

## **THE PLACE OF ACTING OUT IN PSYCHOANALYSIS: FROM FREUD TO LACAN**

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"If there is something called the unconscious, it means that one doesn't have to know what one is doing in order to do it, and in order to do it while knowing full well" (Lacan, 1985 [1975]: 5-23).

### *Introduction*

In psychoanalysis one is fundamentally interested in two forms of ignorance, on the one hand in relation to what one desires, and on the other, in relation to what one enjoys. Such ignorance takes many forms, commonly manifested at those sites where one finds oneself, in a sense, different to oneself, and where one can, for example, be surprised or terrified, or both, at the point of encounter with a dream, a symptom, a "Freudian" slip, or to immediately underline the focus of the present paper, an acting out. Such phenomena point to the strangeness of the world we inhabit as subjects, a world where we do not necessarily know what we are doing and where our greatest commitment can be to secure for ourselves some form of unhappiness. An illustration of this can be found in the following example of a clinically not unfamiliar form of acting out. A woman in analysis attends a session in a state of some elation and during the session recounts how on the previous weekend she picked up a man for a "one night stand"; which, given the particular circumstances of this encounter, put her at some degree of risk. This woman, who is normally not in the least bit promiscuous shortly thereafter recounts the man's name, which sounds like that of the analyst's, and thus one can immediately wonder who she had sex with. However, the answer to this is not as obvious as it might seem; as one needs to track the analysand's signifiers to appreciate her unconscious link to the analyst in

the transference, which in turn will open the path to her desire – in this case enacted. Nevertheless it is perhaps relatively clear that this patient is attempting to work something out in relation to her erotic life, or "pre-conditions for love", albeit through a route that is less than promising, given her method of choosing a partner, which, moreover, she is unaware of. In such circumstances it is, of course, essential that the analyst find a way to intervene on that which blindly insists in directing the actions of this patient if the analysis is to progress and if the analysand is to discover, in the process, a more sustainable localisation for her love life. The question of exactly what such an intervention might be will, however, lead us on quite a detour, for there is considerable debate in the analytic literature concerning both what acting out is essentially, and how one acts given its presence in analysis.

In exploring these issues I hope to show the fruitfulness of returning to Freud via Lacan as a way of understanding acting out.

#### *Overview of the concept*

In approaching the concept of acting out one is immediately faced with a problem which Sandler et al., summarize by stating: "Of all the clinical concepts considered in this book, acting out has probably suffered the greatest extension and change of meaning since it was first introduced by Freud" (Sandler et al., 1973: 94). In a similar vein, Blos goes so far as to assert that the "expansion of the concept has reached conceptual breaking point" (Blos, 1966: 68), while Erard writes: "'acting out' in psychoanalysis has been more a barometer of shifts in the prevailing general theoretical atmosphere than a fixed indicator of any particular psychic phenomena" (Erard, 1983: 63). Thus what one discovers are descriptions of acting out, ranging from those which focus exclusively on what occurs within, or as a consequence of, analytic work, to descriptions which see it as an appropriate term to designate a whole range of impulsive, anti-social or dangerous actions up to and including enduring behavioural problems such as delinquency, drug addiction and various psychosomatic illness (Abt and Weiseman, 1965). In addition the term has been used by some to describe any form of "regressive trends" or "repressed strivings" present in analysis – which thus entails that symptoms for example are forms of acting out (Deutsch, 1993: 185-193).

More notoriously the term is (mainly in professional circles) sometimes used simply as a general term of abuse, either as an expression of disdain and as a means of shoring up one's values (invariably conservative) or as a

means of excusing oneself in the face of unavoidable clinical failures. In the latter case patients (or colleagues) who are "accused" of acting out are usually seen as poorly analyzed, immature, or lacking fundamentally in a capacity for insight. Given this state of affairs, it is clearly necessary, at least initially, to return to Freud and to establish in doing so his own use of the term.

Freud first introduced the term *agieren* in 1905 to describe what happened when his patient Dora prematurely broke off her treatment with him. He states: "because of the unknown quantity in me which reminded Dora of Herr K., she took her revenge on me as she wanted to take her revenge on him, ... Thus she *acted out* an essential part of her recollections and phantasies instead of producing it in the treatment" (Freud, 1905e [1901]: 119). Earlier, in 1901, in *The Psychopathology of Everyday Life*, Freud employed the more colloquial German term *Handeln* meaning to act, to describe "bungled" actions or parapraxis, which led some authors to collapse the distinction between mistaken acts arising on the basis of psychic conflict and acting out, and in so doing reduce the latter to a straightforward neurotic act.

That this was not what Freud intended can be established by reference to one of Freud's key technical papers namely "Remembering Repeating and Working Through". In this paper Freud first introduces the concepts of the repetition compulsion and of working through and also offers a systematic definition of acting out. In a famous passage, which points to the subtlety and complexity of the relation between memorization and repetition, he writes: "the patient does not remember anything of what he has forgotten and repressed but acts it out. He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating it" (Freud, 1914g: 150). Freud adds: "As long as the patient is in the treatment he cannot escape from the compulsion to repeat; and in the end we understand that this is his way of remembering" (*Ibid.*).

Here acting out is seen by Freud to be an essential aspect of the treatment situation and thus not something the analyst should react to with exaggerated concern or surprise. What sort of things does Freud have in mind here? He offers examples such as the following: "the patient does not say that he remembers that he used to be defiant and critical towards his parent's authority; instead he behaves that way towards the doctor. He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complains that he cannot succeed in anything and that he is fated never to carry through what he undertakes. He does not remember

having been intensely ashamed of certain sexual activities and afraid of their being found out; but he makes it clear that he is ashamed of the treatment on which he is now embarked and tries to keep it secret from everybody. And so on ..." (*Ibid.*: 150). Clearly what Freud designated here as acting out is something considerably different to what contemporary analysts refer to by the term, and indeed one can go so far as to say that, for Freud, transference and acting out were essentially manifestations of the same thing – repetition in the place of remembering. Something gets played out in the analytic encounter, the analysand acts, and behind these acts are particular beliefs and desires which may be nonsensical, odd or strange, but which are, ultimately, what the analyst aims at. In other words, what Freud is highlighting here is the communicative aspect of acting out and the requirement this places on the analyst, which is not one of either curtailing such phenomena or pointing them up as resistances, but of allowing the patient, "to work through it, to overcome it, by continuing in defiance of it, the analytic work according to the fundamental rule of analysis" (*Ibid.*: 155).<sup>1</sup> One can see that what Freud is primarily interested in is the patient's fantasies, "psychical facades constructed in order to bar the way to [these] memories" which in turn have emerged on the basis of a wish to escape an awareness of what is repressed, in other words that which makes one anxious (Freud, 1897b: Draft L, Notes I (May 2 1897), 248).

At the same time, Freud had firsthand experience of, and pragmatically recognised the potentially disruptive effects of, acting out which cannot therefore be let run wild, creating for example unduly hostile or intense transference reactions which the patient then seeks to repress and in doing so puts the treatment in jeopardy, as was the case with Dora (Freud, 1905e [1901]). His advice to analysts in such circumstances was however far from specific, he writes: "The main instrument, however, for curbing the patient's compulsion to repeat and for turning it into a motive for remembering lies in the handling of the transference. We render the compulsion harmless, and indeed useful, by giving it the right to assert itself in a definite field. We admit it into the transference as a playground in which it is allowed to expand in almost complete freedom and in which it is expected to display to us everything in the way of pathogenic instincts that is hidden in the patient's mind" (Freud, 1914g: 154). In other words, the analyst must find a way to exercise his or her judgement or tact and, in doing so, avoid following slavishly any particular technical rule beyond

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1. Though Freud is talking specifically about resistances in this passage I believe it reflects a more general aspect of his approach to treatment and as such is relevant to cases of acting out.

that of directing his or her attention to the unfolding of unconscious material. As he states: "From the repetitive reactions which are inhibited in the transference we are lead along the familiar paths to the awakening of memories, which appear without difficulty, as it were, after the resistance has been overcome" (*Ibid.*: 154-155). Earlier in the same paper Freud had recognised a special case, namely, instances of "thought-connections" which having never been conscious, could not be remembered, where "no memory as a rule can be uncovered" (*Ibid.*: 149). In such cases the picture is more complicated and raises the issue of constructions in analysis, dealt with by Freud in his 1937 paper on this topic. For present purposes however it is sufficient to note that Freud saw this task of symbolising the not yet symbolised, as rooted in, and emerging from, the experience of the transference and the analysand's acting out (if this is not the case it is what Freud termed "wild analysis"). Moreover he saw the efficacy of such constructions as based on their kinship to remembering. He writes: "It seems to make no difference whatever whether such a thought connection was conscious and then forgotten or whether it never managed to become conscious at all" (*Ibid.*: 149).

Having elucidated the communicative *and* repressed nature of what Freud meant by acting out, as well as illustrating something of his approach in handling such clinical phenomena, the obvious question that arises concerns whether or not Freud at any point substantially changed his views concerning "acting out".

In their review of the concept, Sandler et al. conclude: "Freud's views on acting out remained essentially unaltered in his subsequent discussions of the subject" (Sandler et al., 1973: 97), a view that can be amply supported by Freud's own post-1914 discussions of the term. Thus in *Beyond the Pleasure Principle* one finds Freud again emphasizing how the analysand is "obliged to *repeat* the repressed material as a contemporary experience instead of, as the clinician would prefer to see, *remembering* it as something belonging to the past" (Freud, 1920g: 18). He continues: "These reproductions ... always have as their subject some portion of infantile sexual life ... of the Oedipus Complex, that is, and its derivations, and they are invariably acted out in the transference" (*Ibid.*: 18). He goes on to restate that it is the ego's directed refusal of representations to the repressed that results in such repetitions, for the repressed does not in itself resist but rather continually presses for discharge. In a final reference to acting out and its relation to transference, Freud, in *An Outline of Psychoanalysis*, states that: "The patient produces before us with plastic clarity an important part of his life-story, of which he would otherwise

have probably given us only an insufficient account. He acts it before us, as it were, instead of reporting it to us" (Freud, 1940a [1938]: 176). A few paragraphs later Freud again reminds his reader of how important it is to carefully "handle" the transference in order to avoid it becoming too intense and thus putting the analysis at risk. He also points out how, ideally, the patient should "behave as normally as possible outside the treatment and express his abnormal reactions only in the treatment" (*Ibid.*: 177) presumably on the basis that acting out outside the treatment is clinically more difficult to deal with (I will shortly return to this issue of acting out inside versus outside the treatment). Having now confirmed Freud's position in relation to acting out – as acts reflecting transference phenomena subject to repression – it is time to consider the various controversies that have since arisen with regard to the place of acting out in psychoanalytic theory and clinical practice.

#### *Points of controversy*

Laplanche and Pontalis in their review of the term make the claim that at least some of the controversy may be traced to Freud's own use of the term. They state that: "The term 'acting out' enshrines an ambiguity that is actually intrinsic to Freud's thinking here: he fails to distinguish the element of *actualisation* in the transference from the resort to *motor action* – which the transference does not necessarily entail" (Laplanche and Pontalis, 1973: 4). There are a number of possible responses to this claim, all of which, I believe, lead away from collapsing a definition of acting out into actualisations or into purely motor-behavioural terms or, in the terminology of Anastasopoulos (1988), to a regression in symbolising ability.

In arguing this case one can point firstly to Freud's own replacement in his 1914 paper of the term "repetitive actions" by "repetitive reactions" (Freud, 1914g: 154, footnote 3) which at the very least is suggestive. In other words, the category of reactions clearly includes experiences which are not manifested in motor actions; some of which, like the experience of pain, may not strictly speaking count as actions at all, for example, in so far as this latter experience lacks intentional content (i.e., having a pain may have nothing to do with one's beliefs and desires). Secondly, one can appeal to Freud's definition, in his *Introductory Lectures on Psychoanalysis*, of a psychical act; this he defines in terms of its "meaning, intention, purpose and position in a continuous psychical context" (Freud, 1916-1917: 61). This indicates that an act for Freud, as

against acts which arise "from somatic organic and instinctual causes – in which case its investigation will not be part of psychology" (*Ibid.*: 60-61), involve agency. Acts, for Freud, are indeed defined in relation to agency and as such must, at least potentially, be capable of being recognised and owned by their agent in terms of their linkage to other mental processes and/or on account of their goal directedness. Whether this is manifested in strictly behavioural terms is thus irrelevant and the attempt to distinguish acting out from, say, actualisations within the transference simply fails to stand up on this basis. Moreover as Boesky (1982) is surely right to point out, there exists a weight of clinical evidence demonstrating that not all acting out involves action and similarly, that many ideas transferred to action can in no way be considered instances of acting out.<sup>2</sup> Thus there exist many instances in analysis which deserve to be called acting out but which involve no motor behaviour of any kind, for example, certain episodes of silence, or the use of certain forms of conversation as an alternative to remembering (e.g., conversations which more or less literally enact or replay particular aspects of the Oedipal drama).

A second and related area of controversy surrounds the question of whether or not acting out is to be viewed as a manifestation of resistance, revealed through repetition, or as something that has repression as a necessary (but not sufficient) cause and moreover as something that is distinguishable from repression. Fenichel (1954) for example, argued in favour of restricting the term acting out to those instances where a "real action" occurs in the here and now which disrupts or obstructs the treatment situation. He further argued that repetitions which advance the treatment process should be seen as part of the transference and thus as part of a (useful) "transference attitude". Anna Freud (1968) however disagreed with Fenichel's restriction of the term solely to a form of resistance to the treatment process itself, and sought to make a distinction between those processes that could be considered part of the treatment process (for her these included "neurotic" acting out as resistance in the transference) and those processes which disrupt the treatment process – the latter being attributed to the patient's pathology and in particular to a weakness in ego functioning.<sup>3</sup> Rangell (1968) takes a somewhat similar

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2. Thus, purely expressive actions within analysis which can and should be attended to are examples of acts, just in so far as they are direct expressions, rather than acts occurring in relation to the transference – such acts being examples of acting rather than acting out (e.g., shaking one's fists).

3. This point however alludes to an important distinction, namely that between acting out and the negative therapeutic reaction. From a Lacanian perspective, the latter needs to be understood as for Freud, in relation to the death drive (rather than the transference) and thus as an act that truly

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line when he argues for a distinction between neurotic or repetitive acts in general and acts which, as resistance, defend the patient against analytic insight by keeping repression going. However the problem with this as Erard (1983) points out, is that if acting out displays the patient's intention to resist insight, then it is not clear that acting out amounts to anything more than a continuation of the patient's neurosis. Erard's solution, reflecting Freud's connection of acting out to the transference is to distinguish between resistance to remembering and resistance to the establishment and maintenance of the transference neurosis. Only this latter form of resistance, Erard argues, satisfactorily locates acting out in a way that is distinct from the patient's symptoms.

What all of these authors display is an understandable wish for clarification in the use and application of the concept and they seek this in terms of specifying acting out as a modality of resistance. The problem is that in so doing, most authors move a considerable distance away from Freud's own position; in the final analysis, they collapse acting out into resistance. Contrary to this Freud writes: "The part played by resistance, [too], is easily recognised. The greater the resistance the more extensively will acting out (repetition) replace remembering" (Freud, 1914g: 151). In other words, resistance and acting out are in a dynamic *relation*; and while it is one thing to explain an action by its cause, it is a completely different matter to reduce an action to its cause (e.g., what causes me to drink coffee is clearly distinct from the action of me drinking coffee). We can thus contend, not only that there is an intrinsically problematic issue raised by this line of argument, but that, more strongly the argument is fundamentally wrongheaded, to the extent that it fails to reflect adequately Freud's own notion of the concept, and in the process confuses cause and effect.

Thus acting out cannot be satisfactorily defined in terms of motor behaviour or in terms of resistance straightforwardly understood. A third possibility emerges, however, in relation to seeing it as a compromise formation. In the words of Roughton: "By treating it as a compromise formation to be analyzed rather than a resistance to be overcome" (Roughton, 1993: 449). What this implies, according to Roughton, is that the manifest behavioural component of acting out needs to be understood as analytic material with latent meanings which once understood lead to

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jeopardizes the very possibility of analytic work. Thus in place of the subjectivizing effects of analytic work there emerges not so much Freud's superego guilt but the savagery of unchecked imaginary rivalry a place where metaphorically – though not always, as numerous atrocities show – one either kills or is killed.



insight and affective change. More particularly the analyst needs to appreciate acting out as a distortion of memory brought about by a conflict and subsequent compromise, between an unconscious wish and the demands of the defense system. What acting out therefore represents is in effect a form of replaced memory, the original repressed memory finding expression in a new form which captures the forbidden pleasure. However this approach too suffers from a number of problems, not least that Freud's emphasis on acting out as a form of repetition – an unconscious insistence that occurs not as memory but in the place of what is either unsymbolised or inaccessible to memory – is, for all intents and purposes, missing. It is also difficult to see how one can maintain here a distance between the symptomatic act and acting out except by appeal to historical or geographical coordinates (i.e., if the acting out occurs outside the analysis or in the past it is a symptomatic act; if it occurs in relation to an ongoing analysis it is an acting out). Moreover once one embarks on this route, as Roughton himself more or less admits in his conclusion, we arrive at a situation where possible distinctions between acting out, transference symptoms, symptomatic acts etc., are easily blurred, the effect being that in the end one ends up with an account of acting out that is neither precise nor satisfactory.

Before moving on to consider how Lacan positioned himself in relation to these debates, it is worth commenting briefly on two further areas of controversy, which involve firstly the distinction between "acting in" and acting out, and secondly, between these terms and enactment. The former distinction, as put forward by, for example, Fenichel (1954) and Greenacre (1950), simply suggests that acting out that occurs outside the analytic situation should be seen as different from acting in which occurs inside the analytic encounter. However the case for any such distinction is obscure as the only grounds offered are phenomenological, or more accurately, geographical, and such grounds plainly offer an inadequate (and non-analytic) support for the purported distinction. Zelig, however, put forward a potentially more useful definition of acting in, which allows one to situate it in relation to, and as different from, acting out. Essentially Zelig argued for a restricted definition of the term as in a "muscular discharge of certain instinctual impulses (past and present) whose accompanying affects are psychically unacceptable (ego dystonic) ..." (Zelig, 1957: 686-687). As Paniagua (1998) has subsequently argued, this attempt to restrict the term to repeated postural and muscular mannerisms appears to unnecessarily limit its psychoanalytical usefulness. He proposes instead that any behavioural staging or non-verbal act occurring within the

analysis should, potentially at least, be seen as an expression of repressed material. What is interesting about this definition is precisely the way in which acting in can be seen as expressive, as saying more than one intends, or more precisely saying something about the analysand's subjective experience (given that, as Freud noted, it is not simply a matter of biology or a physical condition). Such acts may even be consciously recognised at times (e.g., in cases of blushing) though more characteristically they remain unconscious as a form of expression which is not present or stateable as a propositional attitude (i.e., a belief plus a desire under which a description of an act falls), but which nonetheless offers information to the subject about themselves (again the experience of pain or acts of perceptual recognition provide good examples of what some authors have referred to as the category of "sub-intentional acts").<sup>4</sup> While Paniagua does ascribe – wrongly I believe – full intentionality to such expressive acts, he does nevertheless point out that it is an error to see such phenomena as invariably part of the transference, as is the tendency in some forms of analytic practice. Rather the challenge for the clinician is to establish their meaning, or more precisely bring them into meaning, for a particular subject, as Freud stated: "Playing with one's watch chain, fingering one's beard ... jingling coins in one's pocket ... fiddling with one's clothing in all kinds of ways ... regularly conceals a sense and meaning which are denied any other form of expression" (Freud, 1901*b*: 194). From the point of view of conceptualising acting out, what is particularly pertinent in this discussion of acting in is that Paniagua, along with others, conclude that the difference between the two resides more in conventions of speech than in any real conceptual distinction. Thus acting in, unlike acting out, is seen as having the character of being observable within the analytic session (otherwise both represent forms of acting without verbal mediation). As we will see Lacan did not accept this definition of acting out, ultimately reduced to actualisation, but sticking close to Freud, situated acting out in relation to the transference and more particularly in relation to a "blind spot" or failure on the analyst's part to recognise an aspect of the analysand's unconscious communication in the transference.<sup>5</sup>

Turning now to enactment, it is interesting to note how some recent authors (Bateman, 1988) both accept that the concept lacks conceptual clarity while arguing nonetheless for its clinical relevance and importance.

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4. See Marshall (2000) for a fuller discussion of sub-intentional acts.

5. This is one sense in which Lacan's somewhat infamous statement that resistance has to be understood as the resistance of the analyst rather than that of the analysand is to be taken.

The conceptual problem relates to the fact that enactment is seen to cover a broad spectrum of interpersonal phenomena occurring within analysis. Thus as Bateman points out: "At the benign end of the spectrum enactment is equivalent to actualisation ... at the more severe end of the spectrum the analyst's objective capacities are compromised" (Bateman, 1988: 14). The latter he links – interestingly – considering what Lacan will say about acting out – to problems and failures in the countertransference and in analytic neutrality. Thus the concept of enactment collapses potentially valuable distinctions between acting in, acting out, and "full" enactments and moreover, as Bateman points out how one handles these various enactments is hard to distinguish from normal analytic process. The problem here however lies in the fact that actualisation and acting out are simply poorly conceptualized. Indeed acting out, contra Freud, is seen by Bateman as that which "implicates the analyst solely as an observer" in contrast with full blown enactments described in transferential terms: "Enactment involves the analyst as participant, vulnerable to his own transferences, susceptible to blind spots, and caught up in the relationship rather than alongside it" (*Ibid.*: 14). The latter, however, is an example of acting out in relation to the transference (as discussed earlier) and it seems Freud's wheel is here being reinvented on the basis of a failure to fully understand what Freud had managed to grasp! Thus in the opinion of this author there are clear grounds for seeing the concept of enactment as not just confusing but conceptually redundant.<sup>6</sup> Nevertheless it is fascinating to note how Bateman vividly and richly illustrates how various faulty interventions lead to clinical impasses and forms of enactment, which in

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6. A further interesting aspect of this from a Lacanian standpoint is the implicit link that Bateman makes between a propensity for enactments and borderline pathology. From a Lacanian perspective the so-called borderline clinic does not exist, one either has a neurotic or a psychotic structure which is not the same as saying one is neurotic or psychotic (e.g., a psychotic structure may be stabilized or remain untriggered in which case psychosis is not in evidence). However a constant propensity to act out, which is a predominant feature of so called borderline pathology can, needless to say, be recognised. A question thus arises concerning what a particular analytic technique may induce. Provocatively Lacan suggests such phenomena are linked to problems of analytic technique in the treatment of neurotics and in particular to problems in using the countertransference as a basis for interpretation. No doubt the issues here are complex, though interestingly to some degree empirically testable. This of course is not to argue that one may be faced today with new and difficult to treat forms of neurosis which may present with a greater level of impulsiveness or instability in personal relations related, for example, to our post-capitalist era wherein, in Lacanian terms the Other is destabilised. Thus it is perhaps important to note also that most cases of say, anorexia, seen in Lacanian and therefore structural terms represent a modern form of hysteria rather than a new neurotic structure. Finally there is the Lacanian contention that more people in today's postmodern world are prone to having a psychotic structure than was the case in Freud's day which is linked to what he sees as a weakening in the functioning of the paternal metaphor.

Lacanian terms, can be seen to arise when the analyst mis-takes the analysand's desire, based in his or her mistaken desire qua analyst, and as a result acts in the countertransference, rather than from a point beyond it.

*Situating Lacan*

In discussing acting out Lacan situates his own comments in relation to clinical material making particular and repeated reference to a paper of Freud's, "The Psychogenesis of a Case of Homosexuality in a Woman" (1920a) and to a paper by Kris entitled "Ego Psychology and

Interpretation in Psychoanalytic Therapy" (1951).<sup>7</sup> With these references as background one can ask, in light of the previous sections of this paper, whether Lacan saw acting out as a behavioural manifestation, as resistance or as a compromise formation.

In Seminar X Lacan describes the behaviour of Freud's homosexual patient with her (platonic) lover as follows: "the whole adventure with the woman of doubtful reputation, who is raised to the function of supreme object, is an acting out" (Lacan, 1962-1963: Lecture January 23<sup>rd</sup> 1963, 8).<sup>8</sup> From his description it is clear that for Lacan acting out cannot be reduced to motor-behavioural terms but rather encompasses the full range of behaviour, both verbal and non-verbal, that can manifest itself in an encounter between two subjects, and which, in the case discussed, showed a limit defined only in terms of the imagination of Freud's forlorn patient.

Taking next the issue of whether acting out can be considered a compromise formation, and thus formed on the same basis as a symptom, one finds that Lacan is keen to make a sharp distinction between the two. The distinction Lacan makes rests on an understanding of the symptom that highlights its dual aspect. If, on the one hand, the symptom can be viewed as something apparently senseless but open to interpretation, and thus as a disguised representation, it must also be seen as that which comes about in relation to the libido, or more precisely for Lacan, as a mode of jouissance. It represents for the subject his or her fixation to jouissance in the form of a substitute satisfaction, and as Freud pointed out: "The kind of satisfaction that the symptom brings has much which is strange about it ... it is unrecognisable to the subject, who, on the contrary, feels the alleged satisfaction as suffering and complains of it" (Freud, 1916-1917: 365-366). This fact, that the symptom introduces one to what is most intimate in the subject's sexual life – it is literally a form of sexual satisfaction – has a number of implications. The first and most important from our present perspective is that, as Lacan puts it in Seminar X, the symptom is not "a call to the Other", rather "it is sufficient of itself" (Lacan, 1962-1963: Lecture January 23<sup>rd</sup> 1963, 11), being the means by which one enjoys one's unconscious in a relation between language and

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7. It is important to point out that Lacan's discussions of acting out almost always take place alongside a discussion of the concept of *passage à l'acte*. While the latter concept is not the focus of this paper it is nevertheless important to recognise that this term, which comes originally from French clinical psychiatry, denotes for Lacan a moment when the subject exists from the symbolic network. He offers as an example the case of the attempted suicide of Freud's homosexual woman patient (1920a) who in an act of will says "no" to her position in the field of the Other – which entails becoming a pure object and to a suicidal act that entails her dissolution as a subject.

8. All quotations from Seminar X are taken from the privately circulated translation of this Seminar undertaken by Cormac Gallagher.

the body, which in turn explains its repetitive nature. Not being addressed to the Other means that the symptom cannot be interpreted directly (as being, for example, merely a successful representation of what is repressed) which Lacan holds distinguishes it from acting out as that which in analysis demands interpretation. As Jacques-Alain Miller points out in his *Barcelona Seminar* this does not however mean that the analyst simply accepts the symptom; as he says: "What is at stake here is not the praising of suffering 'you are happy in your suffering'. The meaning of the cure is to reduce the price of suffering which needs to be paid in order to accede to libidinal satisfaction; that it be less expensive. In this way a certain humanity is re-established in the psychoanalytic position" (Miller, 1998: 10). Returning to acting out; Lacan clarifies how acting out must be seen differently, he writes: "Acting out is essentially something in the behaviour of the subject that shows itself. The demonstrative accent, the inclination towards the Other of every acting-out is something to be highlighted" (Lacan, 1962-1963: Lecture January 23<sup>rd</sup> 1963, 8). Acting out is thus seen by Lacan as a form of communication and, as we will see, one that cannot be reduced without qualification to a manifestation of repression or resistance. Like Freud Lacan sees acting out as essentially concerned with the transference "... acting out for its part is the beginning of transference. It is wild transference. There is no need for analysis – as you no doubt know – for there to be transference. But transference without analysis is acting out, acting out in analysis is transference" (*Ibid.*: 11).

To tease out this issue, and to see how Lacan clarifies Freud's basic insight, let us turn to his discussion of Kris' article. If acting out is transference then this confirms it as a response of the subject – indeed one might even say a realisation of an answer – but a response to what? What is the question or puzzle?

Kris describes an analysand of his who was convinced that anything he wrote was not his own but plagiarized by him which, given that he was an academic, had potentially serious consequences. Kris reports how his analysand who was finally at the point of publishing an article, suddenly announced that he had found an already published book that contained his ideas. Kris examined carefully his claim and when he attempted to assure his patient that this was not the case, his patient shifted to believing that a colleague of his was now stealing his ideas – he could not recognise his ideas from those of his colleague's. This led Kris on to an interpretation based on certain facts of the patient's history and related in particular to the fact that his grandfather was an intellectual while his father had no interest in ideas. Kris interprets to his patient along the following lines,

namely, that only the ideas of others were interesting and that these could only be taken or "borrowed" (and by implication not come from him). The patient's response was to report how, after his analytic sessions, he generally went to a particular restaurant to eat fresh brains. Lacan argues that this is something of a paradigmatic case of acting out. What one can see here, Lacan says, is firstly how Kris' appeal to reality by way of assurance proved to be of no avail, and indeed produced no change (i.e., the other still had ideas which the patient could not recognise as his own). Following Kris' interpretation which supposedly introduces the possibility of insight but which for Lacan represents a faulty (countertransferential) analytic intervention, the patient responds by showing the analyst that not only does he desire brains, but that he demands of the analyst that he successfully read his wish not to have something, namely his ideas, which however belong to him. The failure to recognise this leads directly to the acting out, a repetition which is situated in the transference as a demand for recognition, which moreover will insist on reproducing itself until such time as the analyst can find a way to interpret it. For Lacan this would have meant focusing on the "not having" of Kris' patient, and on the fact that what he was stealing or having stolen was always nothing (i.e., a means to having nothing rather than something) which leads Lacan to refer to his condition as a form of "mental anorexia" (*Ibid.*).

What is central here is that through the transference, there is a stimulation or intensification of an unconscious desire which is then misrecognised, and this is what fundamentally leads to acting out (e.g., Freud's failure to recognise Dora's interest in Frau K as against Herr K, which led to Dora breaking off the treatment). To respond with a straightforward interpretation emphasizing the meaning of the behaviour as, for example, a demand for reassurance, as Kris initially did, is however not sufficient. As Lacan suggests in discussing Greenacre's paper "General Problems of Acting Out" (1950), this fails to focus on the object as object of desire (what Lacan termed the remainder), which acts as cause of desire, and which in the case of Kris' patient is this fascination and constant fantasmic circling around nothingness, as against some incorporative wish. The analysand via the transference succeeds in representing, or more precisely simulating, this psychic object as motor of the fantasy and the analyst must recognise this if the analysand is to eventually achieve some separation from this object. Otherwise there is a sticking of the subject to his or her jouissance, which is another way of describing acting out. Indeed Lacan's emphatic rejection of countertransference based interpretation is partially based on the fact that

such dual or two body approaches to psychoanalysis precisely fail to accurately locate this fantasmic object, which requires of the analyst that he interpret through the symbolic and thus from a third position.<sup>9,10</sup>

As to Greenacre's other two proposals in relation to handling acting out, namely prohibiting its occurrence or reinforcing the ego, Lacan is dismissive of the first as being beyond analysis, while the second he sees as leading to an impasse. This impasse results from an identification with the analyst which he holds can only block a subject's knowledge of his or her fundamental fantasy, the latter being the formula which regulates his or her access to jouissance.

### *Concluding remarks*

Acting out for Freud represented a particular form of transference, but one which proved difficult to elaborate and led many analysts to search for what they saw as a more satisfactory definition of the term. This has stimulated many debates within the psychoanalytic field, though as I hope I have demonstrated, it is in returning to Freud's original position, as elaborated in this case by Lacan, that one can arrive at a definition of acting out that is not only specific but has clear clinical consequences. What perhaps remains to be done is to enrich this discussion of the concept through adding various clinical examples, which, no doubt, would allow for further theoretical and clinical refinement.

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9. It is perhaps worth stating here that Lacan did not reject the existence of countertransference, merely the use of it as a basis for interpretation.

10. Here Freud's statement (quoted earlier) on how one situates a psychical act or presentation is, at the very least, suggestive. Such an act must be seen in terms of its "meaning, intention, purpose and position in a continuous psychical context". This also suggests that Freud's failure in the case of Dora was a properly analytic one rather than simply a case of being blinded by prejudice as some critics have argued. Indeed Lacan (1951) in his paper "Intervention on Transference" makes just this point.



## Summary

### *The Place of Acting Out in Psychoanalysis: From Freud to Lacan*

Within psychoanalysis acting out is, today, a contested concept, both in terms of its theoretical underpinnings and with regard to its clinical application. In light of this the present paper presents a review of the concept which begins with Freud and moves on to trace the various discussions and controversies which have surrounded the term. It is argued that acting out is a valid and clinically important psychoanalytic concept, though one which retains its value only in virtue of unpacking its relation to the transference. Furthermore it is contended that this relation was initially made clear by Freud, and that this notion has been successfully built on and elaborated by, in particular, Lacan. In the context of discussing acting out, the related concepts of acting in and enactment are examined. The former is seen as representing instances of expressive actualisation, while the latter is found to be wanting in conceptual clarity. Also discussed are the position of the analyst in relation to the transference, and more specifically the problems associated with countertransference based interventions, highlighted by Lacan.

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**Key words**

Acting Out, Acting In, Enactment, Transference, Countertransference.