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The Analysis of the Transference

Curative Factors in Dynamic Psychotherapy

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The Analysis of the Transference[1]

Merton M. Gill

The analysis of the transference is generally acknowledged to be the central feature of analytic technique. Freud regarded transference and resistance as facts of observations, not as conceptual inventions. He wrote:

> ... the theory of psychoanalysis is an attempt to account for two striking and unexpected *facts of observation* which emerge whenever an attempt is made to trace the symptoms of a neurotic back to their sources in his past life: the *facts* of transference and of resistance ... anyone who takes up other sides of the problem while avoiding these two hypotheses will hardly escape a charge of misappropriation of property by attempted impersonation, if he persists in calling himself a psychoanalyst [1914b, p. 16]. (Italics mine)

Rapaport (1967) argued in his posthumously published paper on the method of psychoanalysis that transference and resistance inevitably follow from the fact that the analytic situation is interpersonal.

Despite this general agreement on the centrality of transference and resistance in technique, it is my impression from my experience as a student and practitioner, from talking to students and colleagues, and from reading the literature that the analysis of the transference is not pursued as systematically and comprehensively as I think it could and should be. The relative privacy in which psychoanalysts work makes it impossible for me to

state this view as anything more than my impression. But even if I am wrong, I believe it will be useful to review issues in the analysis of the transference and to explore why an important aspect of the analysis of the transference—namely, resistance to the awareness of the transference—is often slighted in analytic practice.

I must first distinguish clearly between two types of interpretation of the transference. The one is an interpretation of resistance to the *awareness* of transference. The other is an interpretation of resistance to the *resolution* of transference. This distinction has been best spelled out by Greenson (1967) and Stone (1967). The first kind of resistance may be called defense transference. Although that term is used mainly to refer to a phase of analysis characterized by a general resistance to the transference of wishes, it can also refer to a more isolated instance of transference of defense. The second kind of resistance is usually called transference resistance. With some oversimplification, one might say that in resistance to the awareness of transference, the transference is what is resisted, whereas in resistance to the resolution of transference, the transference does the resisting.

The distinction between resistance to the awareness of transference and resistance to the resolution of transference can be more descriptively stated in terms of implicit or indirect references to the transference versus explicit or direct references to the transference. The interpretation of

resistance to awareness of the transference is intended to make the implicit transference explicit, whereas the interpretation of resistance to the resolution of transference is intended to make the patient realize that the already explicit transference does indeed include a determinant from the past.

It is also important to distinguish between the general concept of an interpretation of resistance to the resolution of transference and a particular variety of such an interpretation, namely, a genetic transference interpretation, that is, an interpretation of how an attitude in the present is an inappropriate carryover from the past. While there is a tendency among analysts to deal with explicit references to the transference primarily by genetic transference interpretations, there are other ways of working toward a resolution of the transference. This paper will argue, first, that not enough emphasis is being given to interpretation of the transference in the here and now—that is, to the interpretation of implicit manifestations of the transference—and second, that interpretations intended to resolve the transference as manifested in explicit references to the transference should be primarily in the here and now rather than genetic interpretations.

A patient's statement that he feels the analyst is harsh, for example, is at least to begin with probably best dealt with not by interpreting that the patient is displacing his feeling that his father was harsh but by elucidating

some other aspect of the patient's here-and-now attitude, such as what in the analytic situation seems to him to justify his feeling, or what anxiety made it so difficult for him to express his feelings. How the patient experiences the actual situation is an example of the role of the actual situation in a manifestation of transference, which will be one of my major topics.

Of course, both interpretations of the transference in the here and now and genetic transference interpretations are valid and together constitute a sequence. We presume that a resistance to the transference ultimately rests on the displacement toward the analyst of attitudes from the past.

Transference interpretations in the here and now and genetic transference interpretations are of course exemplified in Freud's writings and are in the repertoire of every analyst, but they are not distinguished sharply enough.

Because Freud's case histories focus much more on the yield of analysis than on the details of the process, they are readily but perhaps incorrectly construed as emphasizing work outside the transference much more than work with the transference and, even within the transference, as emphasizing genetic transference interpretations much more than work with the transference in the here and now (see Muslin and Gill, 1978). Freud's case reports may have played a role in establishing what I consider to be a

common maldistribution of emphasis—not enough emphasis on the transference and, within the transference, not enough emphasis on the here and now.

Before I turn to the issues in the analysis of the transference, I will only mention a primary reason for failure to deal adequately with the transference. It is that work with the transference involves both analyst and patient in the most affect-laden and potentially disturbing interactions of analysis. Both participants in the analytic situation are motivated to avoid these interactions. Flight away from the transference and to the past can be a relief for both patient and analyst.

I divide my discussion into five parts: (1) The principle that the transference should be encouraged to expand as much as possible within the analytic situation because the analytic work is best done within the transference; (2) The interpretation of disguised allusions to the transference as a main technique for encouraging the expansion of the transference within the analytic situation; (3) The principle that all transference has a connection with something in the present actual analytic situation; (4) How the connection between transference and the actual analytic situation is used in interpreting resistance to the awareness of transference; and (5) The resolution of transference within the here and now and the role of genetic transference interpretation.

The Principle of Encouraging the Transference to Expand within the Analytic Situation

Surely all analysts will agree on the importance of transference interpretations; many will also agree that transference interpretations are more effective than interpretations outside the transference; but what of the relative roles of interpretation of the transference and interpretation outside the transference?

Freud seems to alternate between saying that the analysis of the transference is auxiliary to the analysis of the neurosis and saying that the analysis of the transference is equivalent to the analysis of the neurosis. The first position is supported by his statement that the transference resistance must be analyzed in order to get on with the work of analyzing the neurosis (1913, p. 144). It is also implied in his reiteration that the ultimate task of analysis is to remember the past, to fill in the gaps in memory. The second position is supported by his statement that victory must be won on the field of the transference (1912, p. 108) and that the mastery of the transference neurosis "coincides with getting rid of the illness which was originally brought to the treatment" (1916-1917, p. 444). In addition, he says that after the resistances are overcome, memories appear relatively easily (1914a, p. 155).

These two positions also find expression in the two very different ways

in which Freud speaks of the transference. In the same paper he refers to the transference on the one hand as "*the most powerful resistance* to the treatment" (1912, p. 101) but on the other hand as doing us "the inestimable service of making the patient's … impulses immediate and manifest. For when all is said and done, it is impossible to destroy anyone *in absentia or in effigie*" (1912, p. 108).

I believe it can be demonstrated that his principal emphasis falls on the second position. He wrote once in summary: "Thus our therapeutic work falls into two phases. In the first, all the libido is forced from the symptoms into the transference and concentrated there; in the second, the struggle is waged around this new object and the libido is liberated from it" (1916-1917, p. 455).

That Freud advocated expanding the transference as much as possible within the analytic situation can be shown by clarifying that resistance is primarily expressed by repetition; that repetition takes place both within and outside the analytic situation but that the analyst seeks to deal with it primarily within the analytic situation; that repetition occurs not only in the motor sphere (acting) but also in the psychical sphere; and that the psychical sphere is not confined to remembering but includes current experiences too.

Freud's emphasis that the purpose of resistance is to prevent

remembering can obscure his point that resistance shows itself primarily by repetition, whether inside or outside the analytic situation: "The greater the resistance, the more extensively will acting out (repetition) replace remembering" (1914a, p. 151). Similarly, in "The Dynamics of Transference," he said that the main reason that the transference is so well suited to serve the resistance is that the unconscious impulses "do not want to be remembered … but endeavor to reproduce themselves …" (1912, p. 108). The transference is a resistance primarily insofar as it is a repetition.

The point can be restated in terms of the relationship between transference and resistance. The resistance expresses itself in repetition, that is, in transference both inside and outside the analytic situation. To deal with the transference is therefore equivalent to dealing with the resistance. Freud emphasized transference as repetition *within* the analytic situation so strongly that it has come to be defined as such, even though conceptually speaking repetition outside the analytic situation is also transference. Freud himself once used the term that way:

> We soon perceive that the transference is itself only a piece of repetition, and that the repetition is a transference of the forgotten past not only to the doctor but also as to all other aspects of the current situation. We … find ... the compulsion to repeat, which now replaces the impulsion to remember, not only in [the patient's] personal attitude to his doctor but also in every other activity and relationship which may occupy his life at the time [1914a, p. 151].

It is important to realize that the expansion of the repetition inside the analytic situation (whether or not in a reciprocal relationship to repetition outside the analytic situation) is the avenue to control the repetition: "The main instrument for curbing the patient's compulsion to repeat and for turning it into a motive for remembering lies in the handling of the transference. We render the compulsion harmless, and indeed useful, by giving it the right to assert itself in a definite field" (1914a, p. 154).

Kanzer has discussed this issue well in "The Motor Sphere of the Transference" (1966). He writes of a "double-pronged stick-and-carrot" technique by which the transference is fostered within the analytic situation and discouraged outside the analytic situation. The "stick" is the principle of abstinence, as exemplified in the admonition against making important decisions during treatment, and the "carrot" is the opportunity afforded the transference to expand within the treatment "in almost complete freedom," as in a "playground" (Freud, 1914a, p. 154).

As Freud put it: "Provided only that the patient shows compliance enough to respect the necessary conditions of the analysis, we regularly succeed in giving all the symptoms of the illness a new transference meaning, and in replacing his ordinary neurosis by a 'transference neurosis' of which he can be cured by the therapeutic work" (1914a, p. 154).

The reason it is desirable for the transference to be expressed within the treatment is that there it "is at every point accessible to our intervention" (1914a, p. 154). Freud later made the same point this way: "We have followed this new edition [the transference neurosis] of the old disorder from its start, we have observed its origin and growth, and we are especially well able to find our way about in it since, as its object, we are situated at its very center" (1916-1917, p. 444). It is not that the transference is forced into the treatment; rather, it is spontaneously but implicitly present and is encouraged to expand and become explicit in the course of analysis.

Freud emphasized *acting* in the transference so strongly that one can overlook that repetition in the transference is not necessarily *enacted*. Repetition need not go as far as motor behavior. It can also be expressed in attitudes, feelings, and intentions, and indeed it often does take such forms. Such repetition is in the psychical, rather than the motor, sphere. It is important to make that point clear, because Freud can be mistakenly understood as saying that repetition in the psychical sphere can only mean remembering the past, as when he writes that the analyst "is prepared for a perpetual struggle with his patient to keep in the psychical sphere all the impulses which the patient would like to direct into the motor sphere; and he celebrates it as a triumph for the treatment if he can bring it about that something the patient wishes to discharge in action is disposed of through the work of remembering" (1914a, p. 153).

It is true that the analyst aims to convert acting in the motor sphere into awareness in the psychical sphere, but transference may be in the psychical sphere to begin with, albeit disguised. The psychical sphere includes awareness in the transference as well as remembering.

One objection of both analysts and patients to a heavy emphasis on transference interpretation of associations about the patient's real life is that such interpretation means the analyst is disregarding the importance of what goes on in the patient's real life. This criticism is not justified. To emphasize the transference meaning is not to deny or belittle other meanings of the content, but to focus on the particular meaning that is the most important for the analytic process for the reasons I have just summarized.

Interpretations of resistance to the transference can also appear to belittle the importance of the patient's outside life if they unduly emphasize the patient's outside behavior as an acting out of the transference. Some of the patient's actions in the outside world may be an expression of and resistance to the transference—that is, acting out. But the interpretation of associations about actions in the outside world as having transference implications need mean only that the patient's choice of outside action to figure in his associations is codetermined by the need to express a transference indirectly. It is because of the resistance to awareness of the transference that the transference has to be disguised. When the disguise is

unmasked by interpretation it becomes clear that, despite the inevitable differences between the outside situations and the transference situation, the content is the same for the purpose of the analytic work. Therefore the analysis of the transference and the analysis of the neurosis coincide.

I stress this point particularly because some readers of earlier versions of this paper understood me to be advocating the analysis of the transference for its own sake rather than in the effort to overcome the neurosis. But as I cited above, Freud wrote that mastering the transference neurosis "coincides with getting rid of the illness which was originally brought to the treatment" (1916-1917, p. 444).[2]

How the Transference Is Encouraged to Expand within the Analytic Situation

The analytic situation itself fosters the development of attitudes with primary determinants in the past, i.e., transferences. The analyst's reserve provides the patient with few and equivocal cues. The purpose of the analytic situation is to foster the development of strong emotional responses, and the very fact that the patient has a neurosis means, as Freud said, that "it is a perfectly normal and intelligible thing that the libidinal cathexis [we would now add negative feelings] of someone who is partly unsatisfied, a cathexis which is held ready in anticipation, should be directed as well to the figure of the doctor" (1912, p. 100).

Thus the analytic setup itself fosters the expansion of the transference within the analytic situation; the interpretation of resistance to the awareness of transference will further this expansion.

There are important resistances to awareness of the transference in both patient and analyst. The patient's resistances stem from the difficulty in recognizing erotic and hostile impulses toward the very person to whom they have to be disclosed. The analyst's resistances stem from the patient's tendency to attribute to him the very attitudes that are most likely to cause him discomfort. Patients often will not voice the attitudes they believe the analyst has toward them because of a general feeling that it is impertinent to concern themselves with the analyst's feelings and because of a more specific fear that the analyst will not like having such attitudes ascribed to him. Thus the analyst must be alert not only to the attitudes patients have toward him but also to the attitudes patients ascribe to him. The analyst will be much more attuned to this important area of transference if he is able to see himself as a participant in an interaction, as I shall discuss below.

The investigation of the attitudes ascribed to the analyst makes easier the subsequent investigation of the intrinsic factors in the patient that played a role in such ascriptions. For example, the exposure of the patient's ascription of sexual interest in him to the analyst, and genetically to the parent, makes easier the subsequent exploration of the patient's sexual wish

toward the analyst, and genetically toward the parent.

The patient's resistances to awareness of these attitudes cause them to appear in various disguises in his manifest associations, and the analyst's resistances cause a reluctance to unmask the disguise. The most commonly recognized disguise is displacement, but identification is an equally important one. In displacement, the patients' attitudes are narrated as being toward a third party. In identification, the patient attributes to himself attitudes he believes the analyst has toward him.

To encourage the expansion of the transference within the analytic situation, the disguises in which the transference appears have to be interpreted. In the case of displacement, the interpretation will be of allusions to the transference in associations not manifestly about the transference. This is a kind of interpretation that every analyst often makes. In the case of identification, the analyst interprets the attitude the patient ascribes to himself as an identification with an attitude he attributes to the analyst. (See Lipton [1977b] for illuminating illustrations of such disguised allusions to the transference.)

Many analysts believe that transference manifestations are infrequent and sporadic at the beginning of an analysis and that the transference does not dominate the patient's associations until a transference neurosis has

developed. Other analysts, including myself, believe that the patient's associations have transference meanings from the beginning to the end of analysis. I think those of the former school of thought fail to recognize the pervasiveness of indirect allusions to the transference, that is, the resistance to the awareness of the transference.

In his autobiography, Freud wrote: "The patient remains under the influence of the analytic situation even though he is not directing his mental activities on to a particular subject. We shall be justified in assuming that nothing will occur to him that has not some reference to that situation" (1925, pp. 40-41). Since it is obvious that associations are often not directly about the analytic situation, the interpretation of Freud's remark rests on what he meant by the "analytic situation."

What Freud meant is, I believe, clarified by reference to a statement he made in "The Interpretation of Dreams" (1900): that when the patient is told to say whatever comes to his mind, his associations become directed by the "purposive ideas inherent in the treatment," of which there are two: one relating to the illness and the other—about which Freud said the patient has "no suspicion"—relating to the analyst (1900, pp. 531-532). If the patient has "no suspicion" of the theme relating to the analyst, what are clearly implied are the patient's implicit references to the analyst. My interpretation of Freud's statement is that it not only specifies the themes inherent in the

patient's associations but also means that the associations are *simultaneously* directed by these two purposive ideas, not sometimes by one and sometimes by the other.

One important reason why the early and continuing presence of the transference is not always recognized is that it is considered to be absent in the patient who is talking freely and apparently without resistance. As Muslin and I (Gill and Muslin, 1976) pointed out in a paper on the early interpretation of transference, resistance to the transference is probably present from the beginning, even if the patient appears to be talking freely. Issues that do not manifestly involve the transference may nevertheless also be allusions to the transference, but the analyst has to be alert to the pervasiveness of such allusions to discern them.

The analyst should, then, proceed on the assumption that the patient's associations have pervasive transference implications. This assumption is not to be confused with denial or neglect of the current aspects of the patient's life situation. Theoretically, it is always possible to give precedence to a transference interpretation if only one can discern it through its disguise by resistance. I am not disputing the desirability of learning as much as one can about the patient, if only to be in a position to make more correct interpretations of the transference. One therefore does not interfere with an apparently free flow of associations, especially early in analysis, unless the

transference threatens the analytic situation to the point where its interpretation is mandatory rather than optional.

With the recognition that even the apparently freely associating patient may also be showing resistance to awareness of the transference, the formulation that one should not interfere as long as useful information is being gathered should replace Freud's dictum that the transference should not be interpreted until it becomes a resistance (1913, p. 139).

Connection of All Transference Manifestations with Something in the Actual Analytic Situation

As a prelude to a further discussion of the interpretive technique for expanding the transference within the analytic situation, I will argue that every transference has some connection with some aspect of the current analytic situation. Of course, all the determinants of a transference are current in the sense that the past can exert an influence only insofar as it exists in the present. What I am referring to is the current reality of the analytic situation, that is, what actually goes on between patient and analyst in the present.

All analysts would doubtless agree that there are both current and transference determinants of the analytic situation, and probably no analyst would argue that a transference idea can be expressed without

contamination, as it were—that is, without connection to anything current in the patient-analyst relationship. Nevertheless, I believe the technical implications of this fact are often neglected in practice, as I will discuss later. Here I want only to argue for the connection.

As several authors (e.g., Kohut, 1959; Loewald, 1960) have pointed out, Freud's early use of the term transference in "The Interpretation of Dreams" (1900)—albeit in a connection not immediately recognizable as related to the present-day use of the term—reveals the fallacy of considering that transference can be expressed free of any connection to the present. That early use referred to the fact that an unconscious idea can only be expressed as it becomes connected to preconscious or conscious content. In the dream, the phenomenon with which Freud was then concerned, transference took place from an unconscious wish to a day residue. In "The Interpretation of Dreams," Freud in fact used the term transference both for this general rule—that an unconscious content is expressible only as it becomes transferred to a preconscious or conscious content—and for the specific application of this rule to a patient's transference to the analyst. Just as the day residue is the attachment point of the dream wish, so must there be an analytic situation residue—though Freud did not use that term—as the attachment point of the transference wish.

Analysts have always limited their behavior, both in variety and

intensity, to increase the extent to which the patient's behavior is determined by his idiosyncratic interpretation of the analyst's behavior. Unfortunately analysts sometimes limit their behavior so much, as compared to Freud's practice, that they even conceptualize the entire relationship with the patient as a matter of technique without any nontechnical personal relationship, as Lipton (1977a) has pointed out.

But no matter how far analysts attempt to limit their behavior, the very existence of the analytic situation provides patients with innumerable cues that inevitably become their rationale for transference responses. In other words, the analytic situation is real and cannot be ignored. It is easy to forget this truism in one's zeal to diminish the role of the current situation in determining the patient's responses. One can try to keep past and present determinants relatively distinct from one another, but one cannot obtain either in "pure culture." As Freud wrote: "I insist on this procedure [the couch], however, for its purpose and result are to prevent the transference from mingling with the patient's associations imperceptibly, to isolate the transference and to allow it to come forward in due course sharply defined as a resistance" (1913, p. 134). Even "isolate" is too strong a word in the light of the inevitable intertwining of the transference with the current situation.

If analysts remain under the illusion that the current cues they provide to the patient can be reduced to the vanishing point, they may be led into a

silent withdrawal that is not far removed from the caricature of an analyst as someone who does indeed refuse to have any personal relationship with the patient. In such cases, silence has become a technique rather than merely an indication that the analyst is listening. The patient's responses then can be mistaken for uncontaminated transference when they are in fact transference adaptations to the silence.

The recognition that all transference must take its point of departure from the actual analytic situation has a crucial implication for the technique of interpreting resistance to the awareness of transference, to which I turn now.

The Role of the Actual Situation in Interpreting Resistance to the Awareness of Transference

Once the analyst becomes persuaded of the centrality of transference and the importance of encouraging it to expand within the analytic situation, he has to identify the presenting and plausible interpretations of resistance to the awareness of transference that he should make. Here his most reliable guide is the cues offered by what is actually going on in the analytic situation: on the one hand such events as a change in time of session or a specific interpretation, and on the other hand the patient's experience of the analytic situation as reflected in explicit remarks about it, however fleeting they may be. This is the primary technical yield of the recognition that any transference must be linked to the actuality of the analytic situation. The cues point to the

nature of the transference just as the day residue for a dream may point to latent dream thoughts.

Focusing attention on the current stimulus for a transference elaboration will keep the analyst from making mechanical transference interpretations—from seeing allusions to the transference in associations not manifestly about the transference without offering any plausible basis for such an interpretation. Attending to the current stimulus also offers some protection against the analyst's inevitable tendency to project his own views onto the patient, either because of countertransference or because of a preconceived theoretical bias.

The analyst may be very much surprised at what it is in his behavior that the patient finds important, for the patient's responses will be idiosyncratically determined by the transference. The patient may respond to seemingly trivial things because, as in dream displacement to a trivial aspect of the day residue, dream displacement onto something trivial can better serve resistance in analysis.

Because the stimulus to the transference is connected to conflictful material, it may be difficult to find. It may be so quickly disavowed that the patient's awareness of it is only transitory. With the discovery of the disavowal, the patient may also gain insight into how it repeats a disavowal

made earlier in life. In search for the present stimuli that the patient is responding to transferentially, the analyst must therefore remain alert to fleeting, apparently trivial manifest references to himself as well as to the events of the analytic situation.

If the analyst interprets the patient's attitudes in a spirit of seeing their plausibility in the light of the information the patient has rather than in the spirit of either affirming or denying them, the way is open for their further expression and elucidation. Thus the analyst respects the patient's effort to be plausible and realistic rather than seeing his transference attitudes as manufactured out of whole cloth.

I believe it is so important to make a transference interpretation plausible to the patient in terms of current stimuli that, if the analyst is persuaded that the manifest content has an important transference implication but cannot see a current stimulus for the attitude, he should explicitly say so if he decides to make the transference interpretation anyway. The patient himself may then be able to identify the current stimulus.

It is sometimes argued that the analyst's attention to his own behavior as a precipitant of the transference will increase the patient's resistance to recognizing the transference. I believe, on the contrary, that because of the inevitable interrelationship of the current and transference determinants, it is

only through interpretation that they can be disentangled.

It is also argued that the transference cannot be advantageously interpreted until it has reached optimal intensity. It is true that too quick an interpretation of the transference can serve a defensive function for the analyst and deny him the information he needs to make a more appropriate transference interpretation. But it is also true that delaying interpretation may result in an unmanageable transference. Deliberate delay can be a manipulation in the service of abreaction rather than analysis and, like silence, can lead to a response to the actual situation which is mistaken for uncontaminated transference. Obviously, important issues of timing are involved. I believe an important clue to when a transference interpretation is appropriate lies in whether it can be made plausibly in terms of something in the current analytic situation.

A reader of an earlier version of this paper understood me to be saying that all the analyst need do is interpret the allusion to the transference; that I did not see the necessity of interpreting why the transference had to be expressed by allusion rather than directly. Of course the second kind of interpretation is necessary, as I meant to imply in saying that, when the analyst approaches the transference in the spirit of seeing how it appears plausible to the patient, he paves the way for its further elucidation and expression.

The Relative Roles of Resolution of the Transference within the Analytic Situation and by Genetic Transference Interpretation

Freud's emphasis on remembering as the goal of the analytic work implies that remembering is the principal avenue to the resolution of the transference. But his delineation of the successive steps in the development of analytic technique (1920, p. 18) makes clear that he saw this development as a change from an effort to reach memories directly to the utilization of the transference as the necessary intermediary to reaching the memories.

Freud also described resistance as being primarily overcome in the transference, with remembering following relatively easily thereafter:

> From the repetitive reactions which are exhibited in the transference we are led along the familiar paths to the awakening of the memories, which appear without difficulty, as it were, after the resistance has been overcome (1914a, p. 154-155);

and:

> This revision of the process of repression can be accomplished only in part in connection with the memory traces of the process which led to repression. The *decisive* part of the work is achieved by creating in the patient's relation to the doctor—in the 'transference'—new editions of the old conflicts … Thus the transference becomes the battlefield on which all the mutually struggling forces should meet one another [1916-1917, p. 454; emphasis added].

It was this primary insight that Strachey (1934) clarified in his seminal paper on the therapeutic action of psychoanalysis.

There are two main ways in which work with the transference in the here and now fosters resolution of the transference. The first lies in clarifying the cues in the current situation that are the patient's point of departure for a transference elaboration. The exposure of the current point of departure at once raises the question whether it is adequate to support the conclusion drawn from it. Relating the transference to a current stimulus is, after all, part of the patient's effort to make the transference attitude plausibly determined by the present. The reserve and ambiguity of the analyst's behavior increase the range of apparently plausible conclusions the patient may draw. If an examination of the basis for such conclusions makes clear that the actual situation is subject to meanings other than the one the patient discerned, he will more readily consider his preexisting bias, that is, his transference.

A reader of an earlier version of this paper suggested that, in speaking of the current analytic relationship and the relation between the patient's conclusions and the information on which they seem plausibly based, I am implying some absolute conception of what is real in the analytic situation, with the analyst as the final arbiter. That is not the case. My statement that the patient must come to see that his information is subject to other possible interpretations implies the very contrary to an absolute conception of reality. In fact, analyst and patient engage in a dialogue in the spirit of attempting to arrive at a *consensus* about reality, not at some fictitious absolute reality.

The second way in which work with the transference in the here and now fosters resolution of the transference is through the patient's experience of something new in the very interpretation of the transference. The patient is being treated in a way that differs from what he expected. Analysts seem reluctant to emphasize this new experience, as though it endangers the role of insight and argues for interpersonal influence as the significant factor in change. Strachey's (1934) emphasis on the new experience in the mutative transference interpretation has unfortunately been overshadowed by his views on introjection, which have been mistakenly seen as advocating manipulation of the transference. In fact, Strachey saw introjection of the more benign superego of the analyst as only a temporary step on the road toward insight. The new experience is not only to be distinguished from the interpersonal influence of a transference gratification; it is also to be seen as accompanying insight—into both the patient's biased expectation and the new experience itself. As Strachey points out, what is unique about the transference interpretation is that insight and the new experience take place in relation to the very person who was expected to behave differently, and it is this that gives the work in the transference its immediacy and effectiveness. While Freud did stress the affective immediacy of the transference, he did not make the new experience explicit.

It is important to recognize that transference interpretation is the joining of experience to insight. Both are needed to bring about and maintain

the desired changes in the patient. It is also important to recognize that no new techniques of intervention are required to provide the new experience. It is an inevitable accompaniment of interpretation of the transference in the here and now.

It is often overlooked that although Strachey said that only transference interpretations are mutative, he also noted with approval that most interpretations are outside the transference. In a further explication of Strachey's paper and entirely consistent with Strachey's position, Rosenfeld (1972) has pointed out that clarification of material outside the transference is often necessary to determine the appropriate transference interpretation and that both genetic transference interpretations and extratransference interpretations play an important role in working through. Strachey said relatively little about working through, but surely nothing against the need for it, and he explicitly recognized a role for recovery of the past in the resolution of the transference.

My own position is to emphasize the role of the analysis of the transference in the here and now both in interpreting resistance to the awareness of transference and in working toward its resolution by relating it to the actuality of the analytic situation. I agree that extra transference and genetic transference interpretations, and of course working through, are important too. The matter is one of emphasis. I believe interpretation of

resistance to awareness of the transference should figure in the majority of sessions, and that if this is done by relating the transference to the actual analytic situation, the very same interpretation is the beginning of work toward the resolution of the transference. To justify this view more persuasively would require detailed case material.

It may be considered that I am siding with the Kleinians, who many analysts believe mistakenly give the analysis of the transference too great a role, if not an exclusive one, in the analytic process. It is true that Kleinians emphasize the analysis of the transference more, in their writings at least, than do the general run of analysts. Indeed Anna Freud's (1968) complaint that the concept of transference has become overexpanded seems to be directed against the Kleinians. One of the reasons the Kleinians consider themselves the true followers of Freud in technique is precisely because of the emphasis they put on the analysis of the transference. Hanna Segal (1967), for example, writes as follows: "To say that all communications are seen as communications about the patient's phantasy as well as current external life is equivalent to saying that all communications contain something relevant to the transference situation. In Kleinian technique, the interpretation of the transference is often more central than in the classical technique" (pp. 173-174).

Despite the Kleinians' disclaimers, my reading of their case material

leads me to agree with the apparently general view that Kleinian transference interpretations often deal with so-called deep and genetic material without adequate connection to the present analytic situation and thus differ sharply from the kind of transference interpretation I am advocating.

The insistence on exclusive attention to any particular aspect of the analytic process, such as the analysis of the transference in the here and now, can become a fetish. I do not say that other kinds of interpretation should not be made, but I believe the emphasis on transference interpretations within the analytic situation needs to be increased, or at least reaffirmed, and that we need more clarification and specification of just when other kinds of interpretations are in order.

Of course it is sometimes tactless to make a transference interpretation. Surely one reason for not making a particular transference interpretation, even if one seems apparent to the analyst, would be preoccupation with an important extratransference event; another would be an inadequate degree of rapport, to use Freud's term, to sustain the sense of criticism, humiliation, or other painful feeling the particular interpretation might engender, even though the analyst had no intention of evoking such a response. The issue may well be, however, not whether an interpretation of resistance to the transference should be made, but whether the therapist can find that transference interpretation that, in the light of the total situation—both

transference and current—the patient is able to hear and benefit from primarily as the analyst intends it.

Transference interpretations, like extratransference interpretations or indeed any behavior on the analyst's part, can have an effect on the transference which in turn needs to be examined if the result of an analysis is to depend as little as possible on unanalyzed transference. The result of any analysis depends on the analysis of the transference, the persisting effects of unanalyzed transference, and the new experience that I have emphasized as the unique merit of transference interpretation in the here and now. It is especially important to remember this lest one's zeal to ferret out the transference itself becomes an unrecognized and objectionable actual behavior, with its own repercussions on the transference.

The emphasis I am placing on the analysis of resistance to the transference could easily be misunderstood as implying that it is always easy to recognize the transference as disguised by resistance or that analysis would proceed without a hitch if only such interpretations were made. I mean to imply neither. I believe that the analytic process will have the best chance of success if correct interpretation of resistance to the transference and work with the transference in the here and now are the core of the analytic work.

Case Illustration

I believe the most faithful rendering of the therapeutic process is by the report of a full session. No single session is likely to demonstrate all the points made in this paper, however, nor can I find any session that is not open to criticism of some kind.

I chose the following session for these reasons: Though the therapist may well be considered too intrusive, his very activity increases the number of illustrations of interpretation of the transference. Indeed, the therapist himself comments on the degree of his activity. (In a later session, it becomes clear that the patient feels competitve in seeing connections and interprets the therapist's activity as besting him in this contest.) Since the patient is being seen only once a week, most people would call this treatment "psychotherapy." I am of the opinion that the range of settings—defined as frequency of sessions, couch or chair, type of patient, and experience of therapist—in which the technique of analysis of the transference is appropriate is far broader than is usually considered to be the case, so this illustration serves to exemplify that view, too. The session is only the second of the therapy and thus illustrates what I mean by employing this technique from the beginning. My comments will be largely restricted to how the analysis of the transference is being exemplified, though of course much else could be said.

The patient understood that in return for being seen by an experienced

therapist the hours would be recorded and used for teaching purposes. The context of the second hour was that the first hour was to have been followed by a gap of three weeks because the therapist would be away. His plans changed, however, and so he phoned the patient to offer an earlier appointment. There was some difficulty in finding a time that suited both therapist and patient. The second hour took place ten days after the first. To save space, the account is given in summary rather than verbatim, but it follows the transcript faithfully.

The patient began by saying he keeps a diary and had written something in it that he thought might be helpful. He asked if he should read it and the therapist said that was all right. It was an expression of great loneliness. The therapist asked if it had been written for him. The patient did not think so, but rather that after writing it he thought it might be helpful to share it. In response to a question, he said the central issue in the material he read is his loneliness. The therapist asked whether he had felt he could communicate this better by writing it down, and he said he had. The therapist asked when he had written the diary entry and established that it was before he had phoned the patient. The therapist said that he nevertheless wondered if the loneliness implied a reference to the long time the patient had anticipated waiting before the second appointment.

This is an interpretation which suggests that the material not manifestly

about the relationship alludes to the relationship. It is made plausible by an event in the therapy—the anticipated long wait for the second appointment.

The patient said this might be true and that he was supposed to have had a last summing-up appointment with his previous therapist but he too had been away. This seems like an indirect confirmation of the interpretation. The therapist suggested this indicated there might be something to what he had said, and the patient said: "What you're saying sounds valid and hits a nerve." He added that perhaps he is expecting a lot from the therapist. He referred to this as "setting himself up," and the therapist suggested this meant he feared an awful letdown.

The patient agreed, but the therapist, instead of following this up as he well might have, asked what the patient's reaction had been to the phone call. He said he had been surprised and the therapist asked if that was all. He said he had been angry because he had had to rearrange his schedule. The therapist asked why he hadn't refused the offer. He said it had seemed important to the therapist. When the therapist said the patient then was accommodating him, the patient replied that he thought he was making himself look bad.

The therapist suggested that the patient apparently felt the therapist might react by feeling that it was inappropriate for the patient to talk as

though he were doing the therapist a favor after the therapist had put himself out. The patient agreed.

The therapist asked whether the patient had speculated about what had motivated the offer of an appointment. The patient said the therapist had wanted to maintain continuity. The therapist responded that apparently his concern was unnecessary since the patient had been prepared to wait. But, after all, was it not true that the patient's loneliness did indicate that he was reacting to the long gap between appointments?

The therapist seems defensive here. He may indeed be reacting to the spurning of his concern. In fact, his motivation may well have included a wish to have a session for the class he was teaching. It is not impossible that this speculation had occurred to the patient (it has in similar situations) and that therapist and patient were colluding to keep this thought unspoken.

The therapist suggested that perhaps the patient's reaction was a denial of how strongly he felt about the long wait till the next appointment. The patient responded that "this will sound dumb," but sometimes he feels like abandoning everything and just devoting himself to working out his problems —but, after all, he has a job and other responsibilities.

The therapist suggested that the patient had apparently interpreted the interpretation as a rebuke that he was not sufficiently interested in the

therapy. This is an example of an interpretation of an allusion to the patient's experience of the relationship made plausible by what the therapist had said. It is an example of how the transference is an amalgam of past and present, or contributions from both therapist and patient.

The patient said the interpretation didn't "ring exactly true." The therapist tried to justify his interpretation by reminding the patient that he had introduced his response by saying it would sound dumb. The patient still didn't accept it and said it was ironic that he had rushed away from a religious service to keep the appointment. But, after all, he continued, this was also a cleansing of the soul.

The therapist asked about a Hebrew expression the patient had used in his initial reading from his diary, and the patient explained he had spent a year in Israel and was good at languages. The therapist had indicated he thought the patient's knowledge of Hebrew was extensive.

After a pause the patient said he was feeling intensely emotional and was surprised at feeling this way. The therapist asked for clarification of the feeling and the patient responded that he felt the therapist was "zeroing in" on sore spots the patient would prefer not to deal with. He is surprised at the therapist's ability to touch on important issues even though he doesn't know the patient very well.

The therapist asked for an illustration and the patient responded that it was the therapist's speaking of his loneliness, but then he recognized that he had introduced that topic himself. The therapist interpreted that the patient might be feeling two ways: on the one hand he wants to be understood, but on the other hand he would prefer that the therapist not deal with sore points so directly and rapidly. The patient agreed and said he didn't feel ready to trust the therapist and was afraid of his own thoughts and feelings.

The therapist asked for a further clarification of what made the patient feel he was "zeroing in" so rapidly and the patient said he was not sure. The therapist asked if the patient was finding this therapy different from his previous one. The patient replied that he had built up a lot of trust in the previous therapist. He did not think the (current) therapist was acting differently from the people he was used to.

The therapist said he was concerned that he had been directing the conversation too much and he would wait for the patient to take the lead. After a pause, the patient said he had had a strange experience the week before. A girl had invited him to stay at her apartment because they came home very late from a date. He believed she expected him to make a sexual advance but he did not and he is concerned because he feels he should have.

The therapist might have interpreted here that this association—clearly

spontaneous—was an allusion to the fact that the appointment had been initiated by the therapist's call, that is, that he had been issued the invitation. The interpretation need not have included a sexual parallel.

The patient then spontaneously referred to his concern about homosexuality (possible evidence that the phone call was felt to be a homosexual seduction but probably premature to interpret); he said that a sexual experience relieved his loneliness a little and that he felt like a "weirdo" because he had never had intercourse with a woman.

The patient had been pausing frequently and the therapist called attention to these pauses, saying that the patient apparently was not accustomed to speaking about himself in therapy without pausing for replies. He replied that his previous therapist had said that he was afraid to talk about his homosexuality and would start and stop in talking about it as if offering a kind of bait. The therapist said he was not suggesting that the patient was using it as bait but was asking whether the patient was aware of not taking the initiative; the therapist was concerned that he might be directing the conversation. The therapist explained that they would be more likely to deal with the patient's concerns if he would take more initiative in the conversation. He disavowed wanting the patient to continue with the topic of homosexuality but raised the question of how the patient saw the relation between homosexuality and loneliness. The therapist then stopped himself,

saying he was again directing, but asked whether the patient feared he would stress homosexuality and ignore the loneliness. The patient thought not and said he was primarily wondering how the woman had interpreted his behavior.

After a pause, the patient said he was concerned about his job because he had given notice some time before and the job was finally being offered to someone else. The patient had introduced this topic by saying his language gave him away; the therapist had asked what he had been reluctant to reveal. The reply was that he feared being told not to worry so much about his job. Then he said he feared he was second-guessing himself and that the therapist would think him a "total idiot."

The therapist suggested that this was perhaps why he was guarding his language. The patient said he wondered why he was guarding himself. The therapist suggested that he felt the therapist could see his sore spots too clearly and was reluctant to reveal them because he didn't know the therapist well enough to trust him. The patient responded that he wanted to give himself away and to hide himself at the same time.

The patient then said he could never please his father. The therapist asked whether the patient felt he was reacting the way he might with his father and whether the therapist had in some way indicated that the patient

couldn't please him. Through these questions the therapist deals with the patient's spontaneous comment about the past as a possible flight from the present. The patient's response to the latter question was negative, and he added that he himself was casting the therapist in the father role as he had his previous therapist.

The patient referred to his having thought in the previous session that the therapist had judged him, but the therapist had denied it. The therapist said it was understandable that the patient might not believe that denial since he knew so little about the therapist. This response illustrates the therapist's emphasis on the plausibility of the patient's experience of the relationship.

The patient said his eyes keep tearing; the therapist said that was an example of his difficulty in admitting his feelings. The patient said he was ashamed and the therapist responded that the patient apparently expected to be criticized; again it was understandable that he was in conflict about whether to trust the therapist so soon. The patient agreed.

When the hour was over, the patient said he felt bad that his name was on the tape. At first the therapist said he would blank it out, but then he said that if the patient were to accept taping at all, he would have to trust the therapist to some degree. The patient agreed, and the therapist said he should nevertheless feel free to talk about the taping whenever he wished.

As he left, the patient wished the therapist a good vacation, though the therapist had not given any reason why he would have been unable to see the patient for three weeks.

Summary

I distinguish between two major resistances to the transference. One is resistance to awareness of the transference and the other is resistance to resolution of the transference.

I argue that the bulk of the analytic work should take place in the transference in the here and now. I detail Freud's view that the transference should be encouraged to expand within the analytic situation. I suggest that the main technique for doing so, in addition to the analytic setup itself, is the interpretation of resistance to the awareness of transference by searching for allusions to the transference in associations not manifestly about the transference; that in making such interpretations one is guided by the connection to the actual analytic situation that every transference includes; that the major work in resolving the transference takes place in the here and now both by examining the relation between the transference and the actual analytic situation from which it takes its point of departure, and by the new experience that the analysis of the transference inevitably includes; and that while genetic transference interpretations play a role in resolving the

transference, genetic material is likely to appear spontaneously and with relative ease after the resistances have been overcome in the transference in the here and now. Working through remains important and it too takes place primarily in the transference in the here and now.

I close with a statement of a conviction designed to set this paper into a broader perspective of psychoanalytic theory and research. The points I have made are not new. They are present in varying degrees of clarity and emphasis throughout our literature. But like so many other aspects of psychoanalytic theory and practice, they fade in and out of prominence and are rediscovered again and again, occasionally with some modest conceptual advance, but often with an air of discovery attributable only to ignorance of past contributions. There are doubtless many reasons for this phenomenon. But not the least, in my opinion, is the almost total absence of systematic and controlled research in the psychoanalytic situation (in contrast to the customary clinical research). I believe that only with such systematic and controlled research will analytic findings become solid and secure knowledge instead of being subject again and again to erosion by waves of fashion and by what Ernst Lewy (1941) called the "return of the repression"—the retreat of psychoanalysts from insights they had once reached.

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Notes

1 An earlier version of this chapter appeared in the *Journal of the American Psychoanalytic Association* (supplement), 27:263-288, New York: International Universities Press, 1979. A case illustration has been added to the present revised and expanded version. It is a partial summary of a forthcoming monograph. Its preparation was supported in part by Research Scientist Award, NIMH grant #30731. Drs. Samuel D. Lipton, Irwin Hoffman, and Use Judas have helped me develop and clarify the ideas expressed in this paper.

2 In response to a suggestion by the editor of this volume, I add the following clarification: Freud's

statement that the mastery of the transference neurosis is tantamount to the analysis of the patient's original neurosis implies that the neurosis can be expressed wholly in terms of the relationship between patient and analyst. This does not amount to a denial of intrapsychic organization in favor of interpersonal manifestations; rather, it is to say that the neurosis as intrapsychically organized expresses itself in the interpersonal interaction. Presumably the resolution of the transference neurosis is marked by a revision of the intrapsychic organization, i.e., the so-called structural change. Nor does Freud's view imply that a neurosis is simply the intrapsychic result of the interpersonal experiences of development. For the way in which interpersonal experience is understood and incorporated into the intrapsychic organization is codetermined by innate factors, whether these are called drives, instincts, primarily autonomous apparatuses, or by the term with the fewest restrictive connotations: schemata.