In addressing the topic “Self-Disclosure: Therapeutic Tool or Indulgence?” Jay Greenberg has focused on the analyst's complex decision process in deciding how to respond to a patient’s questions. He has given us a glimpse into his own thought process regarding disclosure of this particular kind and I think we are all appreciative of this, even if we would not necessarily work the same way.

Given that there are not only many different perspectives on disclosure of this type, but also many different kinds of disclosure, what I would like to do is not only focus on some of the questions Dr. Greenberg raises but also to open our discussion to include a consideration of other types of disclosure. In particular I will argue for the value of judicious types of countertransference disclosure.

As early as 1915 Freud wrote, “It is a very remarkable thing that the Ucs. of one human being can react upon that of another, without passing through the Cs” (1915, p. 194). In 1950 Heimann, writing on countertransference, noted that the analyst’s "unconscious perception of the patient’s unconscious is more acute and in advance of his conscious conception of the situation... the analyst’s emotional response to his patient within the analytic situation represents one of the most important tools for his work" (p. 82). Although Heimann’s emphasis was on using countertransference as a “source of insight into the patient’s unconscious conflicts and defenses,” what I will try to demonstrate is that in many instances judicious kinds of countertransference disclosure, even before we consciously grasp the significance of our own responses, can itself be a very powerful analytic tool.

I define countertransference disclosure as involving the analyst's reve-

1 This is an expanded version of a discussion of Jay Greenberg's paper on self-disclosure.
loration of his or her feelings in interaction with the patient or in relation to the patient, at a particular time, and I distinguish this from any number of other forms of disclosure. The latter can range from revealing information about ourselves, such as details of our personal history, where we go on vacation, whether we have children or are married, why we canceled a session, or as in Dr. Greenberg’s examples, to disclosure of information such as how we may feel about our own publications, or whether we received a particular message.

If we recognize our own vulnerability to unconscious responsiveness in the analytic interaction, then we must consider that anything we say or do, including remaining silent, can be a form of countertransference enactment. Remaining silent, for example, which is often considered a safe response when we are in doubt, can be sadistic, based on our own anxiety, or a form of compliance or submission, to name only a few possibilities, whether or not we have any grasp at the time that this might be so. Similarly, interpretation can be a form of harassment, impingement, competition, seduction, manipulation, or gratification, among other possibilities. The same is true for any other form of participation, including disclosure of any nature, not just countertransference disclosure. Any kind of response can be authoritarian, assaultive, blaming, sadistic, collusive, gratifying, or whatever. Any response also always has multiple levels of impact and meaning, so what may seem analytically sound on one level may also be used manipulatively, seductively, destructively, etc., on another level. Even our efforts to monitor for countertransference enactment may themselves be forms of countertransference enactment on another level. We simply cannot ignore the power of unconscious communication, affective communication, and enactment in the analytic relationship.

What I will argue here is that judicious use of countertransference disclosure can provide access to a realm of data that traditionally remains elusive. Because it enables us to zero in on varying forms of unconscious communication and enactment so that they can be addressed analytically, it can allow us to achieve new levels of analytic rigor. I will further argue that although countertransference disclosure is often considered an extreme (and potentially dangerous) kind of intervention, in those instances where interpretation might be experienced as a form of rape or violation of the patient’s inner space, or where silence might be experienced as sadistic, cruel, or abandoning, judicious use of countertransference disclosure can be much less invasive, threatening, or dangerous than either. By helping to open to analytic scrutiny subtle interactive considerations that otherwise might never be engaged, it can also become a valuable tool toward turning potential impasses into analytic opportunity (see Ehrenberg, 1993, 1994a, 1994b, 1994c).

Countertransference disclosure need not be heavy handed. It can be as delicate as simply sharing our confusion such as by saying, “I’m not sure whether to answer, I don’t know if it will be helpful or will get in the way.” What is conveyed here is not just a matter of literal content. Such a communication also conveys our willingness to question ourselves and to recognize that we are always vulnerable to collusion and enactment ourselves, our readiness to acknowledge this openly to the patient, our belief that the patient can and must be an active collaborator in the work, not just a passive recipient of our efforts, if the work is to proceed in any effective way, as well as our view of the importance of addressing the immediate interaction. All of this has impact and consequence and structures a different kind of relationship than if the interactive issues are not engaged.

Sharing our own reactions, even when we do not quite grasp their meaning, and especially when we do not grasp their meaning, gives the patient data to reflect on or react to that he or she might not otherwise have access to, thereby expanding the field in potentially vital ways. In my experience inviting the patient to engage collaboratively in this way often permits the patient to then help illuminate interactive subtleties we might not be able to become aware of ourselves. Alternatively, it may help to clarify when an explicit focus on the immediate interaction, or when a call for collaborative participation, may be difficult for the patient to deal with, where either is an issue, among other possibilities.

When the pull might be to have the analyst take the active role and the patient a passive one, and we find ourselves assuming that we have to carry the burden of the work unilaterally, articulating the way we may feel pulled to enact this can help to clarify how patient and analyst may have become involved in a form of unconscious collusion in which, for example, the needs of both to see the analyst as the benevolent and knowing authority may have converged. Alternatively, it can help to clarify how the patient may actually be responding to some unconscious pull from the analyst for the patient to need the analyst in this way, which the analyst then responds to as though it started with the patient, so that the analyst’s own initial role in what has thus been structured can be brought into focus.
What I am thus emphasizing here is the way in which countertransference disclosure can facilitate the collaborative deconstruction of the interactive subtleties. This kind of approach is different from those in which the effort is to work toward "getting rid" of countertransference so as to regain a more or less "objective" footing with the patient. In my view the idea that we can transcend countertransference and restore "objectivity" by rigorously dealing with our own internal issues as they threaten to "get in the way," is untenable. It is subject to the same criticism as the view that the analyst can ever be an objective participant in the analytic work (see Hoffman, 1983), only it is one step removed. The latter perspective, which presumes that the analyst is the one who has the capacity for and responsibility for insight, can preclude providing the opportunity for the patient to develop insight on his or her own and to discover that he or she is capable of doing so. It also can preclude an opportunity to clarify the limits of the patient's capacities to develop insight on his or her own, and the dynamics involved, where this may be a conflictual issue.

Using countertransference disclosure as a means of opening the interactive issues to analytic scrutiny requires staying very much in the moment with the patient. In contrast, focusing more toward what the countertransference taps into in ourselves can be a way to withdraw into ourselves and distance from the patient. It can be a way to take ourselves out of the room, or bring others into the room, based on our own anxieties. Alternatively, it can be a collusive response to the patient's push for us to distance of which we may not even be consciously aware. From such a perspective, therefore, when our own issues are activated, the critical exploration is not why we have the vulnerabilities we do, or what they reveal about ourselves. Rather, it is why and how these vulnerabilities have been activated at this moment with this patient and not at other moments with the same patient, or with other patients in general, and how to use this kind of information to analytic advantage. In contrast to trying to use the data of our experience to inform "interpretations," the idea is to try as much as possible to enable the patient to begin to make the important connections himself or herself, and to take care not to rob the patient of the opportunity to do so.

Where patients may have no idea what they evoke in us, countertransference disclosure can confront them with their lack of awareness of having such impact, as well as with the specifics of their impact. This can open an exploration of the ways they may not want to know or see that they do have impact or what that might be. It thus can become a way to focus patterns of projection or introjection, denial, and the like, as well as interactive forms of projective and introjective identification, and to access the underlying fears and fantasies. These might include wishes and/or fears about penetrating or being penetrated, controlling or being controlled, possessing or being possessed, or whatever.

In those instances where a negative response might follow some form of countertransference disclosure, and where it might be easy to then write off the countertransference disclosure as having been misguided, it is important to be alert to the possibility that it may not be the countertransference disclosure that is the issue but how it was used. I think the iatrogenic consequences of this aspect of our own participation often get overlooked, and that at times a patient's negative reaction may be a direct reaction to how we may have handled the telling or not telling, rather than a reaction to whether we tell or not. If our disclosure was experienced as an attack, or a putdown by the patient, for example, clarifying what may have been enacted in the disclosing, or in how it was construed (consciously as well as unconsciously) becomes analytically crucial. This can become a way to detoxify the analytic field.

I would like to focus now on how particular kinds of countertransference disclosure can help to open the analytic field and to advance the analytic process. Although I will use examples drawn from my book (Ehrenberg, 1992), I will be discussing them here in ways I have not taken up there. Then I will try to illustrate how such a perspective enables us to look at Dr. Greenberg's material in different ways.

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DISCUSSION

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Sara

In my work with Sara there were some seemingly inexplicable moments when I could find myself becoming distracted despite her apparent great pain. One time when she began to cry and I found my attention wandering I felt horror at my own insensitivity. Although she seemed barely to notice, and she said nothing, I felt there was something critical going on and I noted this. I also told her that although I did not understand what had happened, I felt the least I owed her was an apology. She brushed this off. I persisted and noted that as far as I was aware this kind of insensitivity was not typical of me, and I tried to engage her as to her ideas about what had occurred. To my surprise she replied matter-of-factly, saying that this was the typical way her mother responded to her
whenever she had tried to talk to her about anything. She reiterated her feeling that it was no big deal to her now. I replied that as far as I was concerned it was a big deal, and that from my perspective her failure to understand that it was, and her willingness to accept this kind of treatment from me—or from anyone—without a protest, seemed to me to be part of the problem. This time she said nothing.

Sometime later there was an instance in which we were about to enact a similar scenario. I was able to observe her withdrawing precisely at a very painful moment and pushing me away so subtly that we would never even have realized this was so had she not alerted me to what to look for in that earlier interaction. This allowed us to begin clarifying who in fact had done what to whom, and in what order—then with her mother, now with me.

Important associations to painful childhood experiences began to emerge in this context. I found myself moved to tears as she described the extreme disappointments and hurts she had endured and the ways she had learned to cut herself off in self-protection. In these sessions she described feeling, for the first time now, the pain she had not allowed herself to feel then. She reported that it was only now, through our interaction, that she could begin to imagine that it could have been different then, and how much sadness this realization evoked. Using my countertransference as I had, and engaging Sara’s active collaboration here, thus allowed us to zero in on how aspects of Sara’s experience she had never really consciously thought much about before were still affecting her relationships in the present, and enabled us both to begin to see how we had become so entangled with each other in our immediate interaction.

Clearly, what I disclosed here was very complex. I did not simply disclose my feeling of being distracted. I think that alone could have been hurtful. What I also conveyed was that I was disturbed by my reaction, that I felt I owed her an apology, and that I wanted to understand what was going on. I was therefore disclosing my concern and my commitment to understanding what was happening between us, as well as my view that I could not do this without her collaborative participation, and my belief that Sara had something important to contribute. I was also disclosing my willingness to question my own participation, to recognize the limits of my own awareness, and to consider that I might have become involved in a sadomasochistic enactment without understanding how or why. At the same time I was also questioning her willingness to assume an inferior or subservient role in relation to me, so that this could be explored. My concerns were not to be “authentic” or to “confess,” but to open the interactive subtleties now in play to analytic scrutiny.

To the degree my participating in the way I did allowed for a kind of intimacy and for an experience of a collaborative way of relating that Sara had never had before, the impact of the new experience generated by this kind of interactive process itself also had to be recognized and addressed.

I think it is important to emphasize here that, in my view, had I simply tried to become attentive once I became aware of my distraction, and had I not insisted on pursuing the interactive significance of my own distraction, I might have foreclosed an important analytic opportunity.

Michael

Following a session I had canceled, Michael entered my office with a strange look in his eye. He insisted that he had seen my breast exposed as I opened the door to let him in. When I questioned him about this, he made it clear that he was not open to any exploration of his experience. He seemed completely estranged, even menacing.

I was taken aback and told him that I did not understand what was going on. I also told him that I felt very uncomfortable in the presence of what now felt to me as a stranger I did not know and could not reach. In fact it was frightening. I added that it felt almost as though I had been abandoned by the person with whom I thought I had a relationship.

Michael’s response was dramatic. The wild look in his eye disappeared and he began to report with much emotion that he suddenly understood his reaction as a way of abandoning me to get back at me for having abandoned him. He stated that now he realized how angry he was that I had canceled the prior session.

At this point he was able to express how vulnerable he felt in relation to me and how terrifying and disorganizing it was for him to feel so dependent on me. There was a flood of memories of childhood fears, dreams, and experiences, particularly of specific ways in which he felt his mother had toyed with his dependency on her and betrayed his trust. Getting into this material stirred intense emotions, which were not easy for him to deal with and which being “crazy” seemed to have been a way of avoiding. Once he was able to experience anger, hurt, and rage di-
rectly he began to make links to experiences as a child that he had not been able to deal with earlier.

Although it is often argued that unless we understand what is going on we should not say or do anything, I think in this instance, remaining silent would have been the more dangerous option and that it might have led to the escalation of a process that might have ultimately been destructive and humiliating. I also believe that the process that did evolve may have been much more powerful in its impact than what might have evolved in response to any interpretation I myself could have made about the impact of the cancellation, had I had the presence of mind at the time to even realize its relevance.

There are several considerations here. First, my sharing my own feelings of vulnerability seemed to equalize the relationship in a way that may have allowed him to feel less humiliated by his own, whereas had I been silent, or had I made an interpretation this might have had the opposite effect. Second, my disclosure, without interpreting, allowed him and invited him to make sense of his experience on his own and to discover he could do so. Even though the content of his reaction—seeing my breast exposed when it was not—seemed "crazy," he could begin to look at it in a context and to become curious about his experience and its symbolic meaning, instead of being terrified by it. He was thus able to experience a sense of his own potency, which seemed to have had healing impact in itself. Third, being confronted not only with my vulnerability, but also with my willingness to acknowledge it, and to survive it, seemed to affect him and to open a door to looking at how each of us was affected by the other. Obviously, the way was thus opened for many more levels of interactive meaning and impact to also then be explored.

Finally, I think it is worth noting that although I disclosed how I felt in response to his reaction, I did not tell him why I had canceled the prior session, nor did I pursue why I was so affected by his behavior in terms of my own history. I do not think either would have been relevant. They might have distracted both of us from the mutual terror of the moment, which seemed to me to be what needed most to be engaged and worked through.

Elizabeth

When I rescheduled a session with Elizabeth she became irate. Despite my efforts to open this for discussion, she was absolutely unyielding, unwilling to consider anything I might say, and self-righteous about her position. I stated that I understood how painful my cancellation had been for her, but I also emphasized how inconsiderate and punitive I felt she was being toward me. I insisted that on the basis of our work so far, although she seemed to feel she had the "right" to now wipe the floor with me, I felt I had at least earned the right for her to consider that my canceling the session might not have been frivolous, uncaring, or irresponsible. Furthermore, I felt I deserved her giving me the benefit of the doubt, given all we had been through. I noted that if she felt she could not give me the benefit of the doubt then I felt I had as much right to be angry at her as she had to be angry at me. Finally, I told her that I had canceled to go to the funeral of a friend. This seemed to break through the otherwise implacable wall of rage. There was even a hint of a smile as she commented, "If you are poor and starving you can't afford to be generous." A productive exploration of the extent of her voracious neediness and emotional hunger followed, with many associations to and memories of how getting close in the past, particularly in relation to her father, had always resulted in devastating betrayals. She was then able to articulate how that was her fear in relation to me.

Following this session she reported that she felt better than she had in weeks. She noted that she was "touched" that I was willing to 'fight' with her. We were now able to see that her usual way of dealing with things was that if she could not have "all" she would take "nothing" and how self-defeating this inevitably was. In contrast to the desperate, starving feeling she had reported earlier, she now described with some embarrassment how "full" she felt as a result of this interaction.

I believe that had I remained silent in this instance, Elizabeth's paranoia might have escalated, and that had I tried to respond interpretively it would not have been useful either. Disclosing my own feelings about how I experienced her behavior toward me, as well as the information that the cancellation was because of a funeral, however, seemed to be effective in detoxifying the field. It allowed us then to explicitly address what each of us was evoking and provoking, how we are each affected by each other's reactions, and how this fits or did not fit with each of our expectations. Among other things this helped us to begin to address the degree to which there was a sadomasochistic expectation and a sadomasochistic enactment in almost all of her relationships, and how her negative expectation of me was in many ways an expression of her contempt for me and a way of her writing me off, rather than the reverse.
This became a focus for exploring her fears and sense of her own vulnerability and opened on an emotionally charged associative process to the past.

Was there some countertransference enactment in all of these examples of my disclosure? I am sure there was. I think there is always some satisfaction in being able to turn things back on the patient when we feel we have been baited around by them unfairly, such as I did with Elizabeth. On the other hand, the opportunity to realize that she was able to affect me as she did, and that she was not the only vulnerable one in our relationship, as well as the opportunity to discover that we could each survive together, all seemed significant here. The fact that I was willing to hang in with her, despite my own frustration, may also have been critical here.

The kind of countertransference disclosure I have described in these examples involves not only a focus on the interactive issues, but also a particular kind of affective participation and availability on the part of the analyst, and a particular way of placing ourselves in relation to the patient. The powerful impact of the actual experience that is thus structured between patient and analyst must be recognized here. Too often, this is not explicitly considered, yet in many instances it may be the key to the patient’s “analyzability” and the locus of the therapeutic action (Ehrenberg, 1992, 1994c).

I would now like to look at Dr. Greenberg’s examples, keeping in mind the considerations I have raised.

As Dr. Greenberg notes in his first example, in which the patient asks the analyst how she feels about her publications, any decision to answer a patient’s question involves many levels of reaction. He focuses on the fact that the patient had guessed correctly about her analyst’s excitement about her publication and her anxiety about going public with her ideas. He also notes the analyst’s belief that “in the name of authenticity she owes her [patient] an honest answer,” and her belief “knowing about the mixed feelings might help the patient, a woman who is conflicted about her own professional ambitions, cope with her inhibitions.” He also comments on the analyst’s awareness of “an undercurrent of competitiveness,” of a few moments of triumphant glee at the thought that she had gotten her work published before the patient had, of guilty feelings about having these thoughts, and of discomfort about sharing her feelings. He asks whether her impulse to reveal the excitement and anxiety, and her hope that this would support the patient’s ambitions, were in the service of concealing something less palatable.

I think it seems quite likely this might be true. Something is virtually always concealed when something else is revealed, whether this is intended or not. Nevertheless, the question I see as critical for our discussion is: What is required here to best advance the analytic process? I believe it could reasonably be argued that to the extent the analyst feels a pull to reveal herself in the “hope that this would support the patient’s ambitions,” acting on this pull is not necessarily the optimal analytic response. Some might see this kind of use of her own reactions as manipulative (however therapeutic the intent) rather than as analytic.

From such a perspective a more analytically minded kind of disclosure might involve saying something like, “I feel an impulse to be helpful and I wonder what it might mean.” This latter kind of disclosure might help to open the interactive issues to analytic scrutiny. I am thus distinguishing between acting on countertransference feelings, and disclosing them. The point here is that it is not simply a matter of disclosure, but of what we choose to disclose and why. Although at times the kind of countertransference disclosure I am suggesting can itself also be a form of countertransference enactment, I think it still allows for opening a new level of analytic exploration. In many instances it can enable us to access not only the interactive issues, but through them some of the more elusive aspects of the internal issues that might otherwise remain inaccessible (Ehrenberg, 1993, 1994a, 1994b, 1994c). From my perspective it is not a matter of being helpful, authentic, or of modeling, but of how to use ourselves most fully as analytic instruments so as to best advance the analytic process, and how to do so in the most rigorous and penetrating kind of way.

Saying something as mild as “I feel there is something very complex going on between us at this moment which I don’t quite understand” or something slightly more revealing like “I feel like answering because I think it might be helpful to you, but I also wonder why I am feeling that now and what it might mean about what we might be enacting with each other” often allows for engaging the interactive issues in a collaborative way and for opening to analytic exploration those aspects of the relationship that usually go unexplored and often are not even recognized. This kind of countertransference disclosure can help bring into focus the interactive pulls in the room and can lead to a productive exploration of what exactly patient and analyst were responding to, and doing with and
to each other, as the patient asked the analyst to reveal herself in this way, and as the analyst responded in the way she did.

Patient and analyst could then both consider: What might the patient have been reacting to by asking these kinds of questions? Had the analyst provoked the patient in some way she was unaware of? How did the patient’s query relate to what might have happened in prior sessions? Was this the patient’s way of turning the tables and putting the analyst in a difficult position? What were the unconscious fantasies here? What are the patient’s issues with regard to her own ambitions? How does the patient experience the analyst’s success? What kind of competitive feelings might she be experiencing? Also, of interest here would be some clarification of whether analyst and patient each were typically subject to the kinds of complex feelings they each were now experiencing in relation to each other, or whether the feelings they were now experiencing in relation to each other were unique to this relationship.

When the analyst thinks about her relationship with her brother, I think her considering not only how the issues in the room related to the dynamics of her relationship with her brother, but also what she might have been trying to get away from in the room by reaching back to her brother, or, alternatively, how she may have felt drawing on her brother could have helped her in the moment, might have also helped her to find a way to engage the issues in the room more fully. Some articulation of the analyst’s experience of the feelings of anxiety in the room might potentially be of value here, in helping to zero in on what might be going on between patient and analyst at that specific moment.

In his second example, Dr. Greenberg notes that he views his patient’s question about whether he (Dr. Greenberg) got his message, as “a way of asking about my reactions to his conflict” and as reflecting the patient’s way of “exploring my reaction: Am I prone to retaliate when attacked, to withdraw, to sweep it under the rug? Is there room in what has been a productive analytic collaboration for disappointment, discord, deprivation, and rage? My response to an apparently simple question would, to my patient, reveal a great deal about my state of mind.”

From my perspective we might want to consider here: Was the patient making the equations Dr. Greenberg assumed he was making? After all, all the patient actually asked Dr. Greenberg was “Did you get my message?” If there were a more complex meaning to the question, was the patient aware of this? What was going on between patient and analyst here? How could the unarticulated dialogue be brought into focus? How could the patient’s fantasies be accessed?

Dr. Greenberg expresses concern that in such instances a deliberate self-disclosure on the part of the analyst can itself be stifling and truncate the negative transference. He states that it can suggest that the analyst might be in collusion in undoing the patient’s aggressive act. He also describes feeling the need to be cautious. (He expresses concern they might repeat what happened in the patient’s prior treatment.)

As I see it, to assume that silence is the more cautious response is moot here. Although some might see silence as opening the way for the patient’s free association, others would argue that it is a strong response in itself that has definite impact. It might have been experienced as rude, hostile, uncaring, sadistic, retaliatory, evasive, or tantalizing, among an infinite number of other possibilities, positive as well as negative. From my perspective, therefore, remaining silent here is as potentially problematic and as potentially toxic as any other possible response. There is no way to play it safe and avoid having impact.

The question is, What would best help to advance the analytic process here? What kind of intervention would facilitate the exploration of what it meant to the patient to leave the message, what he had in mind when asking whether the analyst got the message, and what responses he imagined he would get to the message as well as to his question about whether the analyst got the message? How could we help to facilitate an exploration of what response he hoped he might get and why he felt it was important to call rather than wait to ask in the next session? Other pertinent questions that hopefully might also be explored include: Was the patient’s forgetting the check in the first place a very specific reaction to something that had gone on between analyst and patient in the session(s) preceding? What message did the patient want the analyst to get (by forgetting the check and by leaving the message)? Did he feel there was an important message his analyst was not getting? Was he trying to communicate something he had been unable to communicate otherwise? Was there something he wanted his analyst to feel? Is what was going on between them in this interaction a clue to what was already going on when the patient forgot the check?

The critical point here is that the analyst’s not answering the question cannot be assumed to have been a necessarily safer response, or a more analytically facilitating response, than answering would have been. In many instances silence may reflect a form of enactment on the part of the analyst even if he is unaware of this being so. We can never assume unequivocally that we are not playing into some need or wish on the part of the patient to feel violated by the analyst, even as our own experience
may be that we are consciously deciding not to answer for our own "analytic" reasons. Nor can we assume that our own silent response might not be retaliatory even if we believe it is not so. We always have to consider, also, the extent to which a patient's behavior may be an iatrogenic response to what the analyst is setting up unawares, or vice versa.

In my view, to the degree the analyst feels the need to be cautious, I believe making this explicit can be analytically facilitating. Where we feel a sense of danger with a patient, articulating this feeling, as well as the ways in which we may experience a pull to be protective, or to walk on egg shells, can be a way to bring these important interactive issues under analytic scrutiny. This kind of countertransference disclosure often allows for penetrating the danger zones in the room so they can be analytically engaged. It also conveys our belief that this can be done constructively, that we are not frightened of attempting to do so, and that we are willing to be available in this kind of way. In addition it also communicates our trust in the potential for, and our belief in the necessity for, a collaborative analytic process. This often can detoxify the field. In contrast, if we avoid the danger zones, this may be construed as evidence of our own fear of engaging the issues, or our unwillingness to do so, and may confirm the patient's worst fears.

Similarly, if the analyst feels a pull to act like the patient's father and tries to resist the impulse, or if the analyst tries to "absorb the patient's aggression" to show he can do so, this kind of response is less likely to open the issues to exploration than articulating the pulls we feel to respond in these ways might be. The latter can often lead to a very productive process.

Since it is quite likely that someone else would have responded differently at any given moment, or even that the same analyst might respond differently at another time, it is not our specific impulse that is the issue here but how we use it. The question at hand, therefore, is not what response is "right" or "wrong" but how to use whatever occurs to greatest analytic advantage.

I believe that judicious use of countertransference disclosure can help to establish new levels of analytic rigor and of analytic possibility. In my experience it can help open to analytic exploration aspects of the relationship that otherwise may never be acknowledged or addressed, and that are often key. As I have elaborated elsewhere (Ehrenberg, 1993), in some instances failure to address these aspects of the relationship be-

In summary, I have tried to show how the kinds of countertransference disclosure I have described can help open to analytic scrutiny very subtle dimensions of the analytic field that often might remain inaccessible otherwise. With regard to the latter, my emphasis is not on countertransference disclosure as something to be used as a "parameter" only at moments of impasse or difficulty. My position is more radical. I believe judicious use of countertransference disclosure has the potential to facilitate a level of analytic engagement and a level of analytic exploration with all patients that may not be possible otherwise. Nevertheless, I want to be clear that recognizing the potential for constructive use of countertransference disclosure does not mean it applies across the board. There are many instances where countertransference disclosure might be inappropriate and could be harmful. Nor does recognizing the potential for constructive use of countertransference disclosure provide a simple formula for exactly what to say in any given context, since there are always multiple levels of reaction we can draw upon and must choose between (see Ehrenberg, 1992). I emphasize this because I think it is important to be clear that constructive use of countertransference disclosure in no way implies a "wild" burdening of the patient with everything we think or feel. It involves a much more complex and sensitive series of clinical judgments and decisions based on our estimation of what might help advance an analytic exploration. In this respect I am well aware that arguing for the value of judicious kinds of countertransference disclosure raises many more questions than it answers, since this involves a dimension of analytic use of ourselves that has the potential to be extremely powerful yet remains one that we still have much to learn about.

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