

RESEARCH ARTICLE

Towards a better use of psychoanalytic concepts: a model illustrated using the concept of enactment

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ABSTRACT

It is well known that there is a lack of consensus about how to decide between competing and sometimes mutually contradictory theories, and how to integrate divergent concepts and theories. In view of this situation the IPA Project Committee on Conceptual Integration developed a method that allows comparison between different versions of concepts, their underlying theories and basic assumptions. Only when placed in a frame of reference can similarities and differences be seen in a methodically comprehensible and reproducible way. We used “enactment” to study the problems of comparing concepts systematically. Almost all psychoanalytic schools have developed a conceptualization of it. We made a sort of provisional canon of relevant papers we have chosen from the different schools. The five steps of our method for analyzing the concept of enactment will be presented. The first step is the history of the concept; the second the phenomenology; the third a methodological analysis of the construction of the concept. In order to compare different conceptualizations we must know the main dimensions of the meaning space of the concept, this is the fourth step. Finally, in step five we discuss if and to what extent an integration of the different versions of enactment is possible.

KEY WORDS: enactment, countertransference, acting-out, Agieren, conceptual research, conceptual integration

Introduction

At present we find in psychoanalysis a vast array of theories with associated theoretical terms and concepts at different levels of abstraction. There has long been intense discussion about the epistemological status of psychoanalysis, leading to widely differing conclusions. This situation could be decried; however, in part it is a consequence of the peculiarities of the relationship between theory and practice that distinguishes psychoanalysis from other scientific fields. Study of an analyst's practice shows that theories are always adopted individually. In an analytic session the analyst does not simply retrieve theoretical ideas and concepts from memory; rather, a process of discovery occurs in which he has to rediscover the theory based on the clinical material, even though for the most part he has already internalized it (Parsons 1992). In this way the analyst develops implicit and private theories, which are not conscious.

The clinical process of gaining theoretical insights is linked to the individual case and related to the person and the situation. Generalizations have to start from these single, case-bound insights. At first the conceptual knowledge is implicit; then, more and more aspects of it are reflected on consciously, checked, verified, and enlarged with knowledge from further clinical material. Generally, the next step is to discuss the findings with colleagues, before they are written up into a paper and submitted for publication. Along this briefly outlined pathway of conceptual development the analyst stands in relation not only to the patient, but also to the virtual community of psychoanalytical practitioners with whom he seeks a sense of belonging when applying his theoretical concepts and technical principles. A narcissistic satisfaction results from sharing therapeutic ideals and concepts with others to whom he feels connected. In this way, as Grossmann (1995) has observed, theories become inner representatives of the group and its authority; here, theory becomes a function of object relations. Hamilton (1996) describes an attachment relationship that analysts enter into with specific theories and with charismatic analysts, which provides them with a feeling of security.

Joseph Sandler called attention to another aspect of psychoanalytic theory formation. As early as the 1950s, when the Hampstead Index was being developed to compile precise definitions of central psychoanalytic concepts, the group of analysts involved found that, in practice, concepts undergo constant augmentation

and shifts in meaning. Sandler further defined this situation in his landmark paper of 1983 on the analyst's private implicit theories. Concepts do not possess unambiguous, determinable meaning but, rather, a spectrum of meanings. Relative precision can be obtained only by referring to the context in which the concept is used. Sandler refers to the "elasticity" of a concept; one no longer speaks of a single meaning, but of dimensions of meaning, and of a meaning-space in which these move depending on changes in the clinical context and the connections of meaning.

These dimensions of meaning are determined by the perspective of the analyst looking at the clinical phenomenon. A single perspective cannot encompass all aspects and explain them in a comprehensive way. Because of the different underlying fundamental postulates and basic psychoanalytic assumptions, different analysts' perspectives on the same phenomenon will lead to different versions of concepts and theories. The acknowledgement of this plurality of theories constituted a liberating advance within the analytic community, but it also had the potential to inhibit attempts to integrate concepts. Time and again, scientific discussions revealed that different psychoanalytic schools attributed completely different meanings to psychoanalytic concepts, including fundamental concepts, owing to their respective traditions of thought and culture. In fact, to date, there is no consensus about how to decide between competing and sometimes mutually contradictory theories, and how to integrate divergent concepts and theories. Beginning with Robert Wallerstein's search for a "common ground", the psychoanalytic community has repeatedly expressed the wish to identify convergences, at least with regard to clinical approaches, despite the existence of diverging theoretical positions. However, to date no substantially significant headway has been made.

In response to a new initiative of the IPA President, Charles Hanly, in 2009, the IPA Board approved a mandate for the newly appointed Project Committee on Conceptual Integration, whose members are the authors of this paper. The purpose of the committee was "to find ways and means to enable members of the IPA to contribute to such integration of psychoanalytic theory as current, reliable knowledge of psychic reality makes possible . . . to substitute conceptual and clinical enquiry for chronic controversy without diminishing critical questioning and without encouraging ideological orthodoxy or authoritarianism."

This is a major task, as one cannot fail to realize when undertaking a study of competing versions of primary concepts. The members of the Project Committee on Conceptual Integration understand themselves to be a core group which, by way of example, attempts to think through the problems that emerge from their task and to find a method by means of which concepts can be compared and their differences and similarities recorded.

To begin with, the committee had to develop for itself a *modus operandi* with no tools other than a knowledge of different psychoanalytic theories and an awareness of the importance of approximating, comparing, and clarifying their main concepts. It was clear to us that such an endeavor was justified by the need to avoid the confusion, sterile antagonism, and dead ends in the theoretical discussions that are currently taking place in a context of theoretical pluralism. Before we arrived at the methodology we describe in this paper, which we used to reach the conclusions about the concept of “enactment” presented below, on many occasions we found ourselves reproducing the very same configurations that are found in discussions of theoretical concepts within the different groups and societies. We came to look on ourselves as a hologrammatic representation of the effort to overcome the difficulties inherent in conceptual research itself.

Let us begin with the important point that the plurality of concepts makes integration unlikely. How is it possible to integrate concepts which, originating in the different psychoanalytic traditions, differ entirely with respect to their fundamental assumptions and philosophies? When we reviewed earlier debates between analysts from different schools regarding concepts and theories, and the emotional storms that ensued (Green [2005] speaks of “bloody duels”), we had to ask ourselves whether this would be far too ambitious an aim. Another complicating factor is that close inspection of psychoanalytic work reveals that many authors employ familiar concepts idiosyncratically. One must therefore assume that alongside explicit, public definitions, there are also implicit ones that individual psychoanalysts draw on in their works.

In view of the theoretical and clinical diversity of individual psychoanalytic concepts, we realized that we had to develop a method that would allow us to compare the different versions of concepts and their underlying theories, to place them in a frame of reference and see the similarities and differences. We opted to

study the problem systematically by means of an analysis of one concept initially. It seemed particularly promising to start with a concept close to clinical reality and which could be directly connected to clinical observation, and so we chose “enactment”/“countertransference enactment” for our initial analysis.

Over the past 20 years, enactment has come to be seen as a vital concept in relation to the actualization of unconscious processes. It is an inevitable phenomenon in psychoanalytic treatment, and almost all psychoanalytic schools/traditions have developed a conceptualization of enactment. The analyst and the analysand become involved in an unconscious pattern of interaction and communication – a pattern that must be set within a scene, since the analysand is otherwise unable to express it. Countertransference enactment involves the occurrence of something unexpected and thus incompatible with the relevant rules of therapeutic technique. Because the analyst acquiesces on the affective level, his own vulnerability and personality enter directly into the treatment.

For the purposes of our inquiry into the concept, we had to make a selection from the literature – a sort of probatory canon of relevant papers. In this selection, the mainstream theories from the Anglo-American tradition took center stage. Here, the French tradition, which has not developed a concept of enactment but has conceptualized the facts using other terms, has not been considered to the same extent as the Latin American, Italian, and German traditions.

We have analyzed the following papers: from Kleinian psychoanalysis, Steiner (2000, 2006); from modern American ego psychology, Jacobs (1986, 2001), McLaughlin (1991), McLaughlin and Johan (1992), and Chused (1991, 2003); from self psychology, Goldberg (2002); and from relational psychoanalysis, Hirsch (1998), Levenson (2006), and Benjamin (2009).¹

Our method for analyzing concepts comprises five steps, each of which we will present in the following chapters. First, the history of the concept – its genealogy – has to be described. Secondly, we describe the phenomenology of the concept. In the third step, a methodological analysis regarding the definition of the concept has to be made. To be able to compare different conceptualizations of the clinical phenomenon, we need the main dimensions of its meaning space, which are

¹ Later, we added but used in only parts of our work Cassorla (2011), Ellman (2010), and Stern (2011).

considered in step 4. Finally, in step 5, we attempt to see to what extent an integration of the different versions of the concept may be possible.

Section 1

The genealogy of enactment

Introduction

We present a historical perspective (or “genealogy”) to help to establish the origins and the development of the concept of enactment. This will be provided not so much through a record of dates and historical circumstances as by linking them to those theoretical turns that are at the root of the changes in the understanding and handling of “enactments” that we will discuss.

The term “enactment” was introduced into the psychoanalytic vocabulary in English some 25 years ago. Since then it has come to be increasingly commonly used in clinical discussions and publications. This term existed in English prior to being used in psychoanalysis (to mean, for example, the enforcement of a law, personification, or the performing of a role), and it remains widely used outside psychoanalysis. Other languages that lack an equivalent single term make use of a range of words or expressions to make explicit the various meanings of the English term. Similarly, analysts who wish to communicate with colleagues belonging to various analytic cultures that speak and write in different languages must overcome the problems of translation – first between languages and then between the different semantic contents of the terms employed in their respective theoretical and factual statements.

As with other concepts in psychoanalysis, the English term spread into other languages, ultimately resulting in its general acceptance, mostly for the sake of expediency. However, this phenomenon is not universal owing to the existence of individuals and groups who are reluctant to incorporate such terms and prefer to keep using the terms they are most familiar with for descriptively similar realities. Two brief points can be made here. The first is that it may take varying amounts of time for new terms to be incorporated in different analytic cultures. Until this is achieved, confusions tend to arise due to lack of familiarity with the “newcomer” term and to the different “psychoanalytic values” that play a part in its acceptance; in addition, the attraction of something that appears as a novelty plays a part. The second is that this

process shows two different faces. On one side, it appears attractive because of an implicit possibility that agreement on the use of a new single term can be taken as equivalent to the resolution of theoretical dissent. The opposite side is that the same term appears in both observational and theoretical statements. The consequence of this is an apparent consensus at the observational level, which can be easily shared by many different observers. However, when it comes to explanatory statements about what has been observed, which are usually more difficult to accept, dissent re-emerges. Furthermore, as observations are regularly linked to previous expectations and provisional hypotheses, the observational and theoretical levels inevitably overlap, further complicating matters.

The road to enactment and its related problems

Although “enactment” as a term of reference entered the psychoanalytic vocabulary approximately a quarter of a century ago, the concept it refers to – mainly related to the role and effects of actions in the course of psychoanalytic therapy – already existed and was referred to using other words.

Actions of various kinds had attracted Freud’s attention from the beginning. In his early papers (Breuer and Freud, 1893/1973), Freud described the impressive actions performed in a theatrical fashion, and the “abreaction” whose visible expression can range from crying to vengeance. Later, Freud (1901/1973) made a study of parapraxes and other actions in our everyday life. However, these terms and concepts were used for actions at a time when a fuller understanding of the metapsychological implications was being elaborated. Therefore, the possible remote origin of a more complex concept of “enactment” has to be traced to the epilogue of the Dora case (Freud, 1905/1973a), where Freud introduced the German verb “*agieren*” to express his insights into the patient’s actions. In Strachey’s translation, the patient “acted out an essential part of her recollections and phantasies instead of reproducing it in the treatment”. With the growing expansion of English as a psychoanalytic lingua franca, Strachey’s term “acting-out” replaced the German term, and is still broadly used to refer to a certain kind of actions in psychoanalysis. Etymology can help us to establish interesting links in a “genealogical” study of the words we use and their underlying meanings. Terms commonly used in psychoanalysis such as to act, to abreact, acting-out, enactment, and “*agieren*”, as

well as everyday terms such as actuality or actually, have in common their origin in the Latin verb *agere* (to do). In this perspective we can consider “agieren” the inaugural psychoanalytic term for actions viewed from the perspective of what favors analytic treatment and what does not. We can assume it to be the inner thread that connects all of the following psychoanalytic developments about actions, including “enactment” and other related phenomena.

The Dora case seems to have taught Freud many things, among them the limits and differences between verbal communication and actions meant to avoid it. When Freud (as translated by Strachey) says “acted out . . . instead of”, he is distinguishing what he considers to be helpful from obstacles to treatment; in other words, “acting out” was introduced into the analytic vocabulary to describe those actions of a patient that go against the classic analytic method. Other related issues that are also present in the paper on the Dora case developed later into chapters on the theory of psychoanalytic technique; they are important for us because of the greater complexity they introduce in the psychoanalytic study of actions. Beyond purely descriptive statements about human conduct, actions now have to be put into the perspective of resistance and transference in the analytic setting, the goals of and the obstacles to analytic treatment. The later concepts of countertransference (1910/1973c , 1914) are also present – although implicitly – in Freud’s account.

From this perspective, contemporaneous discussions about “enactment” can be seen as present-day versions of earlier yet still current psychoanalytic dilemmas related to actions (good or bad, helpful or detrimental) in the context of a therapeutic method known as a “talking cure”. Last century we discussed the goodness or badness of acting-out, whether or not acting-out belongs to the transference, and whether it is or is not an obstacle to therapy; analogously, we now discuss the inevitability of enactments, and the questions of who bears responsibility for them, whether we have to welcome them, and whether it possible to prevent them.

Acting-out and a bifurcation in the psychoanalytic study of actions

We will describe as “bifurcation” the separate and different approaches devoted by psychoanalysts to the study of actions as such, and of acting-out in particular, assuming it to be the most relevant in theory and practice. Actions can be studied as observable behaviour that can be addressed by points of view other than the

psychoanalytic one. Two examples are the study of rituals and the “psychopathology of everyday life” mentioned above. For a long time, actions in themselves did not attract much interest as an object of study from the wider psychoanalytic community. Heinz Hartmann probably had this in mind when he stated that there was a “lack of a systematic exposition of an analytic theory of action to which we could refer as an accepted body of facts and hypothesis, or at least one generally recognized as such” (Hartmann, 1947/1969). It was similarly the case for a great part of the past century that new developments in related fields where actions are also studied, such as law, philosophy of action, and psychology, did not attract much interest from psychoanalysts, and therefore were of no help for psychoanalysts in their own work. We suggest that the consequence was a delay in a general and broader psychoanalytic understanding of actions being reached. For a long time only actions categorized as “acting-out” attracted any interest; these constituted a body of study objects that contained a great deal of the theoretical and clinical problems that are now considered to relate to “enactment”.

This intensive focus on acting-out was not without difficulties and contradictions. As Sandler stated, of all the clinical concepts considered in his book (Sandler, Dare, & Holder, 1973) it is the one that has been widened most and undergone the greatest changes in meaning since it was introduced by Freud. Among the many important contributions from leading analysts, impossible to quote here at length, it is worth mentioning those of Anna Freud (1968), Phyllis Greenacre (1950, 1962/1978), and Herbert Rosenfeld (1964/1965). It is very interesting – and revealing for our purposes – to find in that rich bibliography practically all the same issues as can be found in the consideration of enactments. Very briefly, acting-out was considered mostly detrimental for the working alliance by Greenacre, in opposition to the classic analytic therapeutic goal of remembering and working through by Anna Freud, and classifiable as either “partial” or “total” (respectively meaning possible or impossible to be contained and interpreted in analysis) by Rosenfeld.

Analysts began to study actions as such again in the late 1950s and 1960s. Inevitably, this stimulated a simultaneous process of theoretical fertilization and change, due to some new inputs from linguistics and the theory of communication. Classical works in those fields are Austin (1962) and Searle (1969), both of which

incorporated the pragmatics of language and the “perlocutionary” effects of speech. Within the psychoanalytic field proper, in a classical paper Luisa Alvarez de Toledo (1954) identified unconscious phantasies underlying the act of speaking itself which can find some degree of existence in external reality when the words are spoken. David Liberman’s 1973 book “*Linguistics, communicative interaction and psychoanalytic process*” deals with actions inside and outside of the analytic setting. In his communicational and linguistic version of the classic psychopathology, he refers to action as a way of communicating something, including the wish to not communicate; in such situations the analyst can still retrieve information from the available observational data. Communication of some kind is acknowledged as inherent in all human interactions. Leon Grinberg (1957, 1968) expanded on projective identification as the prime defense mechanism in acting-out and introduced the concept of projective counter-identification. Wilfred Bion (1963/1977, 1965/1977) also referred to the use of speech as an action designed to get rid of dangerous contents of the mind. Willy and Madeleine Baranger (1962/1969) were among the first to conceive all that happens in the analytic situation (including actions) as being produced by the “analytic couple” in an “analytic field”. The play technique and the use of communicative action in child analysis also enlarged the comprehension of actions in general and of acting-out in particular (Campo, 1957; Eckstein, 1966; Rodrigué and Rodrigué, 1966). In 1998, a colloquium on “Philosophic and psychoanalytic perspectives on action” was organized in Buenos Aires by the Association for the Epistemology of Psychoanalysis. One of the papers from this colloquium (Zysman, 1999) states that it is only by reference to their inferred unconscious phantasies that actions can be understood and classified according to their nature, motivation, and goals, in the context of the psychoanalytic theories of sexuality (Freud, 1905/1973b; Meltzer, 1973).

Enter “enactment”

In the preceding paragraphs, taking a historical perspective, we have traced the pathway leading up to the arrival and extended use of the concept of enactment in the psychoanalytic vocabulary, and also sought to establish whether any previous existing term could be considered conceptually related or equivalent. To try to answer such questions, which are left open by the genealogical approach, we need

to focus again on the ways in which the use of the terms, and the theoretical and clinical needs they are supposed to satisfy, have evolved.

It is usually accepted that the first appearances of the term “enactment” can be found in Jacobs’ papers (1983, 1986), and in the controversy with Andre Green in the 1993 Congress in Amsterdam, subsequently published in the *International Journal of Psychoanalysis*. It is also considered that Joseph Sandler’s papers (1976, 1977) are at the root of this innovation, based on his concept of “role responsiveness”, which also tried to account theoretically for given clinical situations involving the countertransference in particular. Jacobs also mentions the countertransference and quotes Racker’s (1968) classification into direct and indirect countertransference. These are important references to keep in mind because it is also a fact that the term “enactment” tends to be predominantly used for the analyst’s countertransferential engagement in actions. The theoretical background described by both Jacobs and Sandler locates enactments in an object world; while Jacobs refers to the emotional responses of the analyst and the subsequent displacement into objects “in the patient’s inner world”, Sandler resorts to projective identification as the defense mechanism that accounts for enactments. The picture from the genealogic approach would not be complete without mentioning Betty Joseph’s (1999) paper “*From acting-out to enactment*”. In this paper, which was presented at the British Psychoanalytic Society for Sandler’s Memorial Day, the approximation in theoretical and clinical matters between acting-out and enactment is evident. Sandler’s use of terms as “actualization” and “role responsiveness” is carried on in the explanation of a clinical example. The title of her paper is briefly picked up when she states: “the whole development in this area of enactment has brought an important shift of emphasis . . . from what we could call “acting-out” to “acting-in”, enactment – that is to the pressure to act within the transference relationship”. The greater potential to share descriptions and opinions, and use similar terms for statements mainly referring to clinical facts, becomes evident. **But the problems related to the use of apparently similar concepts within different theoretical frameworks are still in need of a thorough examination [my best guess but this needs checking by one of the authors].**

Jacobs, Sandler and Joseph, with their different theoretical backgrounds, each played an important part in the spreading and generalized use of the term

“enactment”. This is true at least in English-speaking countries and others that simply incorporated the term into their own languages, such as Argentina and Brazil (see Cassorla, 2007). In contrast, French-speaking analysts seem to be quite comfortable with the use of “*mise en act*”. Finally, and to close the discussion on “genealogy”, we feel that it is useful to have a shortlist of “enactment”-related issues pending theoretical discussion, in view of the undeniable fact that the term seems “to have arrived to stay”. It would help a lot to know what each of us has in mind when referring to *action, acting-out, acting-in, enactment, setting, projective identification, object relations, transference, countertransference, communication, remembering, repeating*, and so on. This is why the concept of “enactment” needs a profound and extensive discussion in the context of the diverse theoretical psychoanalytic backgrounds and the rich existing bibliography.

Section 2

The description of enactment as a clinical phenomenon

We believe that clinical practice can be comprehended, at least partially, on its own merits. This, of course, does not involve underestimating the value of theory, but rather, **facing [not clear what this means – ‘examining’? Or ‘undertaking’? Or both?]** clinical practice with a stricter and more systematic methodology that is, at the same time, faithful to the psychoanalytical method. The point is to remain as close as possible to the clinical description. We believe that applying the phenomenological method to the observation and description of clinical phenomena arising from the psychoanalytical situation is a necessary and fruitful first step to “grasping psychoanalysts’ practice in its own merits” (Jiménez 2009).²

Here we will attempt to describe how the phenomenon that we call enactment indeed “appears” in the mind of the analyst; how it takes shape in the immediacy of his subjective experience. Etymologically, the term “phenomenon” is derived from the Greek word *phaino*, which means “to appear”. This means that, in its most original sense, a phenomenon is an “appearance” and, therefore, a relational event. It is “a being for someone else”, as opposed to a being in itself, independently from its

² Phenomenology is used here as a tool for clinical observation and not as a philosophical school with all its epistemological assumptions.

apprehension by anyone else. Thus, to study enactment as a clinical phenomenon implies analysis of it as an intersubjective event. Not by chance, in his pioneering work Theodore Jacobs (1986) talks about enactment as a countertransference phenomenon. In this seminal paper, Jacobs introduces the term “countertransference enactment” when referring to subtle acting-outs on the part of the analyst, whose origin may be found in the impact of the patient’s transferences on the analyst’s mind. We start, then, from the basis that enactment is defined from the analyst’s experience, within the relational field he establishes with the patient.

Our first step was to try to determine whether the analysis of theoretical-clinical works regarding the concept of enactment, written by psychoanalytical authors belonging to different traditions, allows for the development of a “phenomenology of enactment”. Our objective, therefore, was to compare various authors from the perspective of how they describe (if they do so at all) such enactment, based on their own subjective clinical experience. Ultimately, all things considered, a phenomenology cannot do without a theory. This becomes particularly clear when attempting to explain the discrepancies between the definitions and descriptions given by different authors regarding the same phenomenon. The preferred theory of individual authors seems to make them prone to skewing certain features or to highlighting some over others. This is particularly clear when trying to define the “best practice” for handling or resolving enactments.

In what follows, the phenomenology of enactment will be described as a sequence of five stages of a complex clinical process.

Stage 1. Status quo ante: The “normative” analytic relationship

From a phenomenological perspective, we assume that the patient and analyst both have an intentional representation of each other and their relationship. This is made up of expectations of the thoughts, feelings, beliefs, and desires that each anticipates from the other and is founded primarily on the verbal exchanges that occur between the two individuals. These models, while constantly updated and governing the interpersonal actions of the analytic dyad, remain descriptively unconscious as long as the two participants behave in line with the broad expectations that the model generates for each of them. However, these expectations are constantly challenged by both the patient’s and the analyst’s unconscious phantasies, which, while integral

to the process of relating, must be kept in the background if the relationship is to achieve its intended objectives. All psychoanalytic models assume the presence of a constant tension between the analyst's anticipated action and the patient's hope, based on transference phantasy. The analyst's resistance to this pull is encoded into analytic jargon as "neutrality", which, as discussed above for other concepts, actually means very different things to different cultures and different analytic relationships. However, in all cases the term encodes a normative set of expectations about relating – a demotivated grammar of discounted expectations, in terms of structuralist linguistics. There is a tension between this normative way of the analyst's being and the patient's natural wish to express himself through every mode of communication available to him, including the nature of the relationships he creates with his analyst.

Stage 2. The enactment as a breakdown of the normative relationship

The enactment represents a rupture in the analyst's conscious experience of **himself** by a deviation from this normative process of interpersonal experience. Suddenly, something seems to be incomplete; the analyst is thrown off balance, he loses the sense of his normal analytic functioning, and this sudden awareness of discontinuity causes a disruption in the phenomenological field. This involvement in the unexpected collapse of the analyst's theory resulting from whatever is going on in that moment in the process is described by the various authors in a fairly similar way: "I discovered in myself an unusual phenomenon" writes Jacobs (1986, p. 294); or "the analyst does . . . get emotionally involved . . . in a manner he had not intended" (Boesky, 1990, p. 573). Every description indicates the existence of a certain pressure to act on the part of the analyst, which at the time he does not understand. One might say that the analyst "catches himself in the act". The pressure the analyst experiences can take different forms, such as sleepiness, boredom, nodding off, confusion, anxiety, or elation. For Steiner (2006, p.136), an enactment is produced as an attempt on the part of the analyst to diminish tension. This phenomenological quality of enactment is highly compatible with the dictionary definition:

"The dictionary definition of enactment refers to acting, or representing on the stage. The same word is also used in legal language, where the original idea of the legislator is transformed by the force of enactment into a binding statute, which the people must obey lest they be punished. So, [and applied to the

psychoanalytic situation] dramatic enactment by the patient expresses her wish that the analyst, who is her audience, will join her in a suspension of disbelief characteristic of a play” (D. Boesky, in McLaughlin & Johan 1992, p. 832)

Stage 3. An enactment is discovered by the analyst after it happened

A posteriori, observing his own countertransference, and through signals given by the patient, the analyst realizes that he has transgressed the “best psychoanalytic technique” (which requires him to remain on a symbolic and verbal level), entangling himself in enacting with his patient. At any rate, the analyst’s attention focuses on a type of immediate action that involves him in a relationship with the patient. This action may also be verbal, as in interpretive enactments. Implied in this act of discovery by the analyst is, first, a review of his acts over the past moments (the phenomenological window of his actions of which he has awareness) and second, a comparison of this act to past acts by the same analyst in similar circumstances within his own episodic memory or representations of ideal analytic behavior encoded in semantic memory systems. Both the review and the comparison are intentional acts in a phenomenological sense, and thus themselves liable to be affected by limitations of self-awareness.

Stage 4. Collusion acknowledged, sense of analytic functioning restored

The review and comparison in relation to the specific situation leads the analyst to think that, amid the psychoanalytical situation, the patient’s transference phantasy has been “actualized”. This means that the gap between the analyst’s intended stance and the act he has observed himself engaging in can be made to seem complete if he posits that he has unconsciously acted consistently with the patient’s experience of him, or some other derivative or residue of the patient’s experience of the relationship within the context of the complex role-relationships that exist between the two individuals. In an established analytical process, both patient and analyst are committed to remain at the symbolic and verbal level of things. When analysts find themselves involved in action (“colluding” with the patient’s unconscious desires or simply acting consistently with the implied role-relationships that they are both experiencing), the model implies that patients will often perceive the change of

experience – that is, that the analyst acted in line with the patient’s phantasy (not that of the analyst). This may not cause a disruption in the patient’s conscious experience of the relationship, but the patient may nevertheless communicate it to the analyst (via dreams, for example). The analyst’s enactment thus may be understood as the consequence of a sort of automatic, unconscious attempt to release the countertransference tension. This raises the question of why the analyst gave in to this tension at this particular moment, given that the tension is a more or less constant background presence. It may be that at that moment the pressure from the patient was particularly intense, or the analyst’s capacity to resist the pressure was particularly weak. But, regardless of these specific intrasubjective considerations, we may say that, from this phenomenological perspective, all enactments are “co-enacted”.

Stage 5. Solving an enactment: From threat to opportunity

At this last stage of the complex process we have described, we encountered different paths by which the enactment is solved. Kleinians, for example, typically redirect, through interpretation, the enactment toward the patient’s transference phantasy, which, via projective identification, would have induced the analyst to collude with it, gratifying it. Others, such as certain contemporary Freudians and relational psychoanalysts, also seek, via self-analysis, the roots of their own internal world, and they interpret from there.

Relational psychoanalysts recommend that, if the countertransference enactment would have implied retraumatizing the patient, the analyst acknowledges this failure of empathy before the patient, as part of the process of enactment interpretation (Benjamin 2009).

In any case, the phenomenological model we propose is in line with current consensus across the psychoanalytic schools. We conclude that enactments are inevitable, and that if they are subjected to analysis afterwards, they may become a powerful means to reach inner depths dissociated from the self, such as early traumatic experiences.

Section 3

The rules of discussion

General criteria for the construction of concepts

It would be useless to try to hold a discussion on any concept unless we first agree on some rules or criteria by which to assess our respective arguments. Perhaps the first thing to establish is that we are working with psychoanalytic concepts. So we must start with an operational definition of “psychoanalysis” itself – a definition broad enough to admit discussion from the many corners of our large community, yet specific enough to ensure that the name “psychoanalysis” does not imply that “anything goes”. We believe that it is safe enough to stay with the pragmatic definition provided by Freud (1923), according to which psychoanalysis is, firstly, a specific procedure for uncovering mental processes that are otherwise not accessible, secondly, a method of treatment derived from the investigative procedure, and only thirdly a set of psychological views (concepts) acquired through the practice. Freud stated that the last component is the most variable of the three, being subjected to revisions in view of what the practice teaches. This should not pose any problem for us, since it is precisely what we have set out to study: whether or not concept “X” should be part of the set of psychoanalytic ideas. Hence, our work is directed at the third part of Freud’s definition, and we must consider the question of whether psychoanalytic concepts are consistent with a widely shared description of the psychoanalytic procedure. In other words, the lessons from our practice are deemed to be the guiding factors, so that ours is a mostly pragmatic (in the philosophical sense of “pragmatic”) endeavor.

Starting from the procedural definition of psychoanalysis formulated by Freud, we must then agree on the procedure by which a concept is formulated. A very good and pragmatic model of concept formation was put forward, again by Freud (1915), in the opening paragraphs of *Instincts and their vicissitudes*, A brief summary of is this model would be:

1. No science ever starts with clear and sharply defined concepts; rather, it begins by describing phenomena and then proceeding to group, classify, and correlate them.
2. Even at that stage, however, it is impossible to avoid applying certain preexisting abstract ideas to the material at hand – ideas derived from somewhere. These ideas are indispensable and they at first necessarily possess some degree of indefiniteness.

3. We come to understanding the meaning of these ideas by constant reference to the material from which they appear to be derived, but upon which, in fact, the ideas have been imposed. Strictly speaking, at this stage they are in the nature of conventions. Yet they must have been chosen because of their significant relations to the empirical material, relations that we “sense” before being able to demonstrate them.
4. Only after a more thorough investigation of the observational field are we able to formulate more precise concepts and modify them so that they become serviceable and consistent over a wide area.
5. Then, the time may have come to confine them in definitions. The advance of knowledge, however, does not tolerate any rigidity, even in definitions. As physics illustrates, even “basic concepts” that have been established in the form of definitions are constantly being altered in their content.

From this short summary, and with the help of additional reflection on the acquisition of knowledge, it becomes possible to propose a number of criteria for the construction of a sound concept. These, then, constitute the minimal set of criteria that the eventual participants in a conceptual discussion should be required to accept beforehand if the discussion is to be useful:

- A. Relevance: Does the concept belong to the domain of psychoanalytic practice and thinking as defined above?
- B. Refutability/falsifiability: Can one think of a counterfactual, that is, something that is not referred to by our concept and would even be an exception to it? This is to make sure that the concept has a meaning, that is, a possible use, since a concept that is not potentially falsifiable cannot really be “worked with” in either practice or theory.
- C. Procedure (operational definition): A concept should, as far as possible, point to some observable phenomenon. In the case of psychoanalysis (in accordance with its definition, as above) “observable” does not necessarily mean “behavioral”; it can refer to some “private” experience not visible from a third-person point of view. Yet, since our discipline is essentially a practice, we should be able to describe the procedure by which the phenomenon related to our concept can be obtained. This

operational definition allows for some degree of reliability. For instance, a patient might say that whenever the analyst makes an interpretation, he feels a “burn” in his belly: this is not observable by the analyst or any other third person, but the fact remains that the patient reports the same experience each time, and if interviewed by another person, the patient could attest that he had indeed experienced such a sensation after an interpretation was given to him.

D. Internal consistency: Every concept should be internally consistent, that is, it should refer to similar phenomena at different times and in different situations. In other words, it should be relatively easy for others to find the concept “serviceable”, as Freud would have it (see point 4 above).

E. Contextual or intratheoretical consistency: While the concept should make sense (that is, be serviceable) it should also be contextual or consistent by inserting itself with relative ease into the ensemble of preexisting psychoanalytic concepts. If it fails to do so, then two things are possible: either it is a false or empty concept, possibly a non-psychoanalytic concept (e.g., the concept of “magnetic fluid” may have served to “explain” some clinical facts such as the patient’s affectionate attitude towards the therapist, but, for one thing, it is not a psychoanalytic concept); or its inconsistency with the prevailing theory is not a defect at all but reveals itself as a signpost of the need for a major modification of the existing theory. (As an example, think of the concept of “narcissism” and how it entailed major changes in psychoanalytic theory.)

F. Parsimony (Occam’s razor): We should always ask ourselves, “Is this concept necessary or is it just another word for things that are already known but conceptualized differently?” This is important if we are to avoid multiplying concepts that add nothing to our knowledge but only serve to increase confusion in language. We could call this a requirement for the concept to have uniqueness or a distinct character, running contrary to the often-mentioned “narcissism of small differences”.

G. (Optional) Extra-analytic convergence: As much as we would like to add external validation to our list, we have to stop short of doing so: ours is not an experimental science and therefore we cannot expect any experiment to unequivocally support or disprove a claim about a concept or a theory. What we may look for instead is some form of direct or, more frequently, indirect correspondence to – or convergence with – extra-analytic observations or concepts (e.g., concepts from the neuroscientific, philosophical, linguistic, anthropological, or other domains.) This is often a delicate

maneuver, requiring particular thoroughness on the part of analysts. Indeed, many authors, when turning to other disciplines for support, easily let go of the specific psychoanalytic stance in favor of the other, seemingly more robust “scientific” theories. We find it necessary to reassert at this point that psychoanalysis is an independent discipline, endowed with a specific method, a specific object of inquiry, and a specific set of concepts. When turning to other disciplines that appear to be studying phenomena related to the ones we investigate, we must beware of creating amalgams, or else our enterprise would be useless.

Other criteria could probably be added to this list, but we believe that the ones mentioned above are sufficient to ensure a reasonable epistemological “treatment” of a given conceptual problem in psychoanalysis and, therefore, a useful discussion of any given psychoanalytic concept.

Testing this model

Let us now see what happens if we put the concept of “enactment” to the test of our requirements.

A. Relevance: The requirement of relevance seems to be easily satisfied, as the idea of enactment resulted from the description of events occurring within the analytic setting and by way of the contrasting between those events and the expected analytic attitude.

B. Refutability/falsifiability: By the same token, refutability is apparently provided precisely by the exceptional nature of enactment. As mentioned above, “enactment” is considered an occurrence so much in opposition to the expected attitude of the analyst that we feel assured of its particular referent and its counterfactuals. We can easily establish that in analysis not everything is an enactment. One could, for instance, describe a timely, appropriate, and useful interpretation arrived at by the analytic dyad as being contrary to an enactment.

C. Procedure: The operational description is somewhat complicated, since “enactment” describes the result, at the moment of its occurrence, of some failure in the analyst’s capacity for holding or containment, for the handling of his countertransference, or, more generally, for symbolization. The word “failure” has

here no moral or other pejorative connotation; it simply means a shift in the mode of expression. For this reason, we cannot describe a definite procedure for observing enactments but only resort to the negative description of a shift (or “failure”) from a symbolic to a sub-symbolic form of expression; this, however, can be deemed to be sufficiently operational in its own right.

D. Internal consistency is to some extent problematic in the case of enactment. While the work of any single author could be deemed to provide such internal consistency (this would, of course, require examining the issue from up close), there is some inconsistency in the ways that different authors use the concept. There is room here for consultation, debate, and eventual reformulation in order to arrive at a sufficiently internally consistent definition of the concept. This is, of course, precisely the reason we are proposing the present criteria!

E. Contextual or intratheoretical consistency does not seem to pose a major problem, although we shall see that this issue overlaps with that of conceptual parsimony. By its very nature of being defined, at least at its inception, as an unwarranted event in the context of a transference-laden relationship, the idea of enactment can be seamlessly woven into psychoanalytic theory without requiring significant modification of the latter. It seems to find its place in a cluster of concepts such as transference, countertransference, acting-out, acting-in, holding, symbolization, repetition, and so on. More generally, the concept cannot help but raise more fundamental theoretical questions, such as the theory of mind implied (e.g., how to conceive of the relationship between thinking and acting, the nature of thinking, speech as action, and so on).

F. Parsimony: Conceptual parsimony is, in our view, what poses the greatest challenge for “enactment”. This problem resonates with the issue of internal consistency, but at a more profound level. Indeed, we could ask: Why is it that the concept of enactment is widely used in the psychoanalytic tradition within English-speaking regions, but much less so in Latin America or France? Cultural factors may well play a role, but it could also be that the pre-existing theory is being used differently in these regions. For instance, it may be that transference and countertransference are conceived of differently in North America or Germany than in France, such that enactment is considered to be a remarkable event in one milieu, requiring a specific name, but is currently implied in the definition of, say,

countertransference or projective identification in other milieus, and therefore did not call for an additional concept. From this example, we can see that when a new concept is introduced, it becomes necessary to define neighboring concepts more thoroughly in turn, given the inevitable interrelatedness of concepts.

G. Extra-analytic correspondence, or, external validation, do not seem to apply in the case of enactment.

In conclusion, we consider that a fairly good consensus around the definition of “enactment” is attainable, but not a full agreement, since there are residual problems regarding at least two criteria: internal consistency and conceptual parsimony. This does not preclude the acceptance of enactment as a robust concept in its own right, but it seems likely that for this to happen we will need to re-examine some neighboring concepts and eventually redefine their borders. One can also imagine that cultural differences will remain, since psychoanalysis is essentially a socially and culturally embedded practice. So, the possibility remains that enactment will be viewed by, say, a French analyst as just one manifestation of countertransference (“*un agir contre-transférentiel*”), which can therefore be accounted for through that concept rather than requiring a separate one. In that scenario, “enactment” may still have a meaning (use), but simply as a description of one way in which countertransference is instantiated. An American colleague, on the other hand, thinks of “countertransference” in a way that does not account for the kind of events that “enactment” describes. This shows that the concept of countertransference is itself somewhat “nudged” by the insertion of “enactment” into our analytic vocabulary, and should probably itself undergo a similar critical scrutiny.

Section 4

Giving meaning to the phenomenon of enactment in the different conceptual versions

Enactment involves a collapse in the analytic dialogue in which the analyst is drawn into an interaction where **he** unwittingly acts, thereby actualizing unconscious wishes of both **himself** and the patient. This collapse implies disturbance of the symbolic function; something emerges that at the moment of enactment is not accessible by language. What follows this moment will determine whether the enactment will have therapeutic value, that is, whether the symbolic function will be restored and

integrative work can happen or not. Both earlier symbolized (repressed) material and earlier not-symbolized (trauma-related) material may emerge. Further, enactments can be patient-induced, analyst-induced (Ellman, 2010), or mutual (McLaughlin, 1992), for example, when the analyst's enacted response further undermines the symbolic exchange.

Most reports describe an enactment as a definable episode in a process with more or less clear distinctions between the pre-phase, the actual moment, and the post-phase. Enactment may, however, also be prolonged and built into the analyst's habitual technique (Jacobs, 1986).

Enactment is conceptualized differently according to the underlying theory of each contributor. In Section 2, we identified the existence of significant phenomenological differences, but also noted that there are overlaps rather than clear boundaries between different conceptions. Differences in explicit or implicit theory may also make different conceptualizations of enactments incompatible.

With the extended conception of countertransference, exemplified by the concept of enactment, the analyst's personal idiosyncrasies **are focused in ['become a focus of?']** psychoanalytic theory. This poses new challenges for psychoanalytic theorizing of the analytic dyad, especially since enactment is a stochastic event (partly non-deterministic) that confronts theory with uncertainty relations. From this perspective, enactments may not be foreseeable or preventable.

Different perspectives on enactment are found in the literature. Enactment is seen variously as a deviation from the norm; as a deviation from good standard technique and handling of the psychoanalytic situation; as a hermeneutical misreading and "wrong" reaction on the part of the analyst, based on the analyst's own conflicts; as a co-constructed interactional event between subjectivities; or as an integral aspect of the ongoing dialogue between analyst and patient.

The rule of psychoanalysis is "speech not act". The aim of symbolizing unsymbolized material, or making unconscious material conscious, functions as an ethical demand. Against this background, enactment appears as an unintentional breakdown of this rule. The ensuing collapse of the symbolic function implies a collapse of the ethics of psychoanalysis (i.e., moral third; Benjamin, 2009).

How the enactment process is understood, and what technical implications follow from this understanding, diverges in the theories of the different schools. The

elasticity of concepts referred to earlier (Sandler, 1983) implies that we must investigate the formation of a concept in greater depth; one way to do this is to identify dimensions of meaning related to a concept. In this study, we have chosen a categorical approach to the study of enactment and identified salient dimensions of the concept, enabling a detailed study of different schools' conceptualization of enactment. One may then see which dimensions seem to be the most salient for judging compatibility or incompatibility and deciding what degree of integration is possible.

Broadly speaking, there are four major approaches to enactment, coinciding with the Kleinian school, modern American ego psychology, self psychology, and intersubjective/relational psychoanalysis. In addition, there is the French tradition, where the concept of enactment is seldom used but similar phenomena are described (e.g., "*mise-en-scène*"), and a German tradition where there has been a long history, largely unrecognized by the wider analytic community, of studying how the analyst may be drawn into unconscious scenarios and act according to them ("*Mitagieren*"; Klüwer, 1995).

The task for this project was to investigate whether the concept of enactment is necessary on a theoretical level (or whether other concepts in fact relate to or "cover" the same phenomena), and, if it is deemed necessary for theory, whether it is useful in clinical practice. In Section 3 we identified problematic areas related to the concept's operational description, internal consistency, and conceptual parsimony. Investigating the dimensions of the concept is one way to specify the character of this lack of clarity and its implications [needs checking by authors].

We have identified some dimensions which we will analyze in order to demonstrate the dimensional approach, while remaining aware that we cannot do full justice to the nuances of each contribution and also that some important contributions will not be covered.

1. Action versus thought

Action and thought may be seen as dichotomous, or as two sides of the same coin. Some Kleinians hold a dichotomous view and regard enactment as acting-out where thinking (containment, reflection) should have occurred. Steiner, for example, writes that a situation with strong feelings should alert the analyst to the need to revise his

way of looking at the material. The analyst may then interpret instead of acting. It is, however, often only after the fact that the analyst become aware of the enactment, and it is then seen as a failure of the capacity for containment (Steiner, 2000).

Jacobs (2001, p 654) refers to situations in which particular needs, conflicts, and biases of the analyst, not infrequently rooted in narcissistic conflicts, lie embedded within his quite proper and correct interventions. Two forms of countertransference enactments are identified: (a) Those activated on a nonverbal level, which cannot be identified beforehand and can only be worked through after the fact; (b) Those communicated through affects, thought, fantasy, or memory, which can be contained through reflection and self-analysis.

Levenson (relational school), on the other hand, holds that enactment is not only a feeling the therapist is having, like a countertransference, but a pattern of behavior between analyst and patient. It is a continuous and ubiquitous process, and is the behavioral component of what is being talked about (Levenson, 2006). The psychoanalyst's subjectivity will always be present in interventions, attitudes, and so on, and will non-consciously or unconsciously "intervene" in the analytic relationship. Enactment is thus not a specific event; the analyst is acting **his** subjectivity all the time. Renik (1993, p. 560) states: "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 the personal motivation of which we cannot be aware until after the fact". In this last conception, enactment is not a specific event or even a "deviation" built into the analyst's habitual technique; rather, the analyst is acting **his** unconscious subjective motivation all the time. Thinking and acting are two sides of the same coin.

2. Levels of symbolization or desymbolization

Symbolization is closely connected with remembering. Scarfone holds that remembering is not, when it works, a simple act of "recalling" or "evoking". It implies the transmutation of some material into a new form in order to be brought into the psychic field where the functions of remembering and integration can occur (Scarfone, 2011). The transmutation mentioned by Scarfone thus involves different levels of symbolization.

Jacobs' two forms of enactment (nonverbal and fantasy/thought-mediated) contain an implicit symbolization theory. Enactments are seen as actualizations of relational scenarios where unconscious, poorly symbolized material is activated both in the patient and in the analyst. This is seen as an unavoidable part of the analytic interaction, and the outcome depends on the analytic couple's ability to bring the enactment into the psychic field.

Steiner's position, which is representative for some Kleinians, with the tendency to view thought and action as dichotomous, also implies a theory of symbolization, albeit not explicitly formulated.

As discussed above, the relational school holds that thought and action are two sides of the same coin, and its members seem to place enactment in a different theoretical context. In the relational school, understanding enactment in terms of a need for symbolization of poorly symbolized (for example, trauma-related) material tends not to be given consideration and remains vague [needs checking with authors].

Freedman and coworkers' research on analytic process, which belongs to modern American psychoanalysis, is the only work we have found that elaborates symbolization and trauma in relation to enactments (Freedman, Hurvich, & Ward, 2011).

3. Enactment as failure versus enactment as an inevitable part of the psychoanalytic process

Here the dividing line falls mainly between some Kleinians, who view enactment as failure, on the one hand, and modern American psychoanalysts, relational psychoanalysts and also the German and French traditions on the other hand, within which enactment is seen as an unforeseeable and inevitable event; some unconscious material may surface only by action.

For some writers, enactment is an inevitable part of the analytic process, although it is understood in different ways, and even if it may be described as a "mistake" (see Chused and Raphling, 1992), it is what we as analysts have to deal with as part of our ordinary work procedures. Boesky (1990, p. 573) states that "If the analyst does not get emotionally involved sooner or later in a manner that he had not intended, the analysis will not proceed to a successful conclusion".

Goldberg (2002), from a self psychological perspective, holds that it is meaningless to discuss whether enactments are failures or not. They are possible ways of bringing material (repressed or disavowed) into the psychoanalytic field and are seen as misunderstandings that either can remain outside scrutiny or be clarified through interpretations.

4. Involvement of the analyst's subjectivity

There is agreement that enactment is a process in which the analyst's subjectivity becomes involved. Representatives of the relational perspective claim that the analyst's subjectivity is involved all the time and at all levels of the analytic relationship. It is not possible to hide one's subjectivity; moreover, the analyst's subjectivity (including his unconscious motivation) will exert its influence generally on interpretations, in attitude, in handling the setting, and so on.

While most contributors acknowledge that each analytic dyad is unique, in that the analyst's and patient's personalities and idiosyncrasies will decisively set their stamp on it, relational theorists hold that this fact will require that the analyst also reveals for the patient his own reactions, feelings, or impulses at critical moments in the analytic process. Benjamin created a concept, "the moral third", which can survive ruptures of the analytic attitude and failures; it helps to replace the ideals of invulnerability and complete containing. The analyst's acknowledgement (of failure) can be a way of demonstrating his capacity to tolerate that he can accept scrutiny by the other, to transform the complementary see-saw of blame, and invite the patient to be an interpreter of the analyst and a co-creator of dialogue, and so develop his own sense of agency and responsibility (Benjamin, 2009).

Jacobs and Steiner both hold that enactments "hook" on to unconscious conflicts or traumas in the analyst that have not been worked through. Often the pressure from the patient (projective identification, actualization) creates a narcissistic imbalance (Ellman, 2010) in the analyst, prompting action instead of containment, thought and, possibly, interpretation.

5. Usefulness versus harmfulness

Enactment may be potentially harmful when seen as a failure of containment (Steiner, 2000, Chused & Raphling, 1992) or as a mistake that delays the analytic

process (Chused & Raphling, 1992). There is, however, congruence in the view that what happens after the enactment will be decisive for the outcome – that is, whether the enactment is harmful or not. Even if enactment is a failure (Steiner) or inevitable (Jacobs), self-analysis and analysis of the transference–countertransference situation may ameliorate the situation and also bring new insight and progress.

Seeing enactment as a failure implies that it can (and should) be avoided. In contrast, accepting that enactment is unavoidable shifts the focus to how to work with enactment in order to reach a beneficial outcome.

Levenson views enactment as ubiquitous, as an ongoing process accompanying all aspects of the analytic dialogue. The question of harmfulness then becomes irrelevant, and one may question whether Levenson and other relational analysts are in fact describing a different phenomenon.

6. Mechanisms of induction

Enactment, according to the view of Kleinians and the modern American school, is a specific moment when the analyst is drawn into a situation with mutual acting: a scenario where thinking and reflection are foreclosed. The pressure is usually understood as originating from the patient, although mutual or reciprocal pressure may be seen (Mc Laughlin, 1991; McLaughlin and Johan, 1992) where the analyst's conflicts reinforce the patient's tendency to act. An unconscious fantasy is actualized in the transference, the pressure is mediated via projective identification, and the analyst "acts in" due to unresolved countertransference problems.

Seeing enactment as ubiquitous (as per the relational school) makes the study of specific mechanisms of induction less relevant.

7. Conception of the setting

Negotiations of the setting (fees, times, etc.) are a possible arena for enactments. With some illuminating examples, Goldberg (2002) demonstrates that any change – be it lenience or strictness – can provoke enactments. He views these as mutual misunderstandings and underlines that they must be brought into the analytic dialogue. The analytic relationship aims at mutual understanding, and enactments are situations of misunderstanding that can either go unrecognized (e.g., be disavowed) or be interpreted and thereby further the analytic process. Goldberg's

view seems to be in line with that of mainstream ego psychology, and his contribution is to focus on this often unrecognized arena for enactments.

Section 5

Integration of the different conceptualizations of enactment

Is there a relatively unified conception of enactment in psychoanalysis? The answer must be no. The short investigation described in the previous section has demonstrated significant differences between different viewpoints. Enactment cannot at the same time be a ubiquitous phenomenon describing the inevitable mark of the analyst's (unconscious) subjectivity on the dyad (as in the relational view) and be a specific situation co-created by the patient's and analyst's unresolved conflicts.

The definition of enactment as a deviation from an analytic technique which is understood as normative or ideal should be the main focus when discussing the problem of establishing whether, and to what degree, the different conceptions can be integrated. We wish to discuss in more detail the dimension "Enactment as failure versus enactment as inevitable part of the psychoanalytic process", which was briefly described earlier. Of course, it would be possible to group the different versions of the concept of "enactment" according to other criteria or dimensions, and we would probably get different results in terms of integration. For a more intensive analysis of the concept it would be necessary to proceed similarly with all the dimensions we described in the previous section, in order to see all the similarities and real differences between the various conceptions of enactment. However, we have limited our discussion to the dimension of "failure" because it seems to be the most important. Here, we use the idea of a continuum from "enactment as a failure" to "enactment as a normal part of the interactions of the analytic dyad" to bring the different conceptions into an order.

At one pole of the continuum we can place the Kleinian conception of John Steiner. He emphasizes that the analytic relationship constantly creates tensions to act in the analyst. The task of the analyst is to contain the tension and to control the pressure to act. "An important possibility for communication emerges if the analyst can contain his propensity to action since he can then look at the pressures put on him and the feelings aroused in him as part of the situation that needs to be understood" (REFERENCE NEEDED HERE). This is the desirable ideal state.

However, quite often the analyst becomes aware of what has happened only after he has been drawn into an enactment. Enactments are understood as failures to contain and breaches of the setting. They are often the expression of the analyst's resistance to the analytic method and setting. Enactments can provide helpful information, but by definition they cross the boundary from thought to action and, unless they are recognized and regulated, they can enter the grey area between normal technique, technical error, and unethical boundary violation. To varying degrees they are always harmful, but nevertheless, the dangers have to be accepted.

Near to the Kleinian conception of enactment as failure, but with a different metapsychology, we can place the conceptualization of Arnold Goldberg, a representative of the self psychological tradition. Goldberg developed a hermeneutic conception of psychoanalysis and sees the analyst–patient dyad generally as an effort to enhance mutual understanding. He differentiates disruptions of the ordinary and usual reactions of the analyst, which do not come into discourse afterwards, from disruptive enactments that the analyst is able to discover and to bring into discourse. These reactions can be discussed between analyst and patient and understood as something being wrong and as an act of misunderstanding. Goldberg bases his conception not so much on an ideal state of analytic behavior, but more on the development of the concrete dyad in the course of the treatment. He emphasizes that much of what is seen as ordinary and usual depends on the individual characteristics of the analyst. Therefore, what is enactment for one person is routine for another. A proper explanation of enactment can belong only to that individual.

We can place the conception of Jessica Benjamin in this part of the continuum, too, although she has an intersubjective metapsychology. Therefore, her conception also has to be integrated into the group of relational conceptions. Benjamin has sought a way to transform psychoanalytic thinking regarding enactments, not only because it is necessary to recognize the unconscious role of the analyst, but because she believes that dissociated traumatic material and painful affects can usually be activated only within such relational enactments. In enactments the analyst and patient repeat old injuries, and if the analyst does not acknowledge them he becomes a failed witness. In many cases the analyst needs to openly admit a moment of injury he has caused by playing his part and create a consensual validation of it, because this allows the dissociated painful affect into the

room. Benjamin calls this the creation of “a moral third” that can survive the failure of the analyst. The analyst’s acknowledgement of his failure can help to replace the ideals of invulnerability and complete containing as goals of treatment.

Theodore Jacobs can be placed next on the continuum line, halfway, so to speak, between the Kleinians and the position of many modern American ego psychological analysts. For him, enactments are motivated by unconscious conflicts of the analyst. They are situations in which particular needs, conflicts, and biases of the analyst (not infrequently rooted in narcissistic conflicts) lie embedded within, and are concealed by, his quite proper and correct interventions. These enactments clearly serve defensive purposes. Self-reflection on the part of the analyst lets relevant memories emerge into consciousness. Jacobs oscillates between a one-person-psychology and a two-person-psychology. Besides the enactments that are unconsciously motivated by the analyst, he described a second group in which each member of the therapeutic dyad seeks to impose on the other an intrapsychic relationship. These enactments have first to be enacted before they can be recognized.

The middle position of the continuum is taken by a group of modern American ego psychological analysts. For them, enactments, particularly countertransference enactments, are universal and inevitable. They are the consequence of the vulnerability of the analyst. Although in this sense enactments are failures, they are no longer evaluated in such a way. According to Chused, enactments occur when a patient’s behavior or words stimulate an unconscious conflict in the analyst, leading to an interaction that has unconscious meaning to both. McLaughlin goes a step further in the direction of an interpersonal conception. For him, enactments are co-constituted as a consequence of shared regression. They are “events occurring in the analytic dyad that both parties experience as being the consequence of behavior in the other . . . Close scrutiny of the interpersonal behaviors shaped between the pair will provide clues and cues leading to latent intrapsychic conflicts and residues of prior object relations that one has helped to stir into resonance in the other, and between them actualized for both” (McLaughlin 1991, p. 80). McLaughlin emphasizes enactment as a “conjoint process of attempted mutual influence and persuasion” (1991, p. 84). But it happens only when the stirred-up conflicts in the analyst and the patient fit together, meaning that they are in an interactional resonance to each other.

Also in the middle of the continuum we can place Bionian conceptions such as that of Cassorla, who relates his conception of enactment to that of the “analytic field” of the Barangers: “The term enactment indicates discharges that occur in the analytic field, discharges that involve both members of the analytic dyad through a process of mutual induction”(Cassorla 2011, p. 4). In enactment there is a deep contact between the dyad’s two unconscious minds. Chronic enactments are, in a Bionian sense, prolonged non-dreams-for-two with obstructive collusion and mutual discharges.

We place the conceptions of the relational psychoanalysts at the other pole of the continuum. For Stern (2011), enactments are dissociated states, which are unformulated, unsymbolized experiences and dynamically unconscious. Enactment takes place between two separate subjectivities. The patient can provoke such a dissociated state in the analyst only if he is vulnerable to it. The analyst’s dissociation is therefore as much a product of his own life as is the patient’s. Both parts have to come together; Stern calls this the “interpersonalization of dissociation”. Such types of conflicts based on dissociated states cannot be experienced within one mind, but only between or across two minds. “The state dissociated by the patient is explicitly experienced by the analyst, and the state explicitly experienced by the patient is dissociated in the analyst’s mind . . . Thus the creation of conflict and the negotiation of an enactment requires growth from the analyst in just the way it requires growth from the patient”(p 216). The two minds are mirror images of one another; they fit together like the two halves of a broken plate.

For the intersubjective conceptions, enactment is a normal part of the analyst–patient interaction. The analyst as “observing participant” must become unwittingly and irrationally lost in the interactional process. Therefore, enactments are spontaneous and authentic, and never premeditated. Awareness can happen only postenactment (Hirsch 1998). Through the analyst’s unwitting participation in countertransference enactments, the patient has the opportunity to live through key internalized configurations. For Levenson (2006), enactment is the transfer into behavior of something being talked about. Enactment is not simply a feeling of the analyst, but a pattern of behavior between the patient and analyst. More radically, Levenson sees enactment as a continuous and ubiquitous process, which is the behavioral component of what is being talked about: what is being *said* is

simultaneously being *shown*. For Levenson this is a semiotic fact and not limited to the treatment room.

To summarize: When considering enactment as a failure, a deviation from an ideal state of an analytic attitude, we can group the different versions of the concept roughly into three main clusters: (1) Enactment as a failure to contain the tension in the analytic situation or as an act of misunderstanding of the patient–analyst dyad; (2) Enactment as a stimulation and actualization of an unconscious conflict that has meaning to both patient and analyst but cannot be represented otherwise; (3) Enactment as a continuous and ubiquitous process, which is the behavioral component of what is being talked about. It does not appear to us to be possible to achieve a closer integration of the divergent concepts of enactment within this dimension.

Conclusions

1. Considering that enactment is a concept that has been adopted by analysts from various schools of thought, it is unavoidable that the concept will be put to a different use and given different connotations depending on how analysts conceive of their “normal” set of analytic procedures and their ensuing process. This is why what is apparently a common set of phenomena occurring within the psychoanalytic setting is, nevertheless, assessed as a failure by some, an unavoidable state of affairs by others, while yet others look upon it as an opportunity. Furthermore, we have to realize that theories that understand enactment as a failure on a clinical level can have radically different basic assumptions on a metapsychological level. However, this should not deter us from trying to reach a definition that could take advantage of the different approaches in order to bring to light some underlying common set of features. This could be done in a way that would not become prescriptive at the level of clinical usage, but, rather, would favor furthering the dialogue between analysts from different theoretical orientations.

2. Enactment as a phenomenon is concerned with actions. As our discussion of the genealogy of the concept has shown, in the history of psychoanalytic theory, beginning with “acting-out“, there have always been efforts to conceptualize elements of actions in the psychoanalytic situation. In our study we found that theoretical statements and recommended clinical attitudes related to the phenomenon of

enactment are at most implicitly connected to some basic assumptions about actions in general. What is missing in psychoanalysis is a comprehensive theory of action. When thinking about such a general theory of action, some problems have to be kept in mind: We have to discuss whether agreement can be reached on the use of terms, both old and new, for different but related clinical phenomena. It is not enough to decide on the nature, the motivation, and the goals of a given action only on the basis of explicit, conscious descriptions of the patient's or analyst's behavior in the analytic setting. Any observable action has to be additionally understood and labeled on the basis of its unconscious content. Another observation of our study was that actions and enactments are often categorized as unsymbolized or as an expression of a symbolic breakdown. It seems to us necessary to combine a theory of action with a theory of symbolization in order to consider actions in general as expressions of the content of different levels of mental functioning.

3. The subjective reactions of the analyst that deviate from the "ideal" frame of reference are the subject to be conceptually grasped and defined. The advantage and the appeal of the term "enactment" is that it can be used to describe certain reactions of the analyst that might otherwise be dismissed as "inadequate" analytical actions. This kind of clearing up has given these reactions a productive meaning for the analytic treatment process. It seems to us that this clinical benefit is the reason that enactment has become such a widely used concept. The analyst's subjectivity, his spontaneity and his vulnerability have to receive recognition as necessary and consistent components of clinical treatment theory.

4. However, the problem for this theory is whether it is possible to integrate this phenomenon of "enactment" into psychoanalytic theory in a way that conceptualizes it not only as a breaking of the technical rules but simultaneously as an event that cannot be avoided and as a phenomenon that can have positive consequences for the treatment process. These ways of conceptualizing enactment seem to be mutually contradictory, not on a clinical but on a theoretical level, and we are confronted with the question of how to resolve this contradiction. In Section 2, where we consider enactment as a clinical phenomenon, we have shown that enactment is not just an action or an occurrence, but an intersubjective process comprising five stages. Keeping this in mind, it does not seem sufficient to understand enactment only with a figure-ground model (with the rules as the ground and enactment as the

figure) because the dynamics of the phenomenon will fall short in this model. One way to resolve this problem on a new level of theoretical discussion is to conceptualize it as a process in a frame of reference which has similarities to a dialectical movement. The dynamics of the rules on the one side, and their negation in the enactment on the other side, can give rise to a synthesis of a new mutual and intersubjective process of understanding. Benjamin has taken a similar route with her concept of the “moral third”. Ogden is moving in the same direction with his concept of “the analytic third”, not with the concept of enactment, but with the understanding of the analytic situation as a whole.

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