

## Notes

### 1: *Coparticipation and Coparticipant Inquiry*

1. Contemporary analysts who use coparticipant concepts of inquiry in their practice do so in varying degrees, ranging from the sporadic or sparing use of coparticipant principles in clinical inquiry to restrained engagement in coparticipant analysis to an enthusiastic embrace of its therapeutic potential. These differences thus define a broad spectrum of clinical inquiry.

Analysts who subscribe to the principles of coparticipant inquiry but practice it in a constrained or limited way represent a *conservative* approach to coparticipation. These analysts, many of them from the relational schools, stand in contrast to those analysts whose consistent and comprehensive use of coparticipant theory qualify them as *radical* coparticipants. I call them radical because they represent an extreme and expansive use of coparticipant principles in contrast to those conservative analysts who use coparticipant approaches in a careful and restrained way. For example, conservative coparticipant analysts might think in terms of field theory but practice it in a relatively limited way, for instance, in their rigorous attention to the so-called standard analytic frame. A more radical coparticipant analyst might view this approach as confining and come up with an individual conception of the frame or dispense with it entirely. A further example illustrating the distinction between conservative and radical coparticipation is that of conservative analysts who acknowledge the therapeutic benefits of expressive uses of the countertransference but are sparse about revealing their own analytic experiences, seldom sharing their experiences or biographical data with their patients.

The more radically oriented coparticipant analyst, on the other hand, is very active in investigating his or her experience and invites the patient to do so too. The radical coparticipant analyst is more apt than the more conservative analyst to share moments of anger, hurt, jealousy, anxiety, and the like. Such open sharing of analytic experience is, of course, anathema to many analysts not practicing coparticipant inquiry.

Another example of how conservative coparticipant analysts differ from more radically inclined analysts is in the attention paid to the analytic convention or

informal rule that generally analysts should speak only sparingly and remain silent for the most part. Conservative coparticipant analysts, like noncoparticipant analysts (participant-observers and classical analysts), might follow this stricture. The radical coparticipant analyst, on the other hand, most likely would not observe this convention and might, in fact, be quite talkative in his or her sessions. The more radical analyst sees this as important to an engaged dialogue, whereas the others see this as unwarranted intrusion, an interference with the patient's associational process. Similar differences characterize other aspects of coparticipant inquiry, such as the issue of self-disclosure, the place of spontaneity in analytic practice, ways of analyzing transference, working with immediate experience, the analytic role of asking questions, to mention but a few of the many ways in which one can engage in coparticipant inquiry in a relatively conservative or more radical way.

This is not to say that either conservative or radical coparticipant inquiry is necessarily better; either version may veer into excess. Radical coparticipation may become "wild analysis," and coparticipant conservatism may become a "mild" analysis. This said, those analysts of a more radical bent are better positioned to take advantage of the therapeutic possibilities for analytic intimacy and individuation offered by the coparticipant approach.

Coparticipant analysts, conservative and radical, are more venturesome in their pursuit of personal truth and psychological growth than adherents of the two paradigms that coparticipant inquiry builds upon and supersedes. Though each analytic paradigm stands separately with identifiable unique premises, there is some overlap between them, at their transitional edges, so to speak. One paradigm doesn't leave off and another begin in a sharp divide. It may be that those analysts who seem to have one foot in the coparticipant door and one foot outside it are in transition from one paradigm to another and are testing the waters, tentatively trying out a bolder, more dynamic and bidirectional form of inquiry.

We are dealing here with one facet of a multidimensional and extraordinarily complex phenomena—the interpersonal dynamics of the coparticipant psychoanalytic relationship. Psychoanalysts' (and patients') attitudes and beliefs guide their clinical actions, often in ways that are so complex as to defy easy explanation or analysis. Thus, in comparing paradigms or looking at one paradigm's structure, simple examples offer little valid information on the meaning of an analyst's (or patients') clinical actions; they may be clinically illustrative but have little probative value. This is true even of more sophisticated and complex studies of clinical phenomena. However, the study of clinical behavior in sharp detail over prolonged periods of time is more likely to give a truer or at least a fuller account of the meaning of analysts' actions. However, there is a limit to our understanding. Inherently, the relationship between patient and analyst is so infinitely complex that our understanding of it will always remain incomplete and open to revision. Consequently, our study of it is inexhaustible.

One final note and caveat. Language and human communication, is often subject to distortion. Words, for example, often accrue connotations resulting in a surfeit of meanings. While this may enrich our language and gladden the poet, it plays havoc with the scientist. For instance, the terms conservative and radical

used here to classify different versions of coparticipant inquiry and to differentiate them from previous paradigms of analytic inquiry, may, like many words, have taken on unwanted connotations (such as, for example, those of political preferences or positions). However, in these chapters these terms are not meant to take on any values beyond their dictionary meanings.

## 2: *Core Principles of Coparticipant Inquiry*

1. From a coparticipant perspective, influence in the psychoanalytic situation is seen in terms of a *contributory*, rather than *deterministic*, concept of influence. In other words, patients and analysts each contribute to the shaping of the coparticipation of the other, but neither completely determines the analytic experience of the other. The self, as it were, is influenced, but not defined, by the interpersonal forces of its communicative context (the analytic social field). Interpersonal influence, in this perspective, is mutual, continual, and variable for both patient and analyst.

In contrast, theories of clinical participation that reflect a radical environmentalism (as in overly interpersonalized situationalism) or radical individualism carry deterministic concepts of analytic influence. The extreme situational perspective views the individual patient's coparticipatory experience as determined by the social forces of the analytic field. In this view, the self is defined by its social surroundings. Alternatively, a marked individualism minimizes the importance of the social context. Transference is seen as only minimally influenced by countertransference and vice versa. The patient's and analyst's coparticipation, in this extreme individualistic perspective, is determined by the flow of endogenous psychic process.

2. In Sullivan's (1940, 1953) theory of personality the terms "prototaxic," "parataxic," and "syntactic" refer to the three modes of human experience. They are ordered in developmental sequence. Prototaxis, the most primitive mode, refers to undifferentiated "cosmic" experience. It is objectless "oceanic" experience without any sense of self or others. Developmentally intermediate between very primitive prototaxic experience and the logical thought of syntaxis, parataxic experience is roughly synonymous with primary process thinking. It is prelogical or alogical (arational) thought, and it forms the experiential subsoil for intuition and creativity as well as for irrational and distorted experience. Syntaxis, according to Sullivan, is the developmentally most advanced mode of experience. Similar to secondary process thinking, it refers to logical, rational, consensual experience and logical reasoning. For further study see Sullivan (1940, 1953) and Fiscalini (1995b).

## 3: *The Evolution of Coparticipant Inquiry in Psychoanalysis*

1. The contemporary interpersonal analyst Irwin Hirsch uses Fromm's term "observant participation" in his typology of contemporary analytic approaches. Fromm and Hirsch, however, use the same term to refer to very different clinical phenomena, and their individual usages of the term reflect very different analytic sensibilities.

For Fromm, the concept of observant participation reflects his emphasis on the curative importance of the analyst's authentic, spontaneous, and immediate experiential participation in the analytic setting. Fromm asserts, for example, that

Sullivan . . . thought that the analyst must not have the attitude of a detached observer, but of a "participant observer," thus trying to transcend the orthodox idea of the detachment of the analyst. In my own view, Sullivan may not have gone far enough, and one might prefer the definition of the analyst's role as that of an "observant participant," rather than that of a participant observer. But even the expression "participant" does not quite express what is meant here; to "participate" is still to be outside. The knowledge of another person requires being inside of him, to be him. The analyst understands the patient only inasmuch as he experiences in himself all that the patient experiences; otherwise he will have only intellectual knowledge about the patient, but will never really know what the patient experiences, nor will he be able to convey to him that he shares and understands his (the patient's) experience. In this productive relatedness between analyst and patient, in the act of being fully engaged with the patient, in being fully open and responsive to him, in being soaked with him, as it were, in this center-to-center relatedness, lies one of the essential conditions for psychoanalytic understanding and cure. (Fromm, Suzuki, and DeMartino 1960, p. 112)

Fromm expresses his coparticipant sensibility in the following statement of the bidirectionality of the analytic process.

The analyst analyzes the patient, but the patient also analyzes the analyst, because the analyst, by sharing the unconscious of his patient, cannot help clarifying his own unconscious. Hence the analyst not only cures the patient, but is also cured by him. He not only understands the patient, but eventually the patient understands him. When this stage is reached, solidarity and communion are reached. (p. 112)

Though Hirsch leans toward a coparticipant sensibility in his theorizing, he uses the term "observing participant" in a very different sense from Fromm. Hirsch divides interpersonal and relational analysts into those who practice "participant" analysis and who emphasize therapeutic relational factors and those who emphasize the importance of interpretive (formulative) understanding of patients' conflicted attempts to reenact their childhood traumas with the analyst. The patient, from this perspective, is seen as unconsciously pressuring the analyst to repeat historically problematic interactions in the transference-countertransference matrix. According to Hirsch, analysts are inevitably drawn into playing out some significant role in their patients' neurotic dramas. The "transformed" analyst struggles to gain awareness of his or her participation, to free himself or herself from the induced role. Once the analyst understands "what is going on," he or she pulls himself or herself out of this neurotic replay and, most important, interprets (or more accurately, describes) this pattern or set of events to the patient. In Hirsch's words,

“the analyst is as thoroughly in the process as the patient, becomes aware of this at some point, and then addresses the interaction” (1987, p. 209).

Though there are similarities between Fromm’s focus and Hirsch’s emphasis, the general thrust of their approaches and their use of the concept of observant participation is very different. Coparticipant inquiry, in my view, incorporates the best aspects of both Fromm’s and Hirsch’s concepts of analytic participation. A broader concept than observant participation, coparticipant inquiry includes what Fromm and Hirsch both overlook.

2. Perhaps psychologically more suited to indirect inquiry, Sullivan emphasized extratransference inquiry in his analytic work with patients and in his technical recommendations. He therefore employed a “third person” or “counterprojective” methodology (cf. Havens 1976). Impressed with the disruptive power of anxiety and mindful of patients’ emotional vulnerability, Sullivan held that transference (or countertransference) analysis tends to provoke paralyzing levels of anxiety in therapy. Sullivan maintained that it is far easier and more efficient and productive for patients to talk about significant issues in their interpersonal relations with people not immediately present.

3. This list, though extensive, is not exhaustive, either in length or depth. It is more of summary survey or statement. A full, complete comparative study of these points of differences, while important, goes beyond the objectives of this book and is a project for the future.

4. See note 3.

#### 4: *The Multidimensional Self*

1. Some contemporary analytic theorists of a humanistic coparticipatory sensibility have, in fact, offered critiques of interpersonal, relational, and intersubjective theory as neglecting the question of psychological agency. This neglect has often led to excessively interpersonalized notions of the self and its functions. Without a firm sense of the self as agency, psychoanalysis is at risk of becoming a theory of social determinism. Lacking a viable theory of personal agency and allied concepts of personal responsibility, autonomy, and will, the individual (patient or analyst) is reduced to his or her interpersonal field. This of course, impedes the coparticipatory process.

Prominent among critics of this one-sidedness of contemporary psychoanalysis are coparticipant theorists with an “existential-phenomenological” bent, such as Roger Frie (1999, 2001, 2003), Jon Mills (1999), and Jon Frederickson (in press). Frie, for example, in a scholarly critique of postmodern psychoanalysis, asserts that

Daseinanalysis bridges the growing philosophic divide between existentialism and postmodernism. Whereas existentialism emphasizes such notions as agency, autonomy, and individualism, postmodernism celebrates a one-sided dissolution and dispersion of the self. Each perspective taken on its

own, can result in a reductionism that is ill suited to psychoanalytic pursuits. Taken together, however, the tenets of existentialism and postmodernism enable the psychoanalyst to account for human agency and avoid relativistic pitfalls. (2001, p. 164)

Frie adds that

if everything exists only in relation to something else, if everything is merely socially constructed or linguistically determined, then there would presumably be no ground on which autonomous thinking and speaking could take place. Contemporary psychoanalytic theory needs to recognize and acknowledge the way in which the individual is able to make choices and facilitate change despite the larger forces at work in determining life experience. Clearly there is much that can be learned from such a combined approach. (2001, p. 165)

Frie also reminds us that “the individual self is at once grounded in a sense of separateness and togetherness, which is both subjective and intersubjective. When the mind is seen as existing only in relational and cultural bridges, the importance of individual and intrapsychic experience is diminished” (1999, p. 531).

Similar critiques are cogently framed by Mills (1999) and Frederickson (in press). I recommend a reading of this perspective. A good place to start is Frie’s (2003) discussion of the problem of agency and freedom in contemporary psychoanalysis.

2. For Sullivan perhaps more so than for any other major psychoanalytic theorist, this psychic dimension was absolutely crucial to any understanding of his entire theoretical effort. His concept of the self was intimately related to his theories of motivation, pathology, therapeutic growth and resistance, and, most important, his theory of anxiety and consciousness.

3. The various selves that I outline here are not, in reified fashion, to be considered entities. Rather they each symbolize a set of processes, functions, dynamisms, or psychic operations with a common purpose. In essence, they represent clusters of experience and behavior with a common function or character.

4. Although Sullivan and later interpersonalists clearly recognized the developmental and psychopathological implications of unfortunate interpersonal experiences with early sexuality or sensuality, they did not articulate a detailed theory of the ontogenesis of a general sexual drive. Sullivan’s concept of zonal needs, however, provides the theoretical means for a detailed interpersonal study of early, “pregenital” sexual or sensual needs and experiences. Thus, although the interpersonalists have not detailed a theory of infantile or childhood sexuality, interpersonal theory allows room for an expanded developmental theory of sensuality or sexuality from this psychoanalytic perspective. This project, however, goes beyond the purpose of this study of the coparticipatory self, which is focused on the analytic dialectics of the personal and the interpersonal selves and their significance for coparticipant inquiry.

5. Sullivan came closest to postulating a striving for self-actualization or self-fulfillment in his concept of the “power motive,” a forerunner of Robert White’s

(1959) later adaptational concept of “competence motivation,” or “effectance.” According to Sullivan (1940), humans “seem to be born . . . with something of this . . . motive toward the manifestation of power or ability” (p. 14). Sullivan limited his concept to the effective pursuit of relational intimacy, bodily satisfaction, and interpersonal security; however, this motive would apply equally, I think, to the pursuit of self-fulfillment. However, Sullivan’s concept of the “power motive” suffered a somewhat curious fate in the development of his ideas. At first, in his early lectures published as the *Conceptions of Modern Psychiatry*, Sullivan considered the power motive an important aspect of what he then called the need for personal security. And though Sullivan restricted his concept to the interpersonal and adaptive, it could have easily encompassed the personal and expressive. Nevertheless, in later publications, this concept simply faded from view and was supplanted by discussions of “power operations,” grandiose or controlling security operations through which the individual hopes to defensively maintain or restore a threatened interpersonal self (i.e., his or her self-esteem).

6. These dimensions of the self are not to be confused with the multiple “self states” posited by some interpersonal and relational theorists (cf. Bromberg 1997). The coparticipant self is a unitary though complex and multifaceted self. As Frie (2003) points out,

even if we accept the notion of multiple constructed self-states, this self-system relies on an underlying continuity of selfhood that stands in the way of psychic disintegration and allows for self-perception and understanding over time. Thus it would seem that there is need to temper the constructivist impulse in recent theory in order to leave a space for individual will and action. (p. 650)

The five dimensions of the self represent different aspects or domains of one unitary self. In contrast, the various “self-states” or “multiple selves” represent the various transitory states of one’s personified self. They represent, in other words, an elaboration of Sullivan’s concept of “me-you” relations and theory of self-personifications or representations of self and other.

“Self-states” refer to momentary patterns of interactional sequences between oneself and others that are governed by the existing state of the coparticipants’ self-and-other personifications. The “self-states” clinically represent patterns of thought, affect, belief, and motive. These “self states” represent the moment-to-moment functioning of the interpersonal self, the functioning, in other words, of *one* dimension of the five-dimensional coparticipant self.

A danger of a clinical focus on “self-states” or “multiple selves,” with its implied situational bias and its fractioning potential, is that it can lead to a disavowal of personal agency and responsibility. One can disown one’s experience or behavior by assigning it to one’s *self-state* rather than to *oneself*, particularly if that self-state is seen as having been “induced” by someone else.

The self may be complex and multifaceted, but in my view it is a unitary phenomenon, uniquely individual for each person.

10: *Openness to Singularity*

1. Some papers on curiosity have recently appeared in the analytic literature. See, for example, Goldberg (2002) and Nersessian (1995). Perhaps this signals a new interest in the analytic study of this important human trait. Still, the analytic study of curiosity is far from a burgeoning one.

12: *Coparticipant Transference Analysis*

1. Sullivan held that a patient's initial insight into a transference process would reduce his or her resistance to the analysis and foster a gradual evolution into a viable working collaboration. In his words,

Once past the first milestone of insight into a parataxic process, the resistance to interpretations passes gradually into a careful validating process. . . . These initial insights [are of] fundamental significance in changing an allegedly therapeutic situation from a highly tentative and risky integration into a firm and reliable collaboration. (1940, p. 204)

13: *Living Through*

1. The personal relationship refers to the inadvertent, relatively unconflicted dimension of the analytic relationship, what some call the real or actual relationship. This aspect of analytic relatedness stands in contrast to the technical, or intentional, aspects of analytic relatedness.

As I outlined in my 1988 paper on curative action, the analytic relationship may heuristically be ordered in terms of four dimensions: transference, intentionality, specificity, and directness. First of all, the analytic relationship can be divided into the actual and the transference-countertransference relationships. The actual relationship divides into the technical (intended) relationship and the personal (inadvertent) relationship.

The personal relationship carries curative impact in two ways: directly, as new relational experience; and, indirectly, in its adjunctive role of confirming or disconfirming interpretive (verbal) understanding. The personal relationship, in addition to its specific curative effect via the living through process, also plays a general facilitative role in its contributions to the establishment of a therapeutic alliance or working relationship.

The transference-countertransference, consensually valid and personal relationships are, of course, only separable conceptually. In the analytic situation, as in everyday life, interpersonal and intrapersonal processes are always complex, constantly shifting amalgams of these relational dimensions. See Fiscalini (1988) for a fuller account of the hypothesized structure of the analytic relationship outlined here.