Analytic Waves : On Transference

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A Bit of History and Overview

- Starting from Breuer's famous case of Anna O. and Freud's own work with hysterics had already given him the hint for what this conceptualization of transference actually was and how it manifested itself in the form of resistances to analysis.
- But it was actually in the famous Dora case that Freud saw the full-blown effects of transference and, as it was obvious in the Dora case, the heavy resistances that this can bring.
- Though transference can be one of the most powerful resistances to treatment, it doesn't necessarily have to be negative in nature.
- Even though when psychoanalysts speak of transference, its almost always, *transference during treatment*, as (Greenacre 1954) argues early on in her paper, it can be an universal phenomena during the interaction among two human beings. But, this view is not shared by every school of psychoanalysis.

Waves during Analysis

- Freud's first conceptualization of transference in analysis was that of resistance, which stops the patient from recalling repressed memories. This was an obstacle to treatment that one has to overcome.
- This is explicitly visible in the Dora case, where in the Post Script he not only for the first time delineates the importance of transference in relation to a clinical case, but also the theoretical formulations that will be necessary later on.
- But Freud changes his views on this soon enough and comes to understand transference as a *positive* factor which helps in the progress of the treatment.
- By continuation of this, transference becomes one of the core pillars, along with 'talking', of psychoanalysis. Psychoanalysis without the involvement and analysis of transference cannot be called psychoanlysis anymore.

Waves during Analysis

- So what is 'transference' exactly? Is it a resistance to treatment or the opposite that its a progressive factor? And if so, why is it like that? What in transference brings up resistance and/or helps in progress?
- This shows us the contradictory and paradoxical nature of transference. Freud elaborated on this in one of his papers from the *Papers on Technique* collection:

  Thus transference in the analytic treatment invariably appears to us in the first instance as the strongest weapon of the resistance, and we may conclude that the intensity and persistence of the transference are an effect and an expression of the resistance.

Why Transference Matters

- As (Jean Laplanche 1988) tell us, transference is important because of the things it opens us to:
  Yet in another sense, inasmuch as it offers a superlative way for the subject as for the analyst to grasp the elements of the infantile conflict in vitro and in statunascendi, the transference becomes the terrain upon which the patient's unique set of problems is played out with an ineluctable immediacy, the area where the subject finds himself face to face with the existence, the permanence and the force of his unconscious wishes and phantasies.

Why Transference Matters

- Thus we realize an almost double-sided power of transference, and this is explained by Freud in on of his *Two Encylopaedia Articles*:
  This transference alike in its positive and negative form is used as a weapon by the resistance; but in the hands of the physician it becomes the most powerful therapeutic instrument and it plays a part scarcely to be overestimated in the dynamics of the process of cure.

Transference and Repetition

- There are a number of other important psychoanlaytic concepts which are very closely related to transference, one of those is *repetition*.
- One of the special things about transference, which make it such a fruitful thing for analysis is the subject's *repetition* and *reliving* of past experiences that manifest itself in the form of transference.
- In transference the unconscious phantasies and memories emerge from the history of the analysand and *restructure* themselves in the analytic relationship with the analysand.

Transference and Repetition

- Freud acknowledges this while also telling us that the "remembering" isn't *complete* recollection of the repressed memory:
  The patient can't remember the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it. [. . .] He is obliged to repeat the repressed material as a contemporary experience. [1]

[1] From S.E XVIII, also quoted in (Jean Laplanche 1988) entry on 'Transference'.

Transference And Object Relations

- Transference has been a fundamental concept in object relations. And in elsewhere one of our colleagues has informed us about the recent developments in a form of therapy centered around transference, originating from object relations. [2]
- From the object-relations orientation, transference is the phenomena where intersubjective relationships, whether that of the mother-infant relationship or other object relations, find expression in a way where communication is now possible.

[2] (Kernberg et al. 2008)

Transference and Object-Relations

- So if we consider again something like Transference Focused Psychotherapy of Kernberg, et.al then the approach is exactly how we just described it to be:

  In contrast to the approaches described so far, TFP allows the full activation of the patient's distorted internal representations of the self and other in the present relationship between patient and therapist. It is to be expected that the primitive object relations will be activated in the treatment setting because, as the patient's dominant motivational systems, they are constantly active in the patient's life. Patients use the treatment opportuinity to let these object relations unfold, and the therapist tries to analyze and to clarify cognitively what the patient perceives at the most profound level. These scenarios are not simply a literal reproduction of what happened in the past but are a combination of what happened, what the patient imagined happened, and what the patient defensively set up to avoid. [3]

[3] Kernberg, et.al, *Psychotherapy for Borderline Personality: Focusing on Object Relations*, Chapter 2.

Case Vignette for Transference : Foreword

- Jado will now be explaining what transference can look like in clinic, by way of a clinical vignette. Just a few words before I hand him over:
- We didn't touch on how transference can appear in different forms across different structures in psychoanlaysis, be that of neurosis, psychosis or perversion. This is a very difficult and extensive topic.
- The case, although is a diagnosis of perversion, doesn't really demand that much of knowledge of perversion or its diagnosis. Nonetheless I'd like to mention a few places where you can look if interested for more into this:
  - Freud's works on sexuality, starting from *Three Essays on Theory of Sexuality*, till *A Child is Being Beaten*, *Fetishism (1927)* and others.
  - Perversion can be found extensively in Lacan's works, but some better secondary references are: Chapter 9 of Bruce Fink's *A Clinical Introduction to Lacanian Psychoanalysis* and Joel Dor's *Structure and Perversions*
- And with this we get over to the case vignette.

Case Vignette : Dancing With Death

- *"Shortly after my arrival at the Portman, and anxious to have as many difficult patients as possible, I was allocated a young, attractive, recently married man with an apparently unusual sexual perversion."*
- *"This, he told me, involved the use of complicated rubber gear all over his body, including his head and limbs, with the aim of producing an almost total sensory deprivation; at this point, uncertain of his own survival, he would reach orgasm. If anything went wrong, he would face death."*
- *"The rubber, which until then I had assumed to be of the kind used for underwater sports, was quite different. It was as thin as a second skin to be used over the body."*
- *"This new knowledge gave me unexpected but immediate access to meanings and symbolism to which I had been previously blind, although I was already aware of Mrs Bick's concept of the skin containing the self, and of narcissistic or adhesive identifications (Bick 1968)."*

3 Times a Week : Classical Cure

- "*My patient, despite his apparent success and well-being, was in need of a second skin to be used not only as a protection against all possibilities of pain but also as a container for anguish and anxiety of paramount proportions.*"
- *After the wedding they moved to a new home and all his previous mail was forwarded to the new address. Amongst other items, many magazines, and publications on auto-erotic asphyxia appeared, to his wife's utter dismay.*

3 Times a Week : A Classical Cure

- *"It is not such a rare phenomenon as I had previously assumed Dancing With Death' is therefore not just a dream glam title : most of what is factually known about auto-erotic asphyxia comes from research on post-mortem findings, done mostly in Canada (Hucker & Blanchard 1992) Revealingly enough the corpses usually have evidence of association with other perversions, such as wearing babies' clothing, being cross-dressed, or – as in a famous case of a Member of Parliament in London – wearing suspenders and with an orange protruding from his mouth."*
- *"Under his wife's threat that either he sought treatment, or the marriage was over, he undertook psychotherapy with much trepidation but also with a great deal of curiosity. trying to be an ideal patient but to no avail."*
- *I may also have been too anxious to be the perfect therapist, trying to be too clever.*

Curiosity or Countertransference?

- "*My zeal in comprehending it all had taken me to visit a sex shop*."
- "*The colleagues judge it as a countertransference reaction in being 'seduced' by my patient.*"
- "*There is a tragic struggle in which these people find themselves, literally between life and death*" its not only sexual pleasure.
- "*My patient felt himself to be literally between life and death, He could only continue with his so-called normal life if able to perform his perversion at least once weekly*." "*His perverse acting-out allowed him to appear as 'normal', he was a successful professional, well-groomed, handsome and recently married*"

Curiosity or Countertransference?

- *"Having known of his perversion from early adolescence He fell in love and assumed, hoped, wished that he was over his own 'peculiarity', so he never 'bothered' to tell his future wife about it. denial and self-rejection are very present here"*
- *"Deception, although frequently ignored, is yet another constant characteristic of perversion". "We could call it : false self, pseudo-normality, the 'as if' characteristic."*

Transference and Countertransference.

- *"Something began to emerge; it was positioned in the world of affects and feelings and was communicated between the two of us without words. It was as if we almost became one a sort of a fusion or overlapping was taking place between the two of us, reflected concretely in the mood of the session"*
- *"The small consulting room had become almost like a containing uterus, at the end of the sessions I could be left with the feeling that his life was actually endangered."*
- *"I made my traditional weekend separation-anxiety interpretation, along the lines that he would resent being without me as he would like me to take care of him over the weekend. Without hesitation he responded: 'Of course, I'd love that – shall I ring up the wife and tell her about it?' This left me speechless. The concrete answer was such that I quickly learned how to shut up, and how make a better use of my countertransference."*

A Very strange experience

- *"The previous night he had been watching television with his wife in the lounge and suddenly and unexpectedly had felt taken over by an overwhelming desire to make love to his wife there and then and on the floor."*
- *"He said it was most peculiar because the screen was showing nothing remotely romantic or even erotic. It was actually a documentary on Houdini, the escapologist Houdini in a box, going up and down the rapids in Canada."*
- *"That had produced in my patient an influx of sexuality which he couldn't control at all 'It seems to me that the TV screen did represent something very important actually basic or crucial to your own survival which may even go as far back as your own birth "*
- She asks about the birth : *'I know it was very difficult, how difficult I am not sure but I'll check with my mother' "He was born three months prematurely, a baby of one and a half kilos." "Much uncertainty about his survival, he was between life and death and immediately placed in an incubator. He remained there for 6 months; he began to lose weight despite his being artificially fed."*

A Very Strange Experience

- *Only at the age of 6 months was he thought to be safe enough to be out of the incubator and to be fed by his mother. He was emotionally extremely fragile. He had recourse only to bizarre scenarios which were not of his own conscious design. The essential aspects of these bizarre scenarios included uncertainty and unsafety of the womb; precarious, faulty position then being subjected to a violent expulsion without any holding space. Only a rigid box, the incubator, could offer a sense of survival*
- *The incubator may have been partly responsible for an illusion of omnipotence, but the price paid for his survival was represented by unconscious suicidal and homicidal fantasies where he was either evicted (destroyed), or emerged, still alive but trapped in a paranoid–schizoid position from which he developed a false sense of autonomy.*
- "As in most perversions, his fragile ego had to persuade his superego to succumb to this strange activity, which was experienced as the only strategy for his survival"

Effect of analytic process and thus Transference

- *"The Houdini box actually represented him with his need to capture, catch hold of life and his virtual 'resurrection' even before his own life started as such."*
- *"After his revelations he was left feeling despondent and estranged, but also greatly relieved and able to participate in his therapy with a more lively attitude. We were able to reconstruct some of his early experiences, which in previous sessions had left us both rather confused*
- *"This new insight was utilized to understand the stuckness of everything."*

Effect of Analytic Process and Thus Transference

- *"We could then allow for unthinkable sensations and emotions to become thinkable and contained by means of thinking activity, instead of being purely and simply evacuated in action, or deflected in somatic afflictions."*
- *"If you are wondering how I made the link between Houdini and his own birth I must confess as an important footnote that I owe this insight to my early psychoanalysis. I was subjected to a repetitive, highly anxiety producing dream."*
- *"In the dream I am lying in a suspended hammock with a great sense of space and depth underneath, and I am able to move in a soft and pleasant way.". "the movements of the hammock become faster and faster and I no longer feel in control I look underneath and to my consternation and great alarm the space is becoming narrower and narrower, so much so that I am really scared since I now notice sharp, cutting surfaces just below me."*

Effect of analytic process and thus Transference

- *"The hammock shrinks and disappears and I am left falling into a precipice.". "I wake up in panic in a cold sweat, relieved to be alive.". "My analyst suggesting, in a quiet and confident way, that this was perhaps a birth dream representing a very fast delivery, and that this might account for my own separation anxieties."*
- *"My mother was no longer alive but the midwife, a family friend, was, so I asked her whether, by any chance, she remembered assisting at my delivery. 'How could I ever forget it, you came up like a champagne cork, so fast and so boisterous, I had never seen anything like it' ". "I had 'known' about it all along, without really knowing."*
- *"Later, during treatment I could not escape my unconscious 'partnership' with my patient. My countertransference response to him was shown in my dream which made me connect with my own memories, allowing further understanding of his psychopathology"*

End of therapy

- "*My patient decided to leave therapy when his wife was pregnant his state of terror that something akin to imminent death might take place again had to be avoided at all costs.*"
- *"It seems to me now that my patient was repeating something from such an archaic time when no language, and no conscious or preconscious memories, would ever be available."*
- *"But the patient decided that this was enough. His main priority was to become a father and he decided to stop. He may have needed to escape in order to preserve me as a good object to avoid the risk of my becoming a fetished second skin , he may have felt the need to protect me from his desire to enclose and suffocate me."*

THANK YOU!!!

References

Reference for case vignette: Welldon, E. V. (2009). Dancing with death. *British Journal of Psychotherapy*, *25*(2), 149-182.

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