🕮 *Auchincloss, E. L. and Samberg, E. (2012). Psychoanalytic Terms and Concepts.*

Acting Out is the tendency for unconscious transference fantasies or the defenses against them to be dramatized or symbolically realized in external reality, especially in the interpersonal setting of the analytic dyad. Acting out, like transference itself, usually functions as a resistance, because the unconscious wishes and fears actualized in the acting out oppose or impede self reflection, free association, or communication, or they intrude on the basic analytic frame. The "action" of the acting out may or may not refer to literal motor action; however, the term is most commonly used to describe discrete, observable behaviors that impinge on the analytic frame (missing, forgetting, or coming late to sessions), or to actions in the patient's everyday life that represent displaced transference feelings or defenses against them (initiating, ending, or changing the character of a particular relationship). Acting out is also used to describe the analyst's unconscious expression of countertransference. Acting out is differentiated from enactment, defined as an interaction mutually created by analyst and patient, or a joint acting out.

The term *acting out* has been used with great variability by psychoanalysts and has been incorporated, inaccurately, into the vernacular to refer to impulsive or bad behavior. This variability results from the conceptual difficulties distinguishing the resistance function of acting out from its potential communicative function, or from the intrinsic tendency of transference to seek actualization **(Boesky, 1982)**. For these reasons, the term *acting out* is less frequently used nowadays. Furthermore, contemporary psychoanalysts of all schools recognize that the patient's communications within the psychoanalytic situation are complex and function simultaneously on many levels, including both behaviorally and intrapsychically.

Some of the ambiguities of acting out have their origin in Freud's **(1914c)** first description of the term in "Remembering, Repeating and Working-Through." Freud argued that patients in analysis are motivated to repeat, that is symbolically dramatize or act out the past, in order not to remember it. He conceptualized both transference and acting out in terms of the discharge of wish in action, thereby diverting thoughts and feelings from remembering, which would require the delay of discharge. Freud's list of "actions" covered a wide range, from the patient's attitudes, feelings, or manner of speaking during a session, to impulsive and potentially maladaptive decisions undertaken in everyday life. Following Freud, several aspects of the concept have invited ambiguous interpretations **(Boesky, 1982)**. For example, some analysts used the term *acting out* to mean actualizations that occur outside of the analytic setting, and used the term **acting in** for acting out that occurs in sessions. This also changed the original meaning of acting in, which was used to describe unconscious conflicts expressed in a patient's posture on the couch **(Zeligs, 1957)**. The differentiation between acting out and a patient's general proclivity for action has also been blurred, so that some analysts conceptualized acting out as the expression of the incapacity to bear tension and arrest action (**Greenacre, 1950b**; **Kanzer, 1957**); acting out was consequently associated with delinquency and perversion (Reports of discussions of acting out, **1968**). Finally, some analysts do not regard repetitions in analysis as resistances, but as implicit or embodied memories of early or traumatic events for which there are no potentially conscious memories **(Kogan, 1992)**.

Acting Out

🕮 *Laplanche, J. and Pontalis, J. B. (1973). The Language of Psycho-Analysis.*

= *D.*: Agieren.–*Es.*: actuar.–*Fr.*: mise en acte; acting out.–*I.*: agire.–*P.*: agir.

According to Freud, action in which the subject, in the grip of his unconscious wishes and phantasies, relives these in the present with a sensation of immediacy which is heightened by his refusal to recognise their source and their repetitive character.

Such action generally displays an impulsive aspect relatively out of harmony with the subject's usual motivational patterns, and fairly easy to isolate from the overall trends of his activity. Acting out often takes the form of aggressive behaviour directed either at the self or at others. When it occurs in the course of analysis–whether during the actual session or not–acting out should be understood in its relationship to the transference*, and often as a basic refusal to acknowledge this transference.

'Agieren', a term of Latin origin which Freud uses both verbally and substantivally, is not a part of German common usage. For referring to action or acting German prefers such words as *'die Tat'*, *'tun'*, *'die Wirkung'*, etc. Freud

employs *'agieren'* transitively–as he does *'abreagieren'*, which has the same root (see 'Abreaction'); its object (i.e. what is 'acted out') is instincts, phantasies, wishes, etc.

'Agieren' is nearly always coupled with *'erinnern'*, to remember, the two being contrasting ways of bringing the past into the present.

Freud observed this contrast essentially in the context of the treatment, with the result that it is repetition in the transference that he most often refers to as 'acting out': the patient 'acts it before us, as it were, instead of reporting it to us' (**1*a***). Acting out extends beyond the transference proper, however: 'We must be prepared to find, therefore, that the patient yields to the compulsion to repeat*, which now replaces the compulsion to remember, not only in his personal attitude to his doctor but also in every other activity and relationship which may occupy his life at the time–if, for instance, he falls in love or undertakes a task or starts an enterprise during the treatment' (**2**).

The term 'acting out' enshrines an ambiguity that is actually intrinsic to Freud's thinking here: he fails to distinguish the element of *actualisation* in the transferencefrom the resort to *motor action*–which the transference (q.v.) does not necessarily entail. It is hard to see, for example, how Freud was able to go on being satisfied, as a way of accounting for repetition in the transference, with the metapsychological model of motility he had put forward as early as *The Interpretation of Dreams*(**1900*a***): '... the fact of transference, as well as the psychoses, show us that [unconscious wishes] endeavour to force their way by

way of the preconscious system into consciousness and to obtain control of the power of movement' (**3**).

The confusion may be further illustrated by the following definition of acting out, offered by English and English in their *Comprehensive Dictionary of Psychological and Psychoanalytical Terms:* 'manifesting the purposive behaviour appropriate to an older situation in a new situation which symbolically represents it. Cf. *transference*, which is a form of acting out.' This definition conflicts with the most commonly held psycho-analytic view, which treats the domain of the transference and recourse to acting out as distinct if not actually opposed to one another, the latter being looked upon as an attempt to *break off* the analytic relationship.

From the descriptive point of view, the range of actions ordinarily classified as acting out is very wide. At one pole are violent, aggressive and criminal acts–murder, suicide, sexual assault, etc.–where the subject is deemed to proceed from an *idea* or *tendency* to the corresponding *act* (the *passage à l'acte* of French clinical psychiatry); at the other extreme we find much more subdued forms–although the impulsive aspect must still be evident: the act is ill-motivated even in the subject's own eyes, constituting a radical departure from his usual behaviour even if he rationalises it after the fact. For the psycho-analyst indications such as these betoken the *return of the repressed**. Also placed under the rubric of acting out are certain accidents which befall subjects who feel they have no part in bringing them about. Giving such a broad connotation to 'acting out' naturally makes a problem of the concept's delimitation: it has only been marked off from other concepts forged by Freud (notably from parapraxis* and so-called repetition phenomena) in a manner which tends to be vague and to vary from one author to the next (α). Parapraxes too are sharply distinct and isolated, but–at any rate in the most prototypical form–their nature as compromise formations* is patent. By contrast, in lived-out repetition phenomena (e.g. 'fate compulsions'), the repressed contents often return in a scenario of great fidelity whose authorship the subject fails to recognise as his own.

One of the achievements of psycho-analysis has been to bring the occurrence of specific impulsive acts into relation with the dynamics of the treatment and the transference. This line of advance was clearly indicated by Freud when he underscored the tendency of certain patients to 'act out' the instinctual impulses aroused *during* the analytic session *outside* the consulting room. But inasmuch as Freud, as we have seen, describes even transference on to the analyst as a modality of acting out, he fails either to differentiate clearly or to show the interconnections between repetition phenomena in the transference on the one hand and manifestations of acting out on the other. The distinction he does propose is apparently meant as a solution to problems of a predominantly technical nature: the subject who acts out conflicts outside the treatment has less chance of becoming aware of their repetitive character and he is in a position, since he is free of any control or interpretation by the analyst, to satisfy his repressed instincts to the limit–i.e. to complete the act in question: 'We think it

most undesirable if the patient *acts (agiert)* outside the transference instead of remembering. The ideal conduct for our purposes would be that he should behave as normally as possible outside the treatment and express his abnormal reactions only in the transference' (**1*b***).

One of the outstanding tasks of psycho-analysis is to ground the distinction between transference and acting out on criteria other than purely technical ones–or even mere considerations of locale (does something happen within the consulting room or not?). This task presupposes a reformulation of the concepts of *action* and *actualisation* and a fresh definition of the different modalities of *communication*.

Only when the relations between acting out and the analytic transference have been theoretically clarified will it be possible to see whether the structures thus exposed can be extrapolated from the frame of reference of the treatment– to decide, in other words, whether light can be shed on the impulsive acts of everyday life by linking them to relationships of the transference type.

> (α) Such a demarcation has to be made if the notion of acting out is to preserve any specificity and escape assimilation into a generalised conceptionwhich does no more than point up the more or less close relationship that exists between any human project and unconscious phantasies.

(1) 1 Freud, S. *An Outline of Psycho-Analysis* (**1940*a*** **[1938]**): a) *G.W.*, XVII, 101; *S.E.*, XXIII, 176. b) *G.W.*, XVII, 103; *S.E.*, XXIII, 177.

(2) 2 Freud, S. 'Remembering, Repeating and Working-Through' (**1914*g***), *G.W.*, X, 130; *S.E.*, XII, 151.

(3) 3 Freud, S., *G.W.*, II-III, 573; *S.E.*, V, 567.

ACTING OUT

🕮 *Skelton, R. (Ed.). (2006). The Edinburgh International Encyclopaedia of Psychoanalysis.*

A form of *repetition in place of remembering. It is an expression of repressed content that arises in analysis on the basis of *resistance; here the greater the level of resistance the more extensively will acting out (repetition) replace remembering. The analytic task, therefore, is to seek to elaborate the communicative import of such *acts, which are addressed to the analyst as a *transference figure. Lacan distinguishes acting out and **pas-sage à l'acte* in terms of different positions taken up by the subject as reactions to a puzzling question or conflict in the unconscious. Acting out is unconsciously determined impulsive behaviour that addresses the analyst, and indicates that some material has not been sufficiently interpreted. This happens in a weak moment in the treatment and is a demand for *symbolisation.

A. R. / R. M. B.

ACTING OUT

Acting In

🕮 *Moore, B. and Fine, B. (1990). Psychoanalytic Terms and Concepts*

➲ ACTION; IMPULSE DISORDERS; SYMPTOMATIC ACT; TRANSFERENCE

The expression through action, rather than in words, of a memory, an attitude, or a conflict by a person in psychoanalysis or another form of treatment that is based on verbalization. In its narrowest definition, *acting out* occurs in, or in reaction to, the psychoanalytic situation, and the analysand is not aware that he or she is avoiding something. For example, one might act in a defiant way toward the analyst without remembering similar feelings and attitudes toward parental authority. This type of behavior is sometimes called "acting out in the transference." Feelings about the analyst may also be projected onto persons in the analysand's everyday life; in this case acting out occurs outside the treatment setting. The term *acting in* was originally introduced to describe reenactments in the form of body movements or postures on the couch, but is now commonly used to emphasize "acting out" that occurs in the analytic situation as opposed to outside.

The important distinction, however, is not whether the behavior occurs in or out of the analyst's office but the fact that something is reproduced in action—that is, "acted out"—rather than remembered and verbalized. When acting out, a patient repeats an act without becoming aware of the meaning of the act; in that sense he or she is resisting the analytic process. On the other hand, there are times, especially in dealing with derivatives of very early or very traumatic events, when verbalization is impossible. Then some form of acting out may be the only way the experience can be introduced into the analysis. In these cases the same mechanism that may otherwise be seen as undesirable resistance offers the only possible avenue of communication, through reliving.

Other confusions about the term have arisen through the years. Freud conceptualized transference itself as acting out: analysands repeated with the analyst rather than remembering. However, many analysts now think of acting out in opposition to transference—the patient avoids the transference by acting it out outside the office. Another imprecise, but common, use of the term results when the definition is broadened to include the behavior of people who externalize their conflicts in actions without any connection to a treatment process. Thus, the general behavior of impulsive characters, the symptomatic acts of neurotic persons, the deviant actions of delinquents, and the misbehavior of normal adolescents have all been called *acting out.* These kinds of behavior are somewhat similar to the acting outthat arises in the analytic situation in that impulses are discharged into action rather than through fantasies and into words; but they are different in that they are derivatives of the pathology rather than a response to the treatment process.

The disadvantage of this broadening of the definition is that the term comes to mean little more than "bad behavior," whereas the narrower definition, as linked to the treatment process, reveals a complex, subtle, clinically useful concept. For example, not all acting out involves action: silence in the sessions or refusal to act in a situation that calls for action may be acting out. And the same behavior may at times be acting out and at other times not. For example, a patient may enter treatment with a habitual pattern of behavior (therefore not acting out) that more or less disappears in the course of analysis. If the behavior later begins to recur at times of heightened transference intensity or increased resistance, we would call it acting out. Thus, acting out is defined not by what the behavior is or by where it occurs but by the function it serves both intrapsychically and in the analytic process.

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Acting-in

🕮 *Hinshelwood (1991). A Dictionary of Kleinian Thought*

> Relations between the analyst and the patient may enact primitive impulses, object relations or defences and form a resistance to the work of analysis **(Freud, 1914)**. That enactment in the transference has been called 'acting-in' **(Sandler, Holder and Dare, 1973)**. In Freud's time resistance and defence were assumed to express themselves in the transference as a disturbance to the free associations. But Betty Joseph makes the transference important in another way. It is for 'looking at the way in which patients use us - analysts - to help them with anxiety' (Joseph, **1978**, p. **223**) [see COUNTERTRANSFERENCE].

Working with severe borderline personalities, **Joseph (1975)** described a form of impasse encountered in analysis as an *unreachability.* She was drawn towards detailed examination of the way the patient uses the analyst for his own purposes in order to help him with his anxiety [see PSYCHIC EQUILIBRIUM].

The kind of contact engaged in with the analyst is one in which the analyst and patient together talk *about* the patient. He is not emotionally moved by the analyst's interpretations but may be very thoughtfully co-operative. An alliance forms but it 'turns out to be inimical to a real alliance and what is termed understanding is actually anti-understanding' (Joseph, **1975**, p. **49**). Joseph conceptualized this in terms of two separate parts of the patient. One part 'may appear to be working and co-operating with the analyst but [this] part of the personality that is available is actually keeping another more needy or potentially responsive and receptive part split off' (Joseph, **1975**, p. **48**). The available and essentially observing part of the personality is 'used to ward off the analyst' (Joseph, **1975**, p. **52**). The purpose of this structure is to create a 'kind of balance ...Repeatedly we experienced a sequence in which within one session he made progress, became deeply involved and moved by what was going on, but the following day it was a mere flat memory" (Joseph, **1975**, p. **55**).

Sometimes this is achieved by projecting into the analyst an interested or concerned part of the patient so that the analyst is expected to act out the concern and wish to get something done. Sometimes the understanding part of the patient is projected into the analyst and the patient expects omnipotent and omniscient understanding from the analyst; sometimes large parts of the ego are projected so that the patient becomes very apathetic; sometimes the sane part of the patient is projected and he then appears stupid [see 13. PROJECTIVE IDENTIFICATION].

The character of this impasse appeared to give rise to specific features of the transference [see TRANSFERENCE]:

> Much of our understanding of the transference comes through our understanding of how our patients act on us for many varied reasons; how they try to draw us into their defensive systems; how they unconsciously act out with us in the transference, trying to get us to act out with them; how they convey aspects of their inner world built up from infancy - elaborated in childhood and adulthood, experiences often beyond the use of words, which we can only capture through the feelings aroused in us, through our counter-transference. (Joseph, **1985**, p. **62**)

In the transference something is *constantly* going on, the analyst is constantly being used. This is not the analysis of resistance and defence, it is the playing out, in the relationship with the analyst, of subtle and often extremely obscure object-relations. The analyst is subjected to unconscious manoeuvring (of his unconscious) in order that the patient can organize the parts of himself, and his internal objects, to 'help him with his anxiety'. The patient's words have therefore to be listened to, not firstly for their content, but more for what they are aimed at doing to the analyst and his mind.

Other Kleinian analysts have recently supported these conclusions:

> The patient does not only express himself in words. He also uses actions, and sometimes words and actions. The analyst listens, observes and feels the patient's communications. He scrutinizes his own responses to the patient, trying to understand the effects the patient's behaviour has on himself, and he understands this as a communication from the patient (while being aware of those responses which come from his own personality). It is this, comprehended in its totality, that is presented to the patient as an interpretation. (Riesenberg-Malcolm, **1986**, p. **434**)

Segal (1982) putting it succinctly wrote 'early infantile development is reflected in the infantile part of the transference. When it is well integrated it gives rise to underlying non-verbal communication which gives a depth to other communications. When not integrated it gives rise to acting in as a primitive mode of communication" (Segal, **1982**, p. **21**).

Joseph showed that patients attempt to preserve a psychic equilibrium, poised uncertainly between the paranoid-schizoid position and the depressive position**(Joseph, 1989)** [see PSYCHIC EQUILIBRIUM]. Movement towards the depressive position seems particularly blocked, by a specific form of psychic pain [see PSYCHIC PAIN].

Borderline personalities especially seem to feel their equilibrium is precarious and they resort to an organization of their defences that is extremely rigid. These states are associated with development under the dominance of the death instinct and destructiveness [see DEATH INSTINCT] and these organizations often involve the dominance of 'bad' parts of the self over 'good' ones [see PATHOLOGICAL ORGANIZATIONS].

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🕮 *Auchincloss, E. L. and Samberg, E. (2012). Psychoanalytic Terms and Concepts.*

Enactment is a co-constructed verbal and/or behavioral experience during a psychoanalytic treatment in which a patient's expression of a transference fantasyevokes a countertransference "action" in the analyst. Enactments are

"symbolic interactions" **(Chused, 1991)** in that they carry unconscious meanings for both patient and analyst, unconsciously initiated by the patient and evoking unconscious compliance in the analyst. Because enactments attempt to actualize unconsciousfantasies, circumventing reflection by either the patient or analyst, they are resistances. However, enactments may also be communications of something that the patient and analyst cannot yet tolerate knowing. Enactment has also been defined and conceptualized from a relational or interpersonal perspective as the expression within a psychoanalytic treatment of a patient's dissociated self state, which, from this perspective, is the only way that such experience can be accessed.

Enactment may occur as obvious, discrete behavior, or as a subtle, persistent aspect of speech, attitude, or bodily expression; enactment is defined so widely as to include silence or passivity. Enactment is distinct from acting out, which is the actualization of unconscious fantasy in one member of the analytic dyad. Enactmentis similar to projective identification when the latter is defined as a bridging concept between the intrapsychic and interpersonal domains. In this view of projective identification, split-off parts of the self are forced into the object, who then temporarily experiences the affects as his or her own. In its emphasis on actualizing, and on the patient's unconscious recruitment of the analyst to serve intrapsychic aims, enactment expands on J. Sandler's **(1976a)** concept of role responsiveness and also on his view that there is a universal tendency and pressure toward the "actualization" of fantasies **(1976b)**.

Enactment is an important concept because it clarifies that while transference and countertransference wishes and fears have intrapsychic origins, they seek realization, symbolically, in the interpersonal matrix of the analytic dyad. Enactments, therefore, provide information about the unconscious of each member of the analytic dyad, their histories, and a way in which the analysis might become stalemated. When understood, the emotional immediacy of enactments may lead to especially useful insights.

Although the concept of enactment has been present in the psychoanalytic literature almost from the beginning, it has been given more frequent attention in the last twenty years. This attention reflects the greater influence of object relations theories in contemporary psychoanalysis, which emphasize various aspects of the analytic dyad. The term *enactment* appeared in the psychoanalytic literature beginning in the 1950s to refer to the general human tendency to symbolically enact unconscious fantasies, the equivalent of acting out in the clinical setting. Beginning with McLaughlin **(1981)** and Jacobs **(1986)**, enactment began to refer to the influence of the analyst's transferences on his work. Jacobs noted that enactments needn't be dramatic but instead might be embedded in what the analyst experienced as ordinary technique. In these articles, however, enactment was not clearly differentiated from acting out (the actualization of unconscious fantasy in one member of the analytic dyad). McLaughlin **(1991)** expanded the concept to include the general "evocative-coercive" functions attached to the transferences of both patient and analyst, such that each party feels he is acting in response to the other. In an influential paper, Chused **(1991)** defined enactments as "symbolic interactions" in analysis that have unconscious meanings for both patient and analyst, but which are initiated by the patient's attempts to actualize some aspect of the transferencewith which the analyst, acting on his own countertransference, unconsciously complies.

From some relational and interpersonal perspectives, enactment is the central focus of clinical technique, as enactment is directly linked to a view of the mind and of psychopathology. I. Hoffman **(1994)** suggested that analysis be redefined as a series of enactments that the patient and analyst come to examine and experience together. P. Bromberg **(1998a, 2006)** proposed that the mind, or self, is a shifting landscape of multiple "self-states"; the enactment of sequestered self-states in the treatment situation is the way in which both analyst and patient gain access to their content. According to Bromberg and other relationalists **(S. Mitchell, 1997; Bass, 2003)**, the analyst must consult his own shifting self-states for hints about what is transpiring with his patients.

Although Kernberg **(1975, 1976b)** did not use the term *enactment,* his description of the treatment of borderline patients contains a similar concept. Because borderline patients often express intense transferences in the form of action, intense countertransference reactions are evoked in both acute and chronic form. These transference/countertransference enactments invariably reveal much about the patient's object relational pathology and become the focus of analytic work. In its contemporary usage, enactment has been applied more broadly to patients with all levels of pathology and includes a greater appreciation of the analyst's independent contribution to what is now conceptualized as a co-constructed phenomenon.