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ACTING OUT: A RECONSIDERATION OF THE CONCEPT

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> Repetition is the only form of permanence which nature can achieve. GEORGE SANTAYANA

The term 'acting out' has been used to describe *inter alia* criminal behaviour, delinquency, drug addictions, severe character neuroses, sexual perversions, the general tendency of human beings to behave sometimes in an irrational way, and also to describe a wide range of behaviour of patients during the course of psychoanalytic treatment. It has therefore been easy to agree that the term acting out has been too loosely applied. Blos (1978) stated that 'the concept of acting out is over-burdened with references and meanings ... and needs further clarification'. (For recent clinically focused discussions of the definition of acting out see Blum, 1976; Infante et al., 1976.)

At the conclusion of the 1968 Copenhagen symposium, 'Acting out and its role in the psychoanalytic process', Calef (1968) reported: '... We could not agree on the clinical description of the entity under discussion and therefore it remained unclear just what the metapsychological formulations were intended to encompass and explain'. Many analysts then and later have commented on the conceptual confusion caused by the failure to specify the boundaries of the concept of acting out (A. Freud, 1968; Rangell, 1968; Sandler, 1970; Sandler et al., 1973; Loewald, 1971; Blum, 1976). In general there has been a tendency to accept the view that a return to the precision of the narrower definition of acting out as integrally linked to a therapeutic relationship would go far toward eliminating some of our present confusion. For example, Loewald (1971) stated: 'It is important to keep in mind that acting out is a concept which is strictly related to the concept of reproduction in the psychic field ... to designate an action as acting out makes sense only insofar as action is seen under the perspective of an alternative to reproduction in the physical field'.

Beres (1965), on the other hand, has questioned whether even then it would be possible to state a clinical definition of acting out which would truly differ from other clinical phenomena such as perversion. His closely reasoned questions can be paraphrased in approximately this way: if the essence of the narrow definition of acting out is to be the repetition (in or out of a therapeutic relationship) of repressed memories, how would that differ from certain perversions or from a variety of other forms of enactment of unconscious fantasy or neurotic behaviour? After an effort of two years duration, the Kris Study Group on Acting Out chaired by Beres could not reach unified agreement on a suitable clinical definition of acting out.

The concept of acting out has been the subject of two books (Abt & Weissman, 1976; Rexford, 1978); a symposium at the Copenhagen congress (A. Freud, 1968; Rangell, 1968; Greenacre, 1968; Moore et al., 1968); two panels of the American Psychoanalytic Association (Panel, 1970; Kanzer, 1957) and numerous papers.

Nevertheless there continues to be considerable confusion about the nature of acting out and it is apparently necessary for us to rediscover the significance of an important, well known, but neglected clinical fact (see Brenner, 1969; 1976). In *every* analysis at certain times there are behavioural or action communications. The oscillation between the intrapsychic-introspective-reporting mode and the sphere of action remains unclear and awaits systematic understanding. Since there is available a recent, comprehensive review of the large literature on acting out by

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Rexford (1978) I will here comment only on a small number of prior contributions which touch most directly on the scope of this paper.

Acting out reconsidered

In 1914 Freud wrote the paper, 'Remembering, repeating, and working through'. It is an extraordinary paper which contains a famous passage which is familiar to all analysts: 'the patient does not *remember* anything of what he has forgotten and repressed, but *acts* it out. He reproduces it not as a memory but as an action; he *repeats* it, without, of course, knowing that he is repeating it' (p. 150). In his editor's note, Strachey comments that this paper is noteworthy for containing the first appearance of the concepts of the repetition compulsion (p. 150) and of working-through (p. 155). Although Freud (1905) used the term 'acting out' earlier to explain why Dora quit her analysis, it was not until this 1914 paper that he gave a systematic definition and discussion of acting out.

> For instance, the patient does not say that he remembers that he used to be defiant and critical towards his parents' authority; instead, he behaves in that way to the doctor. He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complains that he cannot succeed in anything and asserts that he is fated never to carry through what he undertakes. He does not remember having been intensely ashamed of certain sexual activities and afraid of their being found out; but he makes it clear that he is ashamed of the treatment on which he is now embarked and tries to keep it secret from everybody. And so on ... [or] ... He is silent and declares that nothing occurs to him ... as long as the patient is in the treatment he cannot escape from this compulsion to repeat; and in the end we understand that this is his way of remembering (p. 150).

Notice how different Freud's examples of acting out were from the variety of behaviours we currently associate with the term. Freud's patients acted out when they produced masses of confusing dreams; when they disparaged themselves, when they were silent, when they experienced the analysis as a shameful secret. To be sure, Freud spoke later in this paper of the necessary cautions to be observed if dangerous actions spilled outside of the analysis and threatened the analysis or the patient's safety; but the central thrust of his discussion related to a range of behaviour which is no longer commonly thought of as acting out.

Essentially Freud was saying in 1914 that the entire transference was an acting out.

> As long as the patient is in the treatment he cannot escape from this compulsion to repeat; and in the end we understand that this is his way of remembering. What interests us most of all is naturally the relation of this compulsion to repeat to the transference and to resistance. We soon perceive that the transference is itself only a piece of repetition ... The greater the resistance, the more extensively will acting out (repetition) replace remembering (pp. 150–151).

Confusion has surrounded this concept whenever the effort is made to define the term 'acting out' descriptively. Fenichel (1954) offered the following as an approximate description: 'acting out is an acting which relieves inner tension and brings a partial discharge to warded-off impulses ...' Fenichel then said that this was an insufficient explanation but in my opinion he failed to deal with the relevant reasons. He continued as follows: 'This definition is certainly correct; but it is insufficient ... if a person, after having repressed an infantile sexual temptation, produces a neurotic symptom ... or if a person develops feelings towards his analyst which he once had toward his father, all these phenomena are in accord with the ... definition but they are not "acting out" ... [Note that this last example exactly reversed Freud's definition of acting out.] "Acting out", as distinguished from the other phenomena, is an acting, not a mere feeling, not a mere thing, not a mere mimic expression, not a mere single movement'. Fenichel then proceeded to exclude compulsive acts from the definition of acting out 'because they are limited in their extent and ... not as ego-syntonic'. If certain rituals become ego-syntonic they can then be called acting out. I conclude my quotation of Fenichel with the following: 'We rather call it "transference" if the attitude concerns definite persons, and "acting out" if something has to be done regardless toward whom' (pp. 296–7).

We are now in a position to examine four problems posed by using this 1914 definition of acting out to account for clinical observations in psychoanalytic treatment. The most obvious question has to do with the essential emphasis on

remembering as the antithesis to acting out. 'Remembering' in the 1914 definition required primary emphasis because Freud's theoretical explanation for the nature of what was curative in psychoanalytic treatment at that time was rooted in the topographical model of the psychic apparatus. It was not the crude topography of the hypno-cathartic phase wherein the analyst tried to make memories conscious. In 1914 Freud was in a transitional phase with regard to his *theory* of technique. The era of this series of technique papers roughly bridges the earlier goal: to make the unconscious conscious, and the later *dictum*: where id was there shall ego be. Although his *technique* in 1914 may have represented his most advanced development as a clinician (see Lipton, 1977), his theoretical explanations were still phrased in topographic terms. And so Freud's 1914 definition of acting out was anchored to his earlier topographic definition of the therapeutic task as the removal of repressions.

As we know, there are obvious and important clinical observations which do not fit with Freud's 1914 definition of acting out. Patients in analysis are actually not confined to a choice between remembering or acting (Loewald, 1971). They have a range of alternatives which remains to be integrated with a modern description of acting out. Weiss (1942) observed that patients often act out emotional situations which they have *already remembered.* Moreover, certain repressed contents never were conscious and could never be remembered. Sandler et al. (1973, pp. 102–3) also noted that a problem arises if we adhere too concretely to the view that acting out is a substitute for remembering. He gave the example of certain forms of therapy which have explicitly renounced the patient's task to remember. In some of these forms of psychotherapy where remembering is in fact discouraged explicitly there is still an intense relationship with the therapist leading to emotional revivals and enactments[1] of earlier states which could legitimately be called acting out.

The integral linkage of Freud's 1914 definition of acting out with memory functions is the first and most obvious theoretical problem attributable to the topographic hypothesis. The second problem is the theoretic notion of action viewed in topographic terms as a manifestation of shifts in the distribution of psychic energy between the systems unconscious, pre-conscious and conscious. In a somewhat over-simplified way one might say that irrationally motivated behaviour was then viewed as the consequence of mobile discharge of psychic energy governed by the primary process when certain mental contents were dissociated by repression from the system's pre-conscious and conscious. For example, 'from the moment at which the repressed thoughts are strongly cathected by the unconscious wishful impulse and ... abandoned by the pre-conscious cathexis, they become subject to the primary psychical process, and their one aim is motor discharge ...' (Freud, 1900, p. 605). Nor have we yet solved the problem of giving a systematic theoretical accounting of action in modern psychoanalytic theory. *It is recognized* (Rangell, 1968) *that not all action is acting out. It is not yet sufficiently understood that not all acting out involves action.* Hartmann (1964) pointed out that to this day we still have no systematic presentation of a psychoanalytic theory of action—and that 'a theory of action based on the knowledge of structural aspects of the personality and of its motivations is the most important contribution psychoanalysis will one day be able to make in this field'.[2]

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[1] Sandler (1970, 1973) has suggested substitution of the term 'enactment' for acting out on the grounds that some of the confusion about acting out arises from a mistranslation of the German 'agieren'. 'Agieren' is a term of Latin origin and not a term of common idiomatic German usage. Freud used it transitively as he did 'abreagieren' which has the same root (Laplanche & Pontalis, 1973). Sandler cited Greenacre and other authors who equated the German 'handeln' which connotes acting with the word 'agieren' which Sterba (1946) and others have translated into the English acting out. Rexford (1978, pp. 250–1) and others state that the earliest use of the term acting out was in 1901 in Freud's 'The psychopathology of everyday life' wherein Freud used the word 'handeln' to describe certain faulty actions and symptomatic acts. It was in 1905 that Freud first used the term 'agieren' to describe Dora's acting out her fantasy of revenge against Herr K. by quitting her analysis. Sterba (1979) disagreed with Sandler and cited Freud's (1936) published approval of Sterba's rendering of 'agieren' as acting out.

[2] These prophetic words of Hartmann emphasize the complexity of establishing a psychoanalytic theory of action. This is well illustrated by the problems Schafer (1976) encountered in his problematic attempt to do the opposite: to establish an account of psychoanalysis based on action theory which has so engaged philosophic attention in recent years.

The third problem with Freud's 1914 definition of acting out resides in his use in that era of an instinctual definition of transference. Adherence to that view is one of the conceptual problems with Rosenfeld's (1966) dichotomous definition of partial and total acting out. Anna Freud (1936) and Loewenstein (1969) have discussed a classification of transference which took account of structural considerations instead of considering only libidinal or aggressive drive derivatives. In the structural model, acting out cannot be relegated to any one of the three substructures since it entails the contributions of id, ego, and superego. Obviously also the problem of repetition in the transference which is the key to Freud's 1914 definition of acting out cannot be completely understood without consideration of the role of the ego and superego (Loewenstein, 1969).

Actualization

Up to this point I have discussed three theoretical problems about acting out which derive from the evolving refinement of Freud's theories since 1914. The next issue is of a different kind altogether. There is an ambiguity inherent in Freud's 1914 definition of acting out. To my knowledge the first report in the vast literature on acting out which deals with this problem is that of Laplanche & Pontalis (1973): 'the term acting out enshrines an ambiguity that is actually intrinsic to Freud's thinking here: he fails to distinguish the element of *actualization* in the transference from the resort to motor action—which the transference does not necessarily entail'.[3]

The work 'actualization' as used here by Laplanche & Pontalis connotes the ordinary dictionary sense of the word; in this sense it means making actual, converting into an actual or real fact. The term 'actualize' has been used in a variety of other ways with a variety of theoretical or technical connotations none of which is intended here. The term 'actualization' has been used as I mean it by Sandler (1976a,b,c) in his very helpful discussion of issues closely related to the topic of this paper. Although he did not *there* include acting out in any detail, I believe that his discussion of transference and countertransference as aspects of an object relationship are relevant to acting out. He said (1976b) that all wish-fulfilment is brought about through some form of actualization, and that our patients attempt to actualize their transference wishes in disguised ways by assuming a certain role-relationship with the analyst at any given time. 'The patient's transference would thus represent an attempt by him to impose an interaction ... between himself and the analyst' (1967c). Sandler next stated: 'If the patient keeps to the *rules* he will report rather than *enact*, and our clues as analysts, to the unconscious inner role-relationship which the patient is trying to impose, come to us via our perceptions and the application of our analytic tools' (1976c, my italics). At precisely this point I believe there are advantages to going beyond Sandler's distinction of reporting *rather* than enacting. The contrast Sandler makes here, which is shared by many if not most analysts, is between reporting versus acting out which in my opinion confuses the issues of action with actualizing. Sandler's clinical examples included a vignette (1976c) about a transference interaction in which a patient subtly and for some time successfully managed to manipulate the analyst into talking more than the analyst felt he should. This patient was reporting *and* enacting but the only observable action by the patient was verbal[4] and consisted of his attempt to shift from reporting to conversing. Sandler then presented very convincing evidence linking this transference behaviour to a variety of issues concerning the patient's prior relationship with his father.

Most analysts do not include such mundane, day in and day out transference behaviour under the rubric of acting out, but Freud did and in my opinion we should carefully consider why he did. At this point I propose that it is useful to divide the concept of acting out into two components: an unconscious transference fantasy and some related action or behaviour. Such a separation has heuristic advantages but cannot imply a literal, functional separation. I must emphasize that throughout this discussion my proposal to

[3] Gill (1979) also deals with this as a conceptual problem.

[4] For a discussion of verbalization as acting out see Loewald (1970) and Blum. (1976).

consider action in its motor-behavioural aspect as separate from fantasy, image, thought, and affect is utterly artificial. My justification for isolating action to its restrictive-motor sense is to add emphasis and expositional clarity. This is analogous to Freud's (1908) suggestion to give separate consideration to the masturbatory act and the masturbatory fantasy. The relationship between the transference fantasy and the action may be complex or simple. It may be that the unconscious fantasy and the related action are isomorphic and parallel or that the related action is sharply opposed to the actualization of the fantasy. Clinical reality encompasses a large range of intermediate positions on this continuum. Although the given instance of action may ostensibly serve to deny the fantasy which propels it, the action is always contextually linked to the fantasy. Here the defensive function of the action is to block awareness of painful affects which would ensue were there not an impedance to the further actualization of the fantasy. In such instances the action may bear a relationship to the fantasy analogous in its function and complexity to the familiar relation between the manifest and latent dream (Grinberg, 1968; Mitscherlich-Nielsen, 1968).

Clinical experience shows that vivid episodes of re-enactment during psychoanalytic therapy which fully deserve to be called acting out may involve no motor action of any kind. Certain episodes of silence during analysis would be one example.[5] Even more representative would be the ubiquitous situation so well illustrated when the patient attempts to impose certain roles on the analyst by using no other form of behaviour than conversation. In this sense verbalization is the major mode of acting out in any analysis. Indeed, sometimes the crucial acting out by the patient consists of a refusal to act (Diatkine, 1968). It would then seem that there is no compelling reason to distinguish between various forms of actualization of transference fantasies solely on the basis of whether or not they are accompanied by motor actions.

So far I have discussed the advantages of distinguishing between actualization and action. However, the introduction of the term actualization does not solve the conceptual problems entirely and indeed introduces new ambiguities. In their discussion of anthropomorphism in psychoanalytic theory, Grossman & Simon (1969) described bridge terms which attempt to link subjective experience with objective-abstract theories which seem to explain the subjective experience. The words 'tension' or 'drive' are examples. Actualization is also a word with subjective as well as theoretical-objective connotations. Actualization can mean the subjective experience of feeling that an unconscious fantasy is being partially fulfilled, realized, or 'coming true'. Actualization can also mean the postulated processes by which a group of coherently organized activities of the ego revise compromise formations engendered by intrapsychic conflict related to emerging transference fantasies. The major advantage of the introduction of the process term 'actualizing' is the connotation of intrapsychic subjective experience as contrasted with the extra-psychic, action-behavioural connotation of acting out. Yet there is the necessity to recognize that a mere change of terminology in no way eliminates the basic conceptual issues here discussed and indeed raises some new ones, e.g. can we give an adequate clinical definition of what we mean in all cases by alluding to the subjective experience of an unconscious fantasy seeming to approach actual fulfilment? Most often, it would not be a case of even nearly direct gratification. New compromise formations are the typical route to a partial fulfilment of unconscious fantasies. We would not insist on any conscious awareness that an unconscious fantasy was about to be 'gratified' or 'actualized'. We would include in our understanding of actualization the entire spectrum of affects in the pleasure-unpleasure series.

Acting out and transference

We have known for some time that it is a fallacy to focus only on the pejorative aspect of acting out. It is true that Freud wished, in his 1914 paper, to call attention to the dangers of acting out viewed as a resistance. But more important, and curiously much more neglected

[5] For a discussion of silence in the special context of non-verbal communication see particularly the 1969 (Panel) discussion.

subsequently, Freud was drawing attention to the invaluable and indeed unavoidable communicative aspects of acting out. One can see in that paper that Freud equated acting out with transference in just this way.[6] Both transference and acting out could constitute a resistance at one time or an indispensable vehicle to propel the psychoanalytic process forward. After all, only the newly invoked compulsion to repeat could give the patient the all-essential affective conviction which was required for working through and it was working through which now replaced the prior concept of abreaction. Both transference and optimum workable levels of acting out (in the communicative sense) were therefore essential because: 'when all is said and done, it is impossible to destroy anyone *in absentia* or *in effigie*' (Freud, 1912). Freud clearly intended here to anchor his definition of working through to acting out. Acting out might occur without working through if the transference was not judiciously interpreted, but *working through could never occur without acting out* because in this sense the entire transference was an acting out. (See also Limentani, 1966, for a discussion of acting out in relation to working through.)

Rangell (1968) reported a case to illustrate how misleading the pejorative attitude to acting out can be. His patient was a married homosexual man whose perverse behaviour prior to and during the early phase of his analysis had been quite dangerous. These acts continued for some time during the analysis and constituted a large proportion of the analytic work. It was only when these acts became imbricated with the transference that Rangell felt he could say that they now constituted acting out with a corresponding improvement in prognosis. (See Rangell, 1981, for a distinction between acting out, neurotic action, and normal action.)

It is therefore more clear why Freud simultaneously introduced these three major concepts in his pivotal 1914 paper: acting out, the repetition compulsion, and working through were integrally and intimately interrelated and were designated to describe related aspects of very closely related phenomena. He could not at that time define any one of the three without the other two. Subsequent evolution of the use of these three terms shows that their simultaneous birth is too often neglected. The highly complex subsequent fate of the three concepts is beyond the scope of this paper but it is here proposed that refinement of our understanding of acting out in modern structural terms must include a systematic refinement of our notions of working through and the repetition compulsion.

Some of the confusion about the use of the term acting out relates to an issue exactly parallel to the limitation of the term transference. Shall we confine its use to psychoanalytic therapy or not? In this discussion I am using the word transference in the sense of transference neurosis. Transference as the broader aspect of the universal human tendency to seek the gratification of childhood wishes can obviously occur in any relationship and certainly does occur outside of the psychoanalytic relationship. Obviously that is not the case for the transference neurosis. Almost every usage of acting out which refers to phenomena outside a treatment relationship refers to the ubiquitous presence of unconscious motivation in any human behaviour and is of course part of the basis for the present confusion about the term.

Freud did not distinguish acting out very clearly from transference nor did he seem to view them as terms which required precise separation. In 1914, after all, he was refining his theory of the psychoanalytic process and describing the more global aspects of how to conduct an analysis so that analysts would neither ignore acting out if it threatened the safety of the patient or the viability of the treatment, nor stop it prematurely if the patient needed minor acting out for communicative reasons which would help the progress of the analysis. All transference is repetition and in Freud's 1914 definition all acting out is transference. But repetition is part of a different and larger conceptual category than transference and is not synonymous nor coextensive with transference or acting out. Some repetitions during analysis are not manifestations of transference.

Up to this point I have discussed some of the problems which arise if we try to return to Freud's 1914 definition of acting out. Before

[6] Kanzer (1966) discussed acting out in the context of Freud's evolving theories, but in a different context. See Kanzer (1968) where he defines acting out as a transference dominated *motility*.

pursuing other aspects of those problems I turn now to Freud's written views on acting out subsequent to 1914. It is generally agreed (e.g. Sandler et al., 1973) that Freud's views on acting out remained essentially unaltered in his subsequent discussions on the subject.

In 'Beyond the pleasure principle' Freud (1920) returned to a systematic consideration of the repetition compulsion which he introduced in the 1914 paper. He took up exactly the same clinical phenomena now and re-examined these issues from a proto-structural point of view.

He began again with a description of the futility of attempting to persuade the patient of the correctness of the analyst's constructions concerning the patient's past.

> He is obliged to *repeat* the repressed material as a contemporary experience instead of, as the physician would prefer to see, *remembering* it as something belonging to the past. These reproductions, which emerge with such unwished-for exactitude, always have as their subject some portion of infantile sexual life ... and they are invariably *acted out* in the sphere of the transference ... [italics mine] ... When things have reached this stage, it may be said that the earlier neurosis has been replaced by a fresh 'transference neurosis'. It has been the physician's endeavour to keep this transference neurosis within the narrowest limits: to force as much as possible into the channel of memory and to allow as little as possible to emerge as repetition (pp. 18–19).

At this point Freud departed from his 1914 explanation:

> In order to make it easier to understand this 'compulsion to repeat', which emerges during the psycho-analytic treatment of neurotics, we must above all get rid of the mistaken notion that what we are dealing with in our struggle against resistances is resistance on the part of the *unconscious*. The unconscious—that is to say, the 'repressed'—offers no resistance whatever to the efforts of the treatment ... We shall avoid a lack of clarity if we make our contrast not between the conscious and the unconscious but between the coherent *ego* and the *repressed*. It is certain that much of the ego is itself unconscious ... Having replaced a purely *descriptive* [italics mine] terminology by one which is systematic or dynamic we can say that the patient's resistance arises from his ego, and we then at once perceive that the compulsion to repeat must be ascribed to the unconscious repressed (pp. 19–20).

As I read this discussion, Freud seems to be adapting the term 'acting out' to this new structural view. On the other hand, Freud wasn't always too careful about using the term consistently.

Contrary to the assumption that he adhered to his strictly clinical definition of 1914, Freud used the term inconsistently as many other analysts have used it, in an application ranging far indeed from his original definition. In 'Moses and monotheism' Freud (1937) wondered why the monotheistic idea made such a deep impression on the Jews. He asserted that the Jewish people repeated the primeval parricide on the person of Moses. 'It was a case of "acting out" instead of remembering, as happens so often with neurotics during the work of analysis.' His final reference to acting out occurs in 'An outline of psychoanalysis'. Freud (1940) states: 'We think it most undesirable if the patient *acts* 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' (p. 177). This statement repeats his 1914 views incompletely and is sometimes cited as the basis for the pejorative view of acting out. (Even though Freud's discussion up to this point makes it clear that the patient is driven to act instead of reporting (1940, p. 176).)

Problems of definition

Among the paradoxes and contradictions in our extension and alteration of the term acting out none is more striking than the fact that most analysts now use the term only in the sense *opposite* to Freud's original definition. Laplanche & Pontalis (1973) concluded that the most commonly held psychoanalytic view currently is that transference and acting out are not only distinctly separate but actually opposed to one another. It is as though acting out represents a basic refusal to acknowledge the transference—it is common to hear that the patient who regularly arrives late is 'acting out to avoid the transference'. It is possible to speak here of a distinction between acting out as an integral manifestation of the transference versus acting out as an effort to

avoid awareness of the transference (Curtis, 1979; Gill, 1979). My experience suggests that such a distinction omits fuller consideration of the clinical data which often shows that the avoidance of awareness of transference itself may be an expression of the transference. It is useful to observe here that this issue of acting out as an opposition to transference overlooks another clinical observation. The danger to the patient is not transference *per se* but unpleasant affects which threaten to cause the patient pain immediately. Although ultimately the patient is attempting to avoid 'remembering', it is important to restate the obvious: the patient who 'acts out' is avoiding the experience of affects linked to transference fantasies in the immediate present. It is my view that we have arrived here at a spurious paradox. Acting out may be either an integral aspect of transference or a resistance to the same extent that transference itself is indispensable to psychoanalysis or inevitably also at times a resistance.

Laplanche & Pontalis (1973) state: '. . . 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 considerations of locale (does something happen within the consulting room or not?). This task presupposes a reformulation of the concepts of *action* and *actualization* and a fresh definition of the different modalities of *communication*'.

It is my purpose in this paper to attempt an initial step in the direction proposed by Laplanche & Pontalis by suggesting that acting out can be defined only in terms of metapsychology and that clinical descriptive definitions of acting out will of necessity be inadequate. I use the term metapsychology here in Freud's original sense to describe the psychology of unconscious mental processes (see Brenner, 1980). I propose that we view acting out as inseparable from the transference neurosis. In accordance with the principle of multiple function, what becomes relevant in the context of metapsychology is the fate of the unconscious transference fantasy and its tendency toward actualization rather than the coincidental motor action or behaviour which might or might not appear as an aspect of the compromise formation engendered by the fantasy. Acting out thus expresses the psychic reality of the transference neurosis (McLaughlin, 1981).

In versus out: a spurious distinction

We have seen such a radical extension of the term acting out based on descriptive considerations that it has become a part of the lexicon of our daily language and is used by many psychoanalysts as well as educated lay people simply to indicate the close relationship between any human activity and unconscious fantasy. Partially to retrench and correct for this confusion we have been offered distinctions which are in my opinion linked to simplistic considerations of the meaning of the words 'in' and 'out' when applied to acting out.

Fenichel (1954) and Greenacre (1950) distinguished between 'acting out inside of analysis' and 'acting out outside of analysis'. Zeligs (1957) and Rosen (1976) discussed 'acting in', as distinct from 'acting out inside the analysis'. These terminological distinctions illustrate the conceptual confusion and redundancy resulting from efforts to adhere to a clinical-descriptive definition of acting out. Acting out as a term is a bit like hay fever, which is not accompanied by a temperature elevation and is not caused by hay. These terms 'acting in' or 'acting out inside the analytic situation' merely locate the patient's behaviour.

There are numerous examples in the literature of this concretization of the antithesis 'out' versus 'in'. Gray (1973) reported the advantages of stressing the focus of the patient's view during the analysis to data limited essentially to *inside* the psychoanalytic situation rather than to behaviour *outside* the analytic situation. The distinction of inside versus outside is trivial if viewed as a geographical question. The antithesis of inside versus outside blurs the more relevant metapsychological distinction of intrapsychic versus overt action, be the action on the couch, in the office of the analyst, or elsewhere in the world. Many discussions of inside versus outside confuse geography and metapsychology. The *Glossary of Psychoanalytic Terms and Concepts* (Moore & Fine, 1968) voices this view as well, by noting that the term has come to be applied also to persons who externalize their conflicts and who are not in treatment and that the term acting out is often applied in a perjorative and indiscriminate sense to any anti-social activity. 'It therefore lacks precision except in the context of the analytic situation.' Although most con-

siderations still indicate that the term should be narrowed in its application, two authors have given arguments against excluding certain carefully defined forms of psychopathology from the accepted boundaries of a rigorous definition of acting out.

Stein (1973) discussed the tendency to act out in certain patients as a character trait prior to starting analysis and presented a thoughtful argument for extending the term acting out to include very complex repetitive behaviour of certain patients over extended periods of time who manifested a specific disturbance in reality testing. The behaviour was always ego-syntonic and represented a large group of meanings that ideally illustrated the principle of multiple function. Greenacre (1968) also advised against this tendency to resolve the conceptual problems of acting out by simple definitional exclusions. Greenacre (1950) has essentially agreed with Fenichel's definition of acting out. She stressed the acting out of certain patients who experienced serious trauma in their pre-verbal development and in her discussion of these patients she referred to acting out in the expanded sense as a general propensity of such patients whether or not they were is psychoanalytic treatment. She has described a quasi-syndrome of severe early trauma, a special emphasis on visual sensitization producing a bent for dramatization ... and a largely unconscious belief in the magic of action.[7] Separation of actualization from the action aspect would clarify further discussion of the pros and cons of a narrow versus expanded definition of acting out. I am very much in agreement with Greenacre's suggestion (1968) that rather than abandon the term acting out we should try more 'to understand the dynamics and effect of the substitution of action for verbal communication in the impact on the psychoanalytic treatment process'.

Action, defence, and reality

It is this question—Why does the patient substitute action for verbal communication?—which we least understand. Some would say that it is now clear that all prior questions in this paper merely rephrase the problem of the relation of thought to action and that we are merely manipulating terms. I could not disprove such an assertion but I will argue here for heuristic advantages in making these distinctions. Why do patients shift to action at all? We presently know too little about the reasons why an obsessional patient sometimes contents himself with intrapsychic boundaries for his conflicts but will at other times require a shift to the sphere of action for performance of his ceremonials in compulsive acts such as repetitive symmetrical touching. The formula 'neurosis is the negative of perversion' encompasses the same complex problem and illustrates the extraordinary complexity of establishing a psychological theory of action. These issues touch on questions raised by Calef (1968) in his summary of the discussion at the Copenhagen congress on acting out: 'the most important question could not be answered. Why does a given patient choose acting out as a way of resolving or expressing conflict? Who is it that would rather enact than think? Why the choice of acting and not thinking? Why discharge instead of delay?' I will attempt in the ensuing discussion to illustrate that the antithetic placement of action versus thinking simplifies these issues and will advocate the contrast of action to intrapsychic experience.

Freud alluded to this question but did not deal with this systematically in his 1914 paper. He observed that the patient is most likely to act out when the resistances are at a maximum. He also said that two aspects of the transference could directly increase the tendency to act out: 'if as the analysis proceeds, the transference becomes hostile or unduly intense and therefore in need of repression, *remembering* at once gives way to acting out' [my italics]. Freud left this as an empirical observation,[8] and it has been repeatedly observed (e.g. Brenner, 1969, 1976) that delay in interpreting the transference will cause acting out. The reasons for this are by no means clear. It is precisely this question that awaits the

[7] See also Segel (1969) for a discussion of the linkage between acting out with object loss or primal scene traumatization during childhood. Ritvo (1968) discussed the issue whether or not we can specify a relation between one form of ego alteration, acting out, and specific patterns of infantile experience. We see here another example of the problem with an overly inclusive definition of acting out.

[8] Sterba (1979) said that Freud once remarked, in a clinical discussion which Sterba attended, that ultimately the issue of whether the patient will act out depended on quantitative factors.

development of a psychoanalytic theory of action. If we altered Freud's 1914 formulation slightly it would still be valid. Instead of saying 'when the transference becomes ... unduly intense ... *remembering* ... gives way to acting out' we would say today that verbalizing and introspection give way to acting out. But we can barely begin to say why this is so. Viewed from the angle of defence, clinical experience easily confirms that the shift to action serves to avoid unpleasant affects evoked by emerging transference fantasies in the 'here and now'.[9]

The vicissitudes of unconscious transference fantasies are central to the concept of acting out. It is the tendency toward actualization that promises to make transference wishes come true. The pain and poignance of transference is the tension between the actuality of the experience of the *affects* in the transference and the futility, danger or both of ever *fully* realizing or actualizing the transference wishes. Any tendency toward actualization is a signal to the ego that a transference fantasy is about to be gratified in reality. Action at this point facilitates a compromise formation which is required because of this defence imbalance (Cowitz, 1979). Actualization means immediate danger of a defence imbalance requiring compromise formations, but this need not of necessity require action off the couch. In fact most of the acting out in the narrow definition I am using in the average analysis is confined to a verbal-conversational interaction with the analyst which involves no action other than speech. Loewald (1970) described this as follows: 'giving words to feelings is not simply a delay of gratification ... but is a kind of gratification by verbal action, by establishing communicative links between psychic elements and levels, both within the patient himself (intrapsychic communication) and between the patient and the analyst'. Here Loewald proceeds to distinguish between abreaction as it is often used pejoratively versus abreaction through verbalization. (See also Blum, 1976.)

The very fact that motor behaviour outside the analysis is observable by others and even that it constitutes an event in the sphere of action heightens the reality force or reality quality of the event. Thus the shift to motor action creates an illusory reality which serves the purpose of defence. I will cite an example only to illustrate this. A man in analysis for some time became frightened of emerging homosexual transference fantasies during his analytic sessions and began a flamboyant heterosexual episode in his external life. He shifted to the sphere of action outside the analysis because he had a defensive need to prove that a false reality was true. The very fact that he and she were doing something was 'real'. The reality of his about-to-be actualized homosexual transference feelings about the analyst were thus easier to deny. He required action to help him to create verisimilitude, just as a writer lulls his readers toward a suspension of disbelief. The writer creates ultra-detailed aspects of reality at the periphery to distract our attention from the implausible proceedings at the centre. This is also similar to the magician's guile in that his prestidigitation and sleight of hand is calculated to create the illusion of reality in part by distracting our most critical perceptual functions. In this respect our patients become magicians when they act out in an effort to recruit the analyst as a witness to a reality which is spurious.

Let us keep in mind Freud's observation that acting out will increase under conditions of a hostile transference or a transference which has become too intense. I am suggesting that in the everyday analytic work with neurotic patients, the ego of the patient is often well able to tolerate the imbalance between superego components, drive derivatives, ego ideals, and defences which is evoked by the threat of actualization of transference wishes. It is defensively necessary for most patients at one time or another to supplement their defences by shifting to the realm of action and behaviour when an excessive imbalance occurs. Action may in part defend *against* actualization. Just as fantasy and manual manipulation may undergo separate vicissitudes in masturbation (Freud, 1908; Arlow, 1953; Miller, 1969), action and transference fantasy may undergo separate fates in acting out.

Acting out is often analogous in structure to dreams. This analogy has been advocated by Grinberg (1968), Greenson (1966), Mitscherlich-

[9] Recent connotations of the phrase 'here and now' as discussed by Gill (1979) are outside the scope of the present discussion.

Nielsen (1968) and others who have compared acting out to dreams, and Moore (1968) has given some reasons for care in carrying the analogy too far. What I especially wish to compare at this point is the false reality of actions evoked by the defence imbalance engendered by emerging transference fantasies and the hallucinatory reality of dreams. Clinical experience confirms a wide range of primary process elaborations of the action component in relation to the latent transference fantasy so that some episodes of acting out are conspicuously similar in structure to dreams and others are not.[10] Furthermore the analogy to dreams is useful to extend in another direction: the day residues of dreams are quite similar to transference developments which become elaborated as 'transference residues' in a piece of acting out just as day residues by primary process elaboration become integrated in the manifest and latent dream.

Among others, Bird (1957) has observed that the behaviour of the analyst can be an important factor in evoking acting out. The added aspect of a possible unwitting congruence between the behaviour of the analyst and pathogenic childhood object relations can be a powerful inducement to acting out. When that which *has* been actual in the past converges with that which inappropriately becomes actual by virtue of the analyst's inadvertent complicity in the present, the potential for acting out is much increased. Tarachow (1963) expressed this as an aphorism: the analysis is always vulnerable to the danger of degenerating into reality. Yet the shift to action is not inevitable and there are clinical situations where the inadvertent compliance of the analyst may give rise to a dream instead of, or in addition to, acting out. Thus the inter-relatedness of the transference fantasy and the action component may be extremely complex with full equivalence to the complexity of the inter-relationship between manifest and latent dreams. To illustrate this only schematically, the man in my prior vignette was unconsciously identified with the woman he chose for his episode of acting out. He masochistically provoked her to behave sadistically toward him just as he wished to experience himself as a hostile woman in his transference fantasy of provoking me to attack him.

It is common to describe acting out as 'ego-syntonic' because patients often defend strenuously against analysing their acting out. I suggest here a further analogy to dreams by comparing the rationalizing of acting out to the secondary revision of the dream work.

The use of 'ego-syntonicity' to define acting out introduces another source of confusion about the definition of acting out on descriptive grounds. Beres (1965) has commented that the term 'ego-syntonic' dates to the days when analysts used the word 'ego' as a synonym for 'self'. Since the ego is a group of functions, 'neurotic' behaviour can only be syntonic with certain functions of the ego as opposed to others. Thus the common distinction between symptomatic acts as opposed to acting out on the grounds of ego-syntonicity is invalid. The simple dichotomy implied by whether an episode of acting out is or is not ego-syntonic is not congruent with the complexity of clinical phenomena wherein we see a broad range of attitudes toward such behaviour. Patients may rather willingly discuss their acting out, they may vigorously rationalize it, they may defensively argue about it, but they may also consciously withhold reporting that it has even occurred (Diatkine, 1968).

These considerations about the defensive significance of the analogy between the hallucinatory reality of dreams and the verisimilitude or false reality created by acting out give rise to a conjecture. There are possible defensive implications about the relation between action, reality, reality testing and rationalization.

Action in the painful, slow course of human development gradually becomes more and more often preceded by delay and thought as trial action (Freud, 1911). Ontogenetically, action tends to precede thought. As a result of successful development, that which we have actually done in motor action was hopefully safer and more adaptive than those rejected merely-mental trial alternatives which we repudiated as unreasonable. Action may thus feel more 'real' partly because thinking is reversible and action is often irrevocable and final. The acting out of a patient (in its action component) corresponds then in this context to the hallucinatory quality of reality in a dream. Thus sometimes a patient who

[10] For a clinical example of acting out in relation to a dream, see Sterba (1946). Van Dam (1978) and others have compared acting out to children's play.

acts out may assure himself that his behaviour does not require analysis because it was 'real' or 'actual'. This is analogous to a patient who protests about his 'simple' dream: 'But this dream merely reproduces an actual conversation, or an actual event, so what is there to analyse?' He would not *do* something if it were irrational and since he has actually *done* it, there are 'rational' explanations for it.

Repetition, regression, and working through

Loewald (1971) has described two contrasting forms of repetition which I use here to illustrate the adaptive and re-organizing aspects of certain forms of acting out:

> Psychoanalysis has always maintained that the life of the individual is determined by his infantile history, his early experiences and conflicts; but everything depends on *how* these early experiences are repeated in the course of life; to what extent they are repeated passively—suffered again even if 'actively' arranged—and to what extent they can be taken over in the ego's organizing activity and made over into something new—a re-creation of something old as against a duplication of it. In such re-creation the old is mastered, where mastery does not mean elimination of it, but dissolution, and reconstruction out of the elements of destruction. We may thus distinguish between repetition as re-creation, the passive and the active form.

Acting out may therefore be a passive or an active repetition viewed from the angle of the ego's shifting dominance of functions, but Loewald proposed to exclude re-creative repetitions with progressive tendencies and to designate as acting out only those repetitions which take place to block repetition in the psychic field. In either case, the use of 'regression' as an explanatory concept must be utilized with full respect for the complexity of related issues concerning ego and superego development. Not every behavioural communication is regressive. Loewald's views about repetition place the issue of the resistance versus communicative aspects of acting out in better perspective (see Van Gaard, 1968). The issue of attempting to oppose the resistance versus the communicative aspect of acting out is spurious. Brenner (1969, 1976) has shown that whether something can be usefully understood during analysis doesn't depend on whether it was acted out, but instead it depends on the intensity of the resistance. Some intractable resistances involve no action and some actions of the patient enhance our understanding.

The distinction made here by Loewald concerning passive, regressive, 'automatic' repetitions versus active, re-creative forms of repetition may ultimately prove too schematic, yet the dialectic tension here implied seems relevant to clinical complexities of acting out. It will be recalled that Freud introduced the concept of the repetition compulsion simultaneously with his introduction of the concepts working through and acting out. We can avoid facile assumptions which equate all acting out with regressive repetition phenomena by keeping clearly in mind the following point made by Loewald (1971). 'When we speak of repetition compulsion in psychoanalysis as a psychological phenomenon, and not as an ultimate principle inherent in cosmic processes in general, it is primarily the passive, reproductive repetition that we have in mind . . . The distinction of reproductive versus re-creative repetition can help to elucidate the relations between id, ego, and superego.'[11] Loewald concurred with the classic view by stressing the interconnexions of remembering, working-through, and mourning.[12] Freud, in 1914, was attempting a substantial theoretical revision of the nature of the psychoanalytic therapeutic process. He saw the inadequacy of the topographic model and replaced abreaction of affects attached to repressed memories with the concept of working through resistances. He had not yet formulated the concept of the ego which was compelled by unintegrated aspects of its own organization to passive repetitions. He used the term acting out merely descriptively and not systematically and only to define a special category of psychological repetition. His ingenious idea served as a scaffold-

[11] For a related discussion of the repetition compulsion, see Bibring (1943).

[12] For an example of a misleading separation of the concepts acting out from working through, see Robertiello (1976). An excellent discussion of action by Poland (1977) is consistent with my own views here on the relation between the action component of acting out and working through.

ing, but his definition of acting out was ambiguous from the very start. The entire transference was a repetition and acting out was always transference but we were not told what part of transference was not acting out.[13]

We are now in a position to see that the suggestion in the 1968 Symposium on Acting Out to return to the original definition of acting out given by Freud in 1914, but updated to include the refinement of modern psychoanalytic theory, is complicated by virtue of the problems inherent in that original definition. We can also suggest that the valid aspects of Greenacre's and Stein's proposals to extend the use of the term acting out beyond the confines of a psychoanalytic therapeutic relationship can be preserved by viewing their valuable clinical reports in the context of the psychology of action rather than actualization. The shift *in* a psychoanalytic treatment from the introspective-verbalizing form of actualization to motor-behavioural forms remains unexplained. It may be that this shift is induced partly by a defence imbalance evoked by the over-load of affects linked to emerging transference fantasies. However, it is not at all necessary that every unconsciously motivated motor action by a patient be induced by transference phenomena.

I further suggest that we re-direct our attention to a neglected boundary in every analysis. I refer to the ubiquitous shifts during analysis from intrapsychic, introspective experiencing to action. behaviour and reality. Obvious and profound differences separate those patients who cross this boundary rarely from those whose bustling traffic at this frontier is a source of bewilderment and even danger. We want to know why certain patients can't tolerate average levels of frustration and we assume that the patient's intolerance of painful affects is crucial in determining the shift to behaviour. This means we must account for the development of certain functional ego capacities or incapacities and therefore developmental considerations are more important than dynamic issues (Beres, 1965). Here we touch on the complex developmental issues involved in the question as to what degree of intrapsychic structure must be achieved before we would speak of acting out in a very young child. It is the failure to sort out these diverse aspects of acting out which has relegated so many discussions of acting out to the technical aspects of containment within the confines of the psychoanalytic therapeutic relationship.

There are important and obvious differences between patients who demonstrate major acting out and those who limit themselves to subtle and minor behavioural communications. Yet in our effort to understand who it is that prefers action to intrapsychic experience; and why and when this person prefers action, it may be wise not to segregate prematurely the major and minor categories. Potential, concealed similarities may yet some day provide enhanced reciprocal understanding of these issues.

The shift from introspection to action of a mild to medium variety is not only ubiquitous. The total absence of even minor acting out should alert the analyst, as would the absence of dreams, to be aware of important concealed resistances.

It is not possible in my opinion to give an adequate clinical-descriptive definition of acting out. Nor do available dynamic definitions adequately encompass all available clinical data. A given piece of behaviour may be viewed simultaneously as the expression of multiple function on a large number of co-ordinates (Blos, 1978); not all of these co-ordinates can yet be specified. It is not enough to say that acting out is likely to occur when resistances are markedly increased. We have long since verified this empirical observation. Our task is to specify why this is true.

Summary

I have discussed acting out to illustrate why it cannot be defined on empirical clinical grounds. Even when full recognition of whether or not unconscious fantasy as a factor is included in the definition, other clinical phenomena such as perversions or neurotic behaviour of other types must be included as well. I believe the problem with attempting a definition has been obscured by two main factors. The first is a conceptual confusion about the unconscious fantasy versus

[13] I am indebted to members of the C.A.P.S. Discussion Group 7 for this and other valuable suggestions about this topic.

the action components of acting out. The second is a tendency to ignore that the concept of acting out was devised in terms of the topographic rather than structural hypothesis. I have suggested the value of directing our attention to the nature of those processes involved in the ubiquitous travels by our patients to and fro across the frontier between introspection and action. There are advantages to distinguishing between the intrapsychic actualization of unconscious transference fantasy and motor action. The distinction frees us from the insoluble contradictions of a descriptive definition of acting out and makes it possible to approach acting out in the framework of metapsychology. The concept of acting out is confused if we isolate it from the integrally related concepts of working through and repetition in the psychoanalytic process. We can keep the important clinical problem of patients whose 'acting out' is conspicuous and central to their psychopathology as an unsolved aspect of the psychology of action. The artificial but heuristically advantageous distinction between actualization of unconscious transference fantasy and action allows us to understand better the vicissitudes of transference fantasies which may include tendencies to either or both actualization and action. Here we gain the clear advantage of viewing the phenomena of acting out as integrally linked to unconscious fantasies evoked by the emerging and evolving transference in the psychoanalytic process. The unconscious fantasy is here considered to be the central organizing structure of the transference in the sense of fantasy as a compromise formation in accordance with the principle of multiple function. The patient does not act out only to avoid remembering. Psychoanalysis can not take place without acting out any more than psychoanalysis could take place without transference. Acting out is the potential of the transference neurosis for actualization and therefore expresses the psychic reality of the transference.

Translations of summary

J'ai discuté le remplacement de la pensée par mise en acte pour démontrer pourquoi tel terme ne peut être décrit sur un plan clinique empirique. Même quand on reconnait pleinement si effectivement la fantaisie inconsciente est inclue dans la définition, d'autres phénomènes cliniques telles que des perversions ou d'autres conduites nevrosées doivent de même être comprises. A mon avis le problème engendré en voulant une définition a été obscurci par deux points principaux. Le premier étant la confusion conceptuelle au sujet de la fantaisie inconsciente contre les forces de l'action propre appartenant au procédé de la mise en acte. Le deuxieme est une tendence à ignorer que le concept de la mise en acte a été inventé comme une hypothèse topographique plutôt que structurelle. J'ai suggéré la valeur de diriger notre attention vers l'essence des deux procédés engagés pendant les nombreux voyages de nos patients passant d'un côté à l'autre entre les frontières d'introspection et d'action. Il y a certains avantages à distinguer entre l'actualisation intrapsychique de fantaisie inconsciente de transférence et l'action motrice. Cette distinction nous libère des contradictions indissolubles d'une définition descriptive de la mise en acte dans le cadre métapsychologique. Le concept de la mise en acte est confondu si nous l'isolons des concepts 'parents' de l'analyse, étape par étape, et de la répetition dans le procédé psychanalytique. Nous pouvons garder le probléme clinique important du patient pour lequel le procédé de la mise en acte et trés evident et central à sa psychopathologie comme un aspect indissoluble de la psychologie de l'action. La distinction artificielle, mais néanmoins avantageusement heuristique entre l'actualisation de fantaisie inconsciente de transférence et action telle quelle nous permet de mieux comprendre les viscissitudes des fantaisies de transférence qui peuvent inclure des tendences envers actualisation et action ou tout aussi bien les deux. Ici, nous gagnons l'avantage de voir le phénomène de la mise en acte comme lier essentiellement aux fantaisies inconscientes provoquées par l'emergence et le développement de la transférence dans le procès psychanalytique. La fantaisie inconsciente est considérée ici comme étant la structure centrale de la transférence dans le sens de la fantaisie comme une formation accommodande en accord avec le principe de fonction multiple. Le patient ne se donne pas à la mise en acte de façon à éviter le rappel. La psychanalyse ne peut exister sans la mise en acte tout autant que la psychanalyse ne pourrait éxister sans la transférence le procédé de la mise en acte est ce qui permet la transférence nevrosée vers l'actualisation. Et par conséquent exprime la réalite psychique de la transférence.

Ich habe das Agieren diskutiert, um aufzuzeigen, weshalb es nicht auf einer empirisch klinischen Basis definiert werden kann. Selbst wenn in der Definition dem Umstand volle Beachtung geschenkt wird, ob eine unbewusste Phantasie eine Rolle spielt oder nicht, so müssen doch auch andere klinische Phänomene wie Perversionen und neurotisches Verhalten anderer Art mit eingeschlossen werden. Es scheint mir, dass das Problem eines Definitionsversuches durch zwei Hauptfaktoren beeinträchtigt worden ist. Beim ersten handelt es sich um eine begriffliche Verwirrung über die unbewusste Phantasie im Gegensatz zu den Handlungskomponenten im Agieren. Beim zweiten geht es um eine Tendenz, zu übersehen, dass der Begriff des Agierens im Rahmen der topographischen und nicht der strukturellen Hypothese aufgestellt wurde. Ich habe auf den Wert hingewiesen, unsere Aufmerksamkeit auf die Natur jener Prozesse hinzulenken, die bei den überall zu findenden Hin- und Herbewegungen unserer Patienten über die Grenze zwischen Selbstbeobachtung und Handlung im Spiel sind. Aus der Unterscheidung zwischen der innerpsychischen Aktualisierung von unbewussten Übertragungsphantasien und motorischer Handlung ergeben sich Vorteile. Eine solche Unterscheidung befreit uns von den unauflösbaren Wider-

sprüchen einer deskriptiven Definition des Agierens und ermöglicht es, das Agieren im Rahmen der Metapsychologie anzugehen. Der Begriff des Agierens wird verwirrt, wenn wir ihn von den integral mit ihm verbundenen Begriffen des Durcharbeitens und der Wiederholung innerhalb des psychoanalytischen Prozesses isolieren. Das wichtige klinische Problem jener Patienten, deren 'Agieren' ein auffälliger und zentraler Aspekt ihrer Psychopathologie ist, können wir als einen ungelösten Teil der Handlungspsychologie beiseite lassen. Die etwas künstliche, heuristisch aber doch vorteilhafte Unterscheidung zwischen der Aktualisierung unbewusster Übertragungsphantasien und Handlung erlaubt uns ein besseres Verständnis der Schicksale von Übertragungsphantasien, denen Tendenzen innewohnen, die entweder zur Aktualisierung oder zur Handlung führen, oder auch zu beiden. Hier erlangen wir den klaren Vorteil, die Phänomene des Agierens als mit unbewussten Phantasien engst verbunden zu erfassen, Phantasien, die durch die hervortretende und sich entwickelnde Übertragung innerhalb des psychoanalytischen Prozesses wachgerufen werden. Die unbewusste Phantasie wird hier als die zentrale organisierende Struktur der Übertragung angesehen, im Sinne der Phantasie als einer Kompromissbildung auf Grund des Prinzips der mehrfachen Funktion. Der Patient agiert nicht nur, um ein Erinnern zu vermeiden. Es gibt keine Psychoanalyse ohne Agieren, genau so wie eine Psychoanalyse ohne Übertragung undenkbar wäre. Das Agieren ist das der Übertragungsneurose innewohnende Potential zur Aktualisierung und gibt deshalb der psychischen Realität der Übertragung Ausdruck.

El tema de este trabajo es la actuación, y en él explico por qué no se puede definir sobre una base empírico clínica. Incluso reconociendo plenamente que la fantasía inconsciente pueda ser un factor incluído en la definición, hay que incluir también otros fenómenos clínicos como por ejemplo las perversiones u otros tipos de conducta neurótica. Creo que la dificultad de obtener una definición ha sido obscurecida por dos factores. El primero es una confusión conceptual entre los componentes de fantasía inconsciente y los componentes de acción que se dan en la actuación. El segundo es la tendencia a ignorar que el concepto de actuación fue pensado en términos de hipótesis topográfica y no estructural. He hecho notar el valor que tiene el dirigir nuestra atención a la naturaleza de los procesos inherentes a los continuos viajes que hacen los pacientes cruzando la frontera entre introspección y acción. Distinguir entre la actualización intrapsíquica de la fantasía de transferencia inconsciente y la acción móvil tiene ventajas. Tal distinción nos libera de las contradicciones insolubles de una definición descriptiva de la actuación y posibilita el enfoque de la actuación en el marco de la metapsicología. El concepto de actuación es confuso si lo aislamos de los conceptos integralmente relacionados de trabajo y repetición en el proceso psicoanalítico. Podemos mantener el importante problema clínico de los pacientes cuya actuación es obvia y central a su psicopatología como un aspecto no resuelto de la psicología de la acción, La distinción artificial pero ventajosa desde el punto de vista heurístico entre actualización de fantasías de transferencia inconsciente y acción, nos permite entender mejor las vicisitudes de las fantasías de transferencia que puedan incluir tendencias o bien a la actualización o a la acción o a ambas. Tenemos la ventaja de ver cómo los fenómenos de la actuación están íntegramente relacionados con las fantasías inconscientes evocadas por la transferencia que emerge y se desarrolla en el proceso psicoanalítico. Consideramos que la fantasía inconsciente es la estructura central organizadora de la transferencia en el sentido de que la fantasía es una formación intermedia que concuerda con el principio de función múltiple. El paciente no actúa sólo para evitar recordar. El psicoanálisis no puede tener lugar sin la actuación como tampoco podría existir sin la transferencia. La actuación es el potencial de la neurosis de transferencia para la actualización y por tanto expresa la realidad psíquica de la transferencia.

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