

## THE INTERPERSONAL AND FREUDIAN TRADITIONS: CONVERGENCES AND DIVERGENCES

The traditional Freudian and interpersonal schools of psychoanalysis diverged during the psychoanalytic wars in New York in the 1940s. Each has developed from a different set of assumptions concerning the mind, especially the role of structure and the role of interaction. Recent developments in both schools in the last twenty years suggest a convergence and overlap in theory and technique. The relevant history of the divergence is examined and the work of three contemporary interpersonal writers explored in depth. That work is contrasted with contemporary developments in traditional Freudian psychoanalysis.

**F**reud (1930) made an observation about group and cultural life that is a subtext of this essay: “The advantage which a comparatively small cultural group offers of allowing this [aggressive] instinct an outlet in the form of hostility against intruders is not to be despised. It is always possible to bind together a considerable number of people in love, so long as there are other people left over to receive the manifestations of their aggressiveness. . . . I gave this phenomenon the name of ‘the narcissism of minor differences’” (p. 114).

With the benefit of hindsight, we might well apply this observation to the psychoanalytic wars in New York City in the early 1940s. What seemed to be huge differences at the time—about drives, about interaction, about structures of the mind—no longer seem so unbridgeable. Freud emphasized group cohesion as the advantageous aspect of the

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narcissism of minor differences, but we could equally well cite self-esteem and a lessened vulnerability to narcissistic injury. The psychoanalytic community in the 1940s was small and insecure in its professional status. Greenberg and Mitchell (1983) believe that interpersonalists and Freudians coexisted in relative peace until the influx of newly arrived Europeans fleeing the war in Germany. There is no better way to create group solidarity than to form an idealized orthodoxy and expel the deviants.<sup>1</sup> This, I believe, is one of the dynamics that caused Karen Horney to be expelled from the New York Psychoanalytic Institute in 1941 and led eventually to the formation of the interpersonal school as distinct from, and hostile to, the Freudian tradition.<sup>2</sup>

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Perhaps today we are starting to emerge from this split. Freudians have developed an interest in interaction, and interpersonalists an interest in mental structures. The Freudian tradition has until very recently for the most part ignored the interpersonal tradition. Within the Freudian tradition, change in theory and practice has evolved out of internal splits and controversies. I believe it is the Kleinians who, while retaining a strong concept of internalized structure, introduced ideas of interaction into the transference concept. This theoretical shift occurred through their formulation of projective identification and the greater attention to countertransference that this entailed.<sup>3</sup> Out of this then came the development of object relations thought and theories of intersubjectivity. Currently, intersubjective practitioners are quite comfortable with such ideas as the importance of here-and-now aspects of transference, the informational value of enactments, and the mutual influence between the analytic pair, all of which have long been accepted by the interpersonal tradition.

In contrast, those in the interpersonal tradition have always read the Freudian literature and debated and reacted against that tradition. Modern interpersonal thinking is a fusion of Sullivanian thought and European psychoanalysis as mediated by Ferenczi and Thompson. What the Kleinians did in England in the 1940s and 1950s, the inter-

<sup>1</sup>*Orthodoxy*, from the Greek for “right thought” or “right opinion.”

<sup>2</sup>Eisold (1998) points out that there were multiple splits within the New York Society at that time, resulting in the formation of a number of idealized groups. This fragmentation has had a prolonged detrimental effect on the intellectual viability of psychoanalysis, including inhibition of thought and lack of free flow of criticism.

<sup>3</sup>Melanie Klein thought of projective identification as an intrapsychic fantasy used for defense. It was Bion, in his concept of containment, who made projective identification into an interactional process.

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personalists did simultaneously and independently in the United States. While the interpersonal tradition has never entirely denied a concept of internalized structure, there is to be found in the works of Mitchell (1988b) and Greenberg (1993) a move toward theories regarding more highly differentiated internalized mental structure and intrapsychic conflict that overlap with the ideas of many contemporary Freudian writers.<sup>4</sup>

I hope to show here that within each tradition there is at least as much difference and dissent as there is between traditions and that, moreover, there is now considerable overlap between the traditions. On the interpersonal side, Hirsch (1996, 1998) has come to the same conclusions. We are now seeing the beginning of a real exchange of ideas. There are journals now that solicit articles from both traditions, a CD-ROM that includes journals from both, and speakers who regularly cross the divide at national meetings. However, I do not believe that these changes have filtered down to the rank and file. Talking with colleagues, participating in seminars and case presentations, I find the narcissism of minor differences very much alive. Freudians tend to see interpersonalists as “sociological,” concerned only with the surface, the individual as a passive vehicle for social norms. Interpersonalists tend to see Freudians as “distant mirrors,” concerned only with the depths, the individual driven by tormented desires. Each side sets up a straw man to attack. Much of what Freudians say casually about interpersonalists is based on misperception, misinformation, and very little direct knowledge of what the interpersonal tradition really stands for.

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It is this problem I wish to address. I propose to show that modern interpersonal theory and the various forms of relational psychoanalysis belong as much in the “big tent” of psychoanalysis as do traditional Freudian theory and its variants. In this postmodern era, we generally agree that a unified theory is neither possible nor desirable; we are in an age of theoretical pluralism. At such times, however, there exists a tension between “lumpers” and “splitters.” I tend more toward inclusiveness and common ground, but one can also argue for vigorous demarcation among theories (Richards 1999). Should we move toward unification of theory or encourage theoretical struggle among competing theories? (This is another subtext of this essay.) If psychoanalysis

<sup>4</sup>A new group of psychoanalysts, loosely calling themselves relational, has grown up in recent years. Analysts trained both in the interpersonal and Freudian traditions have joined this group.

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is to remain viable and vital into the millennium, we must ensure a flow of critical ideas among theories.

I limit myself here to certain questions of technique and experience-near phenomena of transference and resistance. I am also interested in concepts of mental structure, especially as they bear on various concepts of transference. I will not address the question of drives, which remains a major area of difference but would require an essay in itself. Nor should the present essay be considered a complete review of interpersonal thinking in these areas. After a brief historical survey, I will focus on three current interpersonal thinkers, chosen because they have written extensively, have clear ideas about the subject matter under consideration, and have distinct and contrasting positions.

#### **FOUNDERS OF THE INTERPERSONAL TRADITION**

##### ***Harry Stack Sullivan***

430 Harry Stack Sullivan (1953a,b) was a genuinely original thinker. Though influenced by psychoanalysis, he never considered himself a psychoanalyst. Unlike Freud, Sullivan came from a background that was impoverished, both financially and intellectually. Born and raised in rural poverty of immigrant parents (Perry 1982; Wolstein 1984), he drew his metaphors and conceptions from the Great Depression and the social support system of the Roosevelt administration.

Sullivan's clinical work, primarily with hospitalized psychotic patients, began around 1920. Having no formal psychiatric training, he came instead from a background in institutional psychiatry. He named Sigmund Freud, Adolf Meyer, and William Alanson White as the strongest intellectual influences on his work (Sullivan 1953a). From Meyer he took a biosocial approach in which needs are seen as reflecting a biological reaction to life events and satisfactions a dynamic reaction. From White he took practical experience and mentorship. Working under White at St. Elizabeths Hospital in Washington, D.C., and later at the Shepard and Enoch Pratt Hospital near Baltimore, Sullivan attempted to apply psychoanalytic ideas to work with psychotic patients. The American emphasis on democratic values, direct experience, and tolerance are found in Sullivan's emphasis on direct observation of clinical interactions. A belief in pluralism suggested that the choice of metaphor or metapsychology is a matter of individual choice, negotiated between the analytic pair. Sullivan was

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also strongly influenced by the philosophy of science of his time, which emphasized pragmatism and operationalism as antidotes to abstract theory lacking concrete or verifiable references. Sullivan emphasized clinical observation of behavior and experience (Mitchell 1988a).

I think that Freud's and Sullivan's choice of patients may in part account for their very different conceptions of transference. Freud, in turn-of-the-century Vienna, worked primarily with hysterical and obsessive neurotic patients, with whom repression was the primary defense and erotic fantasies were common. An interpretive stance toward intrapsychic structure by an autonomous analyst worked well with this population. The focus was on the distorting aspects of transference as a projection of internalized structure. Sullivan, by contrast, worked primarily with institutionalized psychotic patients, who could be treated only through a highly interactive approach that emphasized reality factors in the relationship. Sullivan was initially interested in Freud's theory because it offered an alternative to Kraepelin's formulation of schizophrenia as a progressive dementia. In fact, Sullivan introduced the term *interpersonal* as an alternative to Kraepelin's concepts (Greenberg and Mitchell 1983). However, when Freud moved from seduction theory to libido theory, emphasizing the role of internally generated fantasy, Sullivan broke with him. In opposition to Freud, Sullivan became convinced that psychotic patients were capable of transference. They were in fact dominated by transference, he thought, and so had lost a sense of current reality. The problem for the doctor was not to interpret or encourage transference but to find a way to make the patient become aware of the doctor as a real person with a real relationship to the patient. Sullivan felt it important to convey respect to the patient and to maintain the patient's self-esteem. Sullivan was also critical of Freud for postulating universal principles from limited data and narrow cultural contexts.

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Whereas Freud's conception of transference started with the centrality of internal structures, Sullivan's was grounded in the interpersonal relationship. For Sullivan, according to Hirsch (1996), "The observer, by definition, interacts with and influences what is observed" (p. 359). This, I believe, is the major difference between Sullivanian and Freudian theory: the basic building block for Sullivan was interpersonal process and communication, while for Freud it was intrapsychic fantasy and motivation. For Sullivan, the concept of participant-observer can include fantasy and wishes expressed verbally, as well as

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behavior and direct communication. What it does not include are experiences incapable of being communicated and processes presumed to be unconscious. Sullivan called transference “parataxic distortion.” He wished to emphasize current interactions, their distortion, what functions the interactions serve in the present, and how they meet the needs of the individual (Thompson 1964b). Transference results in either selective avoidance of the interpersonal situation or a total dissociation in which there is no engagement. Experience of others is codetermined both by the current interpersonal relationship and by the internal personification of others, who are themselves residues of earlier interpersonal relationships. This has consequences for the conception of countertransference; the analyst does not notice or does not think about certain aspects of the patient (Levenson 1992a). Sullivan thus defines psychoanalysis as an intersubjective, two-person psychology.

432 Unconsciousness he describes as discontinuous gaps in experience that cannot be experienced directly. He warned against elaborate internal schemes to fill up this unconscious space. In his work, structures are called dynamisms, relatively enduring patterns of energy transformation. Internal structures are regarded as secondary phenomena, precipitates of the history of the interpersonal field. Because of Sullivan’s emphasis on the interpersonal field, he deemphasized and so did not fully develop a concept of internal structures. He did, however, postulate two types of such structures (Barnett 1980; Stern 1994). The self-system is a specialized alarm system, designed to minimize social anxiety by the early detection of dangerous interpersonal situations. The self-system develops out of the infant’s need to control the mother’s anxiety through a complex set of processes. It is operational, the aspect of the self that deals with the outside world. Distortion is then understood as an attempt to maintain interpersonal relations while avoiding anxiety. Distortion either operates through a selective inattention to situations of anxiety or dissociation, experiences that do not register. Security is maintained by moving attention away from mental contents associated with anxiety and toward mental contents that feel safer and more secure.

The other internal structure is the representational, what Sullivan called the personification of the self. It consists of static, objectified constructs and meanings. Various personifications of “good me” and “bad me” allow for an embryonic theory of intrapsychic conflict (Greenberg and Mitchell 1983; Stern 1994), although Sullivan would

have disavowed the idea. Conflict is possible between aspects of self-esteem and self-contempt, as well as between self-representations from the past and present-day operations. Sullivan also had a concept of personality traits, which he regarded as internal structures determining an individual's susceptibility to a current interpersonal field. In this conception, personality is the sum of what one is, while the self is the conscious, self-aware aspect, what I think I am and what I will or will not notice about the world. Conflict is implicit in what is seen clearly and what is dissociated. Sullivan is more interested in what a person did or didn't communicate than in what the person meant (Levenson 1972).

It is interesting that Sullivan as a practicing therapist did not follow these principles (Hirsch 1996; Levenson 1992a; Summers 1994; Wolstein 1984). He tended to avoid examination of the patient's experience of the analyst and saw the analyst as an expert in the observation of extratransference relationships. The countertransference was useful only as an aid to understanding the patient's description of current and past relationships. Sullivan practiced a type of counterprojection (Summers 1994), actively confronting a patient's projections with a more benign object relationship. It is ironic that in practice Freud was probably more "Sullivanian" in his level of activity than was Sullivan, who in fact practiced a more studied neutrality (Levenson 1992a). Wolstein (1971) points to a certain parallel in development between the classical Freudian and the interpersonal metapsychologies of psychoanalysis. Freud and Sullivan both emphasized a basic biological orientation, structures of defense, unconscious motivation, and adaptation to cultural norms. They differed on the metapsychology of drives. Freud was more interested in internal structure, while Sullivan was more interested in interactions. While Sullivan recognized the unconscious, he did not want to postulate unconscious structures and organization.

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#### ***Clara Thompson***

Clara Thompson was the most important of Sullivan's immediate colleagues (Green 1964; Shapiro 1993). She did her medical training at John Hopkins and worked for a summer at St. Elizabeths under William Alanson White. She completed her psychiatric training at the Phipps Clinic in Baltimore under Adolf Meyer. In 1923 she met Sullivan and began a lifelong friendship and collaboration. Sullivan had met Ferenczi in New York and in 1927 arranged for Thompson to

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meet him. Sullivan suggested to her that she be analyzed by Ferenczi abroad and then return to analyze him; she did both. She entered analysis with Ferenczi that year, first spending summers in Budapest and eventually moving there in 1931. She stayed until Ferenczi's death in 1933. In 1943, together with Sullivan, Fromm, Fromm-Reichmann, and the Riochs, she set up the New York branch of the Washington School of Psychoanalysis, with Thompson as executive director. The organization was later renamed the William Alanson White Institute. Thompson remained there as analyst, teacher, and administrator until her death in 1958.

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The intellectual importance of transference to the interpersonal tradition stems from Thompson's link to Ferenczi and from Sullivan's concept of the participant-observer (Wolstein 1984). In the 1920s Rank and Ferenczi had begun to differentiate transferred aspects of the analytic relationship from its real and present aspects. The patient reacts to the analyst both transferentially and as a real person (Thompson 1964e). It is likely that these ideas, brought to Sullivan by Thompson, were a major influence on the concept of parataxic distortion. Ferenczi, a restless experimenter in psychoanalytic technique (Thompson 1964b), was at the time of his association with Thompson developing his relaxation technique. In the belief that a passive, nonreacting, and aloof analyst often repeated the patient's childhood trauma, he encouraged an emotional reliving, in the analytic relationship, of early traumatic experience. He sought to achieve this through the use of several techniques. The analyst must be sincere about blind spots and openly admit mistakes; must be drawn into and actively participate in the fantasies of the patient; and genuinely give the love that is needed by the patient, as both an undoing of the traumatic past and the creation of a new reality. At this same time, Ferenczi was participating with one patient in what he called mutual analysis (see Fortune 1993). This consisted of periods in the analysis when roles were reversed and the patient analyzed the analyst. The case was well known both to Freud and to Thompson. The mutual analysis did not go well, partly because Ferenczi became emotionally overinvolved and partly because he was severely ill with pernicious anemia, dying just after the analysis ended.

Modern Sullivanian interpersonal psychoanalysis is, as I have suggested, a merger of Sullivan's pragmatism and European psychoanalytic thought, transmitted primarily through Ferenczi and Thompson. What precisely did Ferenczi and Thompson bring to interpersonal

psychoanalysis? They certainly emphasized the centrality of the transference relationship as a therapeutic process. There was a greater emphasis on the here-and-now aspects of transference and of the real aspects of the relationship. Thompson (1964c) felt that the analyst needs to be natural and spontaneous, as each patient-analyst pair is unique. The analyst brings his or her total life experience to play in the analysis and is at times pulled into mutual acting out because of blind spots. The possibility of genuine reactions between patient and analyst can be important therapeutically. Thompson (1964a) differentiated between countertransference as an index of the state of the relationship and as an interference to the relationship. Countertransference represents irrational aspects of the analyst, arising from transference aspects of his or her personality or from current emotional difficulties. In opposition to the Freudian thinking of the day, she acknowledged countertransference as inevitable and advocated both acceptance and awareness. It also seems likely that Thompson reacted against some of the practices of Ferenczi, thereby contributing to a certain conservatism in her generation. She felt he went too far in telling patients of his own difficulties. She felt he mistook love demanded for love needed and avoided the repressed hostility behind the demand. She did feel it helpful to have a vivid emotional experience in the analysis, but she thought the analyst should not actively enter into the fantasies of the patient. She was critical of the idea of mutual analysis (Thompson 1964b). In practice, she was willing to encourage a patient's exploration of her countertransference but did not openly acknowledge countertransference issues or confirm a patient's hypotheses regarding them (Shapiro 1993). Wolstein (unpublished interview), however, reported that Thompson, in his analysis with her, was open about countertransference issues that intersected with his.

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## SECOND-GENERATION INTERPERSONALISTS

### *Benjamin Wolstein*

A group of "second-generation" analysts, closely aligned personally and professionally with Sullivan, advanced the theory of interpersonal psychoanalysis. Benjamin Wolstein, an analyst who wrote actively from the early 1950s until his death in 1998, understood the current interactional relationship between analyst and patient as the starting point of psychoanalysis. He defined transference as the "integrative and unitary

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phenomena of the total personality in the active field of experience” (1959, pp. 18–19). Clinically, Wolstein differentiated distorted transference from genuine transference. Anxiety is a signal of conflict between the two participants in the current interaction. In the distorted transference, the patient (or the analyst), in order to maintain relatedness in the face of anxiety, reaches for older and established patterns of relatedness. To the extent that preexisting patterns of interaction are unconscious, the self is distorted. This leads to a distortion of the analyst by a projection of the distorted self, casting the analyst into a reciprocal role (Wolstein 1964). The distorted transference avoids and denies the possibility of novelty in the current interactional field. In the genuine transference, distortion may represent a reaction to the analyst’s personality, which can evoke specific manifest forms of the patient’s transference. The central aim of psychoanalysis “is to reconstruct underdeveloped and unintegrated modes of relatedness through the study of their distortive impact on the self” (1964, p. 180).

436 Wolstein (1964) viewed resistance as a function of transference: “resistance and transference . . . in operation are two sides of the same coin . . . appearing first one way and then the other in response to the emergent structure of the therapeutic inquiry” (p. 40). Genuine resistance is a valid perception of the analyst that does not coincide with the analyst’s view of him- or herself. A distorted resistance involves a projection of the patient’s distorted self. Wolstein warned that the urge to conquer resistance by the analyst is actually a countertransference need. Resistance should not be interpreted but should instead be understood through detailed inquiry into its patterning (unpublished interview).

Countertransference was conceptualized by Wolstein (1959, 1975) as interchangeable with transference: “the two co-participants can treat transference and countertransference within a coequal frame of reference and within a shared field of experience and inquiry” (1975, p. 77). The study of unconscious aspects of the transference is conducted by the psychoanalyst, since these aspects are beyond the patient’s awareness. Likewise, unconscious aspects of the countertransference are often first seen by the patient. Collusions arise from a deep interlocking of transference and countertransference, beyond the awareness of either party (unpublished interview). Wolstein (1975, 1994) argued for a radical mutuality between the two participants in the relationship. Both patient and analyst bring their own transference and resistance into the interaction. There is no epistemological

difference between transference and countertransference, or between resistance and counterresistance. The analyst is privileged in the interaction only to the extent that, by training or experience, he or she may be more aware of distortions as they arise. If the analyst uses only his or her professional facade, only the patient's defenses will be engaged. The analyst must be willing to share the uniqueness of his or her psyche openly with the patient. At a deep level, the patient will respond only to something real in the here and now. Wolstein believed that as the analysis proceeds there is a movement toward genuine mutuality of patient and analyst. He believed that analyst and patient function as symmetrical coparticipants, sharing their equally privileged observations. This leads to an ideal of symmetrical involvement and symmetrical self-awareness: "the terms therapist and patient are, finally," writes Wolstein (1994), "interchangeable without reservation" (p. 473). The analyst is distinguishable from the patient only through having greater initial experience in self-awareness: "the psychic sufferer who is searching for greater self-knowledge I term the patient, and the psychic sufferer who has already reached it the therapist" (p. 473). Each participant is free to study, interpret, and define the other. Both participants are participant observers and observed participants. The enlargement of the patient's awareness is accompanied by enlargements in the analyst's awareness and indeed is dependent on the analyst's being open to such changes. The analyst can receive and accept new descriptions of self. Wolstein believed that genuine change in the patient is possible only when the analyst is open and able to change his or her own self-awareness.

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#### ***Edgar Levenson***

Edgar Levenson has been referred to by Greenberg (1987) as a "gadfly," a radical critic wanting to take apart tradition and develop a unique vision. Levenson (1972) believes that psychoanalysis has moved on to a new paradigm, from the information-processing metaphors of Sullivan and Wolstein to a model of complex synaptical connections, an organismic paradigm. Levenson aims to push the Sullivanian participant observer concept toward the pure interpersonal. Psychic truth lies in a complex network of relationships and a world of constantly shifting patterns. Psychoanalysis is an inquiry into a private aesthetic experience, what happens between the analytic dyad, which, in turn, is grounded in familial and social systems. Later in his writings,

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Levenson (1979; see also Stern 1994, 1995) describes psychoanalysis as applied semiotics. Semiotics is the study of systems of signs. Everything that happens between patient and analyst, according to Levenson, can be understood as a pattern of signs embedded in familial and cultural systems. Patient and analyst must jointly develop an understanding of the entanglement they find themselves in, as a reflection of the larger semiotic system.

Levenson understands language as a subsystem of semiotics. Language is only one aspect of the extensive coded communication that occurs between patient and analyst. But language is also a type of behavior; what is said to the patient is also an action with the patient. Likewise, all behavior is coded like a language. Language, for Levenson, is a structural concept. Experience is coded and carried by language. Language in turn structures subsequent experience and a sense of self. Beyond its basis in language, however, Levenson (1989) is profoundly ambivalent about concepts of the self. He thinks of intrapsychic structure as a precipitate of interpersonal experience. Intrapsychic structure is a “black box,” not directly observable and thus not a useful concept for clinical psychoanalysis (1992b). The internal is lived out in the interpersonal. The interpersonal involves the pragmatic skill to function in the world, to manipulate the social context, and to minimize anxiety. Levenson (1989) defines the self in interpersonal terms as a network of strategies of dealing with the perceived dangers of the world. Like Sullivan’s self-system, the self is a system of warning processes designed to minimize interpersonal anxiety. The self is the part of the mind that negotiates reality. Levenson thinks of self as a process rather than as a structure. Fantasy thus becomes an attempt to understand the intersubjective context. The matrix of events lived as a child lives on in the social present and in the analysis.

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Levenson believes that though theories of psychoanalysis will change, its practice will remain a constant (Greenberg 1987). He describes a basic sequence of psychoanalytic process. The process is set up by a frame that the analyst initiates (Levenson 1995a). At the outset of treatment, the analyst helps the patient sort out motivations, goals, and expectations. The limits of the analyst’s possibilities, commitment, interest, and competence must also be sorted out. The two participants establish a pace of working together. The frame is an ideal, a safe place from which to wander and make errors, which can then be used for learning (1992b).

The psychoanalytic process is often initiated by detailed inquiry. This technique originated with Sullivan and consists of an active questioning of the patient's characteristic relationships, with the analyst or with someone else in the patient's life. Sullivan, in the belief that conflicts are not repressed but rather go selectively "inattended," thought that skillful questioning could bring these conflicts into awareness. Levenson agrees with Sullivan but takes the detailed inquiry further (1972, 1989, 1991b). Like Sullivan, he is looking for blind spots, what goes selectively inattended or is dissociated by the patient in the here and now. He is interested in the reality of what is happening between patient and analyst. Levenson is always asking about what goes inattended. The analyst finds patterns of immediate experience unique to each patient. Descriptions are preferred over interpretation and persuasion (Hirsch 1992). This forcing of the data opens up the text and leads to a deconstruction, as the patient's prepared text becomes fragmented. A breakdown occurs in the narrative order, a temporary chaos of meaning. Levenson believes that his kind of detailed inquiry is a technique parallel to free association, and that both can accomplish the same thing.

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The idea of mystification is central to Levenson (Hirsch 1992). The patient makes an unconscious agreement to selectively ignore painful aspects of relationships with important others, setting up repetitive patterns of conflicted relationships. Anxiety follows mystification and then, provoked by the deconstruction, causes resistance. Levenson (1991a) defines resistance as a manipulation of the interpersonal context to minimize anxiety or a create relationship that precludes awareness of anxiety. Thus, resistance is precipitated by attempts at interpretation. In such attempts, the analyst inevitably becomes a participant in the action and joins the resistance.

Because of heightened anxieties, according to Levenson (1972), the patient attempts to pull the analyst into the action as a participant. This is a continuous unconscious process present in all relationships. All communication, whether in language, fantasy, memories, or dreams, has a semiotic dimension (Levenson 1992b, 1995b). Transference is an isomorphic replay in action with the analyst of the content under discussion. Whatever the patient is talking about is simultaneously being enacted between patient and analyst. The form stays constant in spite of the changing context. Transference is the actual and real relationship in the here and now. Levenson maintains that

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transference is neither a projection nor a fantasy distortion. He is an empiricist, profoundly skeptical of anything beyond observed behavior. Transference involves mystification whereby aspects of the real relationship are selectively ignored. The analyst's countertransference is what the analyst does not attend to in the relationship (1992b). Countertransference is authentic, ubiquitous, and inevitable.

The analyst is drawn into a highly intensified replay, leading to a direct confrontation of transference and countertransference (Levenson 1991c). The pull from the patient transforms the analyst's efforts to be objective into an enactment. The analyst inevitably becomes part of the isomorphic transformations of the patient (Levenson 1972). It is important that the analyst stay in an unpremeditated and extended participation with the patient, immersed and trapped in the material (Levenson 1972, 1991b). The analyst will be pulled into "errors," a countertransference-induced wandering from ideal technique. He or she will be alerted to "errors" by anxiety, enactments, failure to inquire, or direct confrontation by the patient (Levenson 1992b). Both analyst and patient should be open to surprise. After the enactment has been played out in large measure, the analyst attempts to resist the transformation and engulfment that the patient desires. It is the ability of the analyst to resist the transformation and escape the entrapment that leads to meaningful insight and change. The analyst does not interpret meaning but does point out the pattern of relationships as it develops. If the analyst can both participate in the isomorphic transformation and yet resist it, a shift in experience will eventually occur and new experiences will become possible. The analyst's "errors" can be used creatively. Once the analyst is aware of his or her "error," there is already a shift in experience. The analyst may correct the "error" without being explicit, may play with the "error," or may decide to tell the patient, assuming the patient usually knows already (Levenson 1992b).

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Therapeutic change comes about not through interpretation or explanation but through the disequilibrium created by the analyst's living through the transformation and then articulating the experience. This forces a new equilibrium, in which new and different experience is possible. Levenson believes that the patient's world is changed by the analyst's authentic engagement in this world. Working through involves the increasing awareness of the isomorphic patterns in the transference, cycling into parallel patterns of relationships in the present

and the past. The goal of psychoanalysis is the development of instrumental skills to see experience more clearly.

**Jay Greenberg**

Jay Greenberg is a different kind of interpersonal psychoanalyst. He finds the dual drive theory useful, though not the traditional division into libido and aggression. Internal psychic structure is for him a central organizing function in the mind, though not conceived in traditional terms of id, ego, and superego. Greenberg struggles not with Sullivan and his followers, but with Freud, Hartmann, and Rapaport, and finds common ground with Fairbairn, Kohut, George Klein, Schafer, and Sandler.

For Greenberg (1991b), the mind is a representational world, a container of ideas. Lived events are stored as representations associated with specific affective states. All self- and object representations are shaped by both internal feeling states and external social influences. Over time, a repeated lived event can be associated with a variety of affects or environmental changes, leading to differing self-states. A key concept is re-representation. In evoking a memory, the observing self is shaped by the dominant self-representations and feeling states of the moment of the memory. Self-representations change over time, influenced by maturation, bodily states, and changing relationships with significant others. The observed self is an earlier version of self-representations, with a different shape. There is a wide range of possible re-representations of the same evoked memory, all contained in the representational world. Greenberg believes that re-representations are inevitably triangular; the current observing self has fantasies both about the earlier observed self and the earlier object. Re-representations are constantly being generated by developmental changes, changes in relatedness, changes in attitude, etc. Conscious and preconscious experiences are continually recast by repression of earlier representations and re-representations. Psychic conflict is caused by discrepancies among self-representations. There is a dominant set of ideas about the self, and self-representations that threaten this dominance cause anxiety and are repressed. Repression preserves the self's integrity by preserving and isolating a particular set of ideas.

Greenberg understands that the patient starts off with the belief that the analyst is at least similar, if not identical, to the dangerous archaic objects of early experience. This belief is reinforced by the analyst's role as participant observer, in which the analyst is drawn

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in as an active object for the patient. Yet the analyst must do something to differentiate him- or herself from the old objects of the patient. This can be achieved through the establishment of safety. But if the analyst is experienced as too safe and too allied with the dominant self-representations, evocation of the repressed transference is inhibited. Thus, the neutral analyst tries to occupy a position that maintains an optimal tension between opposing tendencies in the patient to see the analyst a safe object and as a dangerous object. The patient is encouraged to see the analyst as a new and safer object through a mixture of the analyst's emotional reserve and an openness tailored to the needs of the patient. The patient is encouraged to experience the old archaic objects through interpretations offered by the analyst.

442 Greenberg believes that psychoanalysis should concentrate on transferences of conviction. These are deeply personal constructions concerning the patient's beliefs about the analyst and reflect a compromise formation among wish, need, memory, and perception. Transference is a compromise formation that includes both the patient's fantasy about the analyst and the patient's perception of the analyst. Transference is a construction that is neither pure imagination nor a pure rendering of reality. It is illusion, a mistaken conviction. Transference reflects the multilayered re-representations of the patient's impression of the analyst. New transference paradigms emerge over time during the analysis. Each transference reveals different convictions about the analyst. These convictions do not disappear or get resolved, but instead add complexity to the patient's understanding of the analyst. The analyst's aim is to facilitate the emergence of a greater range of representations into consciousness. In interpretation, the analyst tries to articulate the emerging representations.

An added complexity of interpretation is seen when we conceptualize the analytic situation as embedded in an interactive matrix (Greenberg 1995). From this point of view, when patient and analyst are concordant—that is, when their sensibilities match—there is no conflict between them and the need for interpretation does not arise. These moments pass silently and comfortably, with neither party noticing. When patient and analyst are discordant—that is, when their sensibilities do not mesh—anxiety and tension are felt in one or both parties. This might result in unconscious negotiation and mutual adjustment, or in conscious tension. Only in the latter instance does

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interpretation become possible and indeed necessary. The interpretation itself becomes a meaning negotiated between the parties.

From another point of view, transference can be understood as an action (Greenberg 1996). Everything said or done in the analytic situation is reflective of a desire in each participant to influence the other. Nonaction is not possible; we can speak only of different types of interaction. Actions by the patient, actualizations of representations of archaic structuralized interactions, are powerful forms of information if the patient does not get stuck in them.

During points of transition between transference paradigms, the patient will feel greater anxiety, and resistance will be evident. Resistance can be motivated by shameful or guilty feelings in the self or by the need to protect the analyst. Greenberg thinks of countertransference as the analyst's potential vulnerability to the patient's convictions, the tendency of the analyst to be self-protective by using interpretation to deny the patient's perceptions. If the patient, fearing that he or she can destroy or threaten the analyst with his or her convictions, the analyst may experience the patient as resistant. Countertransference could be understood in this context as a blind spot, as the analyst's not wanting to see what the patient notices (Greenberg 1991a). Greenberg believes that it is important to appreciate the plausibility of the patient's perceptions and convictions.

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## DISCUSSION

From these three interpersonal writers, I will select four concepts for extended discussion and comparison with the Freudian position. The first concept is the difference between interpersonal and Freudian traditions concerning defense. Repression, a prototypical defense, is defined in the Freudian tradition as a process by which an idea is excluded from consciousness when it is in conflict with another idea or set of ideas. Freud postulated several types of repression, presented here in chronological order of their appearance in his work.

*Repression motivated to protect the integrity and security of the self.* This type of repression results in the exclusion of a single idea incompatible with the mass of ideas dominating the conscious sense of self (Breuer and Freud 1895).

*Repression as an organic force tied to maturation.* (Freud 1905).

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*Primal repression.* This is the establishment of fixation points during childhood before secondary process is organized. The motivation for primal repression is avoidance of unpleasurable stimuli or painful overstimulation of the immature psychic apparatus. Primal repression renders emotionally charged ideas in the adult subject to repression proper by exerting an attractive pull on these ideas (Freud 1915).

*Repression proper.* This is initiated by signal anxiety against a dangerous id impulse or associated charged idea. In the topographic model, a repression barrier is postulated between the system preconscious and the system unconscious. In the structural model, repression occurs at the junction of ego and id. Repression is maintained either by a continuous force of counteracted energy or by a pull toward regression to less organized mental states (Freud 1926).

The current Freudian model of repression would include both primal repression and repression proper. Repression is always an internal defense directed against other internal ideas or impulses.

444 Levenson, who articulates a purely interactional concept of defense, builds on the Sullivanian idea of security operations. One function of these operations is to distract attention from external points of anxiety and dissociating them from awareness, often aided by internal fantasies of power and specialness of the self. This Sullivanian concept seems very close to Anna Freud's concept of denial (1936), which she described as a primitive defense mechanism by which a child avoids awareness of a painful aspect of reality, frequently substituting a powerful fantasy or taking avoidant action. Denial has come to be used to refer to both minor and major selective distortions of external reality. Denial for Anna Freud is a bridge concept containing both intrapsychic and interpersonal components.

Levenson isn't much interested in the intrapsychic aspects of defense. He understands fantasy to be a secondary phenomenon, a retrospective attempt to understand events associated with anxiety. For Levenson, the primary defense is mystification, a selective inattention to aspects of real experience that have been damaging or threatening to security. Levenson understands that the patient has constructed an idiosyncratic reality that must be demystified by direct engagement. But Levenson, I think, has made a selective reading of the concept of denial. He downplays and wants to ignore the internal fantasy constructions that are both a reaction to real external pain and a carrier of anxiety. Mystification for Levenson is solely an interpersonal process.

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Greenberg, by contrast, understands repression as a basic defense that controls access to consciousness of both internal and external contents. Following G. Klein (1976) and Dorpat (1983), he views denial and repression as unified reactive defenses, avoiding awareness both of painful aspects of reality (through inhibition of focal attention) and of painful affects such as anxiety, guilt, and depression. Denial is accompanied by countering defenses, such as projection, or countering fantasies, an internal attack on the painful object representation. Screen behaviors, affects, or perceptions often fill in the gaps. Greenberg draws on Freud's first theory of repression; that is, a self-representation is repressed if it is incompatible with the current and dominant self-image, thereby maintaining the integrity of the self. Klein (1976) suggests that it is not consciousness that is repressed but the meaning of an idea, impulse, or perception. The uncomprehended meaning can be active in consciousness as a substitute gratification. These products of repression are not subject to corrective feedback, since they are not comprehended, and thus lead to repetitive behaviors. This points to a way to integrate Levenson's concept of mystification, which is a description of the resulting behavior, with an underlying mechanism of mind as postulated by Klein and Greenberg. However, the concepts of mystification and repression really describe different domains of action, either that between persons or that within the mind.

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The second concept to be discussed is Wolstein's emphasis on the absolute mutuality of the analytic relationship and the epistemological equality of the two participants. His idea that the transference of each party must be worked out within the other party is radical and provocative. I believe that he is one of the first psychoanalytic writers to stress this aspect of transference. Wolstein's concept foreshadows a current debate within the Freudian tradition. One side of this debate would essentially agree with Wolstein. Loewald (1986) suggested that the analyst's countertransference is actually composed of a transference of the analyst and a reaction to the projected transference of the patient. The patient has a similar transference and countertransference to the analyst. Racker (1968) elaborated a similar complexity of countertransference. Both of these concepts move away from the analyst as blank screen and toward a mutuality of transference and countertransference in both parties (Hoffman 1983). Such ideas as the real relationship, the working alliance (Greenson 1967), and the therapeutic alliance (Zetzel 1970) also move toward equality of the relationship. Contemporary

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Freudian concepts such as the subjectivity of the analyst (Jacobs 1991; Renik 1993; Hoffman 1994; White 1996), countertransference enactments (Boesky 1982; Jacobs 1991; McLaughlin 1991; White 1996), and role-responsiveness (Sandler 1976) all emphasize mutuality in the relationship. Recent discussion of disclosures by the analyst (Renik 1995; Aron 1996; Jacobs 1999) speaks to more permissive ideas about equality. However, in contradiction to this movement toward epistemological mutuality and equality, all of the Freudian and most of the interpersonal writers would agree that the analytic relationship must in practice remain asymmetrical (Aron 1996). There must be a difference in power and disclosure between the two participants that is essential in maintaining a focus on the patient's conflicts and in highlighting the patient's resistances and transferences. Without this power differential, it is likely that resistances will remain unconscious; without relative autonomy, the analyst's countertransference may intrude into the patient's transference space. It is not clear whether Wolstein was writing about only the first aspect, the asymmetrical power relation, or felt that there could be an absolute clinical symmetry. His idealized view that analyst and patient are interchangeable seems to suggest the latter. His writing is so densely theoretical that it is hard to tell how he practiced clinically. The ultimate endpoint of such a clinical equality would be Ferenczi's mutual analysis.<sup>5</sup> I think that in the examination of transference, we can see both mutuality and asymmetry at work. The mutuality pushes toward transference as real experience and real interaction in the here and now, providing its affective power. The asymmetry pushes toward transference as fantasy and as self-experience, both from the past. I see a dialectic between the two forces, an essential tension to be experienced and understood.

The third concept for discussion is Greenberg's idea of re-representation, in which the mind is seen as made up of layers of evoked memories and re-representations. This concept both builds on object relations theory and makes an original contribution. Jacobson (1964) first formulated the idea of a differentiation of self- and object representations within the ego. She linked object relations, affect differentiation, and the vicissitudes of early instinctual development (Kernberg 1979). Kernberg (1982, 1988), building on Jacobson's work, empha-

<sup>5</sup> Within the interpersonal tradition, there is a recent rebirth of interest in Ferenczi and his mutual analysis (Aron and Harris 1993).

sized that affect structures serve to link behavior with intrapsychic structure. Two parallel series, of gratifying and frustrating experiences, influence the development of “good” and “bad” self- and object representations. Kernberg postulates that the basic unit of psychic structure is a self-representation, an object representation, and an affect linking them. Both impulse and defense are reflected in the fantasied relationship between self and object. Sandler and Rosenblatt (1982) extended Kernberg’s concepts by pointing out that self- and object representations at any one moment are shaped by pressures from the id, requirements of the external world, and demands by introjects. Every wish involves a self-representation, an object representation, and a representation of the interaction between them. The fantasy interaction includes both a wished-for interaction and a wished-for response. Greenberg suggests a complex layering of such self- and object-representations, colored over time by different affect states in the mind. Self-representations are made up of several versions of the same evoked memory, each shaped by developmental and affect influences at different time periods. This adds the dimension of time to the concepts of Kernberg and Sandler. Then Greenberg adds another original idea. He suggests that self-representations can be triangular; the current observing self relates to earlier versions of self- and object representations. Here Greenberg is in dialogue with a body of thought in the Freudian literature, extending it in an original way.

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The fourth concept to discuss is Levenson’s emphasis on isomorphic transformation and the pull into action and interaction. Hirsch (1998), from the interpersonal tradition, has suggested a theoretical convergence between concepts of countertransference enactment and interpersonal interaction. How does one understand enactment along a continuum from intermittent to continuous, from avoidable to inevitable, or from interfering to useful? Levenson, Greenberg, and the Freudian intersubjectivists would all understand them as potentially useful. Jacobs (1991), for example, would tend to see enactments as a frequent occurrence and often very useful, but not continuous. He includes, on a continuum of enactments, both “overt and rather obvious actions” (p. 141) and “scarcely visible countertransference reactions, so easily rationalized as part of our standard operating procedures” (p. 156). The tendency toward actions and enactments can be contained through silent countertransference awareness and self-analysis. I believe that many Freudian analysts would agree with Jacobs. By contrast, Levenson,

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Greenberg, and a number of intersubjectivists would argue that enactments are continuous and inevitable. For example, Renik (1993) states that “we always see that an analyst’s awareness of a personal motivation in the clinical situation has its origins in self-observation of a behavioral manifestation . . . of that motivation” (p. 557). Countertransference cannot be contained through self-analysis and becomes conscious only after action. This notion is identical to Levenson’s concept of isomorphic transformation whereby action and thought coexist as simultaneous modes. I believe that Levenson’s idea of being pulled into, immersed, and trapped in the patient’s isomorphic transformation is similar to Sandler’s idea of role-responsiveness (1976). Levenson would emphasize the need to remain trapped in the patient’s world for an extended period, to a greater degree than most intersubjectivists would advocate. Though I consider Levenson’s clinical descriptions of interaction compelling, I believe that action must be integrated with thinking. Levenson’s idea that what is being thought about is simultaneously enacted is innovative. However, his emphasis on action as mutative runs counter to the views of many interpersonalists and most traditional Freudians. My own concept of actualization from intrapsychic to intersubjective modes (White 1996) also emphasizes the continuous interplay of thought and action. Greenberg (1996) states that patient and analyst are continuously trying to influence each other into action. Conceptions about the analyst’s subjective influence would fall along similar lines. Jacobs would understand the analyst’s influence as fluctuating, depending on the clinical state of both the analyst and the interaction, while the other three writers would see the analyst’s influence as continuous and ever present.

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Is there an interplay between what goes on within minds and what goes on between minds? One way this is spoken of clinically is the relation of distortion and mystification to the concept of transference. I believe that most Freudian analysts would agree that distortion is a hallmark of transference that must be carried by some internalized aspect of mind. There is, however, debate over where the distortion originates and how to characterize it. Jacobs (1991), I believe, speaks for many Freudians: “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” (p. 222). Transference originates within the mind and becomes evident as a projection, but the content of the projection can be influ-

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enced by the person who is the object of the projection, what Gabbard (1995) calls a hook. Renik (1993, 1995, 1996) would agree with Jacobs but sees the analyst's influence on the projected transference to be more powerful and compelling. As for Levenson, he sees transference as primarily a mystification of communication, a struggle over perception. Transference originates as a disordered communication that can be internalized and therefore leads to repetitive miscommunication. However, while Levenson will admit that repetitive mystification must be carried by a structuralized mind that can fantasize and project, he is not at all interested in such a structure and considers it irrelevant to treatment. Greenberg is somewhere in the middle, similar to Renik, viewing transference as a mixture of projection and perception but giving greater weight to perception. The same fault line appears in discussions of how interactions further the process of analysis. Chused (1991) puts it particularly well for the Freudian tradition by characterizing enactments as "informational experiences" that lead back to insights about how the mind operates. My own concept of transformation from the interpersonal to the intrapsychic (White 1996) is similar. Gill (1996) makes the same point in emphasizing that both the innate and the experiential are represented intrapsychically. He suggests that the interpersonal tradition often confuses actual interaction with representations of interactions. Levenson argues for a mutative interaction in which psychic change results solely from the analyst's ability both to be pulled and to resist being pulled into the patient's psychic world. What happens inside the mind is not observable and so is not important. Greenberg's concept of interpretation as negotiation (1996) is much closer to the Freudian tradition: "interpretation emerges as one form of negotiation. . . . successful interpretation not only facilitates the patient's awareness of previously rejected thoughts and feelings, they also heal and deepen the analytic relationship" (p. 20). I would argue for a concept of transference that promotes both distortion and mystification. There is always a projection, by both of patient and analyst, that contains distortion, and inevitably an interpersonal struggle over perception. I have argued (White 1966) that intrapsychic and intersubjective aspects of transference are mirror images and are always, in any interaction, simultaneously present. Levenson's ideal of isomorphic transformation makes the same point.

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Among all the writers cited, there is remarkable agreement of the

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clinical description of a useful unit of interaction. They all describe a dialectic between being pulled into the experience of the enactment and the ability to reflect with the patient about the enactment. Jacobs (1991) stresses the realization by the analyst of being caught up in an unintended action, the analyst's silent attempts to understand his or her contribution to the enactment, and how he or she uses that participation to understand and communicate the patient's motivations. Renik (1996) has a more assertive style, actively entering the enactment by consciously taking sides and then reflecting with the patient about the interaction. Levenson, like Jacobs, is pulled into the enactment but is more willing to remain immersed in it for extended periods, to deepen the emotional conflicts, and only slowly to work out of it. Greenberg describes an alternation between concordant moments that pass unnoticed and discordant moments that raise tension. There is a similar movement of being pulled into discordant states and negotiating one's way out.

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## CONCLUSION

Where does this leave us? I hope to have shown that the Freudian and the interpersonal traditions are both in the domain of psychoanalysis. What we need at this point is a dialectic, a dialogue between traditions that can enrich both.<sup>6</sup> I have suggested the beginning of such a dialogue in this essay. It is clear that traditional Freudian psychoanalysis has a starting point very different from that of interspersal psychoanalysis. Both approaches describe the same entity, the mind, but from opposite directions. They start with different assumptions and use a different technical language. If we agree that multiple points of view in describing the mind are both possible and useful, then the interpersonal point of view should be welcome. To the degree that the two traditions describe the same processes, convergences are possible. There are two types of convergences. Both traditions may discover and describe a similar phenomenon, either assigning it different names or coming at it from different directions. One example discussed above is the similarity of Levenson's isomorphic transformation and the idea of countertransference enactments. Over time, the difference in the

<sup>6</sup>I use dialectic in the Platonic sense, not the Hegelian, as a mutual search for truth through discussion and disputation.

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details between the two concepts may tend to disappear. Another sort of convergence occurs when one tradition contributes to the other tradition, extending or enriching it. An example discussed above is Greenberg's concept of re-representation, which adds the layer of time to existing object relations theory. At the same time, we need to recognize and struggle with genuine divergences, where the two traditions with their different assumptions and starting points describe something uniquely present in their point of view. An example discussed above is Levenson's technique of remaining largely in the interaction and seeing the resolution of interpersonal tension as therapeutic. This contrasts with the Freudian emphasis on translating action modes into verbally symbolic modes for resolution (White 1996; Katz 1998). Only with such a tension and critical debate will psychoanalysis move beyond orthodoxy and continue as a genuine intellectual force.

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