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Basic Psychoanalytic Concepts: VI. Acting Out

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We have previously suggested that a number of psychoanalytic concepts have undergone changes of meaning when extended to wider settings both within psychoanalysis and outside it (Sandler, Dare, and Holder, 1970a, b; Sandler, Holder and Dare, 1970a, b, c). This has led to situations in which the same term can have a variety of meanings attached to it, with consequent confusion and loss of precision. A clear example of this is the concept of *transference*, which is now given a wide range of meanings, including that of being simply a synonym for 'relationship'—a usage substantially different from its original meaning (Sandler, Dare and Holder, 1970b).

Of all the clinical concepts considered in this series, *acting out* has probably suffered the greatest extension and change of meaning since it was first introduced by Freud in 1905 (Holder, 1970). Blos comments that 'the concept of acting out is overburdened with references and meanings. The rather clear-cut definition of thirty years ago, when acting out during analysis was considered a legitimate and analysable form of resistance, has by now been expanded to accommodate delinquent behaviour and all kinds of . . . pathology and impulsive actions. This expansion of the concept has reached a conceptual breaking point. I feel . . . [as if I am] groping my way through the underbrush of an overgrown concept eager to find a clearing which would permit a wider view' (1966).

The term now tends to be used (by psychoanalysts and others) to include a whole range of impulsive, antisocial or dangerous actions, often without regard to the contexts in which such actions arise. It is sometimes used in a pejorative sense to denote disapproval of actions of patients or even colleagues. Examination of the relevant recent literature (e.g. Abt and Weissman, 1965) shows the great variety of current usages, the only common denominator appearing to be the assumption that the particular action referred to as 'acting out' has unconscious determinants.

Part of the present confusion surrounding the concept derives from the translation of the term originally used by Freud. In 1901, in *The Psychopathology of Everyday Life*, he had made use of the colloquial German term *handeln* (to act) in his description of 'faulty' acts or parapraxes which could be understood to have an unconscious significance. In 1905, however, in his description of the 'Dora' case he made use of the less colloquial word *agieren* (also meaning 'to act', but with a slightly more emphatic connotation) in a particular technical sense. *Agieren* was translated as 'acting out', and it is probable that the choice of this latter term has contributed to some of the changes in meaning of the concept in the English and American literature.*

Freud's patient 'Dora' broke off treatment after some three months, and he subsequently attributed this abrupt termination to his failure to notice the patient's transference on to him of feelings towards an important figure of the past (Herr K.). He wrote: 'In this way the transference took me unawares, and, because of the unknown quality in me which reminded Dora of Herr K., she took her revenge on me as she wanted to take her revenge on him, and deserted me as she believed herself to have been deceived and deserted by him. Thus she *acted out* an essential part of her recollections and phantasies instead of producing it in the treatment' (1905). Here acting out was related to transference and resistance, and it was also

* Thus Bellak says 'Freud first mentioned acting out in *The Psychopathology of Everyday Life*', and goes on to describe practically every type of clinically significant action as one or other variety of 'acting out' (1965). The implicit equation of acting (*handeln*) and acting out (*agieren*) is also made by Greenacre (1950) and Rexford (1966).

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seen as a substitute for remembering. Instead of recollecting the past, and reporting the recollection in her free associations, the patient enacted the memory.

Freud's most extensive discussion of the concept is to be found in his technical paper on *Remembering, Repeating and Working-through* (1914). Here acting out is related quite strictly to the clinical psychoanalytic treatment situation. As in the 'Dora' case, it is used to refer to actions which the patient produces as substitutes for memories. '. . . 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 . . . For instance, the patient does not say that he remembers that he used to be defiant and critical towards his parents' authority; instead, he behaves that way to the doctor.' Freud goes on to refer to acting out as *a way of remembering* which makes its appearance in the analysis. He draws attention to the fact that transference, too, can be regarded as a 'piece of repetition', and that transference and acting out are at one when the patient repeats the past in a way which involves the person of the physician (as when the patient falls in love with the analyst). However, he also relates acting out to resistance. 'The greater the resistance, the more extensively will acting out (repetition) replace remembering . . . if, as the analysis proceeds, the transference becomes hostile or unduly intense and therefore in need of repression, remembering at once gives way to acting out.'

Freud distinguishes between acting out *within* the analytic situation and acting out *outside* the analysis. Both forms are regarded as a consequence of the analytic work and the treatment situation. Within analysis, the transference provides the vehicle for acting out, and this may be the only way in which repressed memories may initially find their way to the surface. Acting out outside the analysis carries with it potential dangers to the treatment and to the patient, but it is often impossible to prevent such acting out. There are 'people whom one cannot restrain from plunging into some quite undesirable project during the treatment and who only afterwards become ready for, and accessible to, analysis.* Occasionally, too, it is bound to happen that the untamed instincts assert themselves before there is time to put the reins of the transference on them, or that the bonds which attach the patient to the treatment are broken by him in a repetitive action' (1914).

Freud's views on acting out remained essentially unaltered in his subsequent discussions of the subject (1920, 1939, 1940), and it is clear that he consistently regarded acting out as a *clinical* psychoanalytic concept related quite specifically to psychoanalytic treatment (cf. also A. Freud, 1936).

Departures from Freud's original usage began to occur fairly early in the subsequent psychoanalytic literature, and a number of factors appear to be responsible for this. Some of these are listed below.

1. A comment made by Freud appears, when taken out of context, to broaden the concept substantially. In considering what it is that the patient repeats under conditions of resistance he remarked, 'We may now ask what it is that he in fact repeats or acts out. The answer is that he repeats everything that has already made its way from the sources of the repressed into his manifest personality—his inhibitions and unserviceable attitudes and his pathological character traits. He also repeats all his symptoms in the course of the treatment' (1914). However, this should not be taken to imply that repetition and acting out are synonymous, even though acting out is a form of repetition. Nor does Freud's statement remove acting out from its *clinical* context.

2. The choice of acting *out* as the translation of *agieren* has resulted in certain authors restricting the concept to acting out *outside* the analytic treatment situation. This has led to the coining of the term 'acting in' for some aspects of what Freud referred to as acting out within the analysis (Zeligs, 1957; Rosen, 1965; Eidelberg, 1968).

3. The tendency to broaden psychoanalytic

* For this reason patients were often asked, before commencing analysis, to refrain from making major decisions (e.g. marriage) during the course of the analysis. However, as analyses now take longer, this request has tended to be modified or abandoned.

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theory into a general psychology (Hartmann, 1939, 1944) has led to the reformulation of a number of clinical concepts in more general psychological terms. This tendency was, of course, encouraged by Freud's repeated references to the fact that the phenomena which can be observed in psychoanalytic treatment can also be observed outside it. A consequence of attempts to generalize clinical concepts is that they may lose something of their clinical precision. This has been discussed in relation to transference (Sandler, Dare and Holder, 1970b), and the same considerations appear to apply to acting out.

4. The concept of acting out was derived in the context of the psychoanalytic method applied to adult patients who were predominantly neurotic, and who were regarded as being capable of adhering to the basic technical rule of free association. With the application of psychoanalysis to the treatment of patients with severe personality disorders, to psychotics, adolescents and children, new technical problems arose, and this resulted in a widening of the concept. Because of similarities between the impulsive aspects of the behaviour of patients in the above-mentioned groups and the acting out of the neurotic patient (under the pressure of the analysis) the temptation to label all impulsive behaviour as 'acting out' was very strong (A. Freud, 1968).

5. Acting out was regarded by Freud as a particular manifestation of resistance which could have undesirable consequences for the patient or for the progress of his analysis. Because of this it appears to have been a natural step for his colleagues and followers to apply it more to behaviour which was 'undesirable' in a general sense than to other forms of behaviour. Carried to its extreme, socially or morally undesirable behaviour (in patients and others) tended by some to be labelled 'acting out'.

Fenichel discussed acting out with reference both to treatment-related phenomena and to impulsive tendencies lodged in the personality and pathology of the individual (1945). He linked the tendency to impulsive action with difficulties in the first year of life, these giving rise to a tendency to react to frustrations with violence. He also suggested that traumatic experiences in childhood may lead to repeated attempts to master, through activity, what was once passively traumatically experienced. It is of interest that Fenichel distinguished more sharply than Freud had done between transference and acting out, suggesting that the tendency to act out was a function of the particular individual concerned, and could consequently be considered in a wider context than that of psychoanalytic treatment. Individuals who show a proclivity for acting out will tend to act out whether they are in analysis or not. They have 'in common an insufficient differentiation between the present and the past, an unwillingness to learn, a readiness to substitute certain rigid reactive patterns for adequate responses to certain stimuli. But these reactive patterns . . . are not necessarily real actions—sometimes they consist in mere emotional attitudes; and we rather call it 'transference' if the attitude concerns definite persons, and 'acting out' if something has to be done regardless toward whom' (1945).

Fenichel's main point—that certain persons show a greater tendency to express their unconscious impulses in action than others—is an interesting one, but his retention of the term 'acting out' for such impulsive actions reduces the link which previously existed between acting out and transference-resistance. He was in fact discussing a different topic, i.e. the character of those individuals who tend to *enact* in an impulsive fashion.

Greenacre has also discussed acting out as an habitual phenomenon which creates special problems of therapeutic management. She defines acting out as 'a special form of remembering, in which the old memory is re-enacted in a more or less organized and often only slightly disguised form. It is not a clearly conscious visual or verbal recollection, nor is there any awareness that the special activity is motivated by memory. His behaviour seems to the subject to be plausible and appropriate' (1950). This last characteristic of acting out has been emphasized in much of the subsequent literature (e.g. Greenson, 1967). Greenacre also considers the developmental determinants of habitual forms of acting out, and to those

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enumerated by Fenichel (1945) she adds 'a special emphasis on visual sensitization producing a bent for dramatization . . . and a largely unconscious belief in the magic of action'. Greenacre's formulations suggest that the later tendency to habitual acting out is chiefly the result of certain disturbances in the first two years of life. The link between acting out and pre-verbal experiences has been emphasized in much of the subsequent psychoanalytic literature, especially by the followers of Melanie Klein (e.g. Bion, 1962; Rosenfeld, 1965; Meltzer, 1967).

The tendency to use the term to refer, more or less indiscriminately, to actions of all sorts has increased in recent years, and we find a whole volume entitled *Acting Out* (Abt and Weissman, 1965) devoted to a discussion of such diverse behavioural disturbances as drug addiction, alcoholism, psychosomatic illness, obesity, homosexuality, learning inhibitions and the like, all regarded as special forms of acting out. In the foreword to this book, Bellak remarks, 'Even in its narrower definition, acting out is of great social importance. The character disorder, be it as a carrier of emotional contagion within a small family group, or as a demagogue of national scale, is a serious problem. The delinquent, the adult criminal, the drug addict, the ordinary psychotic, as well as the political lunatic, are problems of great social import which demand solutions. We need to know how to prevent the development of such bad actors, understand them well enough to control them therapeutically or socially, and we need to know right now most urgently how to predict who is likely to act out and when.'

Similarly, Helene Deutsch has widened the concept from a clinical one to one of general psychology. 'To some extent, we are all actors-out, because nobody is free of regressive trends, repressed strivings, burdens of more or less conscious fantasies, etc. Artists are able to create in acting out their work of art, neurotics of every type and degree are using their symptoms to act out; hysterics in conversion symptoms, and often very dramatic twilight states; obsessionals in their ceremonies; psychotics in hallucinations and delusions; delinquents in their asocial behaviour' (1966).

Such extension of the concept would appear to rob it of its original conceptual status, and it is perhaps unfortunate that some such term as 'enactment' was not used in the literature to distinguish the general tendency to impulsive or irrational action from 'acting out' linked with the treatment process.

In the more recent literature, a reaction to the indiscriminate use of the term can be discerned, and some psychoanalytic writers have begun to advocate a return to the narrower concept and in particular to emphasize its application to the enactment of unconsciously determined urges during the course of treatment (e.g. Limentani, 1966; Greenson, 1967; A. Freud, 1968; Rangell, 1968). With this development, there has also been a move away from looking upon acting out as undesirable and towards its evaluation as a source of information and its significance as a special form of communication or expression. In this respect, the assessment of the concept of acting out as a clinical phenomenon has undergone a similar change to that which occurred in the case of transference (Sandler, Dare and Holder, 1970b) and counter-transference (Sandler, Holder and Dare, 1970b), both of which were initially regarded as obstacles to treatment, but were later seen as valuable sources of information. With this, there has also been a move away from regarding acting out exclusively as a form of resistance (particularly against transference) (Greenson, 1967; Rangell, 1968) towards evaluating it as a possible first indication of new material emerging from unconscious sources. Limentani (1966), for instance, quotes the example of the patient who calls at the analyst's consulting room at the usual time, having overlooked the fact that there is no session because of a national holiday. He suggests that there may be little evidence of resistance in such behaviour which can be taken as a useful source of analytic material. Balint (1968) has made a similar point in regard to the analysis of patients who have a 'basic fault' in their personalities.

To sum up, it can be said that the concept of acting out has been used in psychoanalysis in two main senses.

1. To describe certain behavioural phenomena which arise during the course of an

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analysis, and which are a consequence of that treatment. The concept refers to mental contents (wishes, memories, etc.) which are pushing their way towards the surface as a consequence of their revival in the analytic treatment situation, these contents being enacted rather than remembered. If they involve the person of the analyst, they have been referred to as 'acting out in the transference', but acting out includes other treatment-related and treatment-inspired forms of enactment. In its original sense, acting out can occur either within the treatment setting or outside it. The term 'acting in', introduced more recently, would refer only to acting out within the treatment situation.

2. To describe habitual modes of action and behaviour which are a consequence of existing personality and pathology and which are related to the type of individual rather than to the treatment process.

Perhaps the most lucid statement regarding such individuals is that given by Hartmann (1944): 'There is . . . a large number of people in whom active social conduct represents not a rational action but an "acting out", which is more or less neurotic, in relation to social reality. In this "acting out", they repeat infantile situations and seek to utilize their social conduct to resolve intrapsychic conflicts. A strong reliance on reality can also be used to overcome fear. It can, but it does not need to have, the character of a symptom. It also depends on the peculiarities of the social milieu, what conflicts and anxiety tensions are overcome by the social behaviour. On the other hand, sometimes a modification of the social structure which limits this activity . . . leads to a reappearance of those conflicts which were temporarily overcome and serves to precipitate a neurosis.'

The application of the concept of acting out to behaviour arising in contexts other than that of psychoanalytic treatment poses certain difficulties. These do not arise if we use the concept in its widest sense, i.e. as relating to individual tendencies, for these exist apart from the treatment situation. In the narrower and technical sense, however, a problem arises if we adhere to the view that acting out is a substitute for remembering, for other forms of treatment may not involve or stimulate the recall of the patient's childhood past. Nevertheless, the concept would, it seems, be capable of extension if it were linked with those situations (therapeutic and otherwise) in which an intense relationship fosters a tendency to a revival of earlier, especially infantile, states and impulses. Enactments of these earlier states can occur, and these could, in our view, be legitimately referred to as acting out. An example of such acting out might be the case of a patient receiving behaviour therapy who develops unconscious hostile feelings towards his therapist, and may enact these towards someone else. Similarly, an in-patient may deal with irrational guilt feelings which have developed towards his doctor by provoking reproval or 'punishment' from the hospital authorities. The awareness and understanding by the doctor of acting out tendencies occurring within a treatment situation of any sort can, it would seem, be of value not only in the handling of the patient, but also in gaining clues with regard to his psychopathology. Acting out is, of course, not only confined to the patient group. Irrational actions towards patients resulting from the doctor's counter-transference could probably also be designated as acting out on the part of the doctor. And in so far as intra-staff relationships may foster infantile attitudes, the irrational behaviour which may arise in response, say, to the death or retirement of a key figure in the institution may lead to behaviour which could be designated as acting out. There is no doubt, however, that such an extension of the concept does imply a certain change in meaning from the original psychoanalytic usage, and that this will render it somewhat less precise in its application.

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REFERENCES

ABT, L., and WEISSMAN, S. (ed.) (1965). *Acting Out. Theoretical and Clinical Aspects*. New York: Grune & Stratton.

BALINT, M. (1968). *The Basic Fault, Therapeutic Aspects of Regression*. London: Tavistock.

https://doi.org/10.1192/S0007125000193316 Published online by Cambridge University Press

BELLAK, L. (1965). 'The concept of acting-out: theoretical considerations', in *Acting Out. Theoretical and Clinical Aspects*, ed. by Abt, L. and Weissman, S., New York: Grune & Stratton.

BION, W. R. (1962). *Learning from Experience*, London: Heinemann.

BLOS, P. (1966). Discussion remarks. In *A Developmental Approach to Problems of Acting Out*, ed. E. Rexford. Monographs of the Journal of the American Academy of Child Psychiatry, No. 1.

DEUTSCH, H. (1966). *A Developmental Approach to Problems of Acting Out*, ed. E. Rexford. Monographs of the American Academy of Child Psychiatry, No. 1.

EIDELBERG, L. (ed.) (1968). *Encyclopedia of Psychoanalysis*, New York: The Free Press.

FENICHEL, O. (1945). 'Neurotic acting out.' *Psychoanal. Rev.*, **32**, 197–206.

FREUD, A. (1936). *The Ego and the Mechanisms of Defence*, London: Hogarth.

—— (1968). 'Acting out.' *Int. J. Psycho-Anal.*, **49**, 165–70.

FREUD, S. (1901). *The Psychopathology of Everyday Life*, *Standard Edition*, **6**.

—— (1905). 'Fragment on an analysis of a case of hysteria.' *Standard Edition*, **7**, 7–122.

—— (1914). 'Remembering, repeating and working-through.' *Standard Edition*, **12**, 147–56.

—— (1920). *Beyond the Pleasure Principle*, *Standard Edition*, **18**, 7–64.

—— (1939). *Moses and Monotheism*, *Standard Edition*, **23**, 7–137.

—— (1940). *An Outline of Psycho-Analysis*, *Standard Edition*, **23**, 144–207.

GREENACRE, P. (1950). 'General problems of acting out.' *Psychoanal. Quart.*, **19**, 455–67.

GREENSON, R. (1967). *The Technique and Practice of Psychoanalysis*, Vol. 1, London: Hogarth.

HARTMANN, H. (1939). *Ego Psychology and the Problem of Adaptation*. London: Imago, 1958.

—— (1944). 'Psychoanalysis and sociology', in *Essays on Ego Psychology*, London: Hogarth, 19–36: 1964.

HOLDER, A. (1970). 'Conceptual problems of acting out in children.' *J. Child Psychother.*, **2**, No. 4.

LIMENTANI, A. (1966). 'A re-evaluation of acting out in relation to working through.' *Int. J. Psycho-Anal.*, **47**, 274–82.

MELTZER, D. (1967). *The Psychoanalytical Process*, London: Heinemann.

RANGELL, L. (1968). 'A point of view on acting out.' *Int. J. Psycho-Anal.*, **49**, 195–201.

REXFORD, E. (1966). 'A survey of the literature', in *A Developmental Approach to Problems of Acting Out*, ed. E. Rexford. Monographs of the American Academy of Child Psychiatry, No. 1.

ROSEN, J. (1965). 'The concept of "acting-in" ', in *Acting Out*, ed. L. Abt and S. Weissman, New York: Grune & Stratton.

ROSENFELD, H. (1965). *Psychotic States*, Ch. 11 'An investigation into the need of neurotic and psychotic patients to act out during analysis.' London: Hogarth.

SANDLER, J., DARE, C., and HOLDER, A. (1970a). 'Basic psychoanalytic concepts: I. The extension of clinical concepts outside the psychoanalytic situation.' *Brit. J. Psychiat.*, **116**, 551-54.

——, ——, and —— (1970b). 'Basic psychoanalytic concepts: III. Transference.' *Brit. J. Psychiat.*, **116**, 667–72.

——, HOLDER, A., and DARE, C. (1970a). 'Basic psychoanalytic concepts: II. The treatment alliance.' *Brit. J. Psychiat.*, **116**, 555-58.

——, ——, and —— (1970b). 'Basic psychoanalytic concepts: IV. Counter-transference.' *Brit. J. Psychiat.*, **117**, 83–88.

——, ——, and —— (1970c). 'Basic psychoanalytic concepts: V. Resistance.' *Brit. J. Psychiat.*, **117**, 215–21.

ZELIGS, M. (1957). 'Acting in.' *J. Amer. Psychoanal. Assoc.*, **5**, 685–706.

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