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Current Freudian writing about the concept of “enactment” has led some classical analysts to a new way of conceptualizing the place of countertransference in psychoanalysis and, even more significantly, the basic nature of the psychoanalytic relationship. The term enactment was only recently introduced to the literature by Jacobs (1986) and has since stimulated considerable interest among classical psychoanalytic writers (see Panel, 1992). Of these authors, Renik (1993a, 1993b, 1995), in particular, has extended the concept to a radical reworking of the role of the classical analyst in the psychoanalytic dyad. His emphasis on the analyst's unwitting participation bears a very strong similarity to interpersonal psychoanalysts and their own model of the analytic relationship: participant-observation or observing-participation. I will review a current in the Freudian literature in an effort to articulate this evolving convergence between a number of classical writers and those of the interpersonal school.

Interpersonal Conceptions of Participant-Observation and Observing-Participation

Since by now most readers, especially of this journal, are quite familiar with the interpersonal psychoanalytic models, these concepts will not be extensively reviewed. Sullivan's (e.g., 1953) most significant contribution to clinical psychoanalysis is taken from Heisenberg's physics and from social psychologist's field theory: the observer, by definition, interacts with and influences what is observed. For some psychoanalysts, this suggests that the scientific model of the neutral analyst studying the intrapsychic world of the specimen patient is not tenable. The patient cannot be isolated and examined as a purely single entity, entirely separate from the perceiving and unwittingly interacting analyst. The belief in the analyst's inherent subjectivity transforms psychoanalysis from a one-person psychology to a two-person psychology and places the study of both the analyst and the patient at the heart of

The concept of countertransference and the extent of inevitable psychoanalytic interaction has evolved from Sullivan's cautious beginnings and his contradictory, positivist bent: his view of the analyst as “expert” in the observation of extratransference interpersonal relations. Though he introduced the analytic model of participant-observation, he studiously avoided both careful investigation and productive use of his countertransference experience. This contradiction between Sullivan's radical theory and his actual positioning outside of the interaction in his clinical work, ironically, placed him in technical harmony with Freudian analysts of his day on the subject of countertransference. Classical analysts had traditionally viewed countertransference as a factor to be eliminated, so that the patient's pure projections could be objectively studied. The analyst's subjectivity was seen as a problem that impeded investigation of the mind of the patient. Post-Sullivan interpersonalists, particularly Thompson (1950), began to see countertransference as inevitable and only controllable through the analyst's awareness and acceptance of subjectivity. Thompson believed that denial of countertransference was potentially harmful and would more than likely lead to destructive acting out. From acceptance and control of countertransference, analysts of the interpersonal school began to view countertransference data as useful—even as essential—in understanding the patient as an individual and as visible within a transference-countertransference matrix (Tauber & Green, 1959; Wolstein, 1959, 1964; Singer, 1970; Epstein & Feiner, 1979; Searles, 1979; Tansey & Burke, 1989). This development paralleled the seminal work in England of Heimann (1950) and Little (1951), and in Argentina of Racker (1968). The American interpersonalists were not aware of the English and Argentine analysts nor did the latter appear to have knowledge of the former.

The inevitability of the analyst's unwitting participation transforms a traditional model of analytic objectivity into a more muddied world of relativism and perspectivism (Levenson, 1972, 1983, 1991; Searles, 1979; Gill, 1983; Hoffman, 1983; Hirsch & Aron, 1991; Stern, 1991, 1994; Ehrenberg, 1992). Acceptance of affective and interactive countertransference participation allowed interpersonal analysts increasing leeway to use the data of personal experience as one significant vehicle to understand patients. Though from this point of view one could never be certain about what belonged to the patient and what to the analyst, the analyst's self-examination produced data about the patient and the interaction that often proved enriching to the process. As Levenson (1972) and later Mitchell (1988) describe, analysis occurs from the analyst's unwitting immersion in the transference-countertransference matrix, and the analyst inevitably becomes part of the problem. From this perspective, unless inevitable countertransference enmeshment is ultimately recognized and addressed, repetition proceeds interminably and nothing is worked through for the patient. Within the interpersonal school, the concept of countertransference participation has evolved from acknowledgment to control to allowing use of oneself in living-out core intrapsychic themes with the patient. (For a historical review, see Wolstein, 1959; Singer, 1970; Epstein & Feiner, 1979; Tansey & Burke, 1989; and Hirsch, 1995). It is this latter, most contemporary perspective that comes closest to the recent classical writing about countertransference enactment.

I discuss the concept of countertransference before transference because it is the former that
was first central to the interpersonal theory of therapeutic action. Although early interpersonalists spoke of “parataxic distortions,” the in vivo examination of the patient's experience of the analyst was generally avoided. The early interpersonal tradition, contrary to the analytic mainstream, placed emphasis on extratransference phenomena. The analyst used countertransference experience to help shed light on the patient's outside relationships. The concept of transference usually referred to patients' interactions with those in their real current or historical lives. The beginnings of interpersonal efforts to analyze transference in the here and now can be seen in Thompson's (1950) contributions. Her influence is apparent in the clinical writing of Wolstein (1964), Singer (1970), and Levenson (1972), who began more pointedly to introduce the analysis of transference to the interpersonal theory of therapy. Sullivan's detailed inquiry into extratransference interpersonal relations gradually evolved to inquiry about here-and-now transference phenomena.

This broadening of interpersonal psychoanalytic therapy brought it closer to the Freudian mainstream, for classical analysts had always viewed analysis of transference as absolutely central to the process. There was, however, a key difference in the conception of transference. Steeped in the tradition of participant-observation, an interpersonal view of transference could not be seen purely as a patient variable. The analyst as participant cannot assume that the patient's transference feelings or observations are simply projections or distortions. In the more positivistic realm of classical psychoanalysis, if the analyst did not agree with the accuracy of the patient's perception, it was generally assumed that the patient's archaic past was at play. From the beginning, interpersonal analysts like Wolstein, Singer, and Levenson had a more interactional view of transference; i.e., the person of the analyst may very well have much to do with the patient's transference experience. Transference is seen as a selective attention to certain aspects of the analyst, based upon the past experience brought by the patient into the analytic interaction. Rigid adhesion to ingrained modes of viewing the world replace the notion of pure distortion or projection. Ironically, Merton Gill (1983, 1984), an analyst out of the Freudian tradition, explicated most clearly an interpersonal conception of transference and helped many contemporary interpersonal analysts finally feel comfortable in working with the concept.

Greenberg (1991) summarizes this development in the distinction he draws between “transference of conviction” and the heretofore normal classical conceptions, transference of impulse and transference of defense. The older concepts of transference emphasize the patient's fantasies, desires, and defenses against them, as projected onto or lived-out with a nonparticipating, relatively blank-screen analyst. The new conception substitutes the term “perception” for “fantasy,” and this reflects a very important shift in emphasis. The term “perception” clearly implies that what the patient sees about the analyst and the analyst's participation is not only a fantasy, based upon the patient's history or the patient's intrinsic wishes, but a plausible reading of the analyst and the analyst's engagement. This view of the concept of transference, by definition, shifts the notion of transference as belonging only to the patient to its being part of a transference-countertransference matrix. For many interpersonal analysts, Sullivan's model of participant-observation has moved to a model of observing-participation (Wolstein, 1964; Hirsch, 1987, 1995). The accent here is more on the analyst as an unwitting participant than as an objective or even subjective observer (Blechner, 1992; Ehrenberg, 1992; Hirsch, 1993; Fiscalini, 1994; Stern, 1994). The notion of
mutative action has shifted from a focus on clarifying the patient's awareness of extratransference relationships to illumination of the analytic interaction. From the subjective position of a participant who cannot help but be influenced by the patient and influence in kind, the analyst is commonly lost in the interactive process. As Greenberg (1991) has noted, this is not a technical prescription but a description of a natural phenomenon. It is part of a conception of the psychoanalytic relationship as a mutual one (Mitchell, 1988; Aron, 1996).

The analyst, as well as the patient, is always emotionally involved in some way that is out of awareness (Racker, 1968). For one, the analyst inevitably interacts with and influences the patient as a function of the unique personality of the analyst, and this factor can never be fully neutralized. Also, the analyst, before long, becomes enmeshed in the internalized relational configurations (Mitchell, 1988) of the patient, caught in the grip (Stern, 1991) of the patient's influence. From this perspective, concepts such as mutuality, observing-participation, and transference-countertransference matrix are vividly descriptive of what Sullivan's conservative beginnings precipitated. The same analytic participation and enmeshment that was once viewed as an impediment to be eliminated is now viewed by some as absolutely essential to mutative action. Ironically, this also reflects the development of some of the most current Freudian writing, to which I shall soon refer and compare. The trends leading to this most contemporary point of view about the therapeutic action of psychoanalysis were first developed and best articulated in the work of the two most influential interpersonal writers of the post-Sullivan generation, Benjamin Wolstein and Edgar Levenson.

Wolstein (e.g., 1959, 1964, 1975), in the tradition of Sandor Ferenczi, views the analyst as a full coparticipant in a relationship characterized by what he calls “psychic symmetry.” Though the analyst does not necessarily disclose factual data about his or her personal life, the interaction is characterized by a shared experience of the relationship and of one another. The experience can be described as somewhat like a more interactive version of parallel play: two subjective players associate as freely as possible to the experience before them. The unique personality of the analyst is thought to be a significant component in the interaction. Both parties respond from what Wolstein refers to as their “psychic centers.” It is difficult to determine both who initiates influence and who has more influence in this Ferenczi-like mutual analytic situation. The terms transference and countertransference lose their distinctive meaning, since who is counter to whom is unclear. Wolstein's focus is on two separate selves in interaction. The analyst's words, observations, questions, and interpretations all reflect the unique subjectivity of the analyst and are brought into the analytic field, not only as ideas, but by definition, as actions upon the patient. The most basic of analytic activity (e.g., diagnosis, understanding the patient's history, decisions about termination) reflects something about the analyst. Furthermore, this is seen as useful for analytic work. Without this strong personal participatory element, psychoanalysis is viewed as potentially stilted and overly intellectualized. The mutative factor here is a corrective emotional experience, fueled by the emotional spontaneity and authenticity of the interaction.

It can sometimes appear from Wolstein's writing that he, indeed, advocates something very close to Ferenczi's mutual analysis. However, Wolstein clearly does maintain the standard analytic frame, and there is no indication that purposeful self-disclosure of factual data is at all integral to his way of working. The role of the analyst differs from that of the patient in
that the analyst is trained to use personal experience as a vehicle for inquiry. To be an expert inquirer implies no objectivity, only a developed facility to use oneself to ask good questions and to make affectively based observations. The patient is believed to benefit from an encounter that combines the development of increased self-awareness based on sensitive inquiry, in the context of a powerful emotional experience with a new significant other. The use of the analyst's unique self reflects the concept of enactment, in that the person of the analyst is, indeed, enacted. There is no implication that the analyst is necessarily pulled into the world of the patient and enacts with the patient in a way that actualizes transference expectancies. Wolstein's thinking is evident in the writing of a third generation of interpersonalists (e.g., Wilner, 1975; Blechner, 1992; Ehrenberg, 1992; Fiscalini, 1994; Aron, 1996).

Levenson's contributions (e.g., 1972, 1983, 1991) focus less upon parallelism and symmetry and more upon the patient as the stronger voice in the analytic relationship. His connection with tradition, however, ends there. Levenson views the analyst as quickly and unwittingly transforming himself or herself into a role-responsive (Sandler, 1976) second party, living-out with the patient the internalized interpersonal dramas that characterize the patient's life and life history. Each individual analyst enacts this in his or her own idiosyncratic way, but the pull of the patient to a receptive analyst rapidly transforms this questioning and inquiring analyst into enacting key relational configurations within the transference-countertransference matrix. What is talked about in traditional analytic inquiry soon begins to be lived-out within the interactional field. If the analyst rigidly resists becoming transformed, the relationship may become a dead end—nothing but an explanatory exercise. From this perspective, it is sharply clear that countertransference enactment is necessary for the working-through process. Evolution from the living-out of the old and bad interactions to the development of new experience occurs within the analytic interaction. This interaction is analyzed, that is, made explicit, after it occurs. Enactment is spontaneous and authentic and never premeditated. Therefore, awareness can only happen postenactment. From this point of view, countertransference enactment and its post facto examination is the cornerstone of mutative action. Levenson's influence can be seen in the work of writers such as Gill (1983), Hoffman (1983), Mitchell (1988), Stern (1991), Greenberg (1991), and Hirsch (1993).

To summarize, there are three basic features that characterize the contemporary interpersonal approach exemplified by Wolstein and Levenson. I will refer to these modes of analytic participation as observing-participation, in some contrast with the more traditional participant-observation.

I. The patient and analyst always affect one another. Wolstein's focus is upon two separate selves while Levenson emphasizes the analyst's enmeshment in the patient's world.

II. Countertransference enactment and/or intense emotional engagement on the part of the analyst are inevitable and necessary for productive analytic work. The analyst must become unwittingly lost in the interactional process.

III. Countertransference is often discovered postenactment or postengagement. This mutual
enactment should always be analytically addressed.

In discussing the contributions of the Freudian writers whose work bears great similarity to the interpersonal, I will refer to the above three features as points of contrast and comparison.

**Freudian Participant-Observers and Observing-Participants**

The American Psychoanalytic Association panel (1992) on the concept of “enactment” defines the term as an actualization of the transference. It is seen as the patient's efforts to persuade or to force the analyst into reciprocal action. This is largely communicated nonverbally and is mutually unconscious. It is a two-party interactional situation that derives from unconscious sources in both parties. The notion of the patient as pressing the analyst into reciprocal action more closely resembles Levenson's conception of the patient as the weightier of the two participants than it does Wolstein's psychic symmetry. The panel participants all believe that unwitting enactments are inevitable and very often good for the analytic work.

1 Panelists included Dale Boesky, Judith Chused, Theodore Jacobs, James McLaughlin, and Warren Poland.

The struggle for classical analysts to integrate analytic interaction into traditional, one-person psychology is being played out around the concept of enactment. Boesky (1990) represents an excellent case in point. Boesky emphasizes that psychoanalysis is limited to the study of the intrapsychic. Interaction per se is not viewed as significant. On the other hand, he believes that transference is in some ways unique with each analyst and that resistance reflects an unconscious negotiation between patient and analyst. Thus, resistance is useful and is seen as a creative contribution of the analyst, woven unconsciously into the process and entering awareness (of either party) somewhere down the line. According to Boesky, there is no such thing as no countertransference, or no countertransference resistance, and resistance as a purely patient variable is fiction. The analyst must be emotionally engaged in order for the analysis to succeed; that is, the analyst must fail in maintaining an analytic attitude. This cannot be considered purely a lapse in technique or countertransference in the old and pathological sense of the term.

“If the analyst does not get emotionally involved sooner or later, in a manner he had not intended, that analysis will not proceed to a successful conclusion” (Boesky, 1990, p. 573).

Even if the analyst does not become consciously aware of emotional participation, Boesky notes that the analyst's insights and interpretations are, by definition, interactional and reflective of the psyche of the analyst. He refers to the analyst's unwitting emotional participation as giving rise to “benign, iatrogenic resistance” in the patient. He does not
conceive of productive analytic work without this element. For Boesky, analysis and resolution of resistance, the key to mutative action, is a two-person variable. This ultimate analytic aim cannot be reached without the analyst participating, “in a manner he had not intended.” Nonetheless, he views resistance as a property of the patient only. He believes that analysis of enactment can ultimately distinguish countertransference from transference, and this reflects his positivistic, one-person psychology perspective.

Boesky, as noted, is more conflicted about analytic interaction and enactment than are some other Freudian writers. He takes pains to distinguish his point of view from interpersonal psychoanalysis. He cites Harry Stack Sullivan, Sandor Ferenczi, Franz Alexander, and Merton Gill as giving too much credibility to the accuracy of the patient's perceptions of the analyst. He is careful to note that he does not impute mutative factors to the psychoanalytic relationship compared with the power of interpretation. And, despite other comments to the contrary, he believes that the emotionally engaged participant-observer can distinguish between the creative subjectivity of the analyst and pathological countertransference. He refers to countertransference engagement both as the only road to mutative psychoanalytic action and as often unnecessarily pathological. Boesky is trying to integrate the increased attention some of his classical colleagues are placing on analytic interaction with the traditional classical model he has always found meaningful. He has discovered a place for countertransference enactment while leaving his fundamental one-person psychology basically intact. He winds up clearly emphasizing more the analysis of the mind of the patient than the field of interaction. For him, interaction is certainly not ongoing, though the analyst does unwittingly participate in some very significant ways. Interpretation of the patient's resistance remains, for him, the mutative analytic action, and relational factors do not in themselves lead to change—they lead to effective interpretations about the mind of the patient. Boesky's position represents a compromise between accounting for analytic interaction and maintenance of a valued model of analytic objectivity and neutrality.

Renik (1993a, b) shows none of the conflict evident in Boesky and, indeed, turns classical psychoanalysis inside out more than anyone else since Merton Gill in the early 1980s. Renik observes that classical analysts have recently acknowledged the intensely personal nature of analytic participation. Nonetheless, most still retain a theory that places the patient's psyche as a specimen to be held apart from examination of the field, uncontaminated by the analyst's psyche. He believes that there is inherent subjectivity in every aspect of analytic activity and that the concept of “interpretation” implies an objectivity that does not exist. He demonstrates that the analyst is, indeed, an observing-participant and that psychoanalysis is an interaction between two complete psyches. For him, this makes the classical analytic theory of therapy an obsolete one, and he states this position explicitly. It is impossible for an analyst to be in that position [objectively focused on the patient's inner reality] even for an instant since we are constantly acting in the analytic situation on the basis of personal motivations of which we cannot be aware until after the fact. . . . (1993a, p. 560)

Everything an analyst does in the analytic situation is based upon his or her personal psychology. This limitation cannot be reduced, let alone done away with; we have only the choice of admitting it or denying it. I think we tend to give lip service to the important truth
that an analyst cannot, ultimately know a patient's point of view; an analyst can only know his or her point of view. (1993a, p. 561)

Renik (1993a, b) notes that despite traditional attempts to use countertransference awareness to prevent action, countertransference enactment is ubiquitous. Historically, countertransference awareness was seen as a preventer of action or interaction, whereas in Renik's thinking, countertransference awareness occurs postenactment. Analysts observe their actions after they occur, and the analyst's personal motivation is reflected, in action, in every clinical situation. Interpretation and observation are objective terms for subjective experiences, and believing in objectivity is one of the greatest dangers in psychoanalytic work. Since Renik believes that the analyst is always personally involved, there is little choice but for one to accept that everything that one does is at least in part based upon personal psychology. He repeatedly underscores that the analyst's inherent irrationality must be accepted. It is inhibition and denial that cause the most serious problems with patients. Renik argues that Freud was incorrect in his belief that awareness of fantasy forestalls action. To the contrary, Renik notes that fantasy often does not become conscious without first having been expressed in actions. A physical response, including words as actions, lies at the core of every affect. Awareness of emotion frequently arises from observation of actions (Levenson, 1983; Hirsch, 1985). Thus, psychoanalysis depends upon very real engagement, no different than in any other relationship. Every so-called technical act is an emotional act, albeit often disguised and/or unacknowledged.

Contrary to classical tradition, Renik believes that strong affective participation is essential for productive analysis, since a spontaneous and authentic real relationship and its investigation are the primary mutative factors in the analytic process. Countertransference enactments, and the intense emotional engagement they reflect, are necessary to facilitate a corrective emotional experience. Thus, elimination of countertransference enactment is both unattainable and misconceived. Renik embraces the concept of “corrective emotional experience,” as long as it reflects spontaneity and not premeditation. He distinguishes psychoanalysis from psychotherapy, much as does Gill (1984), as a function of the examination of the treatment relationship, corrective or otherwise, and as the highest priority of the work. In psychotherapy, the corrective interaction is either premeditated or, when recognized, not addressed in the here and now.

In reading Renik's recent work one notices very strong parallels with both Wolstein's and Levenson's interpersonal directions. Renik places great emphasis on the analyst's disinhibition of subjectivity and spontaneity. He seems to view the analyst as, indeed, a full and uniquely individual coparticipant who is completely incapable of objectivity. Unlike Boesky (1990), he also views the patient as a sensitive observer of the analyst's subjectivity. Patients cannot be fooled by pseudo-objectivity; they can only be persuaded to collude with suppression and inhibition of their own perceptiveness. What follows from Renik is similar to Wolstein's suggestions, i.e., an appreciation and full expression of one's spontaneous thoughts and reactions to the patient. Whether one wishes it or not, the analyst's thoughts and feelings will be seen by the patient through the analyst's words and nonverbal behavior. Renik believes that it is far better to embrace and articulate the experience of the moment than to hide behind prescribed technique. His view that the analyst's unwitting engagement
with the patient is necessary for productive work to occur is similar to the point Boesky makes about the analyst's participation in the analysis of the patient's resistance. It is also very similar to the core of Levenson's thinking; the analyst inevitably becomes caught in the grip of the transference-countertransference matrix and analysis occurs when one or the other party begins to become aware of these repetitious enactments. Another way of saying this is that the analyst must do “bad” work before “good” is done. Analyst's must live-out with their patients facsimiles of the old internalized, interpersonal configurations (Mitchell, 1988), recognize enmeshment with the help of the patient's observations, and analyze this interaction openly. It is only at this point that a new and corrective experience is possible. Renik and Levenson, indeed, appear to see this mutual enactment as the only way to enriched and expanded development for the patient.

Renik's contributions cannot be seen in an historical vacuum. His work is a radical culmination of the writing of a number of other Freudian contributions over the years, combined with whatever he has unconsciously absorbed of interpersonal theorizing. Though Hans Loewald is often cited as having initiated the effort (within classical psychoanalysis) to include noninterpretive or relational factors as part of mutative action, his work does not necessarily suggest the inevitability of strong emotional involvement on the analyst's part. Object relations theorists and, more recently, self psychologists have always emphasized the analyst's participation as a key or the key mutative factor. There are many ways to participate beyond seemingly objective interpretation (Hirsch, 1987). What distinguishes some contemporary interpersonal psychoanalysts, I believe, is the acknowledgment of the extent of unwitting affective engagement and a de-emphasis on prescriptive technique. I will now attempt to summarize the contributions of a number of classical analysts who have emphasized the analyst's strong and unwitting emotional participation in the analytic interaction. I believe that all of these contributors have had an impact on the work of Boesky and Renik.

Tower (1956) thoroughly summarizes the classically oriented countertransference literature up to the point of her writing. The overwhelming emphasis of her literature search reflects the view of countertransference as an intrusion to be eliminated, in order to get on with the study of the specimen, patient. At best, countertransference may reflect something that the analyst can learn about him- or herself or, possibly, something meaningful about the patient. Countertransference awareness purportedly prevents countertransference action, and action had always been seen as “acting-out,” the antithesis to analyzing. In a radical departure from tradition, Tower emphasizes, with case examples, the value of countertransference action and its postenactment analysis. She notes the inevitability of the analyst's feelings influencing the analytic interaction, and that, very often, awareness is impossible until some later point. In her clinical examples she illustrates how this may be useful. She concludes that the analyst's unwitting emotional participation may be an essential ingredient for the patient's change, and that the analyst, perhaps, must become lost in the process in much the same way as the patient—a countertransference neurosis to match the patient's transference neurosis.

Bird's (1972) classic paper on transference reflects a point of view similar to that of Tower. He emphasizes the occurrence of a transference neurosis as the key mutative factor for the patient. At such moments in analysis, he believes that the analyst becomes enmeshed in a
reciprocal countertransference neurosis. The analyst is as out of control, perplexed, and irrational as the patient. In order for anything productive to develop, the analytic interaction must, at such points, be on the brink of dissolution, fueled by mutual hatred and destructiveness. Furthermore, this mutuality of affect is evident to the patient. The patient's transference neurosis cannot be worked through without this sort of unwitting participation on the part of the analyst.

Sandler's (1976) classic article reflects his exposure to the British school, and their own integration of the concept of countertransference, to a greater degree than most American classical analysts. Writing not long after Levenson (1972) introduced the term “transformation,” Sandler speaks of “role-responsiveness.” The two concepts, I believe, are very similar. Both view the patient as the stronger of the two participants and able to “nudge” (Sandler's term) the analyst into unwitting interactions that repeat the patient's internalized interpersonal integrations. They both emphasize that the analyst must be willing to be so used and that the analyst's rigidity could stifle the process. Sandler suggests that repetition becomes a mutual process and that postenactment analysis of this is the key mutative feature of psychoanalysis.

Lipton (1977, 1983) departs radically from his classical approach, ironically, by embracing Freud's technique. He argues, and cites by example, that Freud was a rather extreme interactionalist in his work with patients, despite his “surgical” advice in the literature. Lipton speaks of Freud as breaking all the rules laid down more by his followers in America than by Freud himself. He suspects that Freud's technique was selectively followed by European immigrant analysts and their American students. What was emphasized in this country was what Lipton calls “the silent technique,” characterized by extreme emotional distance, constriction, and blind acceptance of a variety of arbitrary rules. He believes that Freud's analytic technique lost the humanity and spontaneity of its author, because of anxiety about acceptance in America and about sexual activity between analyst and patient.

For Lipton, extreme silence and reserve are very strong participations and may have enormous effect upon patients. He predates Renik's ideas about apparent nonactions that are, indeed, powerful actions. Lipton is very critical of his own classical orientation for abandoning Freud's more spontaneous, interactional psychoanalysis and adopting to the letter only his most conservative suggestions. He considers this an example of selective inattention. In viewing silence and reserve as strong participation, he accuses American Freudian analysts of denying the fact that they are interacting with their patients. Lipton sees spontaneous interaction with patients, as exemplified by Freud and the Rat Man, as both inevitable and an acceptable part of technique, as long as the interaction is addressed in the analysis. For him, the greatest analytic sin is not interaction but a failure to analyze the effects and meaning of the interaction. Thus, the heart of the analysis is the postenactment addressing of what has occurred between patient and analyst. Whether the analyst's actions are premeditated, like Freud's feeding of the Rat Man, or unwitting, the interaction must be addressed in order for the work to be considered analytic. The contributions of Gill (1983, 1984) directly evolve from some of Lipton's theses. Lipton believes that the problem with much classical technique is that the analyst's silence reflects a denial of action, and the effects of the silent action cannot be analyzed because they are not acknowledged in the first
Another significant area of denial by analysts of all persuasions has been the effect of the analyst's theory on the analyst's participation with the patient (Singer, 1970; Levenson, 1983, 1991; Hirsch, 1985). One's theory is, of course, a function of one's person and of educational choice and exposure. Once a theory of development and dynamics is established, it becomes difficult to see the patient with optimal freshness and naivete. The effects of theory on perception have been brilliantly discussed by both Spence (1982) and Schafer (1983). Both have been roundly criticized by members of their own Freudian communities for their perspectivism, which was viewed as a kind of nihilism.

Spence (1982) views the analyst as observing-participant largely by virtue of the analyst's theory. He suggests that the patient's free associations are not free, since the listener always supplies the background assumptions and context, based on the listener's theory. The more ambiguous or illogical the patient's verbal material, the more the participant-analyst supplies the meaning and the missing pieces that make the irrational into something that has meaning. He also views the accuracy of historical reconstruction as unknowable and offers the term “construction” as a better reflection of the jointly built history developed between patient and analyst. That is, the patient's life history can never be determined with certainty, and the effort to develop a logical life history has much to do with the analyst's theory of human development. Spence notes that patients also often wish to gain their analyst's love and approval by providing data that fits the analyst's theoretical schema. He is critical of what he calls the archeological approach to historical data, because this approach assumes that historical truth is absolutely determinable. Spence acknowledges strong participation by referring to truth as narrative in contrast with objective. Narration refers to a jointly built story about the patient's life that acknowledges the analyst's theory as an integral part of the story.

Schafer (1983), too, emphasizes the thoroughly subjective nature of both participants in the analytic exchange. The following quotes effectively capture his sentiments.

One cannot distinguish sharply what the analyst finds and what the analyst introduces as a narrative organization; no absolute distinction between analytic subject and object is tenable; all perception is interpretation in context. (1983, p. 84)

Analysts with different points of view or theory and technique employ different narrative strategies, and so they develop analytic histories of different types and more or less different content. (1983, p. 194)

Different analysts' approaches based on different assumptions produce different sets of life histories that support these assumptions. (1983, p. 205)

Facts are silly to dispute. The “facts” depend upon the different systems of interpretation. There are no theory-free observations or method-free observations. (1983, p. 276)

Schafer fully acknowledges that because of his own theoretical understanding of human
development, his patients' histories and conflicts will be interpreted from a Freudian perspective. He recommends that as much as possible of the analytic work be done in the here and now of the transference-countertransference matrix, in order to minimize the more theoretically laden interpretive schema. There is no solution to this dilemma beyond a modesty that comes from the recognition of how much the analyst's perceptions affect the patient and the patient's verbal productions. The contributions of Spence and Schafer are of quite a different nature than those of Renik and, to a degree, Boesky, who speak of the analyst's unwitting emotional participation as essential for mutative action. Nonetheless, their scholarly argument represents part of a gradual trend, within classical circles, to emphasize the significance of the analyst's unwitting participation, bringing the traditional Freudian model closer to the interpersonal model.

Poland (e.g., 1986, 1992) primarily addresses the analyst's verbal participation with the patient, stressing that even words that are interpretive or that refer to theoretical constructs contain within them the affect of the analyst. He extends the contributions of Spence and Schafer beyond their emphasis upon the analyst's theory and suggests that all of the analyst's speech is, indeed, action. He states that communication is not possible unadulterated by hidden private meaning. All words are actions and contain affect. For example, an interpretation may reflect the analyst's personal theory based upon the analyst's personal history, it may reflect suggestion, it may reflect competition, etc. He agrees with interpersonal writers in acknowledging that patients are sensitive to the hidden messages contained in the action of the analyst's words. He also agrees with Lipton (1977, 1983) that silence, too, reflects strong participation. In concurrence with Gill (1983, 1984) and with many interpersonal analysts, he believes that transference is not necessarily distortion. “The psychology of the analyst at work always processes and thus necessarily modifies that which is being explored by the patient” (Poland, 1986, p. 268).

Poland (1992) raises the possibility that the patient's unconscious fantasies may need the presence of an analytic context in order to be actualized. He struggles with what many interpersonal analysts (and more recently, Renik) have come to accept; that unconscious fantasies may indeed need to be lived-out in a two-person interaction. He recognizes and clearly articulates that the classical position of the examination of the mind of a single person is obsolete. He states that the specimen on the microscope depends upon the viewer and conveys a distinct awareness of the pitfalls of viewing data without dyadic focus. He sees this as a shortcoming among many classical analysts, stemming originally from Freud's self-analysis, i.e., there was no dyad. He is critical of the traditional notion that the interpersonal will shield the emergence of unconscious forces from within the patient and states, “There is no transference outside of an interpersonal field” (Panel, 1992, p. 837). Poland's contributions are more radical than many of his colleagues' and often closely resemble those of the interpersonal contributors reviewed earlier.

McLaughlin (1981) sounds very much like Wolstein in his emphasis upon psychic symmetry. He believes that the term “countertransference” should be changed to “the analyst's transference,” since there is imbalance in having two separate terms. Countertransference implies that the analyst is only reacting to the patient's transference; that is, the patient is seen as primitive and infantile and the analyst as the rational and objective reactor. McLaughlin, in
contrast, views both parties as primitive in their participation and sees the analyst as capable of influencing the patient as the reverse. He states that transference is always present in the analyst and that psychoanalysis is a shared experience between two subjective participants. It is never clear who initiates any particular interaction. He is very critical of any implication of analytic objectivity and notes specifically that there is relativity on both sides of the couch. He believes that Freud became frightened about his own sexual feelings toward patients and pulled away from viewing the analyst as subject, placing the analyst in the lofty position of objective observer. McLaughlin states that this has had a profound and deleterious impact upon the psychoanalytic theory of therapy.

Though McLaughlin continues to be a significant contributor to the classical literature that borders so closely on the interpersonal, his subsequent writing has not been as radically interpersonal as the position he took in 1981. There are, however, moments when McLaughlin sounds like an observing-participant. For example, in writing further (see McLaughlin, 1988) about analysts' transferences to patients, he notes that analysts' unwitting actions are what have the most impact. These may often, indeed, be regressive in nature and disguised or reflected in words. He agrees with Poland that words, too, are actions. He quotes an old proverb: “I heard it and forgot it; I read it and remembered it; I did it and I understood it” (1988, p. 373). Like the analyst's words, the analyst's insights are strong actions, and it is the unwitting affect contained in these interactions that has the most impact upon the patient. Like Jacobs (1991) and many interpersonal writers (e.g., Singer, 1970; Searles, 1979), McLaughlin believes that the analyst's awareness about his own life juxtaposes with that of the patient's life and that this has enormous impact upon the analyst's insights and interventions. This builds on the theme of his earlier article and dovetails with the interpersonal position that unwitting emotional enmeshment is necessary for productive analytic work.

McLaughlin (1991), stimulated by Jacob's (1986, 1991) work on the concept of enactment, moves toward Levenson's interpersonal perspective in addition to that of Wolstein. He agrees with Jacobs that enactment is common and that transference expectancies dominate the life of the analyst as well as the patient. He states that the analyst's words, insights, and nonverbal communications all reflect the person of the analyst and also may represent an actualization of the transference. He cites Bird (1972) and Sandler (1976) and wonders if enactment is good and necessary for productive analysis or if it is just something that analysts must accept as inevitable, though not a necessarily productive element. This, of course, is a key question, and McLaughlin is cautious about taking a definitive stand. Though he is on the cusp of viewing actualization of the transference as necessary for profound change, he remains more at home with Wolstein's psychic symmetry.

Chused (1991), Chused and Raphling (1992), and Panel (1992) speak of enactment in a way somewhat more reserved than McLaughlin. McLaughlin, like Wolstein, focuses on the bidirectional influence between patient and analyst and views this as a natural phenomenon, while Chused refers to the patient as perceiving that the analyst is enacting an actualization of the transference. On one hand, she hedges a bit about whether or not the analyst is, indeed, caught up in the transference-countertransference matrix at any particular moment, and on the other, warns us of the dangers of denial of countertransference involvement. Chused
believes that enactments are fundamentally the analyst's mistakes. Nonetheless, she is clear that enactments do occur in ways that actualize transference expectancies and that they can be very useful to the analytic process. She views these mistakes as often powerfully evocative experiences for the patient. She supports a kind of analytic flexibility, wherein mistakes do not lead to disavowal and, instead, lead to a potential enrichment of the process.

Jacobs (1986) introduced the concept of enactment to the classical literature and stimulated Boesky (1990), Chused (1991), McLaughlin (1991), Poland (1992), Renik (1993a, b), and Gabbard (1995) to begin to pursue, or to address in more depth, the role of the analyst in analytic interaction. Jacobs's written contributions (1986, 1991; Panel, 1992) are by far the most personally self-revealing of any of the classical writers, and for that matter, anyone else aside from Searles (e.g., 1979). He is cautious about self-disclosure to patients, however, and this is quite different from Searles. Parenthetically, contrary to what most classical analysts believe, many interpersonal analysts are also very cautious about self-disclosure, and it is more likely to be a personal variable from analyst to analyst than a consistent one across theory (Hirsch, 1995; Renik, 1995). Indeed, Jacobs states that analysis is much more a function of the analyst's personality than of technique. Jacobs's personality emerges very clearly in his presentation of case examples, and his revelations to the reading audience make clear where his thoughts and feelings vis-à-vis the patient lead him. Since many of his patients are likely to be in the psychoanalytic profession, it is ironic—and perhaps contradictory—that he is willing to openly convey his family history and most intimate feelings in public writing, but is relatively cautious about self-disclosure directly to patients. His journeys into his own psyche and his unusually sharp sense of humor (here, too, he recalls Searles) make reading him almost as pleasant as reading a novel.

Jacobs does not go quite as far as Renik or Boesky (albeit with much contradiction) and some interpersonal analysts in claiming that in order for analysis to work, the analyst must become unwittingly emotionally involved and lost in the process. At many moments, however, he comes close to this position. In discussing a particular clinical example, he states,

The working through of the countertransference feelings and the thwarted love that helped feed them, which was an emotional part of Mr. V's treatment, depended on their actualization in the transference. From this perspective, the enactments carried-out by both patient and analyst were an essential part of the process of actualization. (1991, p. 40)

He goes on to say that the current meaning of the concept of transference has become more interactive. The aim is to produce repetition. Many bits and pieces of corrective interaction exist between patient and therapist that when realized post facto, can be analyzed. Discussing the concept of transference further, Jacobs says, “Transference is not viewed as a one-way street consisting solely of projections of the patient, but as being continually influenced in the way it expresses itself by contributions from the analyst” (1991, p. 222).

There is little doubt that Jacobs views analytic interplay as existing between two psychologies and that he views extensive countertransference participation and enactments as common and inevitable. His view of enactments is that they can, indeed, be good for the analysis because they may open pathways to communication that are otherwise
unrecognized. It is also clear that Jacobs views transference-countertransference interplay as the core of the psychoanalytic situation, and that the patient is viewed as a sophisticated observer of the analyst's participation. Jacobs sees countertransference embedded in every corner of the psychoanalytic relationship, including normally accepted aspects of technique. Adherence to standard technique may just as well be disguised countertransference. As examples, he refers to decisions about analyzability and termination; the effort to reconstruct history; the maintenance of neutrality; the act of being empathic; the making of interpretations; and even the emphasis on listening for transference in priority to other material. Whereas most analysts look for countertransference enactments in gross feelings (e.g., sexual) or gross actions (e.g., being late), Jacobs is sensitive to the ever-present subtle ways the person of the analyst interacts with the patient. He is probably more attuned to both analyst's and patient's nonverbal interactions than anyone else in the literature.

As noted earlier, it is not yet clear whether Jacobs views enactments that actualize transference expectancies as a necessary ingredient to mutative action. It seems to me that he takes the position that this type of enactment very often turns out to be crucial and that analysts should have a very open and accepting attitude toward its potential benefit. However, I do not read Jacobs as saying that countertransference enactments and the analyst's full unwitting participation is something that the analyst always ought to want to happen. I do not think Jacobs is far from this position, though he does believe that full awareness of countertransference may occur pre-enactment through careful self-analysis.

In summary of this section, Boesky's (1990) notion of “benign iatrogenic resistance” sets the radical bellwether for the new Freudian observing-participants. Boesky later retracts his radical position. Nonetheless, his thesis that analysts must fail in maintaining an analytic attitude and must be fully and unwittingly engaged (enactments and all) in order for the analysis to succeed, brings this newly articulated classical thinking directly into harmony with many contemporary interpersonal contributors. Renik shares none of Boesky's ambivalence about paralleling the observing-participant model of many contemporary interpersonal theorists and spells out this position more clearly than any other Freudian writer. A number of Renik's predecessors and contemporaries are reviewed, since it is these classically trained colleagues who have broken ranks with American classical tradition and are forging a convergence between two historically diverse schools of thought.

**Some Reflections upon Psychoanalytic Politics and Psychoanalytic Culture**

The lack of reference to the interpersonal literature by Freudian writers who work in an interpersonal model has received only slight attention (Hirsch, 1985; Aron, 1996). When even the most liberal classical analysts (e.g., McLaughlin) refer to their similarity, they usually quickly add that, “while nominally an interpersonal perspective, this concept of enactment facilitates a more balanced attention to the involvement of both parties and to the intrapsychic dynamics in both that specifically shape these interactions” (McLaughlin, 1991, p. 595, italics mine). They explicitly (or implicitly) convey that the interpersonal approach is
superficial because it ignores the intrapsychic. This notion inevitably harks back to the behavioristic and positivistic aspects of Sullivan. Indeed, Sullivan initiated the interpersonal school in order to build a theory of psychology and of therapy based upon observation and analysis of interpersonal relationships.2

Sullivan's school was purposefully in opposition to the dominant psychoanalysis of his time. He excluded from significance what was central to classical psychoanalysis: inherent drives, conceptions of internal structure, and the centrality of the Oedipus complex. In his therapeutic technique, he ignored analysis of transference. Further, Sullivan was never formally analyzed or analytically trained and was basically a self-educated psychiatrist. Clara Thompson (e.g., 1950) attempted in her writing—and politically as well—to integrate Sullivan's interpersonal notions and idiosyncratic language into the main body of the profession. In her writing she was able to do this to a certain degree, but her efforts at organizational integration failed totally. Interpersonal psychoanalysis was to develop outside of the American Psychoanalytic Association and International Psychoanalytic Association, forming its own societies, institutions, and journals. The interpersonal school's isolation lent itself to being ignored and demonized by the Freudian psychoanalytic mainstream. Cooper (1985) and Richards (in press) write pointedly of the Freudian tradition of exclusion of so-called oppositional schools. “Interpersonal,” to classical analysts, meant “Sullivanian,” and since post-Sullivan interpersonal literature was not read by most classical analysts, it remained that way until quite recently.

Most interpersonal contributors, to this day, have been in opposition to an emphasis on drive, the centrality of the Oedipal situation, and elaboration of internal structures. However, conceptions of unconscious and of an internal world have been present, to some degree, since the beginning. Sullivan certainly de-emphasized intrapsychic structure, but his concept, “personification,” laid the groundwork for subsequent internal mappings. Mitchell's (1988) internalized relational configurations and Greenberg's (1991) representations are good examples. Stern (1994)

2 Though it is well beyond the scope of this article to compare basic theories, I wish to make some effort to account for the lack of cross-fertilization between theories.

provides an excellent detailed history of interpersonal conceptions of unconscious and of internal structure. With regard to psychoanalytic technique or theory of therapy, interpersonal analysts since Clara Thompson have improved upon Sullivan's ignoring of both the examination of transference and of countertransference. Though the key concept of transference has always been a more mutually constructed phenomenon (e.g., Wolstein, 1964; Searles, 1979) analysis of the here-and-now transference has become as fundamental to many contemporary interpersonal analysts as it has been to Freudian analysts. Ironically, it took a prominent, classically trained analyst (Gill, 1983, 1984) to fully develop an interpersonal theory of the analysis of transference.

Both the examination of countertransference enactment and the clarifying efforts of
Greenberg and Mitchell (1983) and Gill (1983) are leading classical analysts toward a reappraisal of post-Sullivan interpersonal contributions. Despite quotes like McLaughlin's, other leading contemporary Freudian theorists, such as Gabbard, Jacobs, and Renik, have begun to see strong parallel developments in the theory of therapeutic action, in particular (see Hirsch, 1995; Aron, 1996). Though the lack of citation of interpersonal writers, particularly when writing about subjects such as countertransference enactment, reflects a long history of institutional suspicion and disrespect, the political winds are changing. “Interpersonal,” for some classical analysts, is no longer synonymous with Sullivan. Had classical analysts been more aware of and/or receptive toward interpersonal thinking, the careful examination of the analyst's participation in the analytic process may have received wider attention far earlier.

Jacobs (1991) acknowledges that his Freudian colleagues have long avoided the study of countertransference, the analyst's unwitting participation with the patient. The natural-science method of inquiry has overlooked the subjectivity of the perceiving therapist in an attempt to study the mind of the patient in isolation. Jacobs elaborates two distinct types of fears involved in viewing the analyst in constant unconscious interaction. One is related to the understandable aim to avoid influence of the patient, to help patients find their own idiom and direction apart from the analyst's desires. Renik (1995) and Aron (1996) suggest, however, that denial of subjectivity lends itself to idealization, which in turn, readily leads to influence and power. Therefore, the greater the awareness of inevitable countertransference participation, the less the likelihood of the dreaded effect of analytic suggestion. The second fear that Jacobs notes relates to excessive emotional involvement with patients. In particular, the fear of sexual desire or even sexual acting-out has plagued psychoanalysis from the very beginning. Wolstein (1959), Singer (1970), Levenson (1972), Searles (1979), Hoffman (1983), Blechner (1992), Ehrenberg (1992), Renik (1995), Aron (1996): all have spoken of the myth of the naive patient—the assumption that analysts' feelings are not visible to patients. They and others have suggested that the naive patient usually represents an unstated collusion between an analyst who does not wish to be seen and a patient who is willing to be compliant. Though analysts' excessive emotional involvement with patients may, indeed, have harmful impact, creating an atmosphere where patients are encouraged to clearly see their analysts allows for potentially productive use of such interactions. It actually mitigates against acting-out.

In acknowledging these developments, Jacobs, as well as Gabbard and Renik, have initiated a trend among Freudian analysts to integrate the contributions of the long-ignored, interpersonal psychoanalytic theory of therapy. There appears to be an erosion, as well, in a drive-based theory of the mind and a greater receptivity to the interpersonal in human development and, of course, in the analytic dyad. Many classical analysts have strayed far from the remnants of a blank-screen model, and some, as reviewed here, now work in what I refer to as an observing-participant model. It is likely only a matter of time before this is more widely recognized and acknowledged in the classical psychoanalytic literature.
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