Psychoanalytic Perspectives, 3(1):15–56

TOWARD CONCEPTUALIZING THE PERSONAL RELATIONSHIP IN THERAPEUTIC ACTION: BEYOND THE "REAL" RELATIONSHIP

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Abstract

There is far greater theoretical coherence and clinical value in the concepts of the *personal* (person-to-person) and the *new* relationship than in the earlier concept of the "real" relationship. To develop this thesis, the author traces the historical evolution of the concept of the "real" relationship, elucidates its meaning(s), and considers its problematic features in the light of a relational psychoanalytic perspective. Although the concept of the real relationship was originally derived from the objectivist assumptions of the classical psychoanalytic model, it has thrived with relational (intersubjective) theoretical advances. Ironically, its role has become elevated in theory and practice even as its meaning has been confounded, rather than clarified, by these advances. Conceptualizations of the personal and new relationships are proposed which far more effectively articulate the goals and methods of relational psychoanalysis.

Introduction: The Problem

Recognition of the mutative significance of the analytic relationship within, as well as above and beyond its role in transference analysis, is perhaps the most striking theoretical reversal in the history of psychoanalysis.[1] A com-

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The author wishes to thank Margaret J. Black and Paul L. Wachtel, as well as Amanda Hirsch Geffner and Sheldon Itzkowitz, *Psychoanalytic Perspectives* Coeditors, for their thoughtful reactions to an earlier draft of this paper.

[1] I use the word "reversal" advisedly. Friedman (2005), citing recent doubts about the transference neurosis and reconstruction, described the growing emphasis on "actuality" in social constructivism and intersubjectivism.

puterized analysis of psychoanalytic publications (P.E.P. CD-ROM, P.C. Version 5) reveals that, as part of that development, the "real" relationship, so called, has received steadily increasing attention, especially during the past quarter century. Yet it is not a concept that has achieved consensual meaning; nor has it been relationally deconstructed, like so many other concepts whose implications are no longer fully relevant. Thus it remains an example of many terms that psychoanalysts are comfortable using in ways that depend on their implicit, connotative, rather than a more precise, denotative meaning. Among other limitations, the term conceptualizes a unity where an articulation of multiplicity would be more useful (Westen, 2002). Moreover, the theoretical shift that has occurred from a one-person, objectivist psychology toward a two-person psychology and its perspectival and contextual implications, while having provided the impetus for much of the growth of interest in the real relationship, has, in fact, confounded a definitional problem by confusing relational and epistemological dimensions.

Because "the real relationship" is the term in the psychoanalyst's lexicon most regularly appearing in quotation marks (either the entire phrase or the word "real"), it is plain to see that analysts feel they are taking liberties in using it. Among mainstream American psychoanalysts, inherent ambiguity can be found in Greenson's (1967; Greenson and Wexler, 1969) seminal work in this area. Greenson (1967) wrote, "The term 'real' in the phrase 'real relationship' may mean realistic, reality-oriented, or undistorted as contrasted to the term 'transference,' which connotes unrealistic, distorted, and inappropriate. The word real may also refer to genuine, authentic, true in contrast to artificial, synthetic, or assumed" (p. 217). Thus, Greenson advanced a bifurcated concept that encouraged analysts to see the "real" both in contrast to the "unreal" of the transference, and also to accept the idea that the analyst should be real, meaning available authentically and personally, rather than just professionally. The linking of the two meanings is based on the belief held at the time that the mutative significance of transference and its interpretation were negatively correlated with the significance of the contribution of the analyst's individual personality. As Kernberg (1972) observed, the further one moves from employing analytic technique, the more the "real" personality of the therapist is likely to intrude.

The result has been that analysts with divergent theoretical orientations have used the same term ("real relationship") although they intended different meanings. This problem has been exacerbated by the recent relational trend in psychoanalysis because, although the meaning of the real relationship was first understood within the objectivist epistemological framework associated with the classical model, in which the analyst is the final arbiter of the reality or distortion of the patient's experience, it subsequently has been applied in the more modern system, which stresses a very different, perspectivist epistemology. Specifically, those stressing an objectivist system have made reference to the real relationship to characterize interactions in which, in the analyst's judgment, the analysand (and the pair) are operating in an undistorted mode. Generally, these are concordant interactions that are judged to be relatively transference-free, nonconflictual, and are seen as contributing to the therapeutic alliance and thus to the pursuit of insight, which such analysts see as the centerpiece of therapeutic action. In contrast, for most relational analysts, who emphasize the role of intersubjectivity, interaction, and perspectivism, transference is not ordinarily seen as a distortion of a discernable reality but as some plausible version of the individual's experience of the other and the relationship. Thus, for the latter group, rather than non-distortion, the term "real relationship" usually emphasizes personally significant and emotionally authentic but mutually subjective interchanges, with such interchanges being seen as a vital part of therapeutic action. In sum, the idea of the real relationship has been used confusingly in psychoanalytic discourse, especially since the recent paradigm shift.

Complicating matters further, most often the term "real relationship" is used without definition or citation. Rather, authors depend on its implicit meaning and assume that the term will be understood. To the contrary, the result is ambiguity. Consider some examples from the hodgepodge of interpretations I discovered during a review of the literature. The real relationship has been seen as the relatively mature, transference-free aspect of the analytic relationship; as realistic and healthy aspects of the relationship other than the working relationship; as the opposite of true transference reactions; as nontechnical interactions that occur outside the boundaries of what is commonly defined as the therapeutic role or "technique" (with examples given from a one-person model, such as self-disclosing and responding directly to questions); as a build-up of positive transference; as that part of the analytic relationship that is subject to individual variation; as the analyst's common sense and human sensibility for the patient's life experiences; as "implicit knowing," "now moments," or "moments of meeting"; as the emotional reality of the interaction; as the relatively authentic and spontaneous interchange of the participants; as the genuine object relationship; as the new object relationship; and as new relational experience. Further, "the real relationship" can refer to the area of agreement by the partners based on their perception of either real or plausible characteristics of each other. It can also refer to the reality of the relationship from the perspective of the analysand's or the analyst's experience, or, as above, of a negotiated, consensual reality, as well as that of an independent observer.

Our quotation marks become comprehensible on several levels. The most obvious is as a concession: we indicate our awareness that the term, having to do with the obscure nature of reality and the poorly defined concept of the real relationship, is being used loosely, imprecisely, its meaning being more complex than we can address in that context. But isn't that precisely the problem—our acceptance of, and failure to address that ambiguity directly, especially when our understanding of our work and methods crucially depends on our epistemological position? Our vagueness comes with a significant price: it undermines psychoanalytic communication by tacitly promoting conceptual ambiguity through a historic dichotomy (real versus transference) that is incompatible with current theorizing and methodology.

Why have analysts been so willing to employ the idea of the real relationship in a vague, connotative sense, rather than more precisely? Possibly, we have accepted this term uncritically because so many esteemed precursors of the relational tradition, like Fairbairn, Guntrip, and Winnicott, and contemporary relational leaders, like Mitchell and Aron, have used it. (Indeed, the term is so established and intuitively appealing that even Hoffman, whose work in 1983 was a turning point in demonstrating the flaws of the concept, has employed it [Hoffman, 2000]). Perhaps our avoidance is tied to a fundamentally metaphysical issue having to do with the nature of reality—an area of philosophy about which few psychoanalysts feel equipped to comment. Or are our quotation marks simply an attempt to pass off a controversial concept in a form less likely to wave red flags before its detractors in a theoretically divided field? I think, too, the term has intuitive appeal to clinicians, providing a foil for understanding "distortion" and "misperception," which, although vaguely defined, remain useful concepts.

I suspect all of these factors have contributed to the morass at one time or another. In any event, our historical legacy is such that the idea of a real relationship is more confusing than ever, with analysts using this common term to speak to each other from very different premises. Some analysts (Gabbard, 2000, for example) have observed that reliance on the real relationship itself can be problematic, leading analysts to self-indulgence, the abandonment of analytic discipline, and boundary violations. Still others—in fact, many—endorse two-person ideas, or claim to, but careful scrutiny of their thinking and actual clinical work reveals the residue of their earlier intellectual commitment to a one-person model. Misunderstandings, abuses, and criticisms (both valid and invalid) are in no way surprising, given that the concept as it now stands within a relational context is not only without precise meaning in theory or clinical application, but is also on shaky epistemological ground.

Basically, the idea of the real relationship is rooted in, and cannot but imply the objectivist position that, dichotomously, the real and the unreal (transference) can and should be objectively distinguished; thus the concept belongs to a theoretical system that, for relationists at least, has been eroded by time and theoretical advances. Moreover, to the extent that this concept is intended to have relational meaning, it has not yet been adequately spelled out. In the first half of this paper, I trace the evolution of theorizing about the real relationship to shed light on its emergence, its sources, and its problematic features. In the second half, I spell out several of the relational processes we have in mind when we use (or misuse) the concept in a relational sense. I attempt to elucidate the multiplicity that is obscured by the term and, thereby, to articulate a more specific relational meaning. I will propose alternative formulations—the "*personal*" (person-to-person) and the "*new*" relationship—that I believe have greater theoretical coherence, explanatory power, and clinical utility. I will use the terms "personal relationship" and "person-to-person relationship" interchangeably and as distinguished from "the technical relationship," which I equate with "the analyst-analysand relationship."

Historical Overview

I have already referred to Greenson's historical contributions, which so clearly illustrate a major difficulty with the concept of the real relationship. But the term was used long before Greenson, and its fascinating history can be traced through three phases.[2] During the first phase, which occurred in the early years of objectivist psychoanalysis and the practice of "the standard technique," the "extra-transference" relationship was seen as antithetical to analysis and, in relation to technique, was held to a minimum in order to avoid suggestion. The second historical phase is associated with the work of analysts like Greenson, who found the focus on transference analysis excessive and called attention to the importance of the quality of the real (non-transference) relationship, both as a factor that supports interpretation and to promote a humanistic point of view. Likewise, those working with more disturbed patients emphasized the real relationship, asserting that the analytic method, rather than being standardized, needed to be modified to suit individual patients' needs. The third phase, encompassing the present, is the product of intersubjectivity and contextualism and is perhaps best exemplified by Hoffman's (1983) pivotal critique that directly

[2] I have condensed an extensive literature in order to illustrate the three phases. For a more thorough, if less recent, literature review, see Couch (1999).

challenged the real versus transference dichotomy through a recognition that in any moment both the real and the transferential are inseparably occurring, for both analysand and analyst.

The First Phase: The Exclusive Focus on Transference and Its Analysis

Beginning with Freud's Dora case (1905), psychoanalysts made the analysis of transference the centerpiece of their work. Early in American psychoanalysis, the analysand, in order to effectuate analysis of the transference neurosis, was required to submit to a medical process likened to surgery (Freud, 1912a). The physician's curative role of interpreting was made possible by patients' free-associating. Apart from analysts' and analysands' formal roles, the significance of the analytic relationship was actively minimized. The analyst's personal contribution was regarded as interference, a contaminant of the standardized conditions necessary for conducting analytic work. Guided by the triumvirate of neutrality, abstinence, and anonymity, the analyst was to minimize her individuality and occupy a psychological space apart from the patient, maintaining, to the extent possible, presumed objectivity in the face of the pulls and pushes of the relationship and the analysand's conflicts. The attention to attachment in this one-person model was kept to a minimum, based on the narrow definition and the problems of countertransference; it was well beyond the purview of our early predecessors to focus on any of the potentially positive contributions that the so-called real or extra-transference relationship might make.

Retrospectively, we can appreciate the contributions of those working outside the American mainstream; Ferenczi and others working abroad, and the interpersonal analysts working domestically, are prime examples. But, based on ostensibly scientific considerations, and undoubtedly intellectual, political, and economic ones, their work was excluded from mainstream psychoanalysis. One of the earliest references to the real relationship and its importance was Strachey's (1934) recognition that the distinction between the analyst as a fantasy object and as a real object played a critical role in therapeutic action. He was a precursor of more recent views of new relational experience, which I will discuss later, writing, "The patient, having become aware of the lack of aggressiveness in the real external object [the analyst], will be able to diminish his own aggressiveness; the new object which he introjects will be less aggressive, and consequently the aggressiveness of his super-ego will also be diminished" (p. 143).

E. Menaker (1942), in a paper intended to alert analysts to the sadomasochistic potential inherent in the psychoanalytic "tilt," showed prescience in recognizing the dual nature of the analytic relationship as involving both one-person and two-person psychologies, although not defined as such. She described how the real relationship, like the transference, repeats an earlier emotional pattern, but the impetus for this repetition comes not so much from the inner psychic life of the patient—as does the transference—as from the external situation of the analysis itself. Although accepting the reality-transference dichotomy of her time, she insightfully recognized the two-person implications of our work even before Balint (1950), who usually is credited with this development.[3] Menaker also emphasized the benefits of analysts' being natural and self-revealing, thereby enabling the patient to relate to an imago of the analyst which approximates the analyst's personality rather than one which places the analyst exclusively in the position of an authoritative, perfect parent.

Although Balint and others, especially Fairbairn, Guntrip, and Winnicott, all working abroad, subsequently called attention to the neglect of the role of interaction in traditional formulations, Menaker's contribution was not to gain traction in America because of domestic developments that followed shortly thereafter. Specifically, Alexander and French (1946) took the position, radical at the time, that a patient's corrective emotional experience—with the analyst or with others—and not necessarily insight into it, was primary in therapeutic action. Dissenting from the classical commitment to neutrality and interpretation, the authors advised analysts to deliberately manipulate the interpersonal climate of the therapy. Their polarizing psychotherapeutic formula was straightforward: what was psychologically mutative and reparative was the analyst's ability to overcome pathologic repetitions by deliberately administering experiences that opposed them.

Alexander and French regarded actions with patients as more important than interpretations, a position that was exceedingly provocative to those invested in the traditional, insight-based perspective. Thus, when it was first introduced to the American Psychoanalytic Association, the idea of corrective emotional experience created a furor. Wallerstein (1990) later suggested that if Alexander and French had not positioned their approach as being in some ways superior to standard psychoanalysis, the conflict might

[3] Observing that the concepts of psychoanalysis were up to that point based on and limited by a one-person psychology, Balint reasoned, "That is why they can give only a clumsy, approximate description of what happens in the psycho-analytical situation which is essentially a Two-Body Situation" (p. 124).

have been minimized. But that was not the case and mainstream psychoanalysts attacked the "flexible" approach as nonanalytic—correctly, in my view, insofar as the analyst's stance was inauthentic and manipulative—but then forcefully distinguished psychoanalytic psychotherapy (new experience) from pure (or rigid) Freudian psychoanalysis (interpretation) (Eissler, 1953; Gill, 1954; Stone, 1954). Therewith, they forged a further dichotomy—psychoanalysis versus psychotherapy—that would reinforce the existing transference-reality dichotomy. This territorial strategy slowed the further acknowledgment, investigation, and thus legitimization of the role of relational and experiential factors in the therapeutic action of psychoanalysis, and prevented appreciation of the other contributions of these authors.[4] As an example of this divisive line of reasoning and its resiliency, Tarachow (1963), years later, distinguished between psychoanalysis and psychotherapy on the basis that both participants in the therapeutic situation are constantly tempted to engage in an interaction and that a therapy is psychoanalytic rather than psychotherapeutic only to the extent to which the analyst successfully resists this temptation.

Another historical factor that inhibited recognition of the person-to-person dimension of the total analytic relationship is that American analysts, far removed from Freud's immediate circle in Vienna, took altogether too literally many rules and metaphors from Freud's papers on technique (Freud, 1911, 1912a, 1912b, 1913, 1914, 1915)—the analyst as a mirror, the emotional detachment of a surgeon, and anonymity and abstinence, for example. Those in Freud's close circle in Vienna, including his analysands, learned about the human quality of the principles of analytic technique directly from Freud and the way he described his clinical work (Lipton, 1977). That early, excessively literal interpretation of basic psychoanalytic principles by the Americans reinforced the aforementioned detrimental consequences. "Orthodox" technique became a caricature of the fully human process that formed a part of Freud's personal vision. As part of this literal interpretation, serious examination of the affective attachment that commonly developed between analyst and analysand and its possible role in analysis were eschewed. Thus, just as transference was at first unrecognized in its importance and viewed mainly as an interference with the therapeutic work, so was the personal relationship overlooked.

But observations about the personal relationship were never fully silenced and arose from many sources. Gitelson (1952) wrote, "An analysis can come to an impasse because the analyst . . . avoids the issue of a

[4] See Wallerstein (1990) and Frank (1999) for critiques.

patient's discovery of him as a person" (pp. 7–8). Anna Freud (1954), in one of the most widely quoted passages in all of psychoanalysis, made cautious reference to the "real personal" relationship between analyst and analysand: "I feel still that we should leave room somewhere for the realization that analyst and patient are also two real people, of equal adult status, in a real personal relationship to each other . . . But these are technically subversive thoughts and ought to be 'handled with care'" (pp. 618–619). The refusal to fully acknowledge the significance of the nontransference relationship dominated the American psychoanalytic scene throughout its early years.

An untenable paradox had thus been created: the analyst, although required to remain emotionally removed from the patient and positioned beyond the reach of her influence, was asked to empathically grasp the patient's experience and to reach the patient through interpretation. It is not surprising, therefore, to be struck by the early analysts' repeated calls for a concept to explain so-called nontransference developments, such appeals being vehemently countered by others who refused to acknowledge this dimension. Rather than acknowledge the significance of the person-to-person relationship that existed, classical analysts developed a number of compromised constructs—the therapeutic split in the analysand's ego, rapport, basic transference, the rational transference, nonobjectionable positive transference, and other friendly and affectionate aspects of the transference.

The Second Phase: Acknowledgement of the "Extra-Transference" Relationship

During the second phase of the development of the real relationship, there emerged a fuller appreciation of the nontransference relationship. Elizabeth Zetzel (1966, 1969, for example) articulated the need to juxtapose the patient's fantasies with the "real relationship." She (1966) discussed "the genuine object relationship which remained intact despite the expression by the patient of ambivalence, hostility and intense resistance" (p. 87).

Outside the American mainstream, especially in England, the alternative object-relations school was progressing. Taking a radical position that would later have a strong impact on American relational psychoanalysis, Fairbairn (1958), in Edinburgh, wrote:

> The actual relationship existing between the patient and the analyst as persons must be regarded as in itself constituting a therapeutic factor of prime importance. The existence of such a personal relationship in outer reality not only serves the function of providing a means of correcting the

> distorted relationships which prevail in inner reality and influence the reactions of the patient to outer objects, but provides the patient with an opportunity, denied to him in childhood, to undergo a process of emotional development in the setting of an actual relationship with a reliable and beneficent parental figure. (p. 377)

Guntrip (1975), commenting on his analysis with Fairbairn, claimed that Fairbairn "held that psychoanalytic interpretation is not therapeutic per se, but only as it expresses a personal relationship of genuine understanding" (p. 145). The trend explicitly acknowledging the real aspects of the therapist and the relationship were also being developed by other British psychoanalysts—Balint, (1968), Guntrip (1961), and Winnicott (1958). Although these theorists differed in their terminology, their theoretical position was similar—that disturbance resulted from early pathological introjections of aspects of frustrating, intimidating, or inadequate early caretakers, resulting in an excessively self-protective character structure (or, in Winnicott's term, a "false self"). With this model of pathogenesis, a new theory of therapeutic action was introduced in which therapeutic change now depended on the therapist, who, acting as a real person (although not in Alexander and French's contrived sense), was to offer a real relationship to correct the pathological introjects—to permit, as Balint put it, "a new beginning." This model gained support in America during the 1970s and '80s and eventually shaped the way the real relationship was considered.

As is often the case, through applications with more seriously disturbed patients, innovative and so-called subversive ideas, including those involving the real relationship, crept into the psychoanalytic mainstream. Nunberg (1951), Knight (1953), Fromm-Reichmann (1950), Little (1958), Winnicott (1958), Searles (1965), and Wexler (1951) are a few among the many who considered real (nontransference) relationships with psychotic patients a significant aspect of treatment, central at times, without abandoning the relevance and importance of the role of interpretation.

Fromm-Reichmann, among the aforementioned group, was a member of the interpersonal school. The interpersonal tradition in America, which fully acknowledged the two-person model and the curative role of the relationship itself, as well as non-interpretive and non-insight factors, thrived outside the psychoanalytic mainstream for many years before its fertile insights would be integrated into, and substantially alter, the "official" view. The interpersonal school took a very different direction and came from very different roots. In it, psychoanalysis with higher functioning patients was, in fact, extrapolated from work with schizophrenic patients. Interpersonal psychoanalysis had a special contribution to make, because underlying the many differences among its practitioners is the guiding principle that patient and analyst are inescapably involved together in a real relationship (Stern, 1988). Many analysts from this tradition (Thompson, 1950, 1956; Fromm-Reichmann, 1950; and Rioch, 1943; among others) emphasized that the patient needs a new interpersonal experience, not simply interpretation.

Sandor Ferenczi, working in Hungary, deserves special note in a discussion of the real or personal relationship. A precursor of the interpersonal tradition and later relational developments, Ferenczi was probably the first to appreciate so many of the implications of a two-person psychology. Ferenczi had a stormy career. Once dismissed by mainstream psychoanalysts for his "wild" approach to mutual analysis, his early contributions were rediscovered when his Clinical Diaries (Dupont, 1988) were published posthumously. [5] He was one of the first to perceive the significance not only of the new relationship, but also of the transference and countertransference interactive field; the cocreated relationship in the "here-and-now"; the influence of past and present trauma; the analyst's authenticity; a gratifying analytic stance; self-disclosure; and the significance and limitations of the interpersonal, intersubjective aspects of the psychoanalytic situation.

Returning to the American mainstream, Loewald (1960) was among the first to comment on the paradox that analysts face when they try to separate transference from the real relationship. He applied this thinking to the important "new" relationship with the analyst, which he treated synonymously with the real relationship: "The new object-relationship with the analyst, which is gradually being built in the course of the analysis and constitutes the real relationship between patient and analyst, and which serves as a focal point for the establishment of healthier object-relations in the patient's 'real' life, is not devoid of transference" (p. 32). In a view similar to that which I will advance, but framed more conservatively, Loewald saw the analytic relationship as no more or less real than any other relationship of the individual because transference is never fully resolved. However, at the end of a successful analysis, the analytic relationship has a new, more mature, and realistic quality because much of the transference has been resolved.

[5] Berman (1996) observed, metaphorically, that Ferenczi "was assassinated by Ernest Jones, Freud's biographer, in 1957 and reborn in the 1980s and the 1990s," realizing the earlier prediction of M. Balint (1949), who in a tribute to Ferenczi wrote, "I am still sure that the day will come when analysts will begin to study them [Ferenczi's ideas] again, not in order to criticize them but to learn from them" (p. 217).

The work of Greenson (1967) and of Greenson and Wexler (1969), cited earlier, represented a breakthrough. These authors drew together the strands that operated beneath the radar, as it were, in attempting to formulate the "real" relationship that so many practitioners seemed to appreciate readily from their clinical work, but avoided acknowledging publicly. Maintaining an overarching commitment to transference analysis as the source of change, Greenson and Wexler did not see the relationship as a necessary vehicle of therapeutic action. Rather, equivocating, they asserted that the real relationship might or might not be a critical part of therapeutic action for all patients and was only important insofar as it supported the effort of transference analysis. As Hoffman (1983) later clarified, Greenson paid due respect to the patient's allegedly "realistic" perceptions of the analyst; but the real and unreal were unequivocally distinguished from the patient's irrational ideas, and it was the analyst who decided which was which.

Whatever the limitations of his views, Greenson nevertheless brought "official" sanction to the real relationship and offered a new, humanistic standard to counter the exaggerated, sterile rules about transference focus in American psychoanalysis. After Greenson, the tone among many psychoanalytic authors shifted to a more humanistic one. Soon afterward, Kohut's (1971, 1977, 1984) work appeared, and the term "selfobject" came into being, a term that identified a fundamental and necessary affirming function operating within meaningful relationships that could be harnessed in the service of therapeutic change.

The Third Phase: The Influence of a Two-Person Psychology

The third phase, beginning during the late 1970s and continuing into the present, brought radical change not only to the understanding of the real relationship but to all of psychoanalysis. The impetus for much of that change was a backlash against the earlier, clinically sterile view, but the modifications of theory and technique have been substantive. Wachtel (1980) was one of many authors who attempted to integrate these changes into clinical thinking. He was critical of the sort of dichotomous thinking that characterized many earlier conceptualizations in psychoanalysis—such as transference versus reality—and suggested the application of the different, but compatible, theoretical system of Piaget (1952, 1954) to transference (and, indirectly, to the real relationship). In my view, the ideas he introduced to explain transference have broad applicability to the understanding of the conflicts of individuals as well as the complexities of the analytic process and change.

Wachtel proposed that we consider transference within the framework of Piaget's notions of schema and the simultaneous processes of assimilation and accommodation. He wrote:

> Transference reactions, in Piaget's terms, may be seen simply as reflecting schemas which are characterized by a strong predominance of assimilation over accommodation. The experience with the analyst is assimilated to schemas shaped by earlier experiences, and there is very little accommodation to the actualities of the present situation which make it different from the former experience. . . . However necessary it may be to describe assimilation and accommodation separately and sequentially, they should be thought of as simultaneous and indissociable as they operate in living cognition. . . . To assimilate an event it is necessary at the same time to accommodate to it and vice versa. . . . Some cognitive acts show a relative preponderance of the assimilative component; others seem heavily weighted toward accommodation. However, "pure" assimilation and "pure" accommodation nowhere obtain in mental life. (pp. 63–64)

He proposed that we think of transference as "schemas in which assimilation predominates over accommodation to an inordinate degree" (p. 74). This conceptualization, involving the simultaneity of both assimilation and accommodation, shows the foolhardiness of attempting to separate the real relationship and transference (meaning the new and the old). As Wachtel noted, we are always constructing reality every bit as much as we are perceiving it.

In a pivotal paper that drew from Wachtel's work, Hoffman (1983) further reshaped thinking about the real relationship by stating the case for "radical," as contrasted with "conservative" critics of the blank screen view. Hoffman (1983) designated "asocial" and "social" forms of analytic participation. In his asocial paradigm, it is assumed that the patient's experience occurs in a way that is largely divorced from the immediate impact of the therapist's presence. Hoffman called attention to the associated "naive patient fallacy," the idea being that the analysand cannot plausibly perceive the analyst—his or her attributes, actions, and experience, including reactions to the patient—as a real person. The efficacy of an asocial model depends on the extent to which the analyst can minimize his or her personal impact on the patient. The analyst seeks to achieve personality modification not through interactions, but almost despite them—by turning the patient's mind in upon itself, as it were, so as to examine and explicate the patient's transference neurosis. The analyst in this view must behave in a very circumscribed manner in order to create conditions conducive to gaining access to the patient's encapsulated internal world through a regressive unfolding. Thus the analyst enters the therapeutic equation in a limited role—not so much as another person but as a purveyor of insight. Therapist actions other than proper interpretations are thought to bring the therapist intrusively into the transference-analytic field. Modifications of technique recognizing the role of the actual person of the analyst and integrating the interactive idea are not achieved easily within the asocial view.

Hoffman pointed out that the social view elaborates the role of interaction in the psychoanalytic relationship and cuts across theoretical allegiances. Among the precursors of this view, he identified Gill, Levenson, Racker, Sandler, Searles, and Wachtel. Hoffman (1991) later clarified that the terms "social" and "participant" define a set of conditions designating both the therapist's involvement *and* that he or she and the patient both shape the participation of the other. The term "constructivist," which is integral in Hoffman's view, indicates that each participant understands the other from his or her own perspective. The social model recognizes the significance of the analyst's presence as a separate individual. The model's underlying assumptions assert that the analyst's functioning, like the patient's, cannot be understood as removed, as in the asocial. Rather, the analyst's contribution, like the patient's, is communicated in ways that are both conscious and unconscious. Therefore, whatever happens must be understood in ways that take account of both parties' unwitting as well as deliberate influence.

As Hoffman (1983) noted, "Radical critiques are opposed . . . to any model that suggests that the 'objective' or 'real' impact of the therapist is equivalent to what he intends or to what he thinks his overt behavior has conveyed or betrayed. What the radical critic refuses to do is to consign the patient's ideas about the analyst's hidden motives and attitudes to the realm of unfounded fantasy whenever those ideas depart from the analyst's judgment of his own intentions" (pp. 394–95). According to Hoffman, conservative critics, including Greenson, Kohut, Loewald, and others, regarded the distinction between realistic and unrealistic perception as less pronounced than many of their classical predecessors, but nevertheless they ultimately retained the dichotomy. That is, the analyst was no less a blank screen than she was before. In contrast, radical critics rejected the dichotomy between transference as a distortion and nontransference as reality. As a whole, this group emphasized instead that what is clinically regarded as transference has a significant plausible basis in the here and now. The radical critique of the blank screen model, which Hoffman (1991) later integrated into his "social-constructivist" theory, disputed that there is any aspect of the patient's experience that pertains to the therapist's inner motives that can be unequivocally designated as either distorting or faithful to reality. With the analyst losing her authority as the final arbiter of reality, the traditional understanding of the real relationship was ended.

Advancing the "interpersonal paradigm" and its interactive and contextual ramifications, Gill and Hoffman (Gill, 1983; Hoffman, 1983; Gill and Hoffman, 1982; Hoffman and Gill, 1988Hoffman, 1982) thus challenged the reality/transference split, transference as distortion, and the analyst's privileged view of reality. A radically altered view of transference (Gill [1983] saw it as the patient's experience of the relationship) and thus of the real relationship, is characteristic of what I have designated as the third phase. When viewed interactively, the transference is considered to be open to current influences, expressed through elaboration of the features of the analyst and the specific context, and analyzable in that context. Thus, rather than displacement, transference became based on an understanding of the analysand's (and analyst's) interrelated cognitive, perceptual, and affective meaning-giving processes, or organizing activity (Fosshage, 1994). Gill (1983), seeing the analyst as an inevitably involved participant in the interpersonal paradigm, suggested a conception of a transference-countertransference transaction in which, from the differing perspectives of patient and analyst, each has a view which has its plausibility. Changing views on interaction and intersubjectivity, encompassing the emerging insights of self psychology, object-relations theory, and the interpersonal tradition, all merged into relational (intersubjective) psychoanalysis (Mitchell, 1988; Mitchell and Aron, 1999).

Today, virtually all analysts, including a group of contemporary Freudians, have come to agree that the personal relationship between analyst and analysand can act as a vehicle for healing above and beyond its role in transference analysis. Yet there is still evidence of the reality-transference split. Couch (1999), expressing his views in the most recent review on the topic, saw the real relationship as "the essential foundation" of psychoanalysis, correctly in my view. He defined the real relationship as "the reality-oriented contact between patient and analyst" (p. 131) and described that "hand in hand with the clinical process of interpreting the transference neurosis is the therapeutic function of the real relationship as the reality antithesis against which the infantile and neurotic projections, fantasies, and expectations are compared with the real person of the analyst as he has become known through the analytic experience" (p. 164). I read Couch as referring fundamentally to an objectivist reality, especially when he described the need for the analyst's restraint so that "crucial aspects of the patient's unconscious past can emerge in a transference neurosis, without undue distortion or interference from the analyst's real personality and reality interventions" (p. 147). Couch's observation of a reality antithesis becomes far more cogent in the light of more recent relational theorizing; accordingly, instead of a model based on the patient's distorted view of objective reality versus the analyst's more accurate one, we would postulate a mutually perspectival, cocreated, negotiated reality in which the distortion of an absolute reality has no place.

Instead of maintaining a belief in the feasibility of patients' experiencing their analysts as a blank screen, analysts have come to recognize how sensitively analysands are able to know their analysts' experience of them and what an important role that sensitivity plays in therapeutic action. Tessman (2003), for example, who conducted retrospective personal interviews of 34 graduate analysts to investigate their terminations and the internalization of their training analysts, compellingly described this knowing:

> A crucial dimension of the Participants' recalled experiences [of their training analyses] were based in their feelings about how the analyst experienced them. Commonalties . . . in satisfaction did not reside in specific behaviors or techniques of the analyst (such as amount of silence, self-disclosure, interpretation of defense or of the transference), but rather in the meanings attributed to the affective messages through which interpretations and other interchanges with the analyst took place. (pp. 5–6)

The importance of the characteristics of the analyst as a person, as they are experienced by the patient, has become broadly established (Kantrowitz, Katz, and Paolitto, 1990; Blum, 1992; and others), and these perceptions often have considerable reliability when compared with more "objective" evaluations.

If we look beyond psychoanalysis to other psychotherapeutic modalities, we find similar evidence to support the importance of the person-to-person relationship above and beyond formal technique. Speaking for the Task Force of the Division of Psychotherapy of the American Psychological Association, which investigated empirically supported therapeutic relationships, Norcross (2000) came to the inescapable conclusion that "the therapist as a person is a central agent of change . . . Both clinical experience and research findings underscore that the therapeutic relationship accounts for as much as, and probably more of, the outcome variance than particular treatments" (p. 3). Strikingly, this conclusion was drawn from evidence-based, structured forms of psychotherapy.

The eventual marriage of classical theory (and the restrained ways its analysts related to patients) to the interpersonal view of the analytic relationship (emphasizing the analyst's personal participation and expressiveness) has been a difficult one that has raised important theoretical and technical challenges, many of which remain unresolved. Overall, though, this union has engaged the creativity of a generation of analysts and has been extremely productive. Consider the central problem of how the analyst can express herself in a manner that is authentic and yet can advance the analysand's self-understanding and personal integration. Hoffman's (1994, 1998) discussion of the dialectic between personal responsivity and analytic discipline addresses this problem creatively. He identified the mutinous idea of "throwing away the book" that seemed implicit in much relational theorizing and described the dialectic between, on one hand, moments of spontaneous expression and personal responsiveness on the analyst's part, versus, on the other, the sense of analytic discipline and role-determined restraint emanating from adherence to the rituals of traditional technique. (This dialectic is related to that of the personal and technical dimensions of the total analytic relationship, which I elaborate later.) According to Hoffman, the meaning of the dialectic is such that each pole affects and infuses the other so that seemingly spontaneous, personally expressive acts on the analyst's part themselves incorporate the sense of discipline that is intrinsic to her identity as an analyst.

Clearly, there are no longer formulaic solutions to clinical problems that are capable of being performed "by the book," as it were, through a standard technique that employs the same basic methodology with all patients. The theoretical shift toward a two-person psychology has placed the reality of the relationship in an ambiguous, relativistic position very different from the analyst's earlier, more secure and comfortable arrangement based on the presumed superiority of her reality view.

If we have learned anything about the real relationship during this third historical phase, it is that the real relationship, as it has been distinguished in the past, becomes illusory when spontaneous and affective aspects of the personal relationship are taken into account. Thus it is seen as inseparable from the transference relationship. Ironically, while becoming recognized as an important therapeutic factor, the so-called real relationship has become more ambiguous than ever before; whereas analysts once may have felt confident delineating its parameters from those of transference, now it has become only relative to the view that the patient brings. Later I will elaborate the advantages of emphasizing the concept of the personal relationship and the new relationship, rather than the real relationship.

The Multiplicity of the Real Relationship in a Relational Context: Immediacy, Affective Authenticity and Attunement, Mutual Recognition, and Intimacy

We have seen that, historically, dichotomous thinking was employed to determine whether the analysand sees the analyst as she "really is," or as transferentially distorted. But the sense and meaning of the real relationship that relationists have been concerned with is different; it is the patient's (and analyst's) subjective sense that something personally significant and emotionally meaningful and authentic is transpiring. To the extent that relationists have borrowed a term that evolved to address the first set of concerns in order to address the quite different concerns of the second set, they have introduced confusion. To transcend that confusion, it is necessary to develop a new terminology in a relational context, a task for which we now have adequate language. That terminology involves the temporal concepts of immediacy and progression, mutual recognition (involving identification and empathy), authenticity—especially affective authenticity—and affect attunement, and intimacy.

Temporality has at least two applications in this context. The first refers to the keen intuitive awareness of immediacy, of something happening in the "here and now," that is inherent in certain interactions; the second application, more abstract, refers to the progression over time of the evolving (or new) personal relationship between analyst and analysand. Wachtel's (1980) work on transference, schema, assimilation, and accommodation, cited earlier, contains a nugget of an idea that can be expanded to help formulate what most analysts have in mind when they refer to the "realness" (if I may) of certain analytic moments. Let us first consider the quality of immediacy. Recall that Wachtel defined transference as schemas in which assimilation predominates over accommodation to an inordinate degree. He further stated that, ideally, "one might expect to see a fairly even balance between assimilation and accommodation, with neither predominating to any great extent. In that case the individual would be able to be responsive to variations in environmental stimulation while maintaining a certain consistency and managing to make sense out of new events on the basis of previous experience" (p. 67).

Consider a clinical example. Several years ago, a long-term patient of mine with major interpersonal difficulties, especially with authority, railed at me for raising my fee. The increase was reasonable, at least in my view—that is, it was introduced after several years, it was in line with what my peers were charging, was personally affordable to the patient, and was timed sensitively to his personal financial circumstances. He was furious with me nonetheless and became “lost” in the transference (for our purposes, the past), seeming to believe entirely, or at least being unwilling to entertain my questioning to examine his conviction, that I was a “bloodsucker” just like his father. After several sessions, we had sorted out much of his reaction and he had calmed down (and agreed to the new fee). When, several years later, I again introduced a fee increase (with some apprehension, I might add), he reacted very differently, with much greater moderation. He was understandably annoyed with me but his reaction struck me as reflecting more direct attention to, and apprehension of me and what I believed I was doing, rather than a perception filtered through his expectations from the past. He was able to examine his reactions to the increase collaboratively, to sort out what about his experience felt old and unreasonable, to compare his reactions to those at the time of the earlier increase, and to grapple with the ways I and this situation seemed to him both like and unlike his father and past interactions with him. In the context of other information, it seemed clear to me that the second fee increase revealed his more balanced view, both of me and of his father, and his moderating feelings toward both of us.

The application of Wachtel’s ideas to this example provides a conceptual handle for clarifying the immediate as well as personal or new aspect of the relationship—what in the past has often been regarded as the real relationship. Because in the first instance my patient’s reactions seemed to me dominated by transference (assimilation) and colored strongly by the filter of past negative experience with his father, rather than being balanced by perspectives associated with accommodation and his different relational experience with me, I felt his reaction as personally unrelated. He was unable to experience a more balanced sense of me and where I was coming from—that is, a more balanced sense of immediate events in the light of earlier experiences—the way he later was able to. Certainly I had the sense that he was “misperceiving”—not based on an assumption of an objective reality that I could know better than he could, but rather, based on my experience of the situation. I do not wish to give the impression that our personal (or so-called real) relationship was fully suspended during my patient’s tirade. The predominant operative schema in the first instance seemed to me old; but since some analysts choose never to increase a fee once it has been established, my increase—that is, my acting with open self-interest—clearly said something to him about me that he perceived and found understandably provocative. Additionally, our relationship could never have survived his rage had he had no awareness of the present and of me as a person of goodwill, despite my making a personal demand of him. Coinciding with the old, he was aware that he had come to know me as a reasonable person with whom he had a history very different from that which resulted in his negative image of his childhood father.

As seen in the example, every interaction of the analytic relationship, every analytic moment, can be usefully regarded as manifesting both past and present influences on both parties, and in that sense, at least, as being both real and unreal. This assertion, applicable insofar as the psychoanalytic (and all interpersonal) interaction is concerned, is contingent on the temporal assumption made—that the *un*real (or transference) dimension of the relationship can be understood largely as a reflection of the rigid influence of the past on the individual's experience of the present. Past influence colors individual perception and directs action, and thus tends to move interaction cyclically from expectation, to enactments that engage the pair, to confirmation of old expectations. Moments understood as particularly personal reflect, among other things, an individual's flexible responsivity to present surroundings, including relatively direct responses to the characteristics, actions, and intentions of present others. Although, initially, an analysand's reactions to the specific qualities and intentions of the analyst are elaborated through old schemas, analytic work results in these reactions becoming more specifically and directly oriented to the present.[6] That which is new in the relationship, as defined, is less transferential, less based on old schemas, and therefore more personal; but all moments can be understood as both new (accommodation) and old (transference, or assimilation), and all progressive moments as advancing the new and the personal. Indeed, this understanding can be applied to many of our social relationships; as we get to know people, we usually come to understand them and to appreciate their motives more fully and deeply. What is unique about the analytic relationship is its reflective quality, its explicitness as we seek to clarify the developing dimensions of this process as it occurs for both parties, and how experience corrects the expectations and misunderstandings based on old schemas.

The topic of immediacy is one with which Stern and his collaborators in the Boston Change Study Group (Stern, Sander, Nahum, Harrison, Lyons-Ruth, Morgan, Bruschweilerstern & Tronick, 1998; Stern, 2004) have made great headway. Although I will question aspects of this group's formulations, I also want to praise what I see as most relevant to the cur-

[6] At the beginning of an analysis, the relationship may appear to have some of the features of the personal relationship I describe. However, I would suggest that what appears "personal" is, in fact, superficial, being an artifact of the analysand's unwillingness and/or inability to reveal (and/or to experience) transferential reactions until a sense of safety is established.

rent exploration. In addition to their temporal contributions, the group recognized the mutative importance of emotionally authentic verbal and nonverbal person-to-person (in contrast to analyst-analysand, or technical) contact, and they advanced appreciation of the shared implicit relationship. In so doing, this group has taken a significant step in identifying the "something more" than interpretation that analysts sense as operating in the process of change.

The Group highlighted immediacy in defining "present" and "now" moments and "moments of meeting." They (1998) defined "present" moments as discrete markers, "the subjective units [of analyst-analysand interaction] marking the slight shifts in direction while proceeding forward" (p. 909). Here is how these authors defined "now" moments:

> "Now moments" are a special kind of "present moment," one that gets lit up subjectively and affectively, pulling one more fully into the present. They take on this subjective quality because the habitual framework—the known, familiar intersubjective environment of the therapist-patient relationship—has all of a sudden been altered or risks alteration. The current state of the "shared implicit relationship" is called into the open. This potential breach in the established proceedings happens at various moments. It does not have to threaten the therapeutic framework, but requires a response that is too specific and personal to be a known technical manoeuvre. (p. 911)

"Moments of meeting," according to these authors, are "now" moments that have been seized therapeutically, in which "the transference and countertransference aspects are at a minimum . . . and the personhood of the interactants, relatively denuded of role trappings, is put into play" (p. 915).

The group saw moments of meeting as piercing the technical role structure of the psychoanalytic relationship. What these "now" moments expose is what I am calling the personal relationship, including its "shared implicit" aspect, which is in any event always operative, if unnoticed. It is an important part of what most analysts hope will eventually become explicit, but it need not become manifest to facilitate change. The idea of a now moment or a moment of meeting being an episodic event strikes me, rather than as a generality, as being contingent on the analyst's particular way of working. Some analysts, especially those who are extremely conscientious about their personal authenticity (see later) are able to experience intensely personal moments of meeting with their analysands without a necessary sense that "the known, familiar intersubjective environment of the therapist-patient relationship—has all of a sudden been altered or risks alteration" (p. 911), as the group asserted. Interpersonally oriented analysts, who are more likely to feel free to use aspects of personal expressiveness, such as immediate affective reactions and, at times, disclosure, are less likely to feel "caught out" of their analytic roles, as it were, by such moments than their more contained and cautious classically oriented colleagues, or for that matter, any analyst who more closely adheres to a formal technique with her patients. Most significantly, however, the group called attention to the mutative significance of the spontaneous personal engagement and noted that that engagement, rather than the exclusively technical interaction (which is, in any event, an impossibility), including interpretation, can be mutative.

Although now moments and moments of meeting have a strong emotional impact and can be mutative, it is new interactions occurring over time that become internalized that are crucial for change. Now moments seem notable to me as shaking up established interaction patterns, as crystallizing and organizing the current implicit state of the relationship, and as potentially initiating a reorganization of interaction patterns. Thus, as the authors describe, these moments open up a portal to further intersubjective restructuring, which I see as including explication (unlike the Boston Group) and working through in order to facilitate changes in interaction patterns that ultimately are integrated through repetition.

The group painstakingly divorced moments of meeting from traditional interpretive acts of the therapist. I hope they do not imply a split between the personal and technical aspects of the total relationship—that interpretations of the transference are offered without affective authenticity or can somehow be purified of transference or countertransference. They (1998) make the following claim: "During a traditional interpretation involving transferential material, the therapist as a person, as he exists in his own mind, is not called into the open and put into play. . . . Rather, the therapeutic understanding and response occurring within the analytic role is called into play" (p. 914). Are the authors suggesting that, in offering a more classical interpretation, one can deliberately siphon off affect or authenticity? As Tessman (2003) and others (Frank, 1997; Maroda, 2000; Renik, 1999; for example) have reasoned, our technical interventions are inevitably laden with metacommunication and personal and affective meanings, often unintended, to which patients are highly sensitive. I would suggest that we consider the possibility that the more affectively charged and truly and deeply felt—that is, the more immediately affectively authentic (Glennon, 2005) an interpretation is—the *more* likely it is to have a mutative impact. In any event, no interpretation can be made without the analyst's affectivity and personal involvement; technical and personal relationships are not dissociable. Furthermore, with regard to now moments and moments of meeting, if we accept that change results from a process of repetitive interactions (including the shared implicit relationship), we must take care not to make too much of the mutative significance of any episodic, momentary class of events.

Immediacy—the sense that something is happening in the here and now—is a necessary but insufficient characteristic for describing moments that relational analysts would usually describe as personal. Another important element of the personal relationship is intimacy, a condition of mutual empathy and acceptance.

Surprisingly to me, although the term "analytic intimacy" is widely used, I was unable to find a sufficiently comprehensive definition of it in the literature. (The term was virtually absent from the psychoanalytic literature prior to the mid-1990s.) I was reminded of Westen's (2002) criticism that we often assume our terminology has implicit meaning, rather than spelling out the actual multiplicity of our concepts. In turning to various English-language dictionaries, I found that in nearly every case the terms "close" or "personal" were used in defining "intimacy." Before considering intimacy further, I want to point out the obvious—that it is an inherently two-person concept and that the residue of one-person thinking can only inhibit our understanding and appreciation of it. Indeed, Weigert (1952), one of the few early analysts to discuss analytic intimacy as such, did so in a cautionary way, noting its hazards in fostering counterproductive regression.

An illustrative and useful way of thinking about the person-to-person relationship in psychoanalysis is Ehrenberg's (1992) concept, "the intimate edge," which is also, in my view, the point of emergence of the personal relationship. Here, immediacy, authentic self-expression, mutual recognition, and intimacy go hand in hand. An interactive creation, Ehrenberg's intimate edge is a dynamic construct reflecting the participants' sensibilities and subjective sense of what is most crucial or compelling about their interaction at any particular moment. She focused on engaging and microanalyzing live experience at the interface of the analyst-patient interaction—the nature of the integration, the quality of contact and what goes on between the participants, including what is enacted and communicated affectively and unconsciously. In a manner consistent with my own views, she emphasized the need to make the dimensionality of the moment explicit. She also characterized the intimate edge as, among other things, new—"the point of developing intimacy" in the relationship. Thus, while identifying the point of developing intimacy and interpersonal possibility, the intimate edge is also seen as the individual's "growing edge," the boundary of expanding self-discovery, and of learning that one is able to handle aspects of experience that have been avoided but that now come alive.

What I (1999) have called “righting the relationship” plays an integral role not only in maintaining the context for productive analytic work, but also for promoting the intimacy of the personal relationship. *Both* participants become aware of the other’s personal and emotional capabilities as well as limitations, and through ongoing sequences of negotiation they mutually adjust their expressions and expectations, both consciously and unconsciously, tacitly and explicitly, in order to advance the analytic task. Accordingly, the relationship progresses toward analytic intimacy in which both individuals can empathically and authentically respond and be responded to in a mutually trusting atmosphere in which the experience of both becomes understood and accepted (Frank, 2004). The deep and caring intimacy of the participants, which is achieved through the interpersonal conflicts encountered and sometimes involving outrageous transference and countertransference, is often felt as hard-won and satisfying. The growing sense of closeness and safety becomes the essence of intimacy. These negotiations, which deepen mutual understanding, do more than simply make analytic collaboration possible, or “set the stage” for it; honing the relatedness of the personal relationship *is* the analytic work.

Another feature of analytic moments felt as particularly personal is mutuality, especially mutual recognition (Aron, 1992, 1996; Benjamin, 1988, 1992, 1995a, 1995b). Mutual recognition occurs when both analyst and analysand see one another as separate people, each with his or her own separate subjectivity. Benjamin (1995a) highlighted the child’s and the patient’s developmental need for both recognition and identification. In practice, Aron (2000) pointed out, the patient and the analyst must come to see each other as separate and independent subjects, as subjects who are alike and connected, and as the objects of their own wishes and needs. These moments of mutual recognition, seen as developmental or analytic achievements, are further components of what has been called the real relationship.

Perhaps the key ingredient in moments felt as real is authenticity, especially affective authenticity (Glennon, 2005), which is communicated largely through affect attunement (Stern, 1985). This is the final element of the personal relationship that I will discuss—and it is crucial. Elsewhere, I (Frank, 1997), defined authenticity as “genuineness . . . the truthfulness with which one responds or represents oneself [to oneself and the other]. Authenticity must somehow balance the commitment to self and other. For instance, if you care about someone and know they would be deeply hurt by the truth, does one say it tactfully, or not? Thus authenticity also addresses the question, Is one being true to oneself?” (p. 285). More recently, I (1999) suggested that there is value in considering the analyst’s authenticity as an attitude that the analyst strives to maintain toward her own experience of and with the patient. The effort is to synchronize self with context, to remain "in touch" with the experience of the moment. That experience encompasses the full gamut of positive and negative emotions—love, hate, panic, attraction, disgust, and others—felt in varying intensities.

I see implicit and explicit knowing, identificatory processes, empathy, and subtle and nonverbal and cross-modal, in addition to verbal, communication, playing a role in authentically shared, affective moments. Affective authenticity (Glennon, 2005) and affect attunement, or interaffectivity (Stern, 1985) are key. Glennon described the evocative, communicative power of deeply and authentically felt and expressed affect as highly potent.[7] She saw authentic self-expression—if heartfelt—as having great power to access emotions in others. Stern saw affect attunement in terms of the parties' mutual sensing of each others' motives or desires and a behavioral signaling or ratifying of this affective sharing. Thus it may be that, in direct contrast with the classical position, communications (including interpretations) delivered with "heartfelt" feeling are not just among the most affective, but also most effective.

In my own understanding of authenticity, a guiding principle is striving to avoid deception, including self-deception, in order to foster responsive and responsible participation as an individual. In this view, being authentic with a patient involves an active effort to remain sensitive to one's own emotional experience, associations, actions, and their meanings, as well as the patient's. Attending closely to ongoing interactions, we try to remain sensitive to the moment-to-moment interplay of the spoken words, physical actions, and affective expressions of both individuals. Attention to our "free-floating responsiveness" (Sandler, 1976)—the actions we are inclined to take—can help us fine-tune our awareness and participation, and thus our authenticity. Authenticity, in this view, has less to do with keeping one's mind from wandering than with being willing to responsibly consider what has caused one to move away from the connection at that moment.

Thinking about authenticity in a way that is integrated with the analyst's overall analytic attitude organizes a particular way of being with and communicating with analysands. It highlights the person-to-person relationship, which is in any event sensed by the parties. It is fundamental, highly significant, and ongoing in therapeutic action. It underscores relational treatment factors, can optimize analysts' personal contributions,

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[7] Glennon conducted her discussion in the context of artistic as well as analytic self-expression.

while minimizing a certain amount of "role-playing" that is inherent in the technical relationship and can be detrimental. That which is affectively conveyed by one's authenticity is very much at the heart of the person-to-person experience.

Before we move on, a few words about intense and negative affects. If our early forbears underemphasized attachment factors and affective interactions between analyst and analysand, there seems to be a trend among many contemporary relationists to concentrate on that which is authentically positive in the "real," or in my framework, the personal relationship—respect, caring, even "analytic love" (Shaw, 2003)—but far less attention to negative emotions. Elements of a romantic philosophical vision can be found in relational psychoanalysis (Strenger, 1989; Akhtar, 2000). This vision has generated an empathically affirming form of inquiry; it regards the personal warmth of the therapist as crucial; it emphasizes the analyst's role as offering a new beginning; and it considers enhanced authenticity and vitality to be, among other characteristics, major goals of treatment. In that context, affirming and affectionate feelings are becoming easier for us to acknowledge as part of the personal relationship; but we continue to have difficulty reconciling negative ones with our benevolent therapeutic role.

What can be said about negative affects such as anger, hate, and envy and their relation to affective authenticity and the personal relationship? When the participants' sensibilities about things are roughly the same, their interactions are "concordant"; when there occur moments in which the pair has feelings about an issue that are at odds with each other, the dyad can be seen as "discordant" (Greenberg, 1995). Discordant experiences, while often understood as signals of transference, can also develop as part of the personal relationship. Isn't the angry patient picking up something personal about the analyst when railing at her for charging for each and every broken appointment regardless of the reason for the absence? Since so many of us "stretch the rules" of practice—and may do so for certain patients at certain times and not for others—strict enforcement says something about the analyst as a person, at least at that moment in that relationship. There are many such examples. Our implementation of the "frame" offers us many opportunities to rationalize hostility, domination, even retaliation. Some intensely discordant moments highlight old schemas, as illustrated by the first interaction with the patient whose fee I raised. But as also shown in that example, patients' negative reactions can also reflect accommodation, their sensing of subtle personal qualities and meanings of which the analyst may not even be aware, and this sensitivity to the analyst may also represent progress.

Intense interactions that are predominantly either concordant or discordant are experienced very differently from one another. Both may have unusual emotional impact, a sense of immediacy, and involve affective authenticity. Intense concordant moments, in which the individuals are mutually attuned through authentic positive feelings, and which usually involve mutual recognition, may be experienced as especially poignant by the participants—as intimate and even loving. But authentically expressed intense negative feelings in moments of discordance often create a diminished sense of mutual recognition or intimacy and challenge affect attunement. Although they may feel confrontational, rather than poignant or close, discordant moments may nevertheless lead to enhanced mutual recognition, affect attunement, and intimacy, as well as change, providing they are followed by relational repair.

The Real or Personal Relationship?

Most relational analysts probably would agree that the foregoing reformulation articulating relational processes provides, at least in part, a relational adaptation of the real relationship. One might have expected such an exposition to justify the concept's use. However, psychoanalytic tradition has cast the real relationship in a role ancillary to the privileged transference relationship and its analysis. In contrast, as it is discussed here, the personal relationship moves to a more balanced position in therapeutic action, reflecting the weight of recent evidence. Moreover, in traditional usage, the term "real relationship" and its underlying concept do not even vaguely hint at these relational phenomena. The concept of the personal, or person-to-person and new relationship and their very different meanings focusing on the personal and the intersubjective, are far more relevant for our purposes. In so shifting our conceptualization, we delineate and promote the relational meanings we have in mind with the so-called real relationship and eliminate that in the real relationship which obscures our intended meaning.

Many in the past have seen the value of the concept of the personal relationship—Fairbairn (1958), Guntrip (1969), Loewald (1979), and Winnicott (at least based on Guntrip's [1975] description of his analysis with him), among others. Lipton (1977) asserted that a technical style which included a personal relationship had several clinical advantages over the then prevalent standard technique, which tried to exclude it. Like the real relationship, the term "personal relationship" has not been previously defined and is usually employed synonymously with the real or actual relationship, depicting a vague dimension of relatedness that exists apart from transference, the professional relationship, and technique. Several analysts in the past have conflated the terms "personal," "actual," and "real" (Couch, 2002). A. Freud (1954), Stone (1954), Fogel (1995), Crastnopol (2002), and even Hoffman (1991) (who suggests that Aron [1991a], Greenberg [1991] and Modell [1991] also equate the terms) have discussed the "real personal" relationship. I see this terminology, which is fairly widely used, as further confusing epistemological and relational understandings. If we accept that the so-called real and transference relationships, rather than dichotomous, are ubiquitous and are not dissociable in the analytic relationship, we might make a case, with equal validity, for the existence of the "real transference relationship." My point is that based on our current understanding and clinical needs, the reality versus transference dichotomy adds little or nothing to our functioning. Furthermore, we are far better off specifying the meanings of each of these separate concepts, rather than relying on implicit or connotative meanings or conflation of terms.

The "real" concept relies on an anachronistic philosophical assumption of a discernable "objective" reality and positions the analyst as arbiter of the real and unreal aspects of the patient's experience. It also carries with it the goal of an earlier conceptualization of the analytic process—that through analysis a person might transform a distorted, fantasy-based personal vision into one that is more "realistic." Within a contemporary analytic model, which emphasizes not "reality," but the quality and meaningfulness of personal and relational experience, the personal potential of the analytic relationship is crucial. The concept of the person-to-person relationship (but not the real relationship) comports well with relational developments, directing attention to the specific characteristics, motives, and actions of the individuals and their interactions, rather than to objectivity. For instance, I noted earlier that the characteristics of the analyst as a person, and the affective quality of the person-to-person relationship, have been found to have significance not only within but above and beyond formal technique (Kantrowitz et al., 1990; Tessman, 2003; Blum, 1992; Norcross, 2000). In a related study of training analyses, Craige (2002; in press) showed that a warm, affective tone and even loving sentiment during analysis were positively correlated with a successful experience, with a strong sense of the loss of the relationship, and with a strong sense of achievement and positive progression during the post-termination phase.

Another research area that is relevant to the case for the person-to-person relationship is one addressing the analyst-analysand "fit," or "match." As Kantrowitz (1986) concluded, "An analyst, because he is a person like everyone else—human and therefore imperfect—inevitably will have, along with his particular strengths and talents, his quirks, blind spots, and residual neurotic conflicts that can be activated under stress. These are not necessarily crucial unless they intermesh in a significant way with the difficulties of the patient" (p. 296). Such findings led Crastnopol (1999) to assert, "It is not having a 'personal relationship' of a particular kind that heals, but having a personal relationship with a skilled analyst whose personality 'fits' what one needs to live with and learn from. Our personality is a heavy contributor to the kind of personal relationship we have with each of our patients, and it differs depending on what aspect of the 'real me' is evoked by our intersubjective life together and our therapeutic project" (pp. 297–98).

The personal relationship also serves well to contextualize other relational developments, such as enactments, the understanding of which has been extended through recent behavioral, attachment, and infant research, as well as cognitive and neuropsychological science. Research has shown, among other connections, that, developmentally, much of our relational learning is represented in an enactive form that can be accessed only through doing. In psychoanalysis, increasing the integration and articulation of new enactive relational structures that are implicitly introduced ("procedures for being with") destabilizes existing enactive organizations and serves as a primary engine of change (Lyons-Ruth, 1999). Spoken words (symbolization) are relatively ineffective in reaching enactive, or implicit, knowledge. As Lyons-Ruth put it, "The medium *is* the message; that is, the organization of meaning is implicit in the organization of the enacted relational dialogue and does not require reflective thought or verbalization to be, in some sense, known" (p. 578). I concur with Fosshage (2005), who pointed out that therapeutic action is dependent on *both* implicit and explicit interactive dialogue. The person-to-person concept sharpens clinicians' focus on the particular characteristics and actions of the participants, their affective involvement, and how these are elaborated and contribute to interactions. Highlighting of the person-to-person dimension of the analytic relationship calls attention to the point of contact between the two individuals—the intimate edge—and on the forms of implicit contact that emerge between them.

Before proceeding, I would like to avoid misunderstanding and briefly clarify how I am now using the terms "real," "distortion," and "transference." The methodological and practical "sin" of reification is, I believe, both inevitable at times and insidious in our ambiguous discipline. As Schlesinger (2005) reminded us, concepts are not descriptive of substantive things "out there" or within the patient, but are merely "points of view" or perspectives that can help us understand the processes we are observing. Actual phenomena belong to the greater realm of the universe, but the terms and concepts we use to describe them are products of our intellect. Coexisting concepts may offer varying perspectives on the same or similar phenomena; so, for example, we can identify certain aspects of the analytic process or relationship as real, as transference, or as personal, among other constructs. Within any given theoretical system, one concept may offer greater specificity, clarity, explanatory power, theoretical coherence, and clinical utility than others. That is a major point of this paper; on the basis of these criteria, relationists gain a great deal by referring to the personal relationship as I have specified it, rather than to the customarily emphasized real relationship.

The tendency toward reification is especially strong with regard to the idea of the real because in ordinary life, and in philosophy, the term can imply a verifiable, external existence that is independent of language or subjectivity. When speaking in the psychoanalytic theoretical context, it is especially important to maintain a very clear methodological distinction between observed phenomena and the concepts representing them. Although we may call certain relational phenomena real, given our ambiguous and intersubjective subject matter, the meaning of the real that analysts are now most concerned with involves that which is individually constructed and not something actually existing or happening "out there." When I use a term like "distortion" or "misperceive," I will not be speaking from an objectivist point of view that implies a patient's departure from some absolute external reality; I use the term in the constructivist sense in which all meaning is constructed, and in that sense "distorted."

Additionally, it must be recognized that it is virtually impossible for us to fully relinquish the sense of conviction with which we hold on to our personal reality-views; these views serve to ground us and without them we are like fish trying to swim upside down. However, according to the perspectivist or contextualist points of view that are integral in intersubjective theory, we must exercise discipline and temper our reality-views. Thus our understanding of reality and the departures from it—of "distortions"—must be approached with a sense of humility based on a recognition that one's own view of what is "really" going on is nothing more (or less) than a personal one and is no more undistorted than the patient's. In many instances, patients benefit from exposure to analysts' reality-views when they are relatively more adaptive than the problematic ones patients have brought to us. But, as never before, we recognize the need to approach tentatively, rather than with certainty, our personal understandings of what is real and what is distorted (and, of course, to try to refrain from imposing our personal realities on patients).

I also want to be clear that I am not suggesting a major revision of the concept of transference or its significance with the idea of the personal relationship. I continue to see clarifying transference as crucial. I view transference as the patient's experience of the relationship (Gill, 1983) and understand it mainly in terms of organizing processes (cognitive, perceptual, and affective) related to assimilation to old schemas formed by early interactions (Stolorow and Lachmann, 1984/85; Wachtel, 1980). However, transference, so defined, and the personal relationship as I am defining it are commingled, blurring any clear identification of either. Thus the analyst cannot directly "analyze transference," as implied by the traditional model, but attempts to elucidate the multiple dimensions of the total relationship, encompassing both transference and the personal relationship.

The Personal (Person-to-Person) Relationship and the Technical (Analyst-Analysand) Relationship

We gain further clarity by highlighting another dialectical dimension of the total analytic relationship involving the personal and technical poles of the relationship. In this regard, certain crucial caveats must be taken into account. We must carefully avoid dichotomizing by acknowledging that personal and technical aspects of the analytic relationship are both ever present and are, in the living, simultaneous and inseparable. Moreover, the analytic relationship, understood contextually, is no more or less "real" than any other of our relationships—with our partners, children, parents, friends, and colleagues. In the analytic relationship, there are restrictions with regard to actions taken that are imposed by the coexisting technical (or professional) relationship that binds the pair. All of our relationships are so defined by context; there are always things we say and do and others we do not, and, depending on the nature and "rules and regulations" of each relationship, there are certainly thoughts and feelings that we may or may not even allow ourselves to experience consciously. The analytic is, however, often felt as more deeply personal than most (and sometimes all) of our other relationships.

Usually, the personal-technical duality is not called to the foreground of our experience. However, as an example of a moment when it is, consider the patient who prefaces a criticism of the analyst, or of the analysis, with, "Don't take this personally, but . . ." The patient fails, of course, to grasp an inherent duality of the psychoanalytic situation (perhaps self-protectively). One might authentically respond to the comment with either, "Of course I won't" or "Of course I will" because, although in the moment, we are likely to handle such questions in a manner that is technically informed, the initial, raw impact of the forthcoming criticism is felt as personal. How else is countertransference (the personal) to inform our work (the technical)? As Hoffman (1992, 1998) clarified, each pole of the personal-technical dimension affects and infuses the other so that the personal actions of the analyst incorporate the technical sense of discipline that is intrinsic to one's identity as an analyst, and, likewise, the technical is informed by personal experience, as I have noted, and is laden with personal meaning and expression.

We can think of the simultaneously occurring technical and personal relationships as being in a figure-ground relationship. On one hand, when the foreground of our experience is dominated by relatively more explicit attempts to advance the analytic process—structuring or reinforcing the "rules and regulations" of the analytic relationship, for example, or fostering associations, interpreting, and the like—we can readily identify the relationship as being primarily in a technical mode. On the other hand, the personal relationship forms the context, the undergirding, or scaffolding, of the technical relationship. We know we are in the personal mode when we sense the cluster of processes identified earlier—mutual recognition, affective authenticity, and other described factors—either in the here and now or as developing. Many, perhaps most analytic moments commingle the two modes and they are not readily distinguishable. As Aron (1993) wrote, "The analytic process . . . goes on in conjunction with and in the context of the ongoing, affectively laden, person-to-person relationship, that constitutes the analytic situation" (p. 303). We must keep in mind that *all* moments of interaction are to some degree both technical and personal, "now" as well as "then" moments—and "real" and distorted.

The *New* Relationship

Many analysts have acknowledged the idea of the analysand's new relationship with the analyst. As Aron (1991b) noted after reviewing a sampling of relational perspectives, "Despite their differences and contradictions, a conceptualization of working through is advanced which . . . emphasizes the patient's and analyst's need to work toward a new, therapeutic, and self-reflective, personal relationship" (p. 97). A shift in the nature and quality of the analytic relationship—what some analysts (Fosshage, 1990; Frank, 1993; Hirsch, 2001; Safran, 2002; Davies, 2001; and others) have called "new relational experience"—is usually seen as an integral analytic goal. The capacity for person-to-person relating—to the analyst and therefore to others—increases over the course of a successful analysis.

Earlier, I applied Wachtel's ideas about schemas, assimilation, and accommodation to the experience of immediacy. I pointed out that we can also apply these ideas to the new and personal relationship that evolves over time between the analyst and the analysand. In effective analysis, the assimilation-accommodation balance shifts; as assimilation weakens and accommodation strengthens, the individual becomes more attuned to the other in the present. Thereby, the analysand gains an increased ability to relate to the analyst more directly, flexibly, freely, and personally. By "personally," I refer to the analysand's increased responsiveness to the personal qualities, actions, and intentions of the analyst, compared with earlier in the relationship, when assimilation and the influence of the past more strongly filtered perception and shaped action. As assimilative patterns are repeatedly clarified by the pair and ruptures are repaired, expanding understanding of them, and as positive new personal experiences (including the implicit) mount over time, there occurs a growing recognition of the analyst as another subject and person-to-person relating grows. As I have noted, all analytic moments can be experienced as both new and old; but in all progressive moments old schemas are being modified and/or supplemented by new ones as the personal relationship grows.

Some theorists, such as Loewald (1960), equated the new and the real relationship. I am equating the new relationship with emergent qualities of the personal relationship. In the terms I am proposing, personally significant, emotionally meaningful interactions occur with increasing frequency and duration; these patterns are repeated, remembered, and become represented internally. Experienced as I have defined them, these interactions develop over time from those based on the predominance of old schemas and past influence to interactions more fully recognizing the analyst in the present context. These cumulative experiences act as building blocks of the new, or emergent personal relationship. Through these generally affirming and clarifying interactions, many of which occur in the implicit realm, and others made possible by repaired ruptures and the interpretations they make feasible, the pair comes to live more fully in the person-to-person relationship. In these ways, the patient whose fee I increased and I were able to achieve a new personal relationship that was different from the earlier, more intensively transferential one. His reactions to the two fee increases demonstrate the evolution of the new personal relationship.

Another example of how the balance of assimilation (transference) and accommodation (person-to-person relatedness) shifts toward the new personal relationship is seen in the analysand's state at the formal ending of a patient's successful analysis for, say, abandonment issues. The ending is experienced as the painful loss of an important, valued person and a special relationship—both transferentially (because transference is never completely resolved) and as the new personal relationship. To the extent that the analysis has been effective, the loss of the analyst, while activating distressing beliefs and feelings stemming from childhood abandonment, would also be experienced as necessary and constructive (blending effects of aspects of the new personal and technical relationships), unlike earlier experiences of loss, which were more strictly equated with abandonment. Accordingly, an important relationship's ending, an event formerly capable of becoming emotionally debilitating to the patient, now can be tolerated, can facilitate a "good enough" sustaining internal representation of the analyst and the relationship with the analyst, and can even be a source of positive feelings of pride and self-esteem associated with the individual's analytic achievements and the future promise now held by other relationships. As the transference was worked through, the patient was freed to more fully experience the person-to-person or new relationship.

Some Technical Implications

Much can be said about the clinical implications of these proposals. Here I will mention just a few major points. The "person-to-person" phrase, which better describes the clinical experience and addresses the clinical interaction, calls attention to the various relational processes that we have come to value as therapeutic. It sensitizes the analyst to these processes by defining the personal dimension as something that continuously coexists with the technical in the total analytic relationship and plays an essential role in therapeutic action.

Rather than thinking about the objective reality of what is occurring, we recognize that assimilation and accommodation, and the personal and technical, are all inherent in the ongoing total relationship. The idea of the real versus the distorted connotes right versus wrong, predisposing interventions to have a critical edge to them. Less likely than the real to encourage an analyst's judgmental position, the person-to-person idea is not concerned with whose version is accurate or right, but accepts what is mutually negotiated as the reality. Highlighting the ongoing nature and importance of the personal dimension also relaxes the formality and reserve necessitated by the earlier model; it defines a participatory analytic stance that embraces the analyst's affective experience, authenticity, and involvement, and how the analyst's authentic personal reactions, when blended with the technical, can have strong positive effects. Emphasizing the person-to-person relationship sponsors co-inquiry into the nature of the personal characteristics and actions of the participants and how their mutual contributions are elaborated and interact in analytic experience. It keeps the focus on the point of contact between the two subjectivities, thereby sensitizing the analyst to the development of implicit, enacted relational dialogue, and helping to make the unknown known. And it also gives greater latitude to the analyst to participate in ways that may enhance analytic work through the use of active and, at times, extra-analytic methods (Wachtel, 1997; Frank, 1999).

Referring once again to the example of the patient with the fee increases, consider the formulation of specific, alternative interventions. Remember that after his raging at me, my patient settled down as we worked toward a more concordant mode of relating. If my intervention stance had been based on a belief in the real relationship, rather than the personal, I might have said something like, “My bringing up a fee increase caused you to react as though I were your father,” or, more gently, “Your anger reminds me of your relationship with your father.” On the surface, these remarks, especially the latter (in which the focus would be on my own experience, rather than his), may not seem accusatory; but the patient probably would have heard both as criticizing him as being disturbed and as my denying my own responsibility in the interaction. He was, however, able to hear me when, operating in a mode that blended the personal and the technical, I said, “I certainly didn’t and don’t intend to suck the life out of you”—referring to his “bloodsucker” remark. “And I think on some level you realize that. Maybe now we can take a look at what happened and try to understand how much was based on what I said and where I was coming from, and whether your reactions came partly out of your history with your father.” The latter invitation acknowledged and encouraged him to reckon with, on one hand, how I might have been acting like his father (for instance, with self-interest), and thus elicited reactions that were in a certain way “appropriate” to the old, assimilative schema, and certainly understandable in relation to it; on the other hand, it also offered him the opportunity to grapple with how I might have been taking him into account in what I did, and thus been unlike his “bad” father (accommodation).

My working assumption in the situation gave credence to a reality that was consensual; I had my own reality-view of what happened and a sense of his misperceiving me, of course, but it was not a closed view. Thus, I avoided a position implying that he was wrong, but instead proposed that together we could find out what went on between us. My intervention, although set mainly in the technical relationship, blended the personal and thus came across as more egalitarian and less formal and authoritarian than otherwise. The intervention would facilitate our working through the transference relationship and expand the capacity to connect in the person-to-person relationship. When the analyst remains open, both parties are helped to move in that direction.

I agree with Renik’s (1998) assertion that if the aim of analysis is to allow the patient an opportunity to investigate how she operates in the world, particularly in interpersonal relationships, and if the example to be investigated is the patient's relationship with the analyst, then it makes sense to have that relationship be as much like any other relationship as possible. Likewise, if we expect the patient to make use of the analysis to achieve fulfilling intimacy with others in which she is able to be an authentic participant, then we should set this as a goal for the analytic relationship.

However, an important caveat is necessary here. There are potential problems with this view as it applies to "getting real," as Renik put it, or, likewise, with "becoming personal" through the new personal relationship. The idea of a new personal relationship, if held as a preconception (or, at worst, reified), might be maintained at the expense of working with our immediate and direct experience in the analytic moment, which is necessary if we are to spontaneously "live through" transferential as well as personal moments with our patients. Having the goal of a new personal relationship may become problematic, predisposing some analysts, in their desire to guide and directly promote favorable outcomes, to close down and to block acknowledgement or exploration of transference, rather than, crucially, to open up the associative flow—their own as well as their analysands'. The idea of achieving a new personal relationship is not something to go about by "acting spontaneous" or being compulsively self-disclosing, for example. The new relationship is not possible to achieve in a deliberate way (such as Alexander and French proposed), but rather, as the result of thoroughgoing analytic work that involves our striving for openness to our own as well as our patients' experience and an authentic analytic presence. It is useful to keep the ideal of eventually achieving a new and better form of personal relatedness with one's analysand in mind, but on the back burner, as it were—as a relationship that will result eventually in one rich in its qualities of immediacy, authenticity, affectivity, mutual recognition, and intimacy.

Conclusion

The "real relationship" is a misleading term in the relational analyst's lexicon. The underlying concept relies on an irrelevant philosophical assumption of a discernible objective reality and positions the analyst as the arbiter of the real and unreal aspects of the patient's experience. It also carries with it the goal of an earlier conceptualization of the analytic process—that through analysis a person might transform a distorted, fantasy-based personal vision into one that is more "realistic." The analytic relationship is basically no more or less "real" than any other; it does, however, have many other distinctive features and is often felt as more deeply personal than most, and sometimes all, of our other relationships. Within a contemporary analytic model, which emphasizes not "reality" but the quality and meaningfulness of personal and relational experience, this personal potential of the analytic relationship is crucial.

It is time that we said farewell to the concept of the real relationship and agreed upon a more current language to describe what is truly going on in terms of the therapeutic action of psychoanalysis, and what we actually do. I am proposing the value of thinking in terms of the ongoing personal (or person-to-person) relationship and the emergent new relationship, while recognizing that every moment of the total relationship is, to some degree, both personal and technical. To that end, I have defined the personal relationship in terms of its immediate and emergent qualities of affective authenticity, affect attunement, mutual recognition, and intimacy. Unlike the real relationship, which I propose we replace, the personal relationship accords well with recent relational theorizing, including such concepts as analyst-analysand "match," enactments, and implicit relational knowing, based on several areas of research. Because our use of the real relationship is so established and widespread, I cannot be optimistic that my recommendation can be easily integrated into ordinary psychoanalytic discourse. However, the personal relationship, as I am advancing it, offers a fertile replacement for an anachronistic concept (the real relationship) that confuses epistemological and relational dimensions and that, although perhaps intuitively appealing, has lost theoretical viability and offers very little to guide clinical practice.

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