

Psychoanalytic INQUIRY

Volume 43 / Number 7 / October 2023

MELVIN BORNSTEIN, M.D.

Editor-in-Chief

DANIEL GOLDIN, PSY.D.

Editor

**Bridging Drama and
Psychoanalysis**

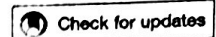
Issue Editor:

Daniel Goldin, MFT, Psy.D.



Routledge
Taylor & Francis Group

INQUIRY
Psychoanalytic



Prologue: Bridging Drama and Psychoanalysis

Adam Phillips (2014) writes in his book *Becoming Freud*:

We spend our lives, Freud will tell us, not facing the facts, the facts of our history, in all their complication; and above all, the facts of our childhood ... And to face all these improbable facts we need a different way of listening to the stories of our lives, and a different way of telling them ... Psychoanalysis, which started as an improvisation in medical treatment, became at once, if not a new language, a new story about these fundamental things, and a new story about stories. For Freud the modern individual is ineluctably, compulsively a biographer and an autobiographer. (p. 6)

Freud's project was a project of finding new ways to tell the stories of our lives, lives now understood as springing from infancy, and in seeking a model for this new way of telling, Freud also looked to the depths – seeking inspiration less frequently from the fictional artists of his day than from the dramatic writers and theorists of ancient Greece. From Aristotle he drew his concept of catharsis, which he called “abreaction,” and from Sophocles he borrowed the storyline of Oedipus, which came to infuse his theory from all directions. One might even argue that Freud's later theory of conflict derives from Hellenistic drama, whose effects also depend upon a clash of ideologies and motives. Freud's structural theory is essentially a dramatic theory in which the analyst discerns efforts of cooperation and antagonism between regions of the psyche. McDougall (1987) was able therefore to conceptualize Freud's mental apparatus less as structure than stage, summed up in a phrase she made famous, “the theater of the mind.”

In the last fifty or so years, psychoanalysts have increasingly conceptualized core psychoanalytic ideas such as knowledge, reality and the self as taking shape through affectively charged interactions with other humans, rather than just in the private space of the mind. Parents participate in these shaping interactions. As do analysts. And sometimes there's an interesting confusion between the two. Most of the writers in this issue see the psychoanalytic situation as dramatic not so much for its ability to lift into consciousness a contemporary variation of the drama of Oedipus, but because the process itself is dramatic, at once staged and spontaneously interactive. At its simplest, psychoanalysis is just two attentive people taking on various roles, and by taking on those roles getting to know various sides of one another. Sometimes the roles are that of interpreting analyst and story-telling patient. Sometimes the roles are from the past. The analyst may step back and comment, but the commenting isn't what is really important. As with the audience of a drama, insight comes packed in the form of an experience rather than as a lesson.

Our issue opens with an article by Alan Karbelnig, who presents a historical overview of how psychoanalytic thinkers have applied ideas from drama to the psychoanalytic situation. Karbelnig understands the interpersonal dialogue of the psychoanalytic situation as a kind of performance *about* the patient, which might contain dramatic re-enactments drawn from old storylines or original actions that break free of the past, but inevitably reveals a narrative arc as much lived as told. Karbelnig puts particular focus on an element of the action which theorists of drama have called the “denouement,” from the Latin meaning “untie the knot.” These key moments elicit “a mixture of surprise (‘I can't believe that happened’) and confirmation (‘Oh, that all fits now’).”

Civitarese and Boffito start with a famous phrase from Aeschylus “To patei mathos” – meaning literally “through suffering, knowledge.” The chorus in the theater of ancient Greece “suffers with” the protagonist, instead of assuming a distant explanatory stance. The analyst operates in a similar

mode, "reverberating and returning the emotional content, sometimes slightly modified, so that the protagonist [read also patient] can listen to his own voice and enact a moment of transformation." There is an immersive, rather than an interpretive, psychoanalysis – one that converts an "I" experience into a "we" experience.

Ringstrom offers an even more immersive model drawn largely from theories of dramatic improvisation, in which the analyst is more directly involved in the action – a "participant/participant" mode of interaction. The analyst inevitably becomes a character in the patient's (and the analyst's) drama, in which the two enact possibilities of interaction and ultimately press up against constraints in the field. Drawing on information theory, Ringstrom conceptualizes two dimensions of change on the analytic stage. The first he refers to as "first order change," which emerges from the seemingly natural to-and-fro of interactions within the constraints of the field. "Second order change" comes out of "surprise" – a spontaneous breaking out of the constraints of the field that open up heretofore unimaginable possibilities of dramatic interaction.

Since the frontier days of psychoanalysis, analysts have understood that the work of being an analyst requires a special kind of listening. This listening has been conceptualized as unconscious to unconscious, as right brain to right brain, as like a telephone receiver, as listening with a third ear, as listening from the patient's perspective, and so on. The next two articles, one by Weigert (a working actress) the other by O'Connell (an actor turned analyst), compare the listening attitude of an analyst to that of an actor. Weigert proposes that when two actors listen to each other, their lives (in other words the characters they embody) depend upon the fierceness of the listening act. The two literally "listen the other into being." O'Connell describes this action of listening as "listening with presence" and quotes a line from stage director Liesl Tommy, "Take space to make space." In short, acting entails a constructive as well as a receptive form of listening, a response that allows the other to take form in *their* response. "What I have trained myself to recognize," Weigert writes, "is the sensation of being joined – that is what signals I am on the right path." As analysts, we know we are doing good work, or at least that we're getting somewhere, when the other person shows up in a way we recognize as "authentically" engaged, if I may use a thin adverb to describe what has no word.

I draw on Aristotle's brilliant analysis of tragic drama in *The Poetics* and on my fifteen years writing screenplays for Hollywood to examine how the process of writing drama and performing psychoanalysis map onto one another. The areas of overlap between the two modes bring out rarely discussed aspects of our work: the ways we attend to text and subtext as fugue rather than division, the ways we manage timing and rhythm, the ways we unconsciously seek to discern moments of reversal in the dramatic action, the ways we simultaneously shape and let go of the action. At the heart of all these attitudes is a common need to hold attention (that of the audience or the psychoanalytic dyad) by fostering an environment in which the unexpected coincides with moments of recognition.

Federici and Nebbiosi open their paper by describing the tragic view of humanity expressed by the dramatists of ancient Greece, in which the protagonist acts in ignorance of what his actions will turn out to mean. A similar interplay goes on between implicit and explicit communications, between gesture and word, an interplay which leaves human beings forever living in tension between two modes of meaning, one that takes form in lived action, the other afterward in descriptive language. The authors lean on Aristotle's understanding of dramatic action as an "imitation of action" to describe how in-the-moment imitation mediates understanding of this implicit form of communicating between infants and caregivers (and by extension analysts and analysands). In two parallel vignettes, the analyst's internal miming of their patients in important moments reveals ways patients live in the world inaccessible to all but the most poetic language.

Lothane coins the word "dramatology" to describe the lived stories of psychoanalysis. "In order for patients' dramas to unfold," he argues, "therapists need to be free enough to respond to the patients' invitations by letting themselves be drawn into these dramas to a degree that enables them to experience and understand these patterns." He applies his concept of "dramatology" to Freud's famous narratives of Dora and Schreber.

Gray draws from the teaching of the famous acting coach Sanford Meisner to describe the psychoanalytic action of a particular case. Meisner invites actors to translate the dramatic situation in which their character participates into a fictional situation (meaningful to the actor) that matches up affectively to that of the text – a method Gray employs to enter into his patient’s predicament more emphatically. Gray’s new affectively charged response generates a change in his patient’s affective state. Meisner conceptualized such a shift in the other as an “impulse” that signals that something new has entered the field.

Daniel Goldin, MFT, Psy.D.
Issue Editor

Disclosure statement

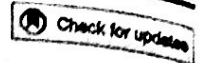
No potential conflict of interest was reported by the author.

Notes on issue editor

Daniel Goldin, MFT, Psy.D., serves as editor of *Psychoanalytic Inquiry* and associate editor of *Psychoanalysis: Self and Context*. He has written numerous articles for *Psychoanalytic Dialogues*, *Psychoanalysis: Self and Context* and *Psychoanalytic Inquiry*. His book *Storying: Bringing Nature, Nurture and Culture Together in Psychotherapy and Everyday Life* will be published by Routledge early next year.

References

- McDougall, J. (1987). Who is saying what to whom? An eclectic perspective. *Psychoanalytic Inquiry*, 7(2), 223–232. <https://doi.org/10.1080/07351698709533675>
- Phillips, A. (2014). *Becoming Freud: The making of a psychoanalyst*. Yale University Press.



The Psychoanalyst as Dramatist

Alan Michael Karbelnig, Ph.D., ABPP 

ABSTRACT

Extending psychoanalysis-drama comparisons proffered by prior theorists, Dr. Karbelnig introduces the novel concept of the psychoanalytic denouement. He differentiates these from Aristotle's concepts of *anagnorisis* and *peripeteia*, and he compares them to phenomenon like Satori from Zen Buddhism or the "Aha" moment from the contemporary lexicon. Transcripts from three consecutive sessions (completely anonymized) demonstrate psychoanalytic denouements. Two sessions show clear psychoanalytic denouements; one, featuring an overtly psychotic patient, reveals intense emotional expression and cognitive insight but no psychoanalytic denouement. These clinical samples illustrate how theatrical metaphors incorporate phenomenological and theoretical perspectives, allow for micro- or macroscopic studies of psychoanalytic encounters, and confirm their inimitable nature. Dr. Karbelnig concludes by noting these analogies to drama helpfully expand extant metapsychology but, like all theories of mind, necessarily fall short.

KEYWORDS

Drama; theater; psychoanalyst-as-dramatist; psychoanalytic denouement; fairbairn; transformation

The moment psychoanalysts encounter their patients, the metaphorical curtain rises and the psychoanalytic performance begins. Psychoanalysts-as-dramatists participate consciously by offering empathy, confrontations, interpretations, silence, or other rhetorical devices. Unconsciously, they enact roles extracted from their internal dramas, those of their patients, and combinations of the two. Sometimes psychoanalysts serve as audience members – observing, mirroring, critiquing. Other times, they act out veiled unconscious performances. Identifying and discussing these enactments constitutes much of psychoanalytic work. Therefore, comparing psychoanalysts to dramatists offers a unique, and unusually encompassing, vehicle for exploration.

H. Z. Lothane (2015), succinctly capturing the power of these analogies, describes psychoanalytic sessions as "a dramatic situation taking place in the here-and-now in which the patient's narration of stories about *events* that have happened becomes part of the interaction" (p. 198). In other words, psychoanalyst-patient encounters, which appear like simple interpersonal dialogs, often include dramatic reenactments. They may include distinct acts or may, alternatively, contain fragments of action. They follow a narrative arc. Like theatrical productions, they are time-limited. Dynamic variables in both parties to psychoanalytic encounters affect performances. For example, countertransference enactments, or even clinician errors, effect the way session-performances unfold. Differentiating mistakes from countertransference enactments can be difficult, and the second case sample demonstrates distinguishing them.

Responding to Z. Lothane's (2010) critique that these psychoanalytic-theater analogies "have not formulated dramatology as a consistent methodology" (p. 167), I identify the extant building blocks for an organized, psychoanalytic-theatrical methodology. Further, I introduce the concept of the *psychoanalytic denouement*. While not fully developing the psychoanalytic-drama-technique for which Z. Lothane (2010) yearns, reviewing comparisons already in the literature, and drawing attention to the in-session denouement, is a start. Comparing psychoanalytic processes to dramatic ones nudges psychoanalysis' glacial-like evolution forward in several

ways. The analogies are facile at demonstrating phases in the work. For example, sets of sessions may be combined into one dramatic production for consideration. Alternatively, a few minutes of exchange between clinician and patient may be separately studied. Theatrical analogies incorporate varied theoretical viewpoints. The complex contexts in patients seeking psychoanalytic help, including their varied economic and sociocultural backgrounds, differing chronological ages, and more, create endless interactive possibilities which these analogies incorporate. Further, comparisons to drama encompass multiple layers of interaction. They display nuances of the real versus the transference. Finally, the psychoanalysis-drama comparison encompasses phenomena ignored by standard theoretical formulations or classification systems like the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD).

The foundations of the stage

Psychoanalysts have used various terms in their scholarly explorations of the comparison. Z. Lothane (2009) prefers the word, *dramatology*. Grotstein (1994, 1995) likes *dramaturge*, a term-of-art denoting specialists in adapting plays for production (Cardullo, 2005). Neither word fits quite right. Much like improvisational actors or comics, psychoanalysts make moment-to-moment decisions regarding interventions. They assume various dramatic roles. Like directors, they may alter the frame by increasing session frequency, extending session length, or changing how they start and end meetings. Like set designers, their office furnishings, or even office locations, influence psychoanalytic-dramatic processes. Because the word, *dramatist*, combines these functions, I hereafter utilize that specific term.

I define psychoanalysis as concerned with human subjectivity – namely the conscious and unconscious cognitions, emotions, and behaviors comprising the experience of being human. I use the term, *psychoanalyst*, to refer to any psychotherapist *working psychoanalytically*. The word applies to clinicians using depth psychotherapy in any session frequency, from any theoretical perspective, and whether providing sessions once or five-times-per-week. The same logic applies to whether patients lie reclining on the couch or sit face-to-face, or whether psychoanalysts treat mental illnesses or help patients cope with existential concerns. The supposition avoids bitter controversies related to these issues.

Next, I use a specific vocabulary for describing clinical pluralism (Karbelnig, 2016, 2018, 2022). Regardless of their theoretical orientation, psychoanalytic clinicians utilize *framing*, *presence*, and *engagement*. Framing designates the ways psychoanalysts create and maintain spaces for transformation. Coincidentally, the frame resembles the theatrical idea of the fourth wall. A term of art in theater, the fourth wall refers to the invisible, imagined wall separating actors from audience members. Audience members see through the “wall,” but actors cannot. When applied to psychoanalytic dyads, enactments are often unconscious. The fourth wall consists of, metaphorically if not actually, the actual consulting room. Most practitioners have experienced intense psychoanalytic interactions in which “the room disappears.” In addition to the consulting room itself, the psychoanalytic fourth wall is created by standard boundary maintenance as well as subtle features like time of day, session length, and frequency. Sometimes consulting rooms metaphorically disappear, only later to rematerialize as the involved parties observe already-unfolded action.

Additionally, psychoanalysts, like attentive dramatists (or audience members), bring their *presence* to patients through empathy, attention, attunement, interest, respect, and curiosity. (Interpersonally or relationally oriented clinicians believe presence contributes to transformation). Finally, psychoanalysts *engage* their patients in forms of dialogue, consciously and unconsciously, verbally and nonverbally, and in other, more mysterious ways, such as through “reverie” (Bion, 1963, p. 19). These three terms not only conceptually link all psychoanalysts, they also comport with the lexicon of drama. In theatrical circles, *framing* means creating the transformational space (as in an auditorium); *presence* refers to actors and audiences attending to performances, and; *engagement*

describes spectators reacting to actors playing roles (which equally applies to actors reacting to viewers).

Another assumption surrounds the limits of metapsychology. In their day-in and day-out work, psychoanalysts translate their patients' dynamic, unfolding processes, their own, and those affecting psychoanalytic dyads into psychoanalytic models. These always fall short. Why? Because theories try to create a bounded system out of boundlessness; they attempt to render the infinite finite (Karbelnig, 2022). A singular, overarching theory of mind and method is unattainable. Complex phenomena, like human subjectivity, can only be approached from one angle at a time. While comparing psychoanalysis to drama provides a more encompassing perspective or discourse than most, it necessarily leaves some features of mind unclassified.

The final, crucial assumption concerns the universal propensity for we humans to live out our lives unconsciously following culturally-sanctioned scripts. If Shakespeare's famous line, "All the world's a stage, and all the men and women merely players" (Shakespeare & Furness, 1623/1963) proves insufficient, consider the same idea emerging, much earlier, in Aristotle's *Poetics*. He identified drama as mirroring real life, believing theater shares six universal elements: plot, character, language, reason, spectacle, and song (Myrland, 2018, p. 69). Psychoanalytic interactions contain the same features. The first four are obvious. Spectacle captures the affective intensity of psychoanalytic processes; song materializes in the sounds of the spoken language, including changes in volume, tone, and prosody. Further, Aristotle believed, drama includes *katharsis*, a Greek term meaning purification, cleansing, or clarification. Writing centuries before Freud, Aristotle defined catharsis as emotionally-laden experiences – anger, pity, fear, shame, and the like – evoked by theatrical performances. These mirror, and provide relief from, parallel life experiences. By inference, then, the experience of psychoanalytic sessions – insofar as they are fragments of real-life dramas – have been compared to theater since ancient times.

The concept of the psychoanalytic denouement

The theatrical concept of *denouement*, derived from Latin meaning "untie the knot," designates key, mutative features of psychoanalytic processes. In drama, the denouement describes moments in stories when complex strands of plot unite and conflicts resolve. It completes a story's narrative arc, eliciting a mixture of surprise ("I can't believe that happened") and confirmation ("oh, that all fits now"). As previously noted, we humans enact fairly rigid, unconscious patterns mimicking plots or scripts. Psychoanalytic terms for these narratives range from Freud's (1914/1991) repetition compulsion to Stolorow's (2015) recurring patterns of intersubjective transaction. Psychoanalysts, in conjunction with their patients, access the origin of these configurations, facilitate expression of the pain associated with them, and expediate transcendence from them. *Psychoanalytic denouements* describe mutative moments which include cognitive, emotional, and behavioral changes.

Consider a few corollaries to denouements from other disciplines. Aristotle introduced other terms relevant to drama which contrast with the denouement. For example, he used the term, *peripeteia*, to refer to a change of fortune, a turn of events, usually of a negative nature. He used *anagnorisis* to describe a sudden realization or discovery. The downfall of characters without an *anagnorisis* is ignoble, thought Aristotle, because of their lack of self-understanding. The idea of the denouement is broader, encompassing *peripeteia* and *anagnorisis*.

Freytag (1894/2004) believed effective stories erect conflicts in a pyramidal manner. His five layers of storytelling consist of introducing setting and characters, rising action, climax featuring conflicts reaching a crescendo, de-escalation wherein resolution approaches, and, finally, the denouement where conflicts are resolved. Terms from other disciplines offer further bridges to the idea of a psychoanalytic denouement. In Zen Buddhism (Suzuki, 1964), the term *Satori*, from Japanese, refers to the intuitive experience of enlightenment. Meaning awakening or enlightenment, a *Satori* is a transformative experience inexplicable using words. Much like the idea of the denouement in theater, a *Satori* occurs when problems are solved in a unexplainable, indescribable, and

unintelligible manner. More from common than esoteric knowledge bases, the concept of the “Aha!” or “Eureka!” moment, also known as sudden insights, discoveries, or epiphanies, refers to suddenly understanding a previously incomprehensible problem or concept.

A review of similar performances

Hans Loewald (1975), one of the first psychoanalyst-scholars to offer theater-psychoanalysis comparisons, referred to psychoanalytic processes as “a reenactment, a dramatization of aspects of the patient’s life history, created and staged in conjunction with, and directed by, the analyst” (pp. 278–279). Joyce McDougal (1985), arguably the best-known theatrical adventurer, published *Theaters of the Mind* almost a half-century ago. Modell (1990) also considered psychoanalytic processes as dramatic ones, describing them as situations wherein “reality is set-off and demarcated from ordinary life” and is “restrained by the rules of the game” (p. 27).

Grotstein (1994), like Modell (1990), privileges neutrality when he writes, “actors in any drama must totally abstain from being their conventional, known selves so that they can place themselves within the assigned roles of the characters they are portraying” (p. 605). He poetically describes psychoanalyst-dramatists as facilitating a process in which “the unconscious may have its long-thwarted epiphany and a sacred cryptography can transpire” (Grotstein, 1994, p. 599). Yet another gift of theatrical analogies, the degree of the psychoanalysts-as-dramatists *literal* involvement allows a fresh way to distinguish classical from contemporary psychoanalytic schools. Conservative practitioners limit the extent to which they see themselves as actual actors, maintaining the role of director or producer throughout; those more liberally oriented psychoanalysts believe clinicians actually *become* actors, at least briefly. Their interpretation of psychoanalytic scenes alternates with them enacting them.

Z. Lothane (2009, 2010) and H. Z. Lothane (2015) considers psychoanalytic analogies to drama a paradigm in itself. In psychoanalytic situations, he believes, patients’ dramatic stories take form as a dialogue of enactments, which present “directly in the here-and-now, through various dramatis personae acting, emoting, speaking, and gesturing in dramatic scenes” (Z. Lothane, 2009, p. 135). Unlike his more classically oriented colleagues, he omits the role of director or facilitator. Z. Lothane (2010) recommends the psychoanalytic,

dramatic interplay must in no way be artificially induced; nor should any element of insincerity or inappropriateness enter into it. It must arise spontaneously and naturally. In continuing the drama, all is grist that comes to the mill ... (p. 169)

Transformation in patients occurs, in part, when traumatic scenes are reexperienced within psychoanalytic sessions. Atlas and Aron (2017) coin the phrase, “dramatic dialogue,” to describe similar processes. Goldin (2008), who similarly compares psychoanalytic sessions to theater, notes how, in literary theory, tone is defined as the author’s attitude toward his or her subject matter. It is co-determined by the audience. In a case example, Goldin (2008) illustrates how a patient’s experiences moved from dissociative to associative, ultimately demonstrating “the movement in therapy from an old transference-based relational configuration to a new relational configuration [which] expressed itself most clearly in dynamic shifts of tone ... (p. 81).

Ringstrom (2018), who emphasizes the importance of improvisation in psychoanalysis, also journeys into psychoanalysis-theatrical comparisons, writing: “each psychotherapy session represents its own ‘stage’ in which its participants engage in many ‘entrances’ and ‘exits’” (p. 389). Like Lothane, Ringstrom (2018) thinks sessions not only invite “*dramatic-repetition*” (p. 395, italics his), but also create the potential for thematic-altering improvisation. Along these same lines, Erdman and Crocker (2019) suggest the scenes performed by psychoanalytic dyads reveal patients’ attachment patterns, and they note that by “engaging with and helping to rework our clients’ idioms of attachment, we advance from dutiful audience member to coauthor, acting coach, and supporting player” (p. 170). Finally, O’Connell (2019), who shares the unique perspective of working as actor

and psychoanalyst, privileges psychoanalysts' active physical and emotional involvement in facilitating patient transformation.

When considered together, these theorists share more commonalities than differences (Karbelnig, 2016, 2020). They unite in suggesting the universality of dramatic enactments occurring between psychoanalysts and their patients. They differ in their particular emphases, such as the degree of psychoanalysts' improvisation, their relative neutrality, how much they authentically become involved in the dramatic dialogue or reshape previously traumatic configurations, or how patients dramatically manifest different styles of attachment. Modell (1990) and Grotstein (1994), perhaps unwittingly, represent more conservative viewpoints; Ringstrom (2018), Erdman and Crocker (2019), and Marcus and Marcus (2010) show more comfort with psychoanalysts falling into enactments before pulling back from and interpreting them. In the final analysis, the often-heated debates over the technical role of psychoanalysts, e.g., whether facilitators or players, seem exaggerated. None of these scholars comparing their processes to theatrical ones recommend *entirely* departing from facilitative roles. The issue only concerns degree. Skilled practitioners keep a careful eye on their professional roles while understanding they will be invited into dramatic enactments. They work with patients to decode the unconscious encryption regardless of what dramatic role they assume at any particular moment. Klein (1952), who worked within a one-person model, considered psychoanalytic processes most transformative if provided in affectively tinged interpersonal environments. However, even this generality has limits. Too much affect might inhibit, or, worse, elicit fear, shame, or other potentially harmful reactions. This specific theme is illustrated in the first clinical example.

The style of the dramatist

Both my psychoanalytic training and my personal psychology necessarily play a role in each psychoanalysis-drama presented. We psychoanalysts benefit from understanding how our own styles, typically a mixture of assets and liabilities, affect our clinical work. I underwent psychoanalytic training as ego psychology descended from its peak of popularity. I felt particularly moved by Fairbairn's (1943, 1952) comparisons of the unconscious mind to theater. He invites psychoanalysts to help their patients understand the hidden plot lines affecting their lives. He notes, for example, that "if a True Mass is being celebrated in the chancel, a Black Mass is being celebrated in the crypt" (Fairbairn, 1943, p. 70). Psychoanalytic work involves immersion in, and commentary upon, the dramatic rituals of the black mass.

To effectively dislodge patients' devotion to their internal dramas, Fairbairn (1952) thinks, psychoanalysts must create intense but safe interpersonal environments. Aron's (1996) phrase, "mutual but asymmetrical" (p. 43) intimacy, captures the same idea. Further, psychoanalytic work, much like acting, requires use of practitioners' *beings*. Clinicians enter the interpersonal fray affected by their patients' and their own unconscious dynamics. Despite my attraction to Fairbairn's ideas, I ultimately concluded that theory of mind depends on the specific patient in question. Some patients present with dreams and mythological life themes that fit with many of Jung's (1915) ideas; others report the type of envious and aggressive feelings observed by Klein (1946); others find meaning in Freudian models (Freud, 1900); still others relate best to Self-psychology (Kohut, 1977) Intersubjective (Stolorow, 2015) or Relational ones (Mitchell, 1988, 1998).

Regarding the influence of my personality style, and beginning with its genetic factors, my family tree sprouts from decidedly anxious roots. Many of my ancestors displayed such an intense cognitive, psychological, and behavioral style. I entered adulthood as a rather insecure person whose success in professional life bolstered my self-valuation. These features of my nature and my nurture naturally impact my clinical style. For example, I feel extremely devoted to my patients. I rarely lose hope in their capacities for transformation. I typically offer them a kind of maternal attention, probably striving, unconsciously, to offer them what I missed. My interpersonal style tends more toward the active than the passive – a tendency with some downsides. For example, I struggle, at times, with waiting patiently when patients experience painful affect. I am prone to feel

competitive with some of my male patients, likely representing classic Oedipal themes combined with competition for maternal attention. Having revealed my theoretical leanings and features of my personal style, I turn now to the performances.

Introduction to selected performances

I present the following patients consecutively, as I met with them on a particular Tuesday morning, striving to capture the spontaneity of psychoanalytic performances. To protect the privacy and confidentiality of patients, I altered their identities in a manner rendering them essentially fictional. These unrehearsed excerpts exemplify how psychoanalytic sessions mirror theater. Each case introduction explains what led the patient to seek help and describes the process leading up to the Tuesday session. I also portray how, akin to Bion's (1963) explanatory or "definitory hypothesis" (p. 29), psychoanalyst-patient dyads are drawn into dramatic enactments.

Ms. Aimless

Arriving at my office at 8:30 am, I unlocked the waiting room and quickly responded to a few e-mails before taking Ms. Aimless into the consulting room at 9 am. A highly intelligent 25-year old woman knowledgeable about psychotherapy, Ms. Aimless entered formal psychoanalysis with me six months earlier. She had been "hiding" in her parents' home for the prior two years, spending hours watching art films and reading. Ms. Aimless described feeling "lost," "frightened," and "ashamed" of her situation – but did so in a detached fashion. For example, her description of being spurned by a young man her sophomore year of college, feeling "devastated," and then disappointed by the psychotherapy she received at the university's counseling center lacked color or feeling.

For some months, Ms. Aimless continued to present in such an intellectual fashion. I felt distanced by her. On the few occasions I escorted Ms. Aimless into my consulting room late, she never displayed irritation or anger. She validates why blanket recommendations like pursuing affect or anxiety require caution. Her striking repression of emotion, despite vivid descriptions of same, pulled me into the dramatic engagement with her. In the weeks leading up to the Tuesday morning session, I slowly ventured into Ms. Aimless' emotional experiences. My behavior mirrored that of a director. Her emotions, particularly loneliness and sadness, began to show, subtly, in her facial expressions. On a few occasions, she became tearful. Also, she became irritated when discussing her former boyfriend, the university's therapist, and her mother. In reaction to her increased emotionality, I softened my tone of voice. I transitioned from director to actor, playing a more receptive, gentle role. I began commenting directly on her emotional states. Because of her particular difficulty with anger, I identified when she seemed annoyed. In doing so, I resumed the directing role again.

Meanwhile, our discussions led Ms. Aimless to understand how a likely mis-attunement occurred between her and her mother. Her mother, although showing overt care for her, had difficulty empathizing with, or even noticing, Ms. Aimless' emotions. Her father, somewhat more emotionally responsive, was often absent. These repetitive, subtle, empathic failures injured her. She erected an intellectual persona as a defensive style. These childhood traumata, we concluded, contributed to her considering emotionality a "defect." One might argue I almost behaved like a producer or, perhaps, screenwriter at this point. I altered the arc of the narrative with an interpretation, leaving the role of an actor in our mutual dramas. On the particular Tuesday under study, I again took Ms. Aimless in late. (Unlike a clear error evident in the subsequent case, my tardiness clearly represented a countertransference enactment). Shortly after she sat down, I offered another interpretation, another type of direction: I connected her lack of ire at me with her devaluation of her emotions, and I suggested it related to the empathic failures of her childhood. In response, Ms. Aimless said in a rather calculated manner,

I understand what you're saying.

Making no further comment, Ms. Aimless switched topics. She worried the hours for a job she accepted – her first employment experience in two years – would impact our meeting times. When addressing this the prior day, I indicated I would accommodate her. Nonetheless, she feared becoming "upset" by her session-time changes. Just as I prepared to bring Ms. Aimless' attention back to my tardiness, she proclaimed:

"I've become an overly sensitive person."

"I understand. [Pause]. It might be just that you're feeling more of your actual emotions," I replied.

"Which you think is a good thing."

"It seems to be emerging naturally from you, as if the cognitive shell we've discussed has softened."

"I hope it's that. I don't want to be wimpy."

"For you, it seems, emotions equal weakness," I replied, adding,

"I still wonder if you could be annoyed with me about being late."

"Not really. I'm more concerned about your Friday schedule."

Her voice tone sounded irritable, reminiscent of a familiar passive-aggressive streak. Observing interaction from the psychoanalyst-dramatist point of view, the preceding few lines exemplify both dramatic dialogue and reenactment of a traumatic interaction. Ms. Aimless worried about becoming too emotional; then, she avoided discussing her reaction to my taking her in late. I remained silent, wondering if she might return to my lateness, and indeed she did:

Also, you're running late again, like yesterday.

Here, Ms. Aimless leveled a specific, interpersonal complaint, and she asked before I could respond:

"Is there a problem?"

"I'm not sure what you mean," I said, hoping for clarification. "You seem upset."

I wonder if my history of unmet needs, triggered by the emotional deprivation I often experienced with her, unconsciously caused my lateness. My tardiness meant that a character in my own drama had become part of the complex play. Still pondering possible reasons for my running late, she interrupted my thoughts:

"Upset isn't the correct word," she said angrily. "Actually, I'm pissed off."

"Because I've been late two sessions in a row?"

"Yes," she replied, and then continued, "Now, do we need to work on our Friday schedule again?"

"Wow, Ms. Aimless, I've never seen you so angry. You express it but then run right to the pragmatic."

"Why wouldn't I? You're obviously having problems with time."

"I don't think time is the problem."

"You don't? It feels shitty to me. I don't like being kept waiting."

These few lines of dialogue illustrate a psychoanalytic denouement. Ms. Aimless' usual passive style persisted for some minutes, was reiterated, and then her anger emerged directly, interpersonally, intersubjectively. She was bluntly confrontive, becoming angry immediately after I pointed out her avoidance. The narrative arc moved through defensive avoidance to overt expression of anger. She showed understanding, behavioral change, and affect – the essence of a psychoanalytic denouement. Although some relational psychoanalysts might have shared the personal vulnerabilities contributing to their tardiness, I felt it unwise. I faced a choice point: Continue in the drama as an actor, or retreat into my role as spectator/director. The timing seemed off for me to display that degree of intimacy. Self-disclosure then might have inhibited her by, perhaps, inviting her to empathize with me. As we grew more comfortable with each other in subsequent months, I shared more about my personal vulnerabilities. These fueled increasingly intersubjective exchanges. Paralleling what occurred in that one meeting, Ms. Aimless gradually became more direct and assertive with me, embracing a new way of being with me and others.

Ms. Terror

Ms. Terror, a 48-year-old woman who had been consulting me twice a week for five years, entered the consulting room at 10 am. I felt a sense of dread in anticipation. Because she experiences symptoms consistent with Schizoaffective Disorder (F25.9 in ICD-10), strikingly different psychoanalytic-dramatic themes emerged when compared to the other two patients. Ms. Terror takes an array of anti-depressant and anti-psychotic medications. They slightly dampen her almost constant, severe state of horror. Sometimes Ms. Terror's fearfulness contains mental content – mostly persecutory delusions; other times it emerges as more of a free ranging, “nameless dread” (Bion, 1965, p. 79). I often feel terrifically sad for Ms. Terror, and I have come to care for her intensely over time. Often, I wonder if I have become emotionally overinvolved. Do I feel responsible for rescuing her in some way? Likely drawing me in as her psychoanalyst-dramatist is the painful mixture of her chronically intense pain combined with my sense of powerlessness.

Ms. Terror rarely responds to typical psychoanalytic interventions like confrontations or interpretations. For example, when she told me that the radio her romantic partner had bought for her broadcasted negative messages about her, I suggested these could relate to her own hostile feelings toward him. In this example, I served as the beneficent spectator. Ms. Terror agreed. But, most often, her acute distress precludes any interpretation. We often discuss her intense fears of abandonment. Most commonly, however, I simply provide Ms. Terror with empathy. Still, I am not engaged in an enactment; instead, I am a spectator immersed in her experience. On this particular Tuesday session, Ms. Terror reacted to seeing books stacked in the corner of my office. Observing the pile, she shrieked in anger and panic:

How could you not tell me you were moving?

It took me a few seconds to understand how Ms. Terror had reached that conclusion. I was in the process of alphabetizing my books. I intervened in a more concrete manner than I would with most patients.

“Oh, Ms. Terror, I'm alphabetizing my books,” I said.

“Really?”

“Yes. You know me and my need for order. I've been meaning to organize them for months. I finally started. I'm not moving.”

Whereas the session with Ms. Aimless illustrated a corrective dramatic dialogue, resulting in an integration of emotion and cognition, notice how my initial interaction with Ms. Terror was tangible, concrete. Without aforethought, I transitioned from spectator into actor. I explained the situation to reassure her. I used self-disclosure, namely her knowledge of my obsessive personal style, to soften the tone. She retained a look of acute fear.

“You seem so frightened,” I continued, resuming an empathic stance.

“Frightened, yes, and furious. You didn't tell me you were moving!” Ms. Terror repeated.

“Those books make you think I'm moving, right?”

Here, I again simply reiterated the reality situation. It was not surprising to see Ms. Terror stuck on her perception. Also, and unique among the clinical examples presented, a change in stage props impacted the psychoanalytic process. I unwittingly became a stage hand. The facticity of my alphabetizing my books was neither an error nor a countertransference enactment.

“Yes. Why didn't you tell me?”

“I'm not moving, Ms. Terror. I should have told you before that I planned to rearrange my books.”

Lacking even an anagnorisis, Ms. Terror instead essentially relived primitive fears of abandonment. I allowed more time to pass. My character in the psychoanalytic-drama became expository, clarifying. Then, I again mirrored her emotional experience.

Oh, how frightened you must feel. But, Ms. Terror, please hear me again: I'm not moving, I'm just being my usual OCD self.

I waited just a few seconds, and then asked her, "Can you see those gaps in the bookshelf? That's where I took the books from."

Surveying the shelf, she began, ever so slightly, to relax.

I would've removed all the books if I were moving.

She slowly ingested the new information. Nothing else had changed in my consulting room. We both surveyed the office. Further tranquility occurred, but there was neither a mutative self-realization nor a peripeteia. Instead, Ms. Terror essentially reexperienced her primitive trauma. Using overt reassurance, inviting her to reexamine the situation, and responding with empathy, Ms. Terror was able to partially overcome her persecutory belief about my moving.

Partially reassured, Ms. Terror changed the subject. She raised the issue of my having talked, by telephone, with her psycho-pharmacologist.

"You talked to Dr. Jones?"

"Yes. He called me. I returned his call. He told me he'd made no medication changes."

"I could've told you that."

"Yes, you could have. I should have waited to talk to you."

I paused briefly, allowing her to ingest my confession and affirming I should have accepted her word. In a sense, I had left the immediacy of our relationship when I called back the psychiatrist - rendering it more an error than an enactment. However, and interestingly, Ms. Terror reacted to my mistake with an enactment of her own:

"You not only hate me, you distrust me."

"It make sense you'd feel that way, at least about the distrust. I really did let you down."

"You sure did. Next time let me give you the update, ok?"

"OK."

A subtle intersubjective component appears within this exchange. Ms. Terror confronts me, albeit indirectly, about sidelining her. Perhaps part of my own rescue theme, I had returned the call. It was an error. I should have waited and spoken with her first. Highly unusual for Ms. Terror, she acknowledges my error and asks me to correct my behavior. I consent. Her fragility in maintaining such a reciprocal relationship becomes evident in what happened next. I affirmed her assertiveness:

You know, Ms. Terror, it's unusual for you to directly call me out like that. You seem confident.

She retreated right back into paranoia, saying:

"You hate me," to which I replied,

"Ms. Terror, I'm sorry you feel that. Like I just said, I fear it's hard for you to confront me, or anyone else. You probably fear I'll be angry."

"Well, aren't you?"

"Not at all. Actually, I feel guilt at letting you down."

Here, and unlike the prior or subsequent patient, Ms. Terror perseverates. She briefly engages me interpersonally, and then retreats again. Her persecutory perception of me persists. Ms. Terror's reaction fails to qualify as a denouement because, although she challenged me, she displayed neither affect nor insight. It seemed almost accidental.

Looking back on the session as a whole, readers can see how some degree of spontaneous dramatic interplay (Z. Lothane, 2010) occurred. The type of stage entrances and exits to which Ringstrom (2018) refers also happened. Ms. Terror entered into a frightened reaction to the book on the floor. She exited when she recovered from the terror and asked about the psycho-pharmacologist. She entered again when inquiring about the phone call to the psychiatrist. He

rare, and slight confrontation of me instantly transitioned into fearing my persecuting her for her observation.

In the months following the session, Ms. Terror became less paranoid about my or the psychiatrist hating her. For several prior years, she been almost constantly preoccupied with these beliefs. The delusional system gradually lessened in intensity. For example, after one recent period of unusually intense panic, Ms. Terror proactively called him to see if her medication required adjustment. She felt less fear of his judgment. She began demonstrating, albeit gradually, more behaviors revealing proactive agency. Therefore, some kind of denouements occurred, over time, but not with the dramatic manner, within-session spontaneous change demonstrated by the other two patients.

Mr. Pliable

After taking another short break, I entered the dramatic encounter with Mr. Pliable at 11 am. A 53-year-old male structural engineer in the process of divorcing, he sought help because of intense anxiety and guilt regarding the dissolution. He feared its impact on his two young children. Also, Mr. Pliable had conflicting feelings toward his 29-year-old romantic partner, Ms. Love. Unlike Ms. Aimless, Mr. Pliable appeared acutely emotionally upset in affect and behavior. He often wept during sessions. The intensity of his distress, as well as the complexities involved in dissolving his marriage while embroiled in an intensely sexual relationship, drew me into the psychoanalytic encounter. A powerful theatrical production might open with just such an exposition. We began meeting once-a-week around one year before the Tuesday session under study.

Mr. Pliable's distress invited me into a rescue role reminiscent of Ms. Terror. He described his state as "totally stressed out"; he feared a heart attack. His use of drugs for erectile dysfunction, enabling him to "keep up" with Ms. Love, aggravated his cardiac worries. Although Ms. Love expressed no concern their age differences, Mr. Pliable felt "uneasy" about them. Also, the disparities in their levels of educational and occupational status concerned him. She worked part-time as an office manager, lived in a small apartment, and struggled financially. She reared her 4-year-old son as a single mother. I envied his adventurous sexual life with a much younger woman. However, my empathy for his anguish quickly overshadowed it.

As predicted by my own personality style, Mr. Pliable elicited a decidedly maternal counter-transference. He had been physically abused by his father who dominated his quiet and passive mother. The eldest of three children, he had assumed a pseudo-parental responsibility for her, as well as for his younger siblings. The family romance taught Mr. Pliable to discount his needs, and to sacrifice himself excessively for others. He saw the pattern in his relationship with his wife; he also observed it repeating itself with Ms. Love. Noteworthy was his description of "a split" in his feelings toward her. On the one hand, he felt precluded from addressing his concerns with her. On the other hand, our discussions led Mr. Pliable to understand his propensity to devalue his own feelings to avoid a confrontation. The pattern had enabled him to tolerate his estranged wife's emotional abuse. Mr. Pliable came to realize that the intensity of the romantic love he felt from Ms. Love – because it sharply contrasted with his childhood and marital experiences – created the dissociative state. He often caught himself dodging discussing his ambivalence toward Ms. Love. Also, he wondered if his emphasis on their sexual relationship might be a form of evasiveness.

Mr. Pliable began the Tuesday morning session with a provocative question:

Is it possible that I could be having too much sex with Ms. Love?

He had never mentioned the concern so bluntly. Within the space of a few seconds, my envy abruptly heightened, and then diminished – revealing my subjective participation as an actor. Whatever his contribution, my own internal drama, with its competitive, envious thread, emerged briefly but powerfully.

"Sounds like a rhetorical question," I responded.
 "I meant it as a real one."
 "Hmm ... Let's first explore how you'd answer the question."

Mr. Pliable paused before responding.

"I'm not sure. We have sex every day, sometimes twice. You know, I use the Cialis just to keep up with her. I take it daily now, which worries me in terms of my heart."
 "You don't believe you can keep up with her naturally."
 "Yes."
 "I have a feeling more is going on here."
 "Can't you just give me your opinion?"
 "I just can't know your situation like you do."

By asking *me* if I thought *he* could be having excessive sex, Mr. Pliable displayed the avoidant pattern just noted. He projected agency into me. I declined his invitation, instead encouraging more self-exploration. He asked:

Maybe sex becomes a way of avoiding talking with one another?

Mr. Pliable's question, truly rhetorical this time, suggested an important insight, never before verbalized, an Aristotelian anagnorisis. No denouement had yet occurred.

"Please say more ...," I replied, drawing him out.

"It makes me sad," Mr. Pliable said. I waited in silence, hoping he would consider other relevant thoughts and feelings. The minutes that passed were the longest silent period of our work together. Then, Mr. Pliable began weeping. Speaking through his tears, he said,

I know I'm avoiding this. I see it. I feel like I can't live without her.

I paused briefly, and then said with tenderness,

What a terrible conflict.

Notice how my comment here simulates a Greek chorus. Yes, of course, I showed empathy, but the nature of my proclamation seems broader.

I don't know if I can get past it. Her love is the most I've ever felt. But, I hate to say it, it stops me from thinking. It reminds me of the ways I let my wife's violence toward me go unanswered.

All that makes sense. We've discussed the conflict, and the inhibition. I also remember the stories you told me about your wife.

Mr. Pliable looked to the side, lost in thought. Then, he continued:

Sometimes I wonder if Ms. Love might be using me, you know, without meaning to. Other, awful thoughts come to mind: Will I stay interested in her? Will she still want me? Will I care for her boy in addition to my kids?

Another long silence, and then he concluded,

I don't think I can stay with her ... it's not working.

Our interchange here shows the tension building toward a psychoanalytic denouement. I expected my turning the question back to him to elicit avoidance or, perhaps, anger. Instead, Mr. Pliable slid into a dark emotional state. After a few minutes of weeping, he became thoughtful. He made connections to themes in his relationship with his wife. The realization of his propensity to avoid discussing conflictual interpersonal issues marks the transition to a denouement. His decision to end his current relationship contained the cognitive, emotional, and behavioral features of a psychoanalytic denouement.

Furthermore, our interchange featured dramatic dialogue (Atlas & Aron, 2017). It had the feel of a one-act play. Mr. Pliable enacted his idiom of attachment (Erdman & Crocker, 2019) in the masochism he displayed with his wife; it also manifested in the mild form of dissociation noted. An archaic, traumatic scene, involving feeling neglected, was reexperienced in the here-and-now when he stopped avoiding the conflict and resolved it. The session ended with an encounter with an authentic facet of his self-identity (Marcus & Marcus, 2010), namely his decision. My role was multifaceted: At various times I was actor, competitor, or director.

Conclusion

The three case examples introduce the concept of the psychoanalytic denouement while also illustrating other scholars' psychoanalysis-drama comparisons. The session excerpts demonstrate the benefits of these analogies: The metaphor of a denouement provides a unique way to view mutative psychoanalytic processes; the other theatrical analogies illuminate phases in psychoanalytic processes; and, they display viewpoints ranging from the phenomenological to the theoretical. Further, they illustrate the fluidity of psychoanalyst-dramatist roles. In one instance, I served as a stage hand and in another, a Greek chorus. Most commonly, I moved between enacting a character in patients' internal dramas, in my own, or in a combination of the two. At other points, I retreated into role of director, producer, or spectator.

Regarding the denouements specifically, Ms. Aimless reexperienced a repetitive, historical trauma, this time with a more mature, healing ending. Previously fearful of expressing anger, she ultimately directed annoyance at me – a remarkable new behavior for her. The changes in the work with Ms. Terror were more subtle, consisting mostly of reenactments of her deep fears of abandonment and persecution. She allowed in reassurance. Although not qualifying as a denouement because of a quick transition into paranoia, the moment when she confronted me with my error in assuming agency for her was remarkable. It heralded a forthcoming, if slow and gradual, increase in autonomy. Mr. Pliable, whose emotional, insecure pattern of attachment hindered his ability to think, broke through to a crucial, painful realization. The combination of conscious realization of the pattern, experiencing the painful affect associated with it, and making the decision to end a romantic relationship again illustrates a psychoanalytic denouement.

Varied psychoanalytic phenomena – including drive, object relations, field, intersubjective, and interpersonal models – are encompassed by theatrical analogies. For example, powerful sexual drives undoubtedly played a role in Mr. Pliable's situation. Object-relational themes of self-neglect – in internal dramas and real relationships – were evident in both Ms. Aimless and Mr. Pliable. Their defenses were, overall, fairly mature, involving mostly denial and avoidance. I initially engaged formally with Ms. Aimless, only later assuming a more intimate tone. My work with Mr. Pliable took the opposite path. I worked most cautiously with Ms. Terror in whom splitting and projective identification predominate. The emotional tone in my work with her is tense, uncertain, unstable. With all three patients, I struggle with conscious and unconscious wishes to rescue, one of many ways I contribute to the dramatic themes in my psychoanalytic-patient dyads. It is noteworthy that my propensity to distance myself from Ms. Terror and Ms. Aimless served as a kind of counterbalance. Because of immediate emotional attunement with Mr. Pliable, I felt no distancing in my relationship with him.

The thorny problem of distinguishing reality from projection was clearest in Ms. Terror's case. Setting aside endless, postmodern considerations of what constitutes reality, I was neither moving my office nor hating Ms. Terror. Her perceptions, emerging from long-established, underlying trauma (and neurobiological vulnerabilities), consistently distort her world-view. Lesser projection-versus-reality distinctions are evident in the other two examples. Ms. Aimless, for example, authentically reacted to my tardiness. Here, I am reminded of Szasz' (1963) observation that psychoanalysts may unconsciously utilize negative transference as a defense. My initial, emotional distancing from her combines countertransference enactment (my reaction to her pushing me away) and my own unconscious pattern (my fear of rejection).

Obviously, countertransference phenomena appeared in all three cases: On one level, I felt maternal. However, Ms. Aimless' intellectual defenses elicited caution in me; my deep empathy and sympathy, overshadowed my envy of Pliable, and; I felt dread in anticipation of encountering Ms. Terror's intense states of horror. Rather humbling, two of the three case examples include a mislabeled in calling Ms. Terror's psycho-pharmacologist instead of waiting for her – directly sabotaging her own budding sense of agency. My acting out with Mr. Pliable was more subtle. I felt intense envy, particularly early in our work together. It is always possible, as some readers may already suspect, that my envy unconsciously nudged him toward the ultimate insight he reached and decision he made regarding Ms. Love. These reflections on countertransference versus clinical error show how theatrical analogies allow for multi-layered assessments.

Finally, the case examples demonstrate the unique nature of each psychoanalytic performance revealing how my subjectivity, my theoretical inclinations, and patients' unconscious structures, plots, affected our dramatic work. With Ms. Aimless, for example, I offered more commentary and asked more questions than would have psychoanalysts steeped in ego psychology. I utilized more confrontations with Mr. Pliable because of his overt propensity to avoid. I worked most cautiously with Ms. Terror who, due to the psychosis, requires patience and care. Because of our field's fundamentally artistic and humanistic nature, effective psychoanalytic practitioners require the capacity to tolerate variations in the unique ways each performance progresses. Two cases clearly demonstrate the concept of psychoanalytic denouements. All three had the distinct emotional tone, narrative arcs, and building conflicts characteristic of drama. The validate how theatrical analogies whether or not organized into a formal methodology, provide an unusually encompassing metapsychology.


Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

Alan Michael Karbelnig, Ph.D., ABPP, a training and supervising psychoanalyst, provides psychoanalytically oriented individual and couples psychotherapy in Pasadena, California. Board certified in forensic psychology, he also offers psycho-legal services in the realms of administrative and employment law. He earned doctorates in Counseling Psychology from the University of Southern California (USC) and in Psychoanalysis from the New Center for Psychoanalysis (NCP). He founded Rose City Center (RCC)—a not-for-profit psychoanalytic clinic serving economically disadvantaged individuals in California.

ORCID

Alan Michael Karbelnig  <http://orcid.org/0000-0001-5376-052X>

References

Aron, L. (1996). *A meeting of minds: Mutuality in psychoanalysis*. The Analytic Press.
 Atlas, G., & Aron, L. (2017). *Dramatic dialogue: Generative enactment in contemporary clinical practice*. Routledge.
 Bion, W. R. (1963). *Elements of psychoanalysis*. Heinemann.
 Bion, W. R. (1965). *Transformations*. Tavistock.
 Cardullo, B. (2005). *What is dramaturgy?* Peter Lang Publishing.
 Erdman, A., & Crocker, M. (2019). Idioms of attachment: Performative dimensions of object relating, affect and connection. *The Psychoanalytic Review*, 106(2), 149–173. <https://doi.org/10.1521/prev.2019.106.2.149>
 Fairbairn, W. R. D. (1943). The repression and the return of bad objects (with special reference to the 'war neuroses'). *British Journal of Medical Psychology*, 19(3–4), 327–341. <https://doi.org/10.1111/j.2044-8341.1943.tb00328.x>
 Fairbairn, W. R. D. (1952). *Psychoanalytic studies of the personality*. Routledge.

- Freud, S. (1900). The interpretation of dreams. *Standard Edition*, Vol. 4, pp. lx–627. Hogarth.
- Freud, S. (1914/1991). Remembering, repeating, and working-through. *Standard Edition*, Vol. 12, pp. 143–156. Hogarth.
- Freytag, G. (1894/2004). *Technique of the drama: An exposition of dramatic composition*. University of the Pacific Press.
- Goldin, D. (2008). Tone as a measure of the relationship in psychotherapy and other co-narrative experiences. *International Journal of Psychoanalytic Self Psychology*, 3(1), 65–83. <https://doi.org/10.1080/15551020701721960>
- Grotstein, J. S. (1994). "The old order changeth"—a reassessment of the basic rule of psychoanalytic technique: Commentary on John Lindon's "gratification and provision in psychoanalysis." *Psychoanalytic Dialogues*, 4(4), 595–607. <https://doi.org/10.1080/10481889409539040>
- Grotstein, J. S. (1995). Projective identification reappraised: II. The countertransference complex. *Contemporary Psychoanalysis*, 31(3), 479–511. <https://doi.org/10.1080/00107530.1995.10746921>
- Jung, C. G. (1915). The theory of psychoanalysis. *Psychoanalytic Review*, 2, 29–51.
- Karbelnig, A. M. (2016). The analyst is present: Viewing the psychoanalytic process as performance art. *Psychoanalytic Psychology*, 33(Suppl. 1), 153–172. <https://doi.org/10.1037/a0037332>
- Karbelnig, A. M. (2018). Addressing psychoanalysis's post-tower of babel linguistic challenge: A proposal for a cross-theoretical, clinical nomenclature. *Contemporary Psychoanalysis*, 103(1), 69–109.
- Karbelnig, A. M. (2020). The theater of the unconscious mind. *Psychoanalytic Psychology*, 37(4), 273–281. <https://doi.org/10.1037/pap0000251>
- Karbelnig, A. M. (2022). Chasing infinity: Why clinical psychoanalysis' future lies in clinical pluralism. *International Journal of Psychoanalysis*, 103(1), 5–25. <https://doi.org/10.1080/00207578.2021.1975288>
- Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psycho-Analysis*, 27(Pt 3–4), 99–110.
- Klein, M. (1952). The origins of transference. *International Journal of Psycho-Analysis*, 33(4), 433–438.
- Kohut, H. (1977). *The restoration of the self*. University of Chicago Press.
- Loewald, W. H. (1975). Psychoanalysis as an art and the fantasy character of the psychoanalytic situation. *Journal of the American Psychoanalytic Association*, 23(2), 277–299. <https://doi.org/10.1177/000306517502300201>
- Lothane, H. Z. (2015). Emotional reality: A further contribution to dramatology. *International Forum of Psychoanalysis*, 24(4), 191–203. <https://doi.org/10.1080/0803706X.2014.953996>
- Lothane, Z. (2009). Dramatology in life, disorder, and psychoanalytic therapy: A further contribution to interpersonal psychoanalysis. *International Forum of Psychoanalysis*, 18(3), 135–148. <https://doi.org/10.1080/08037060903116154>
- Lothane, Z. (2010). Sándor Ferenczi, the dramatologist of love. *Psychoanalytic Perspectives*, 7(1), 165–182. <https://doi.org/10.1080/1551806X.2010.10473081>
- Marcus, P., & Marcus, G. (2010). Psychoanalysis as theater: The practical application of acting theory to psychotherapy and real life. *The Psychoanalytic Review*, 97(5), 757–787. <https://doi.org/10.1521/prev.2010.97.5.757>
- McDougal, J. (1985). *Theaters of the mind: Illusion and truth on the psychoanalytic stage*. Basic Books.
- Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An integration*. Harvard University Press.
- Mitchell, S. A. (1998). The analyst's knowledge and authority. *Psychoanalytic Quarterly*, 67(1), 1–31. <https://doi.org/10.1080/00332828.1998.12006029>
- Modell, A. H. (1990). *Play illusion, and the setting of psychoanalysis. Other times, other realities. Toward a theory of psychoanalytic treatment*. Harvard University Press.
- Myrland, R. (2018). *Untying Aristotle's poetics for storytellers*. Storyknot.
- O'Connell, M. (2019). We're in this scene together. *Psychoanalytic Perspectives*, 16(3), 300–311. <https://doi.org/10.1080/1551806X.2019.1653663>
- Ringstrom, P. (2018). Three dimensional field theory: Dramatization and improvisation in a psychoanalytic theory of change. *Psychoanalytic Dialogues*, 28(4), 379–396. <https://doi.org/10.1080/10481885.2018.1482128>
- Shakespeare, W., & Furness, H. H. (1623/1963). *As you like it*. Dover Publications. <https://doi.org/10.1093/oseo/instance.00005809>
- Stolorow, R. D. (2015). A phenomenological-contextual, existential, and ethical perspective on emotional trauma. *Psychoanalytic Review*, 102(1), 123–138. <https://doi.org/10.1521/prev.2015.102.1.123>
- Suzuki, D. T. (1964). *An introduction to Zen Buddhism*. Grove Press.
- Szasz, T. (1963). II. The concept of transference as a defense for the analyst. *International Journal of Psychoanalysis*, 44, 435–443.