The Intimate Room
Theory and Technique of the Analytic Field

SAMPLE CHAPTER

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PUBLISHED IN ASSOCIATION WITH THE INSTITUTE OF PSYCHOANALYSIS, LONDON
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‘In view of the increasing emphasis, by present-day psychoanalysts, upon dynamic, interpersonal, “here-and-now” phenomena in the therapeutic situation – as contrasted to Freud’s tendency to view the individual in relatively static, mechanistic, and historical terms – our theories concerning transference phenomena need to be constantly modified to serve as a vehicle for our changing concepts of a maximally effective psychoanalytic technique,’ writes Searles (1979: 165f.), one of the most authoritative figures in North American psychoanalysis. In this paper, written in 1947–48, Searles emphasizes the projective nature of transference phenomena and the fact that they are invariably aroused by something in the ‘present’ emotional attitude of the analyst. One does not project into the void: ‘The writer has very regularly been able to find some real basis in himself for those qualities which his patients – all his patients, whether the individual patient be most prominently paranoid, or obsessive-compulsive, or hysterical, and so on – project upon him’ (p. 177). (It may be noted in passing that Searles no longer adheres to Freud’s distinction between transference neuroses and narcissistic neuroses.) Transference distortions are seen only as quantitative in nature – a question of disproportion – rather than qualitative; in other words, they are not false in absolute terms.

As described, this concept of projection anticipates that of projective identification in the sense used by Ogden (2005b), who recently told us, among other things, of his experience of supervision with Searles; that is, it appears to be already situated in an interactive and relational dimension. Transference is characterized less as an intrapsychic and more as an interpsychic phenomenon (Bezoari 2002).
house, or in his own conceptual house. Not only does the transference not allow itself to be dismissed as a theoretical concept by the most intransigent modernists; it also cannot, for the traditionalists, be ‘resolved’ in a technical sense at the end of the treatment – partly because it sometimes does not even show itself. As Napolitano (2007, translated) points out, ‘rather than to the transference, the category of the fictitious must be applied to the vague dream-like atmosphere generated by the rule of the setting, but only until it catches fire’ – that is, until something that also has the character of a ‘real’ event intervenes in the representation and thus reintroduces the inescapable ambiguity and paradoxicality of the transference. Furthermore, it ‘follows that the transference must not – in fact, cannot – be liquidated’, but that one can at most aim, when the patient is ready, for it to be conveyed, or restored, from the theatre of the analysis to the outside world – in a word, for a ‘transference of the transference’.

However, to return to the first of the rhetorical questions arising out of Searles’s (formerly) spectral paper: how did we arrive at a theoretical spectrum that is so complex as to put one in mind of the subtleties of medieval scholasticism?

**The quiet revolution**

At least since the Alexander controversy, the concept of the transference neurosis has assumed a strategic significance, and not only in the treatment, since it has become the dogma whose interpretation divides ‘believers’ from ‘unbelievers’, and the criterion upon which the latter base the distinction between psychoanalysis and psychotherapies. To limit regression, dependence and the malignant-growth-like excesses of the development of the transference neurosis, in the 1950s Alexander proposed the adoption of active techniques to manipulate the transference. Varying the rhythm of the sessions, interrupting the treatment, or tactically taking up a position opposite to that of the presumed ‘pathogenic’ parent were conceptualized as anti-iatrogenic measures. However, these techniques are not devoid of the element of suggestion and therefore profoundly alter the nature of the analytic process.

Vigorous opposition soon became organized within the psychoanalytic establishment. In the APA panel of 1954, which ultimately assumed a ‘deliberative’ character, Gill and Rangell identified the
treatment with the very development of the transference neurosis. In its absence, the treatment could not be called psychoanalysis (Fischer 1997). With time, however, the polemical overreaction (Reed 1994) died down. The political need to lay the foundations of the theoretical edifice on a stratum of bedrock became less pressing. Unanimism (of ideology) gave way to open dissent. A plurality of opinions were expressed, even within so-called mainstream Freudian psychoanalysis, on the meaning of the transference and the indispensability of treatment on the basis of the transference neurosis. The change in theoretical climate occurred within the two decades (Gilmore 1996) separating the two APA panels on the transference (Blum 1971; Calef 1971a, 1971b; Harley 1971; Loewald 1971; Weinshel 1971; Shaw 1991).

Hence what amounts to a revolution occurred during the 30 years when Searles’s paper remained buried in the archives. However, as Cooper (2005) felicitously puts it, it was a ‘quiet revolution’. In 1971, Kohut, a ‘modifier’ not so distant from Alexander’s concerns (Bergmann 1993), published The Analysis of the Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders. The book aroused enormous enthusiasm, polemical blasts and even some reactions expressed in tones bordering on excommunication (Stein 1979). Kohut’s text not only represented a new starting point, but accommodated and organized theoretical tensions that had emerged and become consolidated over time (Cooper 2005) – namely, the role of pre-Oedipal psychological organizations; the importance attached to the first term in the pair nurture/nature (that is, the actual quality and vicissitudes of maternal care); critique of the mechanicist schemata of metapsychology; a more humanistic and romantic vision of human beings, contrasting with Freud’s tragic and conflictual view; and a new attention to the therapeutic relationship (‘the temperature is warmer and the weather is less stormy in Dr Kohut’s office’, according to Cooper’s summing up [2005: 29f.]). Holding thus regained ground from interpretation. Second, the possibility was considered that a patient’s negative transference might in fact be induced by non-empathic attitudes on the part of the analyst.

Some other things also occurred in that fateful year of 1971. Winnicott sent Playing and Reality to the printer. The minutes of the panel on transference held in Boston in 1968 were published. The various contributions included the one in which Loewald (1971: 66) includes the character neuroses among transference manifestations,
these being seen as diffuse, insidious and opaque forms, in ‘so-called normal’ patients (often members of or trainees in psychology-related professions, in analysis for professional reasons), in whom a protective narcissistic screen filtered and tempered the passions that would otherwise have given rise to a full-blown transference neurosis. In the same contribution, moreover, Loewald redefines the transference neurosis as, rather than a clinical entity, an ‘operational concept’, an ‘ideal construct’, which serves to impose order, from a defined perspective, on events that would not otherwise be comprehensible. Shortly afterwards, Levenson (1972), the founding father of the ‘heretical’ American school of contemporary interpersonalism, published The Fallacy of Understanding. Gedo (1973: 427) immediately registered the change of climate: ‘Currently, we are probably entering an era of revolutionary challenge to the dominance of ego psychology.’

Meanwhile, the influence was beginning to be felt of the independent neo-Kleinian British analysts (Bion, Meltzer, Joseph, Rosenfeld and Racker, for whom the relationship with the mother was a transference from the beginning and transference was the expression of unconscious phantasy, so that it was always present and active in the here-and-now), as well as that of the independent British object-relations theorists (Balint, Winnicott, Fairbairn and Guntrip).

In 1979, Ogden published his important contribution on the concept of projective identification. In the early 1980s, the influential publications of Greenberg and Mitchell (1983) – the latter being the founder of Psychoanalytic Dialogues, the journal that would over the years present some of the most innovative contributions in the psychoanalytic field, and the ‘federator’ of revisionist schools – and of Gill (1982) paved the way for the birth of the relational approach, whose progenitors are Rank and Ferenczi. Spezzano (1995: 23) characterizes the relational analysts as a kind of American Middle Group, intermediate between ego psychology and interpersonalism. To sum up, the historicist conception, the archaeological model and an epistemological approach broadly definable as positivist all faced a looming crisis – a crisis that led to a different perception of the role of the analyst in the psychoanalytic process. It no longer appeared acceptable to disregard the therapist’s personality in the definition of clinical data.

Whereas the definition of analytic neutrality stemming from Anna Freud’s (1936) remark on the need for the analyst to maintain an equal distance from the id, the ego and the superego was for a long
time the benchmark of ego psychology (Smith 2003: 1020), and still is for those who identify with that theoretical current, the relationalists’ reference parameter could be said, precisely, to be the theory of transference as non-distortion – at least, not in an absolute sense.

As always when a new paradigm becomes established (Kuhn 1962), it proves difficult to determine the significance of individual factors. The new zeitgeist appeared more as the outcome of complex and heterogeneous sets of events that finally came together in the critical point of the change of state. Contributing factors were idiosyncratic and original theoretical perspectives, complex institutional vicissitudes and far-reaching cultural turning points, such as the ‘linguistic turning point’, the ‘rhetorical turning point’, post-structuralism, deconstruction, or critical theory; and there was no lack of syntheses.

Let us now return to the second of our rhetorical questions: would the current editorial board of the Quarterly reject Searles’s paper? I venture to suggest that the answer would be ‘no’ (although one never knows!). This is not only because, obviously, Searles has meanwhile become Searles, one of the most original and best appreciated authors on the world psychoanalytic stage, but also because I am relying on the content of an interesting contribution on the transference by the present Director of that journal, Henry Smith, a critic of the traditional model of the analyst as an opaque screen (Smith 2003). That is why one can try to play this game.

**Intimate theatre**

Smith (2003) distinguishes between a narrow and a broader definition of transference. The former mostly characterizes ego psychology and inherits the special emphasis placed in the United States on Anna Freud’s recommendation that the transference of defences should be interpreted. In one formula, transference is an ‘unconscious stereotype plate’ (Freud 1926) applied by the patient to the objective reality of the analyst. However, not all authors identify with this theoretical model. Arlow (1987), for example, accepts the existence of an interactive component, resembling Sandler’s concept of ‘role responsiveness’, a derivative of the Kleinian concept of projective identification.

The broader definition, due specifically to relational psychoanalysis, is openly influenced by Kleinian theory. It is as if, in the shift
of emphasis from the drive paradigm to the relational paradigm, the Controversial Discussions were being replicated in the United States, and as if the pendulum of metapsychology were swinging back from the ego towards the id. The transference is also seen in its character as a ‘new creation’, as pervasive and omnipresent. The gap between transference and transference neurosis, as well as that between transference and the analytic relationship, is tending to close. What is deemed to be transferred is psychic reality in its totality, and not only a limited unconscious ideo-affective constellation corresponding to the infantile neurosis.

Having established his general framework, Smith builds his model of transference partly in agreement with and partly in opposition to that of certain authors chosen because they are particularly representative and influential in North America – namely, Gill, Schwaber and Gray, as well as the UK’s Joseph. The result is nothing but a psychoanalytic melting pot: an ex-Freudian relational analyst, a post-Kohutian-non-constructivist-perspectivist, a representative of ego psychology, and a Kleinian analyst.

For Gill (1982), the author of a superb (and controversial) little book on the theory and technique of transference interpretation, the analytic situation inevitably assumes an interactive and interpersonal form. All the patient’s communications have transference implications. Priority is given to interpretation of the transference in the here-and-now over extra-transference or genetic interpretations. The analyst weighs up the real components of his attitude that contribute to the transference, and monitors the effects of his interpretations on the patient. Particular importance attaches to interpreting resistance to awareness of the transference. The analyst is not the depository of any truth and does not a priori regard the patient’s perceptions as distorted. Instead, he considers that there might be other possible interpretations. This is the attitude that promotes openness to new points of view in the patient. The only possible certainties, if indeed any exist, are those reached consensually, by negotiation. The omnipresence of the transference and the centrality of its interpretation are points of contact with the Kleinian school. However, Gill criticizes that school’s excessive use of genetic or profound interpretations, those regarded by Strachey (1934) as ‘exceedingly inaccessible’ to the patient’s ego, remote from the reality of an interaction that turns out to be entirely reabsorbed in the galaxy of the most primitive unconscious fantasies. The experience of analysis is indeed a new
affective experience, but only secondarily, and not as a matter of deliberate policy as with Alexander.

Some ambiguity persists in Gill as to the role of the analyst as a possible judge of the plausibility of the patient’s perceptions and of their basis in reality. Furthermore, his technique involves a recourse to interpretation of the transference in the here-and-now that runs the risk of being excessive, of hyperstimulating the ego, of ‘awakening’ the patient from the hypnoid climate of the session, of holding up the flow of free associations, and of acting out the very dynamic that is being interpreted. According to Smith, however, the therapeutic interaction always involves an important component of action that cannot be eliminated. Analyst and patient inevitably ‘collude’ in the enactment of the patient’s fantasies, especially when the transference is intense. What justifies the asymmetry of the respective roles is the analyst’s self-reflective competence, which is based partly on the preparation of the sophisticated stage of the setting, and his capacity to ‘think’ the experience while it is happening, or rather after the inevitable deferral of meaning denoted by the term Nachträglichkeit.

Unlike Gill, and on the basis of Kohut’s bipersonal theory of resistance, Schwaber is more interested in discerning in the patient’s transference the subjective elaboration of the analyst’s involvement – his perceptions and not his distortions. In a word, the problem does not arise of determining whether the behaviour attributed by the patient to the analyst, to which the patient reacts in the transference, is to a greater or lesser extent realistic. To avoid the failure of empathy, the analyst must abandon his role as an arbiter of material reality, take psychic reality very seriously, and resist the tendency to slip away into the reassuring position of an external, out-of-context observer. Only thus can what might objectively appear as irrational and unrealistic demands assume the significance of profound and legitimate needs on the part of the patient. At any rate, Schwaber’s psychology remains a single-person psychology, because the only experience considered is that which the patient has of the interaction. Smith (2003) comments that the opposing of distortion and perception is false, because every perception is in itself also a distortion, and he adds that not all distortions are the same – that one of the analyst’s tasks is to distinguish between reality and illusion. In fact, however, he leaves the problem unsolved.

With regard to the patient’s associations, Gray, on the other hand, gives priority to listening to the chains of drive derivatives with a
view to discerning their defensive drifts, and in particular the expression of hostile impulses in the transference. Adopting the method of ‘close process attention’, the analyst is ready to seize on the ‘apple-sorting’ that signals the patient’s defensive retreat from aggressive impulses. In a now classical contribution dating from 1973, Gray champions the technique of focusing exclusively on what is most affectively immediate for the patient–analyst couple – on what is analytically most significant ‘in that session’ and ‘in that setting’. If the analyst’s attention is diverted on to events of external reality, not seen in terms of their status as details from the patient’s stream of consciousness, the result may be to intensify the patient’s defences.

Lastly, in her close scrutiny of the analytic text, Joseph (1985), who is less interested in the level of the manifest text and the analyst’s actual behaviour, relies more on her own countertransference and on attentive, instant-by-instant monitoring of the patient’s unconscious reactions to the analyst’s interpretations.

Except for Joseph, all the analysts considered by Smith, although having different models, share an ‘empirical’ approach to analytic interaction, as well as a concern for the detail and surface of what the patient brings, and in particular for the transference. This attention to the interaction might appear to some as a departure from the task of analysing unconscious fantasies and defences, but Smith (2003) shows persuasively in the clinical part of his contribution that he is able flexibly to integrate the various approaches according to the situation, without aspiring to reconcile them on the theoretical level at any price. Like Brenner (1982), with whom he shares the model of conflict and of psychic compromise, and unlike Sandler et al. (1973), Smith is convinced of the omnipresence of the transference. In his view, it is impossible to identify moments in an analysis that are completely transference-free. If all perceptions are influenced by unconscious fantasy – that is, expressed in a different language, if they cannot be precategorical – then all the patient’s perceptions of the analyst are to a greater or lesser extent conditioned by an ongoing transference activity. The paradox of the unreality/reality of the transference, at one and the same time displacement/projection and new experience, must be tolerated.

Transference, like resistance, is organized on the basis both of the patient’s intrapsychic structures and of the conflicts, real characteristics and behaviour of the analyst. It is a joint creation. As a moderate revisionist, Smith (2003) sees the concept of transference neurosis
more than anything else as the phenomenological description of a particularly intense transference situation. The forms assumed by the transference can admittedly be extremely varied, and even subtle and not easy to identify, but this does not make them less amenable to analysis. For they all represent compromise formations – that is, they always contain opposing impulses. From this point of view, classifications into distinct types, such as negative, erotic, positive, or blameless, appear as mystifications.

Preparatory work is often necessary in order to arrive at a transference interpretation. Extra-transference interpretations sometimes come to play a similar part to those of unsaturated interpretations in Antonino Ferro’s bi-personal field model. That is to say, the analyst is aware of the transference significance of these interpretations, which has not been made explicit or has been only alluded to, and of their possible defensive significance. In other cases, extra-transference interpretations, and not transference interpretations, may be the instrument of choice for the creation of a climate of immediacy and authenticity, which ultimately constitutes the analyst’s tactical objective. In such clinical situations, reconstructions or genetic interpretations may serve to modulate the intensity of a transference experience.

As to the timing of interpretations (early or late), it is a matter of steering a course between the Scylla of intellectualization and acting out in the transference, or of the possibility of triggering excessive anxiety in the patient (here the influence of Kohut, who legitimized the narcissistic or self-object transference, is obvious), and the Charybdis of forgoing explicit interpretation of the unconscious dynamics, of the failure of the transference to develop, and of the reinforcement, in its place, of transference resistance and the therapeutic impasse. In this case, patient and analyst are like ships passing in the night, without ever seeing each other.

In Berlin in 1906, with a performance of Ibsen’s Ghosts, Max Reinhardt created a form of intimate theatre in an enclosed space, without clear-cut boundaries between the audience and the small number of actors, and with plots involving psychological introspection and subdued dialogue rich in subtle nuance, entirely lacking in magniloquent scenery and sumptuous declamation. For Smith, like Searles 60 years before him, the play of transference and transference neurosis is rather like such an ‘intimate theatre’ (Kammerspiel), which brings the members of the audience back into the performance space,
and bears very little resemblance to Silverberg’s phonograph stuck in its groove.

‘What about me?’

The problem of the transference and its definitions is so vast as to defy any attempt at synthesis. For this reason, I shall for the third time adopt the method of sampling, moving on from the eclectic Smith to more polarized theoretical perspectives and taking advantage of what presents itself as the most up-to-date scientific polemic on the subject. Among the more recent studies of transference, two volumes stand out: Gail Reed’s Transference Neurosis and Psychoanalytic Experience (1994), and Joseph Schachter’s Transference: Shibboleth or Albatross? (2002). The latter author, although writing after Reed, is completely ignorant of her work, and is subsequently the victim of biting criticism in her review of his book in the International Journal of Psychoanalysis (Reed 2004).

Reed’s text is destined to become an essential theoretical reference. It takes the form of an extraordinary synopsis of explicit theoretical positions and implicit conceptual models, derivable from the reports of the practice ‘in the field’ of a small but highly representative group of analysts of the modern Freudian school, the principal current of North American psychoanalysis. The author presents and comments on extended extracts from conversations with 21 anonymous therapists, recorded and transcribed, and hence only paradoxically definable as ‘off the record’. This stratagem guarantees the text a character of freshness and authenticity, as well as a total absence of academic pedantry both in the theoretical parts and in the wealth of clinical material presented. However, the theses of analysts outside this tradition are illustrated, if at all, only indirectly and with polemical rejection. This elusiveness, of which Reed is perfectly aware, can be seen as the necessary limit of the book.

None of the interviewees espouses a rigid model of transference neurosis or sees the success of an analysis as dependent on such a model. Sometimes, as one of the interviewees remarks, the transference does indeed gradually become ‘warmer . . . warmer . . . warmer’ (Reed 1994: 58), an intensification of character traits in the patient, for example, being noted, and the transference is then tantamount to a transference neurosis. In other cases, a transference neurosis can be
said to exist only by ‘stretching . . . stretching . . . stretching’ (p. 61) the definition to breaking point.

In the elegant, classical definition given by Bird (1972: 281), the transference neurosis is a new edition of the patient’s original neurosis, ‘but with me [the analyst] in it’. However, given the experience that a textbook transference neurosis does not always arise in the treatment, and considering the on the whole still valid notion that the transference neurosis is the sine qua non of analysis, there can be few analysts who do not feel lost and, like A., ask themselves (Reed 1994: 233): ‘What about me?!’ This ‘What about me?!’ replicates the famous question that Freud (1901: 118) blames himself for not having put to Dora: ‘Have you been struck by anything about me or got to know anything about me which has caught your fancy, as happened previously with Herr K.?’. 

Of the analysts questioned by Reed, two thirds consider the theoretical and technical concept of transference neurosis to be still valid; one third point out that it is inappropriate; but no one any longer thinks it absolutely necessary. A transference neurosis is likely to develop, and, all in all, the idea persists that it can lead to a productive analysis; however, more attention must be paid to the iatrogenic risks.

The transference neurosis expresses not only libidinal impulses but also aggressive ones, as well as components and conflicts stemming from more mature levels. A. makes the interesting observation that a precondition of a transference neurosis is always a countertransference neurosis. Surprisingly though, the precise distinction between transference-as-function and transference neurosis is blurred. Reed herself defines transference neurosis in more restrictive terms, tending to distinguish the process of transference from its result – its distillate or crystallization. This strategy enables her to illustrate a theory that, while resting on a sound classical basis, nevertheless makes a number of concessions to critics, striking a balance between resistance to the equating of transference neurosis with countertransference enactment and the conviction that the ultimate aim of analysis of the transference is to bring out its infantile origin (Gilmore 1996).

Among the various ‘concessions’, I shall enumerate those which seem to me to be most significant: the transference-as-process can give rise to a broad spectrum of results, from preconscious, latent manifestations to a full-blown neurosis in which the patient’s symptoms become increasingly centred on the analysis and the analyst; the analyst contributes to the clinical expression of the transference; the
use of silence as a method of cultivating the transference neurosis no longer seems acceptable (cf. Arlow 1987) (‘Nor does the transference neurosis leap, full blown, into the silent analyst’s lap’ – Reed 1994: 16); the transference neurosis can no longer be regarded as a direct transposition of the infantile neurosis, nor can the pre-Oedipal levels or subsequent recastings be excluded; and Freud’s initial bellicose rhetoric which predicted that the transference neurosis would be destroyed (vernichtet) is obsolete because its resolution is only partial.

At any rate, the transference neurosis develops on the basis of a logic internal to the subject. The analyst must only supply the appropriate climate (Reed 1994: 56), to which a flexible theory of transference neurosis itself also contributes. Proceeding via a relationship with characteristics of intimacy, immediacy, involvement and closeness to the analyst, which for this reason must have time to develop, the therapeutic process consists in the work of clarifying and distinguishing between the primitive objects and the analyst himself. In other words, there remains a trust in the possibility of veritative activity on the part of the analyst, in an objectivity deemed to be ‘sufficient’ or ‘relative’.

In the final chapters of the book, Reed summarizes her position. The transference neurosis, she writes: ‘can be conceived of as a mutable organization constituted simultaneously by the patient’s affect-laden perception of the analyst as entwined with the core, organizing, unconscious fantasies (assumed to include relevant memories) from childhood and the gradual disengaging of the object representation of the analyst from those core fantasies’ (p. 229). The author is, moreover, shrewd enough to emphasize that the aspect of the patient’s conscious concern for the analyst, which may be more or less intense and long-lasting, should not be deemed an indispensable condition for analysis. Hence the transference neurosis can manifest itself consciously, in the form of enactment, or, alternatively, with a hostility that masks highly guilt-ridden positive feelings.

Reed substantially presents us with a revised and corrected – that is, relativized – archaeological model. The transference neurosis remains of central importance, but its phenomenology is changed; its connections with the infantile neurosis are loosened, the indispensable bond with the treatment is no longer so close, the reference to the Oedipus complex forfeits its central position, and the analyst’s reactions as unconscious micro-adjustments that can gratify impulses of the patient are now seen as transference reactions, similar to
Sandler’s role responsiveness and to be distinguished from the counter-transference.

Everything is extended and blurred. Everything, or nearly everything, may be and . . . not be. For instance, mobilization of the analyst’s conflicts is often observed, but this should not form part of the definition; in other words, it may be absent. There are no conflict-free areas of the ego or indeed conflict-free analysts, but there remains as a therapeutic factor the traditional objective of making the patient aware of his distorted perceptions, and not only secondarily. The definition of transference neurosis is claimed to be rigorous, but one is wisely asked to interpret it flexibly.

Again, from a certain point of view, Reed’s text is self-deconstructive. In the last chapter, the reader is confronted with the author’s summing up and also with her explicit recognition of the limits of the work (the idiosyncratic aspect of any psychoanalytic model; the avoidance of certain key points, including the problem of an iatrogenically based transference neurosis; the impossibility of neutral, unconditioned observation; the vagueness of other non-secondary theoretical concepts encountered in the attempt to focus sharply on even one concept; the reference to the experiential dimension, which can be shared, but which nevertheless puts one in mind of the famous conclusion of Wittgenstein’s *Tractatus*, etc.). However, even if enriched by a great deal of theoretical and clinical wisdom, that reader will have difficulty in escaping the confusion induced by the comments of the interviewees, who are often much more radical revisionists than the book’s editor, however mainstream they are purported to be. Moreover, this is the case even if everyone, with differences of emphasis, recognizes the central importance of the transference neurosis, which many have disputed at least from the 1970s on.

Finally, it is paradoxical that the single most frequent element to be found in the definition of transference neurosis is a rhetoric of closeness and mutual affective involvement (immediacy, intimacy, emotional intensification, and so on), precisely on the part of analysts who claim to belong to a tradition that has theorized and practised distance in forms whose possible harmful effects are now debated. The opaque screen has in effect become humanized – or is it in fact a matter of a return of the repressed, which I have symbolized here by the spectre of Searles’s paper?

Schachter’s (2002) text, endorsed on the back cover by Wallerstein,
Grünbaum and Renik and avowedly owing much to ‘late’ Gill, takes a very different path from Reed’s. Schachter rejects the aetiological implications of transference theory because he regards them as unvalidated, and with them, the traditional historical approach and the archaeological model. In his view, a continuity cannot be demonstrated between infancy and adult pathology, nor can any stability of character traits be shown to exist. The concept of resolution of the transference is invalid; nor is the recovery of repressed memories in itself therapeutic. Schachter criticizes the theory that the transference involves unrealistic, distorted experiences, and hence the version of the transference as false connection: there is no way that the analyst can be a reliable judge of what is and is not realistic in the transference. On the contrary, it is from an attentive reading of the interaction in the here-and-now that the analyst can derive plausible hints for the reconstruction of the past from the gradually emerging relationship patterns.

Schachter considers the very term ‘transference’ to be excessively compromised by the aetiologic hypothesis, so that it should be replaced by the concept of ‘human relationship patterns’. This formula could be seen as a provocation, were it not for its kinship with a number of concepts that, whether one likes it or not, cannot simply be dismissed – from Bowlby’s ‘internal working models’ to the ‘model scenes’ of Lichtenberg, Lachmann and Fosshage; from Horowitz’s ‘person schemes’ and Luborsky’s ‘core conflictual relationship themes’ to Stern’s ‘moments of meeting’.

In her review of Schachter’s book, Reed (2004) accuses its author of presenting a caricature of the classical analysts’ research, of being a zealous revisionist, like ‘bloodhounds on the trail of a criminal’, of failing to distinguish between reasons for and causes of unexplainable symptoms or actions, of misunderstanding the particular nature of psychoanalytic knowledge and, ultimately, of being insufficiently scholarly. However, the curious and unexpected impression aroused by this review is that Reed is critical more of issues of style than of substance. Schachter is admittedly not original, but must be taken seriously. One is surprised to see only a peripheral attack where a powerful polemic might have been expected. This too can perhaps be deemed a symptom of crisis, or a token of theoretical convergences concealed behind doctrinal and political divergences.

Yet, as Reed again reiterates, ‘the concept is muddy’; it counts for little that, more than any other concept, transference is psychoanalysis
itself. To make it less muddy, one approach adopted by some is to try to reconceptualize transference-as-process, to start again precisely from the place in theory where most of the analysts interviewed appeared to be disorientated and ‘puzzled’ (p. 23).

Matrices of transference

Among the viruses carried by Freud on his journey to North America is one that seems, as soon as the weakened conditions of the theoretical body of psychoanalysis so allowed, to have become even more virulent. The year is 1909. In the fifth of his Clark University Lectures (Haas 1966: 422), Freud pronounced the following sentence: ‘Transference arises spontaneously in all human relationships just as it does between the patient and the physician’ (Freud 1909: 51). This point in Freud’s American discourse marks the origin of the extension of the transference concept and at the same time the need for it to be redefined – an issue that has been surprisingly neglected in the literature, but which can no longer be avoided. No longer confined to a restricted area of the treatment or to a form of pathology, the transference is identified with a principle of mental functioning.

Considering again the turning point in American psychoanalysis, in 1972 Bird attempts such a redefinition, writing that transference is an ego function that is at all times active, present and significant in the analytic situation – a structure of the mind. Transference is close to or ‘allied’ with the drives because it acts as an antidepressant for the ego, which it permits to bring the past into the present. As such, transference is not created by analysis, nor can it be resolved: ‘The content may be, but not the function’ (Bird 1972: 298), he remarks, and it is always active in the analyst too. No reaction by the analyst to the patient can be deemed absolutely realistic; indeed, precisely when something appears to present a maximum of realism, one can be certain that it is conveying important aspects of the analyst’s transference. In a word, transference ensconces itself precisely at the point where reality is most luminous.

A few years later, McLaughlin (1981) describes transference as a general psychological principle (‘a central organizing mode’), of which psychic reality is an emanation. Every aspect of the secondary process is closely entangled with derivatives of the primary process.
transference. The analytic relationship centres on a constant activity of negotiation of meaning. This perspective can be seen as the acceptable solution – perhaps just a little too optimistic, a little too Habermasian – to the epistemological problem on which Smith focuses, but which he fails to resolve:

What becomes mutually accepted as experientially ‘real’ in the two-party system of privacy and isolation can only be a shared consensus wrung from prolonged testing and verification by both. The ‘therapeutic alliance’ is not then a pregiven for analytic work but rather a gradually shaped trust which patient and analyst build up about the reliability of their shared views of what goes on between them, a consensus and comfort that allow the deep explorations of psychoanalysis to transpire. In this sense the outcome of successful analysis reflects an evolving, mutual authentication of the psychic realities of the two parties in the analytic search.

(McLaughlin 1981: 658)

Next, adopting an intersubjectivist and post-Kohutian approach, come Stolorow and Lachmann (1984), who criticize the archaeological model, in which transference is seen as displacement, regression, distortion and projection, in favour of a multidimensional model in which transference is principally an ‘organizing activity’ – ‘an expression of the continuing influence of organizing principles and imagery that crystallized out of the patient’s early formative experiences’ (Stolorow and Lachmann 1984: 26). They are thus able to stress the dynamicized developmental dimension of the self-object or narcissistic transference. This type of transference enables the patient to rediscover, in the tie with the analyst, the possibility of not being retraumatized in relation to primitive needs.

If the analyst is sufficiently empathic – and here the transference becomes an intersubjective fact – the patient achieves a more secure sense of self. Abstinence as the active frustration of infantile needs is very different from neutrality as a willingness to abstain from judgement and instead to work with the patient to get to know and explore his points of view and subjective experiences. The self-object dimension of the transference transforms the analytic situation into a holding environment (Winnicott). The patient can relive in positive form archaic experiences of at-one-ness and fusion. It is this dimension, which is never absent even in an analysis based traditionally on the
analysis of resistances, that gives interpretation its curative power. So much for another taboo – the ‘transference cure’, in the sense that a therapy which owes its positive effects to an unanalysed transference loses its pejorative connotation.

An avowed Hegelian, Ogden too published a contribution on transference in 1991. In line with the idea of a subject radically immersed in corporeality and in an intersubjective matrix, which makes him more of a phenomenologist (Reis 1999), and hence essentially preconscious, pre-reflective or pre-personal, Ogden portrays the transference as the product of dialectically interrelated basic modes whereby the ego experiences reality. Transference not only concerns the experience of internal objects in external objects, but is also ‘a transferring of one’s experience of the internal environment in which one lives on to the analytic situation’ (Ogden 1991: 593). Conceived in this way, transference-as-displacement is impossible to disentangle from transference-as-function; indeed, it represents nothing but a disproportionate effect of the latter.

We now come to Fosshage (1994), who presents an organization-based model in contrast to the traditional view of transference, the displacement model. Transference is the unconscious pattern or principle whereby the subject elaborates and responds to the stimuli of internal and external reality in perceptual-cognitive-affective terms. The patterns are activated, not transferred. For this reason, the idea of a ‘transference’ from the past is misleading, because it obscures the pervasive continuity of a process that in fact calls to mind Piaget’s concepts of assimilation and accommodation.

Like the intersubjectivist Fosshage but without citing him, Bachant and Adler (1997), from the classical Freudian camp, emphasize the adaptive significance of transference as a function of the mind and again invoke Piaget’s paradigm of assimilation and accommodation. Transference is both the result of primitive intrapsychic conflicts and the factor that integrates immediate subjective experience. On the basis of these assumptions, the authors interpret the significance of the elaboration in the transference of real aspects of the analyst and of the interaction:

Specific features of the analyst are magnified or globalized to provide the patient what is looked for in the object. It is not that the patient has found the ‘reality’ of the analyst; rather, the patient has constructed an object representation around some real
element of the analyst’s character or demeanor that he or she needs to find.

(Bachant and Adler 1997: 1107)

To preserve the centrality of the transference neurosis in the treatment, Bachant and Adler distinguish an intrusive, unrealistic, archaic and pathological (‘spectral’) transference, corresponding to transfer-
ence activity that has met with repression, from an unrepressed, non-intrusive and adaptive transference activity (transference as a function).

I should like to end this chapter by mentioning the contribution from the North American area that has perhaps impressed me most, both for its precision and rigour, and for its flexibility and ability to integrate a number of different aspects of the phenomenology of trans-
ference. ‘Developments in Cognitive Neuroscience II. Implications for Theories of Transference’, by Westen and Gabbard (2002), preceded by Gabbard (2001), is an attempt to base a theory of trans-
ference on the model of neural networks known as ‘parallel distributed processing’. For these authors, a ‘monolithic’ concept of transference or transference neurosis is outdated. Transference has less to do with the transferring of libido on to the analyst or with the reactivation of old representations that were so to speak put to sleep in the past, than with the continuous construction and reconstruction of experience. The mind is engaged at all times in elaborating the stimuli that reach it in a given context. A number of networks (associative, hedonic and cognitive, conscious and unconscious) are activated in parallel with a view to ‘online’ integration of experiences of the past and experi-
ences of the present. Transferences are therefore always multiple and multidimensional, and relatively analyst- and context-dependent. The intensity and typical asymmetry of the analytic relationship are the factors that activate the deeper patterns most involved in psychic suffering, but the mechanism is identical even in the most superficial contacts of ordinary life.

Surprisingly, and as a measure of the distance separating past notions from more recent conceptions – one need only think of the evocative power and suggestive theatricality of Freud’s application of the image of fire to analysis of the erotic transference – the model of transference at its zero level offered by Westen in his lecture to the Milan Psychoanalysis Centre is that depicted in Figure 6.1, taken from McClelland et al. (1986: 8).
This illustrates an elementary (?) cognitive problem: specifically, how the mind succeeds in perceiving in the words ‘THE’ and ‘CAT’ one and the same character written in such a way as to resemble either an A or an H, and how it is thus able to resolve the ambiguity. As seen by these authors, transference is a process of attribution of meaning that makes use of searching for the already known, seeking to re-find realities already experienced. An individual’s adaptation to the facts of external and internal reality calls for continuous ‘focusing’ on the context, and transference is the relay in which the correspondence between present and past perceptual categorizations is constantly reviewed and categorial definitions are arrived at of objects concerning which the mind lacks a priori instructions. For this reason, there is no such thing as an appropriate or realistic reaction by the patient or the analyst that is in principle free of the shadow of unconscious fantasy.