Field Theory in Psychoanalysis, Part I: Harry Stack Sullivan and Madeleine and Willy Baranger

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Field Theory in Psychoanalysis, Part I: Harry Stack Sullivan and Madeleine and Willy Baranger

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This is the first of two articles comparing conceptions of the field in interpersonal/relational psychoanalysis (IRP) and Bionian field theory (BFT). This article compares the thinking of the originators of IRP and BFT, Harry Stack Sullivan and Madeleine and Willy Baranger.

In this article and its companion, to be published at a later date in this journal, I compare the contemporary field theory that has arisen in South America, Italy, and elsewhere with the field theory of interpersonal/relational psychoanalysis, primarily a North American invention that has also inspired analysts elsewhere. I will often consider interpersonal and relational psychoanalysis as a single school of psychoanalytic thought, and when I do I will abbreviate them as IRP. I will refer to South American and European field theory as Bionian field theory (BFT), a terminology I adopt in order to differentiate this body of work from the field theory of IRP. BFT, especially the writings of Antonino Ferro but also including the work of many others, has attracted enormous interest in both American and international psychoanalytic journals and meetings over the last two decades.

This first essay focuses on comparing the work of the intellectual ancestors of these two kinds of field theory: Harry Stack Sullivan, the progenitor of IRP field theory; and Madeleine and Willy Baranger, who most BFT writers credit with inventing their field conception. I also take opportunities to make observations about these earlier figures’ relation to contemporary thinking in IRP and BFT, but for the most part the consideration of contemporary field theory is postponed until the second essay. The primary question I address in this first essay is how Sullivan’s “interpersonal field” and its reflection in later IRP compares and contrasts with the Barangers’ (1961–1962/2008) “bi-personal field” or “intersubjective field” (W. Baranger, 1979/2008; M. Baranger, 1993/2008). How are these two uses of field theory related? To what degree does their common adoption of a key term signify that BFT and IRP share ideas that link them conceptually and differentiate them from other schools of thought?

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THE FIELD THEORY OF HARRY STACK SULLIVAN

The writings and teachings of Harry Stack Sullivan were the most influential and inspirational influence on the early interpersonalists, and one of the defining characteristics of Sullivan’s thinking was field theory. Via his reading of sources such as Kurt Lewin’s (1935, 1936) field theory, the Chicago School of Sociology (Charles Horton Cooley, George Herbert Mead), and the field theory of his day’s physical sciences and experimental embryology (see Murphy & Cattell, 1952), it was Sullivan who brought field theory to his colleagues, and eventually to the rest of psychoanalysis.

Sullivan’s field theory was woven into his theory of interpersonal relations, which he constructed over the years of the 1920s to the 1940s. Sullivan died in 1949, which is significant for the purposes of this essay, because the Barangers’ most important publications appeared from the early 1960s into the 1990s. Sullivan and the Barangers, then, the sources of their respective schools’ conceptions of the field, belonged not only to different cultures and different schools of thought but to different generations. Their versions of psychoanalysis were quite different. The Barangers, for example, wrote during the rise of postmodernism, while Sullivan’s work unfolded during the core years of modernism, with its roots in positivism.

Field theory was an intrinsic part of Sullivan’s theorizing, central to everything he wrote, but constructing a theory of the field was not in itself the point of Sullivan’s work. In fact, Sullivan rarely wrote about field theory explicitly. To grasp the way he conceptualized it one must locate his statements on the subject in various places in his writings. One must also draw implications and conclusions about his views of the field from the way he continuously employed the idea.

This attitude toward the field concept—that is, that it is always crucial and yet seldom addressed in so many words—has been maintained over the years in IRP. One could nevertheless make the case that the work of many IRP writers (e.g., Jessica Benjamin, Philip Bromberg, Irwin Hoffman, Edgar Levenson, Stephen Mitchell) actually centers around their conception of the nature of the field. Yet unlike BFT analysts, who have contributed a large and substantial literature devoted to theorizing explicitly about the analytic field, IRP writers have not made field theory a focus of their work—one of them, that is, has referred to his or her work as a contribution to field theory. The theories of these modern IRP writers are broad psychoanalytic points of view, theories of the nature of clinical process and, more generally, human relatedness; and so it is the vocabulary of those subjects that they use. One might say that in this respect, contemporary IRP writers share Sullivan’s intention and method: The concept of the field is so thoroughly imbricated with their other ideas that it does not occur to them to precipitate it out of solution and give it separate consideration. Add to this point the fact that relational psychoanalysis is as deeply influenced by the English object relations theorists as it is by interpersonal psychoanalysis. In the mix that became relational theory, Sullivan’s field theory combined with Fairbairn’s and Winnicott’s ideas, and with Kohut’s self psychology. If one wished to do so, one could describe a field theory, largely implicit in IRP, based on the equally implicit field theories of Winnicott, Fairbairn, and Kohut.

One of Sullivan’s most explicit descriptions of his conception of the field appears in his 1947 paper, “The Study of Psychiatry.”

People behave in interpersonal fields. The patterns of their performance reveal the field forces by virtue of the people’s susceptibility to these forces; but, unlike . . . iron filings, these people who in
their behaving reveal the interpersonal fields are to an extraordinary extent the result of their past experiences with interpersonal fields. It does not make a great deal of difference so far as today’s “behavior” is concerned whether a particular particle of iron has always or only very occasionally been subject to a strong magnetic field. The time sequence of historic exposure to interpersonal fields may greatly affect the “traits” which a particular person can be said to manifest in a new interpersonal field. Past experience in interpersonal fields, and the time pattern of such experiences, may greatly affect one’s susceptibility . . . in the fields in which one participates . . . The first step towards this science has seemed to be the observation and analysis of behavior in interpersonal fields.

The people in, and in a sense constituting an interpersonal field are more or less aware of the tensions and energy transformations which occur. They have all the primary data there is. If you are one of them and if you are skillful enough, you may be able to observe the progress of events, tensions, and energy transformations well enough to have something to analyze, and on which to base inferences. As your skill increases, you will be able to validate inferences, your provisional hypothesis about events, by influencing the interpersonal field. (p. 10)

A few years earlier Sullivan (1940) had written about the field that,

When we speak of impulse to such and such action, of tendency to such and such behavior, of striving towards such and such goal, or use any of these words which sound as if you, a unit, have these things in you and as if they can be studied by and for themselves, we are talking according to the structure of our language and the habits of common speech, about something which is observedly manifested as action in a situation. The situation is not just any old thing, it is you and someone else integrated in a particular fashion which can be converted in the alembic of speech into a statement that ‘A is striving toward so and so from B’ As soon as I say this, you realize that B is a very highly significant element in the situation. . . . The situation is . . . the valid object of study, or rather, that which we can observe; namely, the action which indicates the situation and character of its integrations. (p. 46)

For Sullivan, then, the interpersonal field is a continuous, inevitable, social aspect of human living. It is not specifically a psychoanalytic conception but an omnipresent, concrete, empirical reality, a sociological and psychological fact that permeates and helps to constitute every moment of every human being’s life. It is not possible for a person to exist outside a field. Even when one is alone, one is the product of the interpersonal fields in which one has come to be, and one’s experience continues to take its meaning from the fields in which its possibility originated. Note that Sullivan’s conception of the field is not limited to the experience people have with one another, but extends routinely to their conduct with one another. This point will be important in comparing Sullivan’s thinking to the Barangers’.

In Sullivan’s frame of reference the psychotherapist cannot avoid creating, and then participating in, a field with the patient. Psychotherapeutic expertise consists in being able to observe the nature of one’s participation with the patient and to intervene on the basis of those observations. “We can improve our techniques for participant observation,” wrote Sullivan (1940), using the term he adopted to describe his clinical attitude and approach, “in an interpersonal situation in which we are integrated with our subject-person. This is evidently THE procedure of psychiatry. I urge it as implying the root-premise of psychiatric methodology” (p. 5; capital letters in the original).

Over time in IRP, questions arose about Sullivan’s belief that the capable psychotherapist routinely should be able to observe the important aspects of her own participation—that is, her conduct. It began to be understood that the analyst was involved with the patient in a way that, while maintaining the behavioral and experiential reciprocity Sullivan describes, did not
necessarily allow the analyst’s consistent, conscious observation of this reciprocal involvement. A significant portion of the analyst’s participation in the field, in other words, not only the meanings of her inner experience but also the significance of her conduct with the patient, began to be understood to take place outside the analyst’s awareness; and so the analyst’s expertise was therefore no longer defined by her knowledge of her involvement, but by what she was able to do analytically with the less-than-transparent situation in which she found herself with the patient. Countertransference began to be understood to be composed not only of the analyst’s inner experience, but also of the meanings embodied in his behavior. Countertransference began to be understood as the analyst’s direct, unconsciously motivated participation with the patient in ongoing relatedness, and this kind of participation on the analyst’s part began to be seen as inevitable. Theories of therapeutic action evolved into new forms. Change began to be understood to occur as a result of the mutual creation of unconscious enactments by patient and analyst, followed by the exploration and negotiation of these interpersonal events. Edgar Levenson (1972, 1983, 1991), the pioneer in moving from Sullivan’s position to the contemporary IRP model of the field, described what he called the analyst’s “transformation” by the field and then his struggle to grasp this transformation and use this understanding to the patient’s benefit. The analyst was understood to be involved in just the same way with the patient as the patient was with the analyst, including the same lack of awareness of a substantial portion of this involvement. There was a leveling, a democratizing, of the human aspect of analytic relatedness.

Today, that broadened understanding of the analyst’s position in the field lies at the heart of IRP. For these analysts, a capable clinician is therefore not necessarily one who knows the truth, or what is in the patient’s mind, or even what is in the analyst’s own mind. The analyst has opinions about these matters, of course, and may feel strongly enough about them to argue in favor of them or defend them. But given what she believes is the reality of her unconscious involvement, and ambiguity of the unconscious (see Stern, 1997), she cannot be sure. She cannot be sure that she knows, and she cannot be sure, even if she thinks she does know something, why she knows. What kind of unconscious participation might her knowing be? The analyst continuously tries to imagine and reimagine the ways in which the contents of her own mind, and the meanings of her own conduct, may be playing a role in the unconscious aspects of relatedness with the patient. We can say, of course, that the analyst hopes to create thoughtful and emotionally responsive understandings of the patient, herself, and the ongoing clinical process; but she also hopes to maintain a radical uncertainty that, when necessary, will allow her to reimagine these understandings as unconscious participations with the patient.

One of Sullivan’s (1940) aphorisms is that, “Situations call out motivations” (p. 191). That is, events in the internal world are selected or created by events in the outside world. By itself, this claim is one-sided, since the traditional understanding is also true: events in the outer world are also stimulated by those inside the personality. Influence moves in both directions. But in Sullivan’s time, there was so little grasp in psychoanalysis of the constitutive significance of the social world that it was necessary for Sullivan to overstate the case to be heard at all.

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1But see also Benjamin Wolstein (1959; Bonovitz, 2009), an interpersonal analyst who referred as early as 1959 to the “interlock” of transference and countertransference.
In the contemporary IRP conception, the most important property of the field is its dynamic, constitutive function. The field shapes the experience and conduct of its participants, and that influence affects the analyst in just the same way that it influences the patient. The fact that the field is a dynamic structure/process means that the nature of its constitutive influence is in continuous flux, leading to change in the experience of each participant. This position, originated by Sullivan and broadened and deepened by Levenson, and then by other writers as well (e.g., Aron, 1996; Bromberg, 1998; Gill, 1983; Hoffman, 1983/1998a; Mitchell, 1988) lies at the root of the thinking of all IRP analysts today.

I have already mentioned that Sullivan introduced field theory into psychoanalysis. The point is worth repeating, though, because apparently it is not as widely known outside IRP circles as I would have thought. Ferro and Basile (2009), in their editors’ introduction of a compilation of essays on the analytic field, wrote that “the concept of the analytic field originated in the 1960s from an insight by two Franco-Argentinian analysts, Madeleine and Willy Baranger.” They added, “For a long time, the idea of the analytic field remained confined to the geographical area of Latin America” (p. 1).

When I came across this passage I was surprised; but I had just begun to learn about BFT, and I explained to myself that the reason for the absence of reference to Sullivan and the several decades of interpersonal psychoanalysis that preceded the 1960s was probably that the field theory of the Barangers and those who followed them was so very different from the field theory of IRP. I imagined that it would not have occurred to Ferro and Basile, despite the similarity in terminology, to link the two kinds of theory. But then I read Ferro and Basile’s description of the Barangers’ field theory, which comes on the heels of these editors’ claim for the Barangers’ priority:

Exploring the relational vertex in psychoanalysis, these two authors [i.e., the Barangers] realized that the “analytic dyad” creates a dynamic field—that is, a situation between two persons “who remain unavoidably connected and complementary” as long as they share the analytic situation and are “involved in a single dynamic process. In this situation, neither member of the couple can be understood without the other”, for in the analytic field all the current and emerging structures depend on the interaction between the two participants. (p. 1)

To the extent that this description, with its quotations from the Barangers, represents what Ferro and Basile understand as the heart of psychoanalytic field theory, one has to take issue with their claim that this kind of thinking originated with the Barangers. Ferro and Basile’s description could just as well have been written about Sullivan, or about any IRP writer’s work. We shall see that there are important differences between Sullivan and the Barangers, but this passage expresses with particular clarity what IRP and BFT share.

\[2\] Tubert-Oklander (2007) and Fiscalini (2007), the only other writers I know who have commented on the appearance of the field concept in the work of Sullivan and the Barangers, both recognize Sullivan’s precedence. That takes nothing away from the Barangers, who developed their ideas independently.

\[3\] The quotations within this passage are unreferenced. They are taken from M. Baranger and Baranger (1961–1962/2008). For citation, see the more complete quotation in the text, below.
STERN

THE FIELD THEORY OF MADELEINE AND WILLY BARANGER

Madeleine and Willy Baranger, having relocated from France to Argentina early in their careers, and then to Uruguay, became highly influential in South American psychoanalysis during the 1960s and 1970s. Their innovative work had its roots in a number of sources outside psychoanalysis proper: gestalt psychology and philosophy; the work of Merleau-Ponty (1942/1963, 1945/2002), himself one of the seminal gestalt theorists; Kurt Lewin’s (1935, 1936, 1951) influential thinking on field theory; and the early writings of Bion, especially his work on groups (1961). But only a few of the Barangers’ articles were available in English until the last few years, when their first and most important statement of field theory (M. Baranger & Baranger, 1961–1962/2008; revised in minor respects for re-publication in Spanish in 1969; translated into English on the basis of this revision) and a collection of their articles (M. Baranger & Baranger, 2009c) finally appeared in English translation.

In quoting Ferro’s impression that the Barangers introduced field theory to psychoanalysis, I have already also quoted from the Barangers’ (1961–1962/2008) most influential article. Some of those words appear in what follows. In this passage, which appears at the outset of the Barangers’ paper, it is clear what the Barangers have in common with Sullivan, but it also begins to be clear how they diverge from him: It is immediately apparent that they, like those who inherited and broadened Sullivan’s views, pay much more attention than Sullivan did to the unconscious aspects of the field and to unconscious communication.

There is nothing new in admitting the error of one-sidedness in early descriptions of the analytic situation as a situation of objective observation of a patient in a state of more or less pronounced regression by an analyst-eye that restricts itself to recording, understanding and sometimes interpreting what is happening in the patient.

Direct observation and progressively deeper studies of the countertransference; the unconscious means of communication that develops in the analytic situation with particular ease and intensity; the latent meanings of verbal communication: all these factors imply a very different and much broader concept of the analytic situation, in which the analyst intervenes—in spite of the necessary “neutrality” and “passivity”—as a fully participant member.

Therefore, the analytic situation should be formulated not only as a situation of one person who is confronted by an indefinite and neutral personage—in effect, of a person confronted by his or her own self—but as a situation between two persons who remain unavoidably connected and complementary as long as the situation obtains, and involved in a single dynamic process. In this situation, neither member of the couple can be understood without the other. (pp. 795–796)

Essential Ambiguity

In this early paper the Barangers (1961–1962/2008) go on to define what they call “the field of the analytic situation” or “the bi-personal field.” They define it in terms of space (e.g., an analysis would develop differently if the couch were in the middle of the room instead of against the wall), time (e.g., frequency and duration of appointments, an open-ended future for the analytic work with any particular patient) and functional arrangements (e.g., the commitments to the roles of analyst and patient made by the participants at the beginning). They lay particular emphasis on the necessity to preserve the “essential ambiguity” of the analytic situation: “It could be said that every event in the analytic field is experienced in the ‘as-if’ category” (p. 799). It is crucial,
that is, that “each thing or event in the field be at the same time something else. If this essential ambiguity is lost, the analysis also disappears.” Why? Because unlike everyday life, in which “we try to relate to people on the basis of their objective reality and not according to our subjective projections; in the analytic situation we try to eliminate as far as possible any reference to our objective personality and leave this as indefinite as possible” (p. 799). For example,

If the patient were to experience the analyst exactly as the analyst is (for example, if the patient were to consider the analyst only as his or her analyst), the transference phenomenon would be suppressed, which is obviously inconceivable, and for the same reason any possibility of analysis would be suppressed. (p. 799)

This point holds, say the Barangers, for every aspect of the field: not only the meanings of the presence, bodies, and conduct of its participants, but its space, time, and functional arrangements. In the bi-personal field, nothing can be only “what it is.”

In contemporary IRP, a distinction between what is objectively real and what is transferential has been replaced by a conception of transference as a construction or a selection from the possibilities (e.g., Gill, 1983; Hoffman, 1983/1998a). The Barangers work is not constructivist; but there nevertheless exists basic agreement between contemporary IRP and the Barangers on the point that limiting reality to a single version is deadly to psychoanalysis. In IRP terms, the “essential ambiguity” of the Barangers is expressed as the desirability of preserving experiential uncertainty; one tries never to lapse into the comfortable sense that one knows, or has one’s finger on the truth.

As a matter of fact, in laying out a case for constructivism, Mitchell (1993), too, referred to “essential ambiguity.” Hoffman (1998b) either used this phrase or one that carries the same meaning; and I have used the phrase myself in print, more than once. But Mitchell, Hoffman, and I are using “essential” in a different way than the Barangers, who intend the word to convey that it is crucial to maintain an intentional ambiguity. Ambiguity is a goal. Mitchell, Hoffman, and I, on the other hand, mean the phrase to refer to the hermeneutic position that ambiguity is unavoidable, so that “essential” refers to ambiguity as an essence. It is desirable to maintain one’s awareness of it—but whether one is aware of it or not, it is there. And therefore the goal is not ambiguity itself but one’s awareness of it—the ongoing sense of uncertainty about what one knows and does not know that marks one’s acceptance of this essential ambiguity.

According to the Barangers, the ambiguity of the analytic situation is largely due to the fact that the bipersonal field is not really a two-person structure, but a tri- or multiperson situation; and this multiperson structure, in turn, is the outcome of the splitting “prevalent in the patient’s regressive and neurotic situation” and present to a lesser extent in the “partial regression” (p. 798) allowed by the analyst in her own mind for the purpose of analytic work. Analyst and patient, then, are each potentially more than one, and so the analytic relationship is a situation in which “[at least] one [member] is physically absent and experientially present” (p. 798). While the concrete, bipersonal field remains present in the background, helping to structure the analytic situation, the analysis is generally carried out in a triangular situation.

Both the Barangers’ and contemporary IRP’s views about the desirability of ambiguity exceed Sullivan’s reach, because Sullivan’s version of reality, as one would expect, given the era in which he thought and wrote, is unidimensional, defined in traditional, objectivistic, empirical terms. As a matter of fact, Sullivan’s intention, pursued in the service of clarity in communication, is to
drain as much ambiguity as possible from the interpersonal field. For Sullivan, ambiguity has no redeeming value.

But the Barangers’ understanding of analytic experience as multidimensional and ambiguous is quite amenable to contemporary relational writers. This is particularly clear when one keeps in mind that the Barangers’ argument that analysis is a multiperson situation is based on their observation of the ubiquity of splitting. As is well known to readers of this journal, one of the ideas most characteristic of contemporary IRP thinking is, in the most general sense, the fragmentation of the self bequeathed by postmodernism, and in a more specifically theoretical sense, the multiple self. In fact, one way to understand “essential ambiguity” in relational terms is to describe it as the recognition that self-states are continuously shifting in and out of awareness in response to affectively charged events in the interpersonal field, and that the recognition of this unstable, ambiguous state of affairs encourages the analyst to maintain a particularly close attunement to her own and the other’s experience. States of being that are not currently shaping consciousness remain present in a potential or unformulated way in the background of the mind. Each self-state is a different way of creating relatedness, and so, in IRP terms, we can understand the Barangers’ “essential ambiguity” as the ever-present potential in the next moment for a shift in self-state to simultaneously shift the nature of the object (and the self).

Unconscious Phantasy

The Barangers’ primary theoretical commitment was neo-Kleinian. Given the time in which they wrote, I expected to find that unconscious phantasy would perhaps be the factor that most clearly differentiated IRP and BFT. But it turns out that the differentiation is more complex than I had imagined.

The Barangers’ (1961–1962/2008, pp. 803–809) conception of unconscious phantasy was particularly influenced by Bion (1961), who argued that psychotherapy groups develop a “group fantasy,” such as “fight” or “flight.” This group phantasy is not the contribution of any one person but is instead created and held by the whole group, which is thus also influenced and shaped by the fantasy. This conception of Bion’s, as a matter of fact, is a good approximation of what the Barangers mean by the jointly held phantasy that defines the analytic field.

The Barangers were also indebted to Isaacs’s landmark 1948 article, in which unconscious phantasy is understood as a structuring influence on experience and is largely (but not completely) detached from the necessary connection it has with drive in Klein’s thinking. The Barangers take the detachment of drive and phantasy a step further, so that there really seems to be little, if any, necessity to cite drive in their understanding of phantasy. Phantasy no longer must have a source, aim, or object.

The Barangers do not offer a detailed alternative theory of unconscious phantasy, though. Instead, it seems to be their view that unconscious phantasy is an internal elaboration of past experience, and of hopes, expectations, and dreads about the future. How one has lived and hopes and fears to live, not drive, seems to be the source of phantasy; and phantasy, in turn, is one of the most important influences on what experience will come to be. In the course of the session the analyst tries to identify the joint phantasy organizing the field, which suggests that phantasy expresses the current state of the field and, on another level, of the patient’s inner life. Part of the clinical significance of the patient’s phantasy therefore lies in this expressive function, from which the analyst learns what she needs to know; but the structuring function of phantasy has perhaps even
greater significance. The function of phantasy in shaping inner reality, and eventually in shaping the field, as well, is crucial.

All psychoanalytic theories have some conception of unconscious regularity, some way of understanding the contribution that the unconscious makes to the structuring of conscious experience. For IRP, unconscious regularity consists of patterns of relatedness that, for dynamic reasons, remain outside awareness. Mitchell (1988) wrote, “The most useful way to view psychological reality is as operating within a relational matrix which encompasses both intrapsychic and interpersonal realms” (p. 9). All experience, in one way or another, is influenced by its place in, and contribution to, this matrix.

The relational matrix has a structuring influence on experience that is analogous to the structuring influence that unconscious phantasy has for Isaacs, and even more for the Barangers. It is therefore much easier for an analyst with IRP commitments to feel at home with the Barangers’ conception of phantasy than with the earlier, drive-based, Kleinian version.

But despite all this, the Barangers’ uncoupling of drive and phantasy is not what was most innovative about their theory of phantasy. It is not even what is most comfortable about their theory for IRP analysts, virtually all of whom eschew the position that biological drive lies at the core of motivation. The most unique and inspired aspect of the Barangers’ use of phantasy was their integration of this non-drive-based notion with their interpersonalized understanding of the analytic situation, and it is this way of defining the field that has had the greatest influence on the BFT analysts who have come after them.

But in considering the Barangers’ understanding of the analyst’s contribution to the jointly constructed phantasy of the field we come upon a significant divergence in the views of the Barangers and contemporary IRP. To grasp what the Barangers think about this issue requires some digging. We can begin with the observation that, at the very least, the Barangers certainly do not simply accept the IRP view—that the analyst is inevitably unconsciously and reciprocally involved in the interaction with the patient, and that therapeutic action has to do with the way these unconscious involvements, usually called enactments, are dealt with. In the IRP view, while the two analytic participants obviously have different responsibilities, the nature of their involvement with one another is the same in both directions.

The Barangers believed that the field should be understood as a jointly created unconscious phantasy, but this phantasy of the field was not a simple additive combination of the phantasies of analyst and patient. It was instead understood to be something new, something unique to these two people in the particular time and place in which they came together. It is this jointly constructed phantasy that the BFT analyst immerses herself in, studies, and interprets, and it is change in this field that is responsible for eventual change in the patient.

The Question of the Analyst’s Conduct

But in considering the Barangers’ understanding of the analyst’s contribution to the jointly constructed phantasy of the field we come upon a significant divergence in the views of the Barangers and contemporary IRP. To grasp what the Barangers think about this issue requires some digging. We can begin with the observation that, at the very least, the Barangers certainly do not simply accept the IRP view—that the analyst is inevitably unconsciously and reciprocally involved in the interaction with the patient, and that therapeutic action has to do with the way these unconscious involvements, usually called enactments, are dealt with. In the IRP view, while the two analytic participants obviously have different responsibilities, the nature of their involvement with one another is the same in both directions.

The Barangers do describe the unconscious phantasy of the field as a joint creation; but they also often distance themselves from certain aspects of this position. This happens over and over again in their papers. In their first article on the field, for instance, they (M. Baranger & Baranger, 1961–1962/2008) write, “The basic phantasy of the session is not the mere understanding of the patient’s phantasy by the analyst, but something that is constructed in a couple relationship.” So far, so good. This appears to imply an acceptance of joint creation. But the passage continues as follows:
We have no doubt that the two persons have different roles in this phantasy and that it would be dangerously absurd for the analyst to impose his or her own phantasy on the field, but we have to recognize that a “good” session means that the patient’s basic phantasy coincides with the analyst’s in the structuring of the analytic session (italics added).

So now it seems that mutual construction is acceptable only as long as the two phantasies coincide. We do not know exactly what this means, though. We are left to imagine that when phantasies coincide, they are the same in some important sense. The authors go on to suggest that when the phantasies of patient and analyst do not coincide, the analyst should accept that this is a patient she cannot treat. It seems that, while the processes going on in the couple may very well result in a jointly constructed unconscious phantasy, those couple processes cannot diverge too much from one another. This idea suggests only a limited acceptance of the joint construction of meaning, and the solution to be adopted when the phantasies do not coincide (not treating the patient) is quite different than the frank and routine acceptance in IRP that analytic relatedness requires relational negotiation and struggle (of course, while maintaining the context of a professional relationship).

The point about coinciding phantasies is not repeated in the Barangers’ later papers, and so we do not know if they continued to hold it. It is also true that there are many places in the Barangers’ papers where they are eloquent about what sounds much more like the mutual construction of IRP. I am inclined to believe that the Barangers were embarking on a pioneering effort to revise psychoanalysis and that they had not yet resolved (and perhaps never did) the conflicts between the old psychoanalysis and the new one they were creating.

At the very least, though, we must say that the Barangers were worried about going too far. A few pages after the passage I have just cited, they opine that the projective identifications of the patient must be given free rein, while the analyst’s must be (and can be) controlled: “the analyst has to use [the patient’s projective identification] . . . , but in small doses and by way of experimental exploration” (p. 808). The projective identification “must be allowed to be massive on one side (the patient’s) but kept very limited on the other (the analyst’s)” (p. 808). The analyst’s introjection of the patient’s projective identifications “has to be limited and controlled to avoid feelings in the analyst of being inundated by the situation” (p. 809). These passages are reminiscent of some of the early classical writings on the use of countertransference—for example, Fliess’s (1953) recommendation that the analyst limit countertransference experience to “trial identifications” with aspects of the patient’s mind.

The question, of course, is how to do such a thing. (I had the same questions about Fliess’s recommendation when I first read it as a candidate.) If projective identification and introjection are unconscious processes, which of course the Barangers believe they are, then where does the analyst get the leverage to exert conscious control over them? The Barangers do not answer this question, preferring simply to suggest, as I have just quoted them, that the analyst must titrate her own countertransference experience. The Barangers are hardly alone in not addressing the problem in specific terms. I have not read anywhere a case for the analyst’s conscious ability to control her own unconsciously mediated experience. I believe that the absence of such an argument is due to the fact that any case that could be mounted would be implausible.

The same is not true of behavior or conduct, of course. That is, we all agree that, at least to some degree, the analyst can control her own conduct. The Barangers, however, take a strong stance on this point: The analyst, they believe, always has the choice and the responsibility not to allow her countertransference experience to emerge in conduct. The analyst, that is, has the
choice and professional duty not to engage in enactment. Here is a typical statement of this kind, from later in the Barangers’ work (Baranger, Baranger, & Mom, 1983/2009):

Due to his function, and from the outset, the analyst is committed to truth and abstinence from anything acted out with the analysand. In the analytic situation there is no formalized, computable operation but a situation in which the analyst is committed, flesh, bone, and unconscious. He is so intrinsically, not contingently, because of the fact that an analyst listens and reacts: this implies that countertransference will be prohibited in its expression and condemned to an internal unfolding in him. (p. 70)

The Barangers, that is, believed that the analyst’s commitment to the analytic role was sufficient to allow the analyst to rein in her countertransference enactment by conscious choice, thereby restricting countertransference to the realm of inner experience only.

Of course, challenges to this traditional understanding of transference and countertransference analysis, and to the possibilities inherent in the analyst’s commitment to the analytic role, were the very heart of the relational turn—the work of Levenson (1972, 1983, 1991), Wolstein (1959), and Gill (1983), and eventually all of contemporary IRP. It seemed to these writers that inner experience inevitably bled into the analyst’s outer conduct, so that the separation between countertransference experience and enactment, upheld with such confidence by earlier analysts (including the Barangers), could no longer be maintained. As a result, contemporary IRP analysts have concluded that analysts’ only realistic course is to accept the reality of their unconscious, enactive involvement with patients, including those very difficult enactments—I repeat, in conduct—that are often the most significant parts of treatment. From this perspective, the analyst, by accepting that he has no choice but to occupy this position, creates the best situation to further clinical goals. This is a stark difference between the work of the Barangers and contemporary IRP.

For the Barangers, then, the field is limited to the realm of experience—a fact that should not surprise us when we remember that the field is for the Barangers a jointly constructed unconscious fantasy. And even within the realm of experience, countertransference can be, and must be, modulated in intensity. But for Sullivan, even though he believed, like the Barangers, that the analyst should be able to prevent the involvement of her conduct in the countertransference, and for contemporary IRP analysts, who do not accept Sullivan’s view in this respect, the field is both experiential and behavioral, both the inner life and external conduct. The analyst remains accountable, of course, for conducting herself in a disciplined, professionally responsible way designed to serve the patient’s interests—but within these broad parameters, the analyst’s unconscious involvement with the patient cannot be restricted to the operations of mind. This is a basic conceptual difference.

The Barangers belonged to a psychoanalytic world rooted in the concept of unconscious phantasy, they probably would have maintained their position even if they had known about the IRP alternative. As far as I can see, there is no reason to believe that the Barangers would have embraced the relational turn if, later on in their work, in the 1980s and 1990s, they had learned about it. Those analysts who followed the Barangers’ lead, and who were also steeped in the psychology of unconscious phantasy, certainly have not adopted this aspect of IRP. As I detail in the companion article to this one, contemporary BFT analysts make the same kinds of statements made by Barangers about the feasibility (and desirability) of preventing countertransference enactment, and believe that their commitment to the analytic role is sufficient to accomplish this self-containment.
Enactments and Bastions

This difference in conceptions of the involvement of the analyst’s conduct illuminates what is otherwise one of the most significant points of contact between the theories under discussion: the relation between bastions and enactments.

To appreciate the concept of bastion (sometimes translated as “bulwark”), consider that for the Barangers (1961–1962/2008), “what is important in the dynamic of the treatment is not the emergence of emotions, wishes and past anxieties, but their emergence in one way and not another. They need to emerge in a new and vivid context and not paralyse it.” The field, that is, must be free to change in response to current circumstances; it must be free to evolve into the future, unfettered by rigidities, stereotypies, repetitions of the past.

What is most important is the mobility or crystallization of the field. . . . The field moves, and the analyst can intervene in it effectively when the patient “takes a risk,” but such risk-taking is prevented by an aspect of personal life or phantasy that for the patient is a personal bastion (and is generally the unconscious refuge of powerful phantasies of omnipotence).

This bastion varies enormously from one person to another, but is never absent. It is whatever the patient does not want to put at risk because the risk of losing it would throw the patient into a state of extreme helplessness, vulnerability and despair. (p. 814)

The bastion may be some sort of perverse activity (in an unfortunate passage, the Barangers suggest that one of the most frequent examples is homosexuality); a sense of intellectual or moral superiority; a relation with an idealized love object; an attachment to an ideology, money, or a profession; or a sense that one is special in some way, perhaps a member of some social aristocracy. If the patient is not willing to give up this (usually) grandiose phantasy, which requires putting it at risk in the analysis, the field stagnates, immobilized by being split into pieces, one of which must remain rigid and unchanging, and the treatment stalls.

The field of the analytic situation is the opportunity, through repetition in a new context of the original situations that motivated the splitting, to break up this defensive process and to re-integrate the split off sectors of experience into the whole of the patient’s life. This is why it is necessary to break down the internal bastions. (p. 216)

Nothing I have said to this point links bastions and enactments; and in fact, in the Barangers’ (1961–1962/2009a) original paper on the field, the link between their concept of bastion and the IRP understanding of enactments is not as clear as it is in papers written just a few years later (e.g., M. Baranger & Baranger, 1964/2009b). In the first paper, the Barangers do cite approvingly Racker’s (1960/1968) then-just-published article on the countertransference microneurosis, commenting that,

the interpretive process as a whole tends to permit the mobilization of the transference countertransference neurosis and thereby the gradual modification of all the patient’s aspects involved in it, meaning the patient’s whole person. In parallel, the process consists, for the analysts, of freeing aspects of themselves that are involved in the countertransference situation and paralysed in the countertransference neurosis. (p. 817)

A few years later, the Barangers (1964/2009b) write about the analyst’s involvement on a level closer to clinical experience:
If there is no complicity [in preventing analytic consideration of the bastion] on the analyst’s part, then the patient’s bastion is just a difficulty for the analytic work or a “resistance,” but it is not a bastion in the field. The patient tries one way or another to breach the fundamental rule, and the analyst strives to reintegrate into the general movement the content avoided by the patient. However, when such complicity is present, communication is divided: a sector of the field crystallizes, comprising the patient’s resistance and the analyst’s counter-resistance, unconsciously communicated and operating together, while on another separate level an apparently normal communication goes on. (p. 9)

Once again here, as is so often the case in their writings, the Barangers present the clinical situation in a way that IRP analysts recognize as closely related to their own views. There is no doubt that, in their thinking about the significance of bastions, the Barangers accept the analyst’s unconscious involvement with the patient. They recommend that analysts adopt what they call “the second look” (M. Baranger, 1993/2009; M. Baranger et al., 1983/2009; W. Baranger, 1979/2009), by which they mean an examination of the treatment situation with an eye toward the identification of patterns of involvement in which both analyst and patient are implicated. Without this “second look,” and without modifying her approach on the basis of what she learns in this way, the analyst cannot intervene effectively to set a stalled field into motion once again. If we accept the broad IRP definition of mutual enactment, i.e., that mutual enactment is the unconscious participation in the treatment of both analyst and patient, then in IRP terms we can perhaps classify as an enactment the Barangers’ understanding of the analyst’s complicity in the expression of a bastion in the field.

But as I suggested in introducing this difference of enactments and bastions, I think there is a difference, and that difference has to do, again, with the understanding of conduct. For however deeply the analyst and the patient may be unconsciously involved with one another in the Barangers’ scheme, this is involvement in the realm of phantasy (and this goes for the work of Racker as well). The Barangers (and Racker) maintain throughout their work these divergent understandings of phantasy and conduct. In this understanding the analyst’s unconscious complicity in preventing examination of the patient’s bastions simply does not (and should not) shape the analyst’s conduct.

Now, this point becomes more and more complicated the longer one considers it. Is it really possible to completely differentiate the analyst’s involvement with the patient on the level of unconscious phantasy from her involvement with the patient on the level of conduct? Must it not be the case that the analyst’s phantasy involvement has some inescapable implications for the kind of conduct he engages in with the patient? Would the Barangers agree? Would Racker? I don’t know the answer to this question. Perhaps they would. But even if they did, the difference in emphasis would remain. There is clearly more room in IRP than in the Barangers’ views for there to be a continuous, inescapable, unconscious influence on the analyst’s behavior with the patient.

Conclusions

Given that both Sullivan and the Barangers wrote field theory, it is not surprising that there are notable similarities in their work. These similarities are the context that give the differences between them their significance. The interesting thing here is how two field theories can be different. I have described a number of differences, but one of them interests me more than the others:
the divergence of the views of Sullivan and the Barangers about the unconscious involvement of analyst’s conduct in the course of the treatment.

Sullivan used field theory to make the clinical thinking of his day consistent with what he saw as the cutting edge of social science. Field theory in Sullivan’s thought was an application of general principles of psychology, psychiatry, sociology, and linguistics to a specific case, the psychotherapeutic situation. Because Sullivan took the tack he did, he understood conduct—what two people did with one another, and the way that they did it—as the heart of the interpersonal field. When later IRP analysts came along, it was natural for them, having grown at least partly from Sullivan’s position, to take the position that not only the contents of the analyst’s mind, but the analyst’s conduct was routinely affected by the analyst’s unconsciously motivated participation in the interpersonal field.

The Barangers, on the other hand, wrote a field theory that was quite specific to the psychoanalytic situation and its unique characteristics. They took the position about the analyst’s conduct that had always been taken in psychoanalysis up to that time—that is, they considered it practical and possible (and correct) for the analyst to decide upon and control her experience (to some degree) and her conduct (more or less completely), using her commitment to the analytic task and role to shape her experience and behavior always in the service of the patient’s interests.

In the second paper in this series, we shall see where this divergence has led. For BFT analysts, as for all Kleinians, including the Barangers, the interpretive process and the analyst’s part of the clinical process have remained more or less synonymous. Questions of technique and therapeutic action continue to revolve around the nature of the analyst’s interpretive participation. The container/contained model that has become so influential since the work of Bion does indeed draw a different kind of attention than before to the relationship between the analyst and the patient. But the events of the relationship are usually understood to have their mutative impact via their influence on the analyst’s interpretive process.

Sullivan’s acceptance of the analyst’s involvement on the level of conduct, on the other hand, opened the possibility of relational effects in therapeutic action. If what has to be disentangled in the therapeutic relationship is not limited to inner events, events of the mind, but is also a matter of the way analyst and patient deal with one another, then therapeutic action is also liable to depend on the analyst’s conduct. How the analyst conducts herself with the patient is liable to be as significant as her interpretations to the outcome of the treatment.

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