

Transformations of Transference

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Transference can be understood to have complementary aspects: the experience in the here-and-now of the relationship with the analyst and the repetition of old relationships. The concept of an enactment is proposed to describe the vivid reexperience of childhood relationships in the here-and-now of the analytic relationship. Countertransference contributions to the enactment are discussed. Transference transformation results from the juxtaposition of the regressive transference enactment and transference experiences that are new and novel to the patient. The analyst can promote such changes by his interpretation of resistances both to the reexperience of the transference repetition and to awareness of the new and novel elements that spontaneously appear in the relationship with the analyst.

PSYCHOANALYSIS, AS A THERAPEUTIC PROCESS, HAS BEEN DEFINED AS “THE development of a regressive transference neurosis and the ultimate resolution of this neurosis by techniques of interpretation alone” (Gill, 1954, p. 775). This emphasizes the emergence of transference in the analytic setting and its interpretation as the central therapeutic instrument. However, the idea of resolution of transference is misleading if we mean that transference is quantitatively decreased or destroyed. Rather, the transference neurosis is modified and transformed into a more mature object relationship with the analyst in which there is a combination of cognitive insight, recovery of memory, and experience of new emotions. Follow-up studies have shown that the transference neurosis is attenuated but does not disappear (McLaughlin, 1981).

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Internalization and structuralization of the transformed relationship then allow for subsequent object relationships in which transference is less an unconscious repetition, but more an informant of mature expressivity and object choice.

Freud discovered the importance of transference in the Dora case (1905) and realized its power, both to disrupt treatment and to promote the healing process. Freud (1912) called the manifest loving aspects of transference the "positive transference" (p. 105), which he further subdivided into friendly or affectionate feelings and unconscious erotic feelings. The transference of aggressive feelings was called the "negative transference." The affectionate, unobjectionable feelings were thought to contribute significantly to the therapeutic relationship with the analyst, providing the cohesion in the treatment during periods of resistance. The unconscious erotic feelings form the basis of transference repetition and resistance. After the formulation of the structural theory, Freud suggested that aggression could also serve as a basis for repetition and resistance. Given these two broad strands of loving in the transference, it is not surprising, as Schafer (1977) points out, that Freud spoke of transference love sometimes as a repetition and sometimes as fresh and genuine in the new relationship with the analyst.

The repetitive side of transference has its origin in the past history of childhood relationships and its tendency to seek out and repeat these old relationships with new partners, including the analyst. Freud (1912) stated, "This produces what might be described as a stereotype plate (or several such), which is constantly repeated—constantly reprinted afresh—in the course of a person's life" (p. 99f.). In speaking of repressed childhood conflict, he said, "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" (1914, p. 150). This is the essence of transference as repetition. The repeated impulses and their associated intrapsychic defensive structures are reexperienced as a reengagement in the transference. The repressed memories of childhood's painful losses and disappointments return in symbolic actions and fantasies, and the defenses become manifest in the interpersonal relationship with the analyst as resistance.

Yet there is another side to transference. In his first discussion of transference, in the Dora case, Freud (1905) spoke of transference as "new impressions" or "revised editions" (p. 116). Later (1912), he said, "The patient regards the products of the awakening of his unconscious impulses as contemporaneous and real" (p. 108). And in 1914: "The

transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made. . . . It is a piece of real experience" (p. 154).

Here then is the complementary thread of the transference, not experienced as resistance, but as the more direct manifestation of libidinal and aggressive impulses, available to seek more vital, creative, and satisfying relationships in the present. Schafer (1977) sums it up well: "On the one hand, transference love is sheerly repetitive, merely a new edition of the old, artificial and regressive . . . and to be dealt with chiefly by translating it back into its infantile terms. . . . On the other hand, transference is a piece of real life that is adapted to the analytic purpose, a transitional state of a provisional character that is a means to a rational end and as genuine as normal love" (p. 340). Clearly these two threads of transference remain intertwined throughout life. At the beginning of an analysis, the thread of genuineness and vitality is often only potentially present, but may emerge during the treatment in a new and creative experience with the analyst.

James Strachey (1934), in his concept of the mutative interpretation, discussed and contrasted these two threads of transference. Using the language of his day, he described the analyst as being initially internalized as an "auxiliary ego"; that is, the analyst is experienced as an object that is felt as "real and contemporary," separate and distinct from the rest of the patient's internalized objects. On the other hand, there is a constant pressure to experience the analyst as a repetitive transference object. The patient identifies with the analyst both as a real object and as a fantasy object determined by the transference projections. The most powerful tool of the analyst is the mutative interpretation, in which the repetitive side of transference, as experienced in the analytic relationship, is articulated and simultaneously contrasted with the real relationship with the analyst. "The analyst gives permission for a certain small quantity of the patient's id energy . . . to become conscious . . . the quantity of these impulses . . . will become consciously directed toward the analyst. This is the critical point. If all goes well, the patient's ego will become aware of the contrast between the . . . character of his feelings and the real nature of the analyst. . . . [The patient] will become aware of a distinction between his archaic phantasy object and the real external object" (p. 142f.).

The first phase of the interpretation aims at making the transference fully conscious as a direct interpersonal experience, what Gill (1982) calls the interpretation of resistance to awareness of transference. Strachey noted that this phase often takes place in "an immense number of minute steps" (p. 144). He emphasized that the id impulses

must be at a "point of urgency" (p. 150), that the patient must experience the repetitive aspect of transference as an immediate and real force. The second phase of the interpretation is the patient's "sense of reality," developing the insight that the transference is a projected fantasy, and that a different relationship is possible.

While Strachey has correctly identified these two vital therapeutic forces, he leaves a number of questions unanswered. It is not clear how the patient retains "the sense of reality" to see the analyst as a new and distinct object when he or she is under the full sway of the repetitive transference, nor is it clear what the analyst can do to promote the awareness of this reality, other than maintain his neutrality. Gill (1982) calls this phase the interpretation of resistance to the resolution of transference; the patient learns through interpretation that his thoughts and fantasies about the analyst contain determinants that are outside the current analytic situation. Interpretation can be focused on the distortions in the here-and-now of the analytic situation or on the past emotional determinants. Gill (as does Strachey) believes that the interpretation of the here-and-now aspect of transference is often the most powerful step which can then lead to the recognition of the past and its distortion of the present. Gill also believes that emphasis on the here-and-now experience leads to a new interpersonal experience that the patient recognizes as more beneficial than transference distortions.

Loewald (1960, 1971) emphasizes the interpersonal aspects of the analytic situation, through his concept of the development of a new object relationship between patient and analyst. The goal of psychoanalytic treatment is the resumption of ego development, which has been frozen by neurotic processes, toward higher levels of structural differentiation and integration. These processes of growth are started and made possible by the relationship with the analyst, who, through empathic listening, clarification, and interpretation, is available as a new object. The possibility of a new object relationship is one meaning of the positive transference. It is this hope that makes possible the initial attachment of the patient in the analysis and carries the patient through the anxiety and pain of facing and working through various resistances. Interactions between the patient and the analyst throughout the work can lead either to more primitive interactions (ego disintegration) or more advanced interactions (ego integration). The patient at the beginning always has the tendency to make this new relationship into an old one (repetition). Interpretation during these stages attempts to induce ego disorganization, to transform the repetitions into a true regression in which the "ghosts" (unconscious com-

plexes) are allowed to taste “blood” (the passions) and awake to life (become fully conscious).

This touches on another meaning of transference for Loewald, the vital and ongoing interplay between the buried passions of the past and the preconscious fantasies of the present. The analyst’s functions are twofold: progressively to remove transference barriers to a new object relationship, while at the same time holding for the patient the image of this new relationship and his “emerging core.” There is a gradual movement from possibility to actuality of new and novel interaction with the analyst. These new interactions—this new object relationship with the analyst—are internalized and result in structural change and higher levels of ego integration. Loewald (1971), speaking of the transference neurosis, stated, “We may regard it as denoting the retransformation of a psychic illness which originated in pathogenic interactions with the important persons in the child’s environment, into an interactional process with a new person, the analyst, in which the pathological infantile interactions and their intrapsychic consequences may become transparent and accessible to change by virtue of the analyst’s objectivity and of the emergence of novel interaction possibilities” (p. 309).

Winnicott (1954), writing about regression, came to much the same conclusions, using his own peculiar language. He, too, understood development as a process of growth embedded in the matrix of relationships. Neurotic processes are called “a freezing of the failure situation . . . [a defense against] environmental failure” (p. 281). This captures rather well the original childhood trauma, in which the needs of the child are not adequately met, and the repetition of that trauma through subsequent development and relationships. There are two major types of regression: that which seeks to return to the early failure situation and its associated defenses (transference repetition) and that which seeks to return to early success situations involving memories of dependency. This implies that the child has experienced both good and bad environmental adaptation to his ego needs. I believe that here Winnicott is making explicit what Loewald only implies. In order for the patient to hold the hope and possibility of a new object relationship with the analyst, there must have been “early success situations” which the patient can re-find via the true regression. The return to dependence forms the starting point for a new object relationship and resumption of developmental growth. Winnicott postulated a sequence that describes microscopic movement in an analytic hour, as well as macroscopic shifts through longer phases of an analysis. The analytic setting gives the patient the confidence and safety to regress. Regression involves a simultaneous seeking of the early dependence and an

acting out, a transference repetition. Through the analyst's statement of what happened in the acting out of the transference, the patient develops an understanding of what happened in the original failure situation. In favorable cases, an unfreezing of the failure situation takes place, leading to anger related to the early environmental failure, felt and expressed in the transference, and a new sense of self, based on true dependence. Out of this develops a genuine vitality and vigor of current needs and wishes.

What I am interested in examining clinically in this paper are the processes involved in the movement in the analysis between these two poles, past and present, repetition and creativity. The neurotic complex results in the repetition of old patterns of love and hate; it causes an arrest of growth somewhere between a "true regression," where the passions of the past are fully relived, and the novel interactional possibilities of the present. Clinically, in analyzing and interpreting the elements of transference repetition as consistently and fully as possible, one should then see the emergence of oscillating and reciprocal shifts toward a truer understanding and reliving of the past, and a corresponding freshness and vitality in the current relationship between patient and analyst. As we witness the intensification of the transference resistance, these two poles emerge most clearly. By a truer understanding of the past, I have in mind the release of repressed childhood anxieties and affects, the filling in of details about important childhood traumas, and the recasting of a personal myth (Kris, 1956). By novel interactions in the present, I have in mind a newfound freedom to love and hate the analyst in the inevitable deprivations and intimacy of the psychoanalytic situation.

CASE REPORT

The patient was a middle-aged man who entered psychoanalysis through the psychoanalytic clinic for an obsessional character disorder. Due to issues of confidentiality, I will not touch upon his history or his course in the analysis, except as it is referred to in the themes of the hour to be discussed. It was the last hour before the August break in the sixth year of the analysis. A synopsis of the process of the hour is laid out in sequence, with each section numbered for later reference.

I. I asked him if he had any further thoughts about the proposed fee increase. He stated that he felt it was reasonable. We then finalized the amount and date to start the fee increase.

II. He stated that he had a planned agenda, but was suddenly aware of spontaneous feelings. He then talked about my ending for vacation. He should feel something.

III. I asked, "Is that being compliant?"

IV. He responded, "Yes, but there's more . . . feeling sad." He talked about the upcoming job interview in another city.

V. I said, "This may be a potential ending for good."

VI. He said, "There's something different, your tone [begins to get tearful], you're not trying to hold onto me, you're not angry with me, not controlling [openly and uncontrollably crying]. I never felt that way before."

VII. I ventured, "Your parents were and are controlling. It is sad that you may leave and miss the potential benefits of the analysis."

VIII. He replied, "The first is true. Now I understand that I've felt the same way about you. Second, I appreciate your feelings, but I don't feel you're trying to impose them."

IX. I reminded him that, "Last year at this time, you also thought about leaving."

X. He said, "I forgot about that. You must feel I give you a hard time."

XI. He thought of an example at work where he tried to take control of a case from someone he supervised. He felt this was not good.

DISCUSSION

This hour is an example of a "mutative interpretation" or a "true regression" and the emergence of a new transference configuration. However, the interpretations offered are scant and brief and could not in themselves account for the dramatic shifts in affect within the hour. The mutative interpretation often takes place over a long block of time. The transference resistance, analyzed repeatedly in small bits, may dramatically come to a quick and unexpected resolution. Of course, this resolution itself may be unstable and require a period of working through before it reaches the level of a stable insight. I would like to sketch some of the factors that I believe coalesce to bring this hour to a "point of urgency" and that might be applicable to the larger question of the therapeutic action of psychoanalysis.

In an ordinarily successful analysis, various transference themes will arise that are unique to the interpersonal relationship between patient and analyst. These themes are metaphors, words, symbolic actions, and fantasies that are a product both of the patient's transference and of the analyst's particular style and countertransference. As the themes directly express transference meaning, they preexist and are independent of the analysis, yet their particular shape and direction may well be pulled by forces coming from the analyst. As the analysis proceeds,

these themes will come to express aspects and elaborations of a core transference repetition (the transference neurosis) and, in fact, their sum will carry the meaning of the core transference. The themes tend to come and go during the day-to-day work, are gradually added to and altered, and can be transformed into new and unexpected meanings. These themes may have a life of only a few days or may continue through the entire analysis. In this particular hour, one can identify five such transference themes of varying lengths and degrees of elaboration. I will list the five themes and give a brief history of their life in the analysis.

1. CONFLICT ABOUT THE FEE

This theme was introduced into the hour at the very beginning (section I), through the finalization of a fee increase which had been proposed by me about a month before and had been discussed during the last month. The patient had been quite agreeable to the idea, raising no objections, although I had felt he wanted to avoid any extended discussion of his feelings about the matter. The history of conflict about the fee goes back to the beginning of the analysis when he had wanted a free analysis. When I did not accept this wish, he felt a fleeting resentment, worried that I was angry with him, and then agreed to the fee I proposed. This set a pattern that was repeated throughout the analysis, in which action on his part and reaction on my part took predominance over reflection and analysis. During the first three years of the analysis, he periodically did not pay the monthly bill, gradually accumulating a large debt. The patient had had serious monetary difficulties all of his adult life, and the transference acting out merely repeated these difficulties with me. However, certain conditions and difficulties on my part (this being a clinic analysis, my not setting clear boundaries about payment of the fee early in the analysis) certainly shaped how the conflict unfolded. Repeated attempts to analyze this only resulted in protestations that he could not pay me for various external reasons out of his control. This shifted any responsibility away from himself and allowed him not to see any internal conflict. He thought of it as wanting "unconditional love" from his father, feeling entitled to my giving him something without any obligations in return. Interpretations would be followed by brief intellectual compliance, but no lasting change in his behavior. Only after I set a limit, telling him the analysis would end immediately if he did not pay his monthly bill on time, did he begin to pay regularly, and gradually we could analyze the emotional determinants. In retrospect, he and I could never really extricate ourselves from a series of enactments in which both of us were caught up in.

Interpretation had been primarily directed toward the resistance to awareness of transference. In particular, he became more aware of his resentment toward me and his fear of provoking my anger. More recently, his view of me gradually changed from someone who was passive to someone who was clear and decisive; correspondingly, he developed pride in meeting his obligations and feeling less subservient to and more "equal" with me. However, these views remained intellectualized and unstable. This whole process, then, represented a gradual elaboration of the paternal transference described above, with the twin dynamic themes of longing and resentment.

2. CONFLICT ABOUT ENDING FOR VACATIONS

This being the last hour before our month-long interruption, he spontaneously mentioned my vacation (section II). In the past, he had consistently denied any reactions to my absences. This also had been analyzed as a resistance to awareness of transference. While he would intellectually agree that it was unusual not to be affected by my absence, he was never aware of feeling anything before or while I was gone. This was the first time he had ever brought up my vacation or other interruptions without my prompting. This denial of absence represented the prevailing transference in which he was the stoical, passive son who never complained, and I was the absent father. The theme had remained static and frozen, with the transference largely unconscious.

3. THE JOB IN ANOTHER CITY

He mentioned an upcoming job interview in a distant city (section IV). It represented a more recent turn in the analysis. Three months prior to this hour, he had brought up plans to look for a job in that city and move there. He had raised this idea for several years, but had made no earnest efforts to look until now. Over the last three months, I had attempted to analyze his searching for a job as a flight from the transference. He saw it only as external pressures and did not want to see any transference meaning, but several points did emerge gradually. He thought I was too rigid and authoritarian and did not give him enough support. He was aware of wanting to rebel against me. He did not want to depend upon me and guarded against "feeling boyish" or being a "crybaby." While he was aware of these feelings, they remained isolated and not consciously connected to his wish to leave the analysis. The strong resistance against seeing his wish to leave the analysis as a transference remained in effect.

4. SHOES ON THE COUCH

This was not mentioned in this hour, but a major shift in this theme was closely linked to his looking for a job, helping to illuminate the meaning of his flight from the analysis. From the first hour, he had taken off his shoes to lie on the couch. When asked about this, he had felt deferential to me and did not want to "dirty" my couch. In an hour adjacent to bringing up the job search, he spontaneously and without comment had started to leave his shoes on. Later, when asked about this, he said that he liked leaving them on, which suggested to me that he felt less subservient, more equal and aggressive toward me (similar to theme one). However, he never acknowledged any transference meaning to the change, although he did feel critical and rebellious when he discussed looking for a job (see theme 3).

5. WANTING TO SEDUCE ME INTO LIKING HIM

In three adjoining hours, three months prior to the reported hour, he had brought up the search for a job, started wearing his shoes on the couch, and spontaneously told me of a new fantasy configuration about me. He was aware of wanting "to seduce me into liking him," and revealed that he liked looking at me. This was a completely new creation in the analysis. Over the next several months, we touched briefly on a number of points related to this fantasy. He became aware of needing to flirt with both sexes: telling sexual jokes to men, and acting seductively with women. He wondered several times if he had homosexual feelings about me. He had a brief but urgent wish to hold me in a session. He talked for the first time about an underlying feminine identification, weak, passive, and dependent, which he hid behind his stoical masculine image. He very clearly did not want to depend upon me in any way, that being too feminine. While this theme, too, was not directly mentioned in the hour under consideration, the meanings that started to emerge from the transference fantasy were a major influence on his flight from the analysis (see theme 3). His fear of being "boyish" or "a crybaby," linked to a fantasy of being a girl, was a reason for his fear of depending upon me. Out of this developed some insight that his aloofness and lack of emotional response to me was an avoidance of dependency, but that he wanted to be dependent at the same time. He could see, for example, that his lack of response to my vacations was odd (see theme 2). These insights remained intellectual and isolated, yet they represented a completely new turn in the transference, a revealing of the other side of his paternal transference. These five themes are either mentioned or alluded to (through linkage to a

related theme) at the beginning of the hour under discussion. In their elaborated meanings, they carry the current transference resistance.

Transference, as a here-and-now experience, often becomes a true enactment. One definition of the word enact is "to represent . . . as on a stage, to personate (a character) dramatically, play (a part)" (*Oxford English Dictionary*). Previous psychoanalytic writers (see Jacobs, 1991) have emphasized the aspect of performance, seeing enactments as a behavioral expression of unconscious wish fulfillment and a need to involve the analyst as witness and gratifier of the wish. I use the term enactment in a broader sense, to mean the vivid reexperience of a childhood role played out on the stage of the analyst's consulting room. The analyst is assigned a part and is expected to join the play. Both parties lose their sense of distance and get swept up into the verbal and nonverbal interactions; both contribute intrapsychic dynamics to the shape of the interaction. The patient attempts to actualize the transference and evokes in the analyst an emotional reaction, rather than a reasoned analytic response (McLaughlin, 1991; Chused, 1991). The enactment captures the dual aspect of transference, as a compelling experience in itself yet an unreal and artificial creation; that is, it's just a play. In this view, enactments become a frequent transference experience. The patient's participation in the enactment consists of unconscious transference displacements and conscious aspects of the therapeutic alliance and the real relationship with the analyst. The real relationship includes a reaction to the analyst's personality and style and to the analyst's countertransference. The patient's unconscious transference contributes the primary dynamics to the content of most enactments.

If the transference is to be enacted in the here-and-now, the reciprocal question of how the analyst participates in the enactment is raised. The analyst's emotional response is a mixture of his own transference to the patient and an empathic response to the pressure of the patient's transference (McLaughlin, 1981; Loewald, 1986). There is a range of countertransference responses, from a quiet signal function for the analyst, to a minor lapse in his technique in which the patient then distorts or projects, to a more organized and sustained participation in the patient's transference. The analyst usually participates silently in this process. He observes his own reactions, emotions, fantasies, and memories, measuring them against his knowledge of his own customary and usual reactions. This allows him to separate his transference to the patient from his reaction to the patient's expectation of his response (the patient's transference) (Chused, 1991). Loewald (1986) points out that both analyst and patient have transfer-

ences to each other, as well as countertransferences, reactions to the transferred mental contents from the other person. What is generally called countertransference on the analyst's side would consist of a mixture of the analyst's transference and of his counterreaction to the patient's transference. The resulting knowledge about the patient, integrated with previous analytic work and the prevailing transference themes, may lead to a verbal interpretation by the analyst. Intrusion of the analyst's countertransference into the actual enactment of the transference is spontaneous and inevitable, a circumstance that must be distinguished from a prescriptive approach, in which a particular attitude or feeling of the analyst toward a patient is postulated as desirable or helpful.

There are two ways in which the analyst may participate in the enactment. The patient may pick out aspects of the analyst's personality or minor slips as evidence for his neurotic expectations, or the analyst may be pulled by the patient to experience himself as the patient neurotically expects him to be. The countertransference usually occurs in subtle ways, through tone of voice, silences, inattention, choice of words, and would be a regular part of every analysis. In most analyses, there also is an occasional more gross intrusion into the process by the analyst. Each analyst has his own blind spots which lead to countertransference difficulties with certain transference configurations. Increased anxiety, tiredness, or physical illness in the analyst all result in a greater tendency to act out countertransference pressure. During the period of heightened transference neurosis, there is a more sustained pull into the enactments. (For a detailed discussion of some of these issues, see Gill, 1983.)

Several months prior to the hour detailed above, I had become aware of feeling angry with the patient and realized that my "pushing" a transference interpretation contained an angry, controlling, and critical tone. For example, about a month prior to the hour under discussion, he had brought up his search for a job, which I attempted to shift to a discussion of his wish to leave the analysis. He replied that he felt he had accomplished all he needed to. Significant material, quite relevant to the transference concerning issues of dependency and his seductive feelings toward me (theme 5) then emerged. However, I was finding his shift away from the question of termination frustrating, echoing my view of his prevalent use of denial throughout the analysis, and the added urgency I felt that he would prematurely terminate the analysis. As he characteristically resisted my attempts to interpret his denial that there was significant unanalyzed material, I found myself becoming more insistent. After a period of silence, we had the following in-

terchange. I said, "We've been discussing how you keep yourself distant and aloof. It's a question of whether you want to dig into this, or do you want to leave?" He replied that it was not he who wanted to leave, there were outside factors. I then said that we needed to examine his need to keep things how they were, which felt safer. He replied that he had already made big progress. He did not agree with me when I kept bringing up termination, because it could be months or years away.

It is not hard to see my angry countertransference. I abruptly shifted away from promising material, criticized him for being aloof, and demanded he "dig into this or leave." After he responded in his characteristic way, I again made a demanding critical statement, which he responded to with more visible anger and denial. Soon after this hour, I became more aware of my anger and need to be controlling, and silently made an effort to correct it. I thought of my personal tendency to become quietly angry and subtly controlling when faced with a loss. As a candidate, I felt some internal pressure to complete a successful case, adding to my anger. In the hour being analyzed, I believe he alluded to a perception both of that countertransference and of my correction of that countertransference. In section VI, when he spoke of my "tone," he was referring to his experience of my trying to hold onto him and control him and the later experience of my not trying to hold onto him. These were accurate perceptions of my countertransference and its correction. Later in that hour, my angry countertransference crept back in when he was discussing his feeling that I was not trying to impose upon him (section VIII) and I abruptly shifted to his "leaving" (section IX), certainly a shift away from promising new material. He responded by a guilty reaction to my angry statement, "You must feel I give you a hard time" (section X).

It appeared to be crucial that the analyst was able to modify his countertransference and withdraw from the enactment, although there was evidence in the hour that this transference/countertransference interplay continued in a subtle way. The patient was able to experience the analyst both as the transference figure he expected and as a figure who responded to his pressure in a new and novel way. This perception of something different (section VI), the patient's contrasting experiences of the analyst's countertransference, facilitated the emergence of affect and the transference transformation. The analyst's responses to the patient were organized and sustained over several months.

Could we not call this a countertransference neurosis? Can the transference be a real and vivid repetition in the here-and-now without the participation and involvement of the analyst? As Bird (1972) puts it,

“the patient must be enabled to include the analyst in his neurosis . . . to share his neurosis with the analyst” (p. 279). For Loewald (1986), the transference/countertransference matrix, in its unconscious rapport between patient and analyst, is a necessary condition for any deeper understanding of the patient’s unconscious conflicts. He states, “The resonance between the patient’s and the analyst’s unconscious underlies any genuine psychoanalytic understanding and forms the point of departure for eventually arriving at verbal interpretations of the material heard or otherwise perceived” (p. 283), and “the capacity for countertransference is a measure of the analyst’s ability to analyze. Countertransference, in this general sense, is a technical term for the analyst’s responsiveness to the patient’s love-hate for the analyst” (p. 286).

Whether the analyst’s countertransference participation in the transference enactment has been silent or overt, what is crucial is his ability to disentangle himself from the enactment, organize his understanding of the mutual experience, and communicate his understanding to the patient through interpretation. Does this not suggest that the analyst’s neutrality is not a static phenomenon, but a dynamic interplay between pressures from the patient’s transference and from his own unconscious conflicts? Jacobs (1986) describes neutrality as having an outer aspect orientated toward the patient and an inner aspect oriented toward himself. In subtle (and not so subtle) ways, the analyst is constantly pulled into and pulls away from transference enactments. The analyst participates in and experiences both disintegrative and integrative interactions with the patient. He differs from the patient only in having better control and insight over his own transference. Both Bird (1972) and Jacobs (1986) point out how difficult it is for the analyst to sustain this level of involvement with the patient, and the various unconscious ways the analyst can avoid or dampen transference. Loewald (1986) suggests that the analyst often attempts to rationalize and screen out his own unsettling transference/countertransference responses, thus colluding with the patient’s defensive tendencies.

From the patient’s point of view, the analyst is always experienced as a participant in the enactment, even if the analyst is a “blank screen.” However, the experience of the analyst as remote, unemotional, and uninvolved is likely to promote heightened transference resistance rather than a regressive enactment. It may be that the inevitable countertransference of the analyst, by intensifying the transference enactment, propels the analysis forward by promoting a true regression, as long as the analyst can pull back and interpret the enactment. I have

found, for example, that a countertransference slip on my part has occasionally triggered an intense transference enactment in the patient's mind, opening up previously unacknowledged material for exploration. Likewise, any action, verbal or otherwise, on the analyst's part, may be misinterpreted by the patient and serve as such a trigger. The analyst may then be able to reflect upon his own involvement in the enactment, enabling him to see more clearly the patient's transference. It is this contrast between action and reflection that makes possible an interpretation of resistance to resolution of the transference in the here-and-now.

Gray (1987, 1990), on the other hand, points out a major danger to this type of transference work. It is the analyst's use of "suggestion" (often using countertransference awareness to intuit unconscious motivations in the patient) to locate and interpret the drive derivatives that are represented in the transference, bypassing the defensive operations of the ego. This is a constant temptation for the analyst, for it often evokes a countertransference of seduction or power, which can be highly gratifying to the analyst. This naming of drive derivatives can be quite effective in promoting transference enactments, yet will lead to a type of ego passivity, which results in a tendency to depend on the transference and a lack of structural change in the ego. Gray (1990) recommends that interpretation be directed toward "the ego's surface-near manifestations of resistance" (p. 1095), but might also include "a thin slice of drive derivative" (personal communication). He rightly points out that the effective analysis of resistances "will of itself allow gradual, analytically sufficient ego assimilation of the warded-off mental elements as they are able to move less fearfully into consciousness" (p. 1095).

The transformation of the transference started in section II when the patient became aware of spontaneous feelings, an unusual event for him, and of sadness (section IV), a breakthrough of repressed affect. Then in section VI, laid out and fully felt for the first time, was a further elaboration of the transference repetition and a new experience of me. What he had felt rebellious about was a view of me as needing to hold onto him, forcing him to stay, and being angry that he might not stay. I had been aware that his father had such a need of him, but this was the first time it had emerged so clearly in the transference. I, too, had participated in the enactment for a period of time as an angry, controlling agent. Indeed, this analysis had been dominated by action and a series of unrecognized enactments. This point represented a first departure from that mutual repetition. As the transference repetition was fully felt by both of us, there was the simultaneous

emergence of new affects (tears and sadness), and a perception of himself and me in a new way. He saw that I was neither controlling nor seducing, yet remained available to him. I could tolerate both his aggression and his love. For himself, he was aware of his prior aloofness, of losing me, and of his deeply felt love and dependency. In section VII, there was a further elaboration of the transference. He acknowledged that he felt I had been controlling, no longer was, and he now felt freer to hold a divergent view without the need to fight or hurt me. At the end of the hour (section XI), there was a further comment on the established transference/countertransference through a parallel example in his current life, in which he was the controlling and seducing father figure. He developed spontaneous insight into his role which paralleled the insight in the transference. This hour opened up the possibility for further analytic work on the transference themes. However, as the enactment described was not rooted in an ongoing genuine psychoanalytic process and the patient was actively considering termination, it was not clear if that possibility could be realized.

Gray (1987, 1990) emphasizes the experience of the ego's resistance in the here-and-now of the analytic setting and the subsequent mutual observation of these defensive operations. He believes that the insight gained by repeated experiences and understanding through interpretation of characteristic defensive patterns strengthens the ego and leads to a gradually increased consciousness of drive derivatives. I am emphasizing the here-and-now of the analytic setting, but beyond that an aspect of transference enactment, and its subsequent mutual examination by analyst and patient. This type of analytic work belongs in the phases of the analysis during the height of the transference neurosis, when both the resistance and drive derivatives are near the surface.

In all of the transference themes in this clinical example, the work has been almost exclusively in the here-and-now, with the interpretive effort toward resistance to awareness of transference. The aim was to bring transference into conscious awareness to be relived as an interpersonal experience. Interpretation of resistance to the awareness of transference could be seen more broadly as the effort of the analyst to help the patient enter into the enactment of the transference in the here and now. There had certainly been a concurrent focus on the patient's direct relationship with his father, both in the present and in the past, but I made no attempt to link that to transference themes in this particular analysis. I would suggest that the here-and-now enactment of transference repetition should be the *leading edge*, coming before the patient can fully accept the past as a determinant of present

conflicts. Interpretations linking the past to the current transference should then be part of the working through, following awareness in the here-and-now. There is a synergism in which the released affects in the transference energize and fill in the past, which, in turn, illuminates the origins of the transference. As the transference repetition is enacted as an interpersonal experience, the analyst, too, is drawn into and participates in the enactment (silently or not so silently). The skill of the analyst is in being able to participate in the enactment, and then in being able to draw back, observing his own participation and interpreting to the patient the nature of the enactment. It is this enactment, brought to the "point of urgency," that leads to transference transformations.

Transformations may come from a variety of analytic efforts. In this paper, I am presenting a type of transformation that produces a flash of insight. This is experienced as a mutual sense of transcendence. For the patient, a sense of new vistas suddenly opens up and invites exploration. The analyst, too, can empathize with the patient's excitement as well as relook at his own conflicts and memories. Slow and patient interpretation of details of transference themes producing a gradual transformation may be more common. There are two parts to the transformation, a vivid experience of the transference repetition, the "true regression," and the simultaneous experience of a "new and novel" relationship with the analyst. The patient must have experiences of transference repetition and experiences that do not conform to transference expectations. Both types of experience must be present to allow for the possibility of a transformation. Then, as the transference enactment is brought to a true regression, repression of affects connected with the repetition and with deeper layers of resistance is loosened. Memories and affects of earlier traumatic experiences, along with contrasting memories and affects of safety and satisfaction (Winnicott's early success situation) are also called forth. This emergence of a mixture of memories and affects of both disintegrative and integrative experiences, in the here-and-now of the transference and from the past, allows for the transformation to something new and novel with the analyst. On the other hand, this possibility of a new relationship gives the patient courage to feel what he has heretofore avoided.

In general, it is easier to understand entering into a transference enactment; it is the result of the traditional work of analysis of transference resistance. Resistance to resolution of the transference might more broadly be seen as the mutual effort of patient and analyst to work out of the transference enactment; that is, the resolution of the transference repetition and the recognition of new interpersonal as-

pects in the relationship with the analyst. How the patient can work out of the enactment is more mysterious. The aim of the resistance at this point is to maintain the repetition and the enactment. The patient is under the full sway of the transference repetition and yet must grasp that it is a distortion of what is possible and available in the current analytic relationship. The concept of the enactment suggests a way out of this dilemma. The patient as protagonist and director assigns a role to the analyst and *expects* a certain response. When the analyst reacts differently than expected, the patient is *surprised*. It is the analyst's ability to step out of the play and call attention to the various roles being played out, gradually teaching the patient to develop a similar ability (the split between the observing and experiencing ego). It is often this element of surprise that starts the process of the patient pulling away from his role. Interpretation of resistance would be aimed at demonstrating the nature of the repetition, through memories of prior integrative experiences with the analyst, examination of spontaneous new experiences with the analyst, and memories of similar emotional configurations in earlier developmental periods. Even though the development of insight can be sudden and dramatic (as in this hour), it must result from the accumulation of repeated disintegrative and integrative experiences with the analyst, along with interpretation of those experiences over a long period of time, another aspect of the working-through process.

These transformations are part of the effort toward resolution of the transference, but at this stage of the analysis, the transformed transference is experienced by the patient as a new or long-ignored aspect of the core transference. The newly transformed transference then becomes a transference resistance to further transformations. Here, the patient's self-experience of rebellion hid the deeper layer of homosexually tinged dependency which is not fully conscious. Working through, at this stage, is the constant and tedious reworking in the here-and-now of the details of the transference themes, with regressive movement back into the transference repetition and progressive movement forward into the transformed themes. This would lead toward both an increase in complexity and the gradual transformation of these themes, producing a more complete view of the core transference. As the core transference becomes more fully realized and accepted, a shift starts toward other core transferences. In this example, there is the beginning of a movement from the oedipal paternal transference to the oedipal and preoedipal maternal transference. The working through also gradually rounds out the transformation of the perception of the analyst as someone different from transference expecta-

tions, where a new and more mature relationship is possible. This sequence of transference transformations leading to shifts in the core transferences is not a linear process, but a shifting mosaic in the actual analytic work, as different transferences may appear and disappear according to the multiple internal and external pressures felt by both patient and analyst.

Psychoanalytic technique should not be rigidly applied. It will vary depending on the patient, the stage of the analysis, and the particular dynamic themes. Blum (1983), in a review of extratransference interpretations, points out that not all conflicts and compromise formations appear within the transference. The "point of urgency" may be focused on an extratransference relationship, current reality, or past memory. Rangell (1991) proposes that transference is more revealing of conflicts and anxieties concerning separation than intrapsychic conflicts and anxieties concerning bodily harm and castration. He suggests that castration anxieties often lie behind separation anxieties and are less accessible in a transference approach. Dream interpretation and reconstruction often provide a more direct experience of castration anxieties.

I have highlighted the role of experience, both the reexperience of old configurations and the new experience of possible configurations, as a crucial force in the therapeutic action of psychoanalysis. The relationship between experience and insight is complex. I have suggested that experience of transference in the here-and-now of the analytic setting leads to one avenue of insight. What I have not explored in this paper and needs further elucidation is the step from recognition of the experience by the analyst to the gaining of insight by the patient. What can we say and how can we say it that will help the patient gain some distance from his or her repetitive tendencies? Along with Gill (1983), I believe that insight into present and past interpersonal relationships, while at the same time the patient experiences a new interpersonal relationship, provides optimal conditions for personal change in psychoanalysis.

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