Sandler, Gill, Racker, and Levinson, has made the following observation:

The analyst is regarded as, at least to some degree, embedded within the analysand's relational matrix. There is no way for the analyst to avoid his assigned roles and configurations within the analysand's relational world. The analyst's experience is necessarily shaped by the analysand's relational structures; he plays assigned roles even if he desperately tries to stand outside the patient's system and play no role at all (1988, p. 292).

He went on to emphasise that unless the analyst enters into the patient's relational world, the analytic experience will not be optimal.
Intersubjectivity

The demise of the analyst-as-objective-surgeon construct has led to a widespread recognition that two subjectivities are operating in the analytic enterprise. Bollas, influenced by thinkers associated with the British School of object relations, principally Winnicott, also regarded the analytic process as involving two subjectivities. However, he regarded the countertransference as offering a unique window into the patient's internal world: ‘In order to find the patient we must look for him within ourselves. This process inevitably points to the fact that there are ‘two patients’ within the session and therefore two complementary sources of free association’ (1987 p. 202).

Ogden (1994) has extended our understanding of intersubjectivity further. He noted that contemporary psychoanalysis has moved beyond a positivist frame where analyst and analysand can be regarded as separate subjects. The core of the analytic process, in Ogden's view, is the dialectical movement of subjectivity and intersubjectivity. Just as Winnicott (1960) noted that an infant cannot be conceptualised apart from a maternal environment, Ogden has made a similar point regarding analysis:

There is no such thing as an analysand apart from the relationship with the analyst, and no such thing as an analyst apart from the relationship with the analysand (1994 p. 63).

Projective identification, then, in Ogden's view, serves to create an interpersonally decentred subject, an analytic third, as he has called it, and the analysis takes shape in the interpretive space between the analysand and the analyst. In this context, Ogden has argued against the totalistic view that countertransference refers to everything the analyst thinks or feels. For the concept of countertransference to be meaningful, it must be viewed as constituting a dialectic between the analyst as a separate entity and the analyst as a joint creation of the intersubjectivity of the analytic process. Ogden has stressed that there are actually three subjectivities involved in psychoanalytic work: the subjectivity of the analyst, that of the analysand, and that of the analytic third. Projective identification negates the subjectivity of both analysand and analyst while simultaneously reappropriating both subjectivities to create a newly integrated ‘third’, a new ‘subject’ of the projective identification process. A clear implication of this view is that a mutual projective identification process is going on in both parties. Another implication is that the portion of the analyst's psychic reality occupied by the countertransference is to a large extent a new creation.

Discussion

In recent years there has been a growing awareness of a convergence between classical analysts and contemporary Kleinians. Practitioners from both schools of thought pay serious attention to the role of unconscious fantasy, share a common understanding of the organisation of unconscious mental life, and devise interpretive strategies that include aggressive themes (Richards & Richards, in press).

Another area of convergence, the subject of this communication, is the manner in which countertransference has come to be regarded. While analysts associated with the more classical position (Abend, 1989; Chused, 1991; Coen, 1992; Jacobs 1993a; McLaughlin, 1991; Porder, 1987; Renik, 1993; Roughton, 1993; Sandler, 1976) have moved away from a strict adherence to the Freudian view of countertransference as only the analyst's transference to the patient, those associated with Kleinian and object-relations views (Joseph, 1989; Ogden, 1994; Scharf, 1992; Spillius, 1992) have moved away from the totalistic or broad view of projective identification in which the analyst makes no contribution to the emotional reaction induced by the patient.

The perspective that the countertransference represents a joint creation that involves contributions from both analyst and analysand is now endorsed by classical analysts, modern Kleinians, relational theorists, and social constructivists. Although differences do exist, most contemporary analysts would agree that at times the patient actualises an internal scenario within the analytic relationship that results in the analyst's being drawn into playing a role.
scripted by the patient's internal world. The exact dimensions of this role, however, will be coloured by the analyst's own subjectivity and the "goodness of fit" between the patient's projected contents and the analyst's internal representational world.

The similarities between projective identification as used in contemporary psychoanalytic writing, role-responsiveness, and countertransference enactment have been observed by a number of authors (Gabbard, 1994a, b, c; Mc-Laughlin, 1991; Roughton, 1993; Spillius, 1992). Even Kernberg, who has objected to Ogden's view of projective identification nevertheless has recognised the induction of countertransference responses by the patient:

As part of my approach to interpretations of projections and projective identification I see the need for the analyst to diagnose in himself the characteristics of the self- or object-representation projected onto him' (1992 p. 172).

To be sure, differences between the concepts may be identified. For example, projective identification is a term usually associated with more primitive patients with severe personality disorders and psychoses. This usage reflects the analyst's experience of being overcome by an ego-alien force that feels highly unfamiliar. To be more precise, repressed aspects of the analyst's internal world are brought into conscious awareness that clash with the analyst's usual self-experience. Hence, projective identification generally connotes aspects of the patient being activated in a powerfully coercive way in the analyst. By contrast, classical analysts writing about enactment tend to imply greater contributions from the analyst's unconscious conflicts, although most would acknowledge that these may be evoked by the patient's behaviour. Certainly both groups would agree that the experience of the analyst is not an exact replica of the patient's projected internal self for object-representation. The analyst's subjectivity lends a new element to the recreation of the past and the present, what Ogden (1994) would call the 'analytic third'.

Another difference between enactment and projective identification is that the former implies an action. Theoretically, at least, projective identification could involve a countertransference feeling induced in the analyst that is not carried into action. However, if one includes the subtle shifts in tone of voice, body posture, use of silence, and so forth described by Jacobs (1986) and McLaughlin (1991), the line between inducing feelings and action influenced by those feelings is a narrow one. Hence, one could conceptualise countertransference as involving a gradient or continuum with projective identification on one end, enactment on the other, and considerable overlap in between.

What is more controversial is whether and, if so, how, countertransference enactments are useful. Carpy (1989) believed that the inevitable partial acting out of the countertransference is what allows patients gradually to reintroject aspects of themselves that were previously intolerable.

Other analysts (Abend, 1989; Chused, 1992; McLaughlin, 1991; Renik, 1993) have stressed that it is the interpretive working through of the enactment that ultimately helps the patient to change. Still others (Cooper, 1992; Jacobs, 1993b; Ogden, 1989; Pulver, 1992) have argued that it is not an either/or proposition. Both the events occurring in the relationship and the interpretations resulting from those events work synergistically to produce psychic change.

In conclusion, although many differences still exist between the diverse theoretical schools of psychoanalytic thought, a narrow area of convergence has emerged regarding the usefulness of countertransference in understanding the patient. There is a widespread acknowledgement that an inevitable aspect of analysis is that the patient will try to make the analyst into the transference object. Also, the analyst's countertransference reactions will involve a joint creation of contributions from both patient and analyst, suggesting that part of what the analyst experiences reflects the patient's inner world. One of the analyst's tasks in collaboration with the patient, then, becomes to work his or her way out of the transference-countertransference enactment and understand interpretively with the patient what is going on. In this regard, the intrapsychic and interpersonal realms are joined, and the positivist perspective of the analyst as blank screen is...
no longer viable. Another task is ongoing self-inquiry and self-analysis. As Schafer has observed: ‘we may install the analysis of countertransference alongside the analysis of transference and defensive operations as one of the three emphases that define a therapy as psychoanalytic’ (1992 p. 230).

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References


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