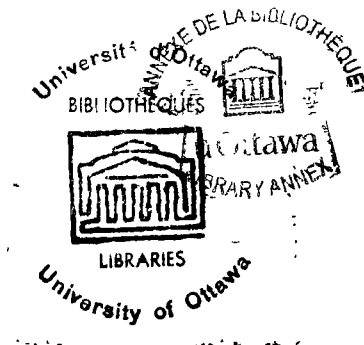


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THE CONCEPT OF TRANSFERENCE: A CRITICAL STUDY

by Rudolph Joseph Brandt

Thesis presented to the School of Psychology
of the University of Ottawa as a partial
fulfilment of the requirements for the degree
of Doctor of Philosophy in Clinical Psychology.



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CURRICULUM STUDIORUM

The writer was born on December 4, 1910, in Nizny Verecky, Czechoslovakia; immigrated to North America on December 25, 1940, and received graduate training in his chosen specialty at the following educational institutions: University of Southern California, 1947-48, 29 credits; Claremont College, 1949-51, 12 credits; University of California Medical Extension, 1953, 3 credits; M.A. at the University of Ottawa in 1955. Thesis: The Origins of Psychoanalysis, A Propaedeutics.

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INTRODUCTION

The purpose of this thesis is the investigation of the transference phenomena observed in the psychoanalytic situation in order to discover its laws of operation. It is based on the hypothesis that there exists a fundamental difference between the psychoanalytic theories postulated by Freud, and the theories implicit in his writings on the technique of the psychoanalytic method.¹

Freud himself had some doubt as to the validity of some of his theories, for as late as 1922 he posed the question: "What is the relationship between psychoanalytic technique and psychoanalytic theory?"²

Transference was selected for investigation because of its importance in psychotherapy in general and in psychoanalysis in particular. Most psychoanalytic schools agree that its manipulation and/or its resolution determines the successful results of the treatment.

Due to the dogmatic adherence to every theoretical utterance Freud has ever made, and the complete disregard of his writings on technique, scientific psychoanalysis faces the danger of stagnation. This has resulted in the

¹ The steps leading to this conclusion are elaborated by the writer in The Origins of Psychoanalysis, A Propaedeutics, an unpublished dissertation presented to the School of Psychology at the University of Ottawa, 1955.

² Quoted by K. R. Eissler, The Effects of the Structure of the Ego on Psychoanalytic Technique, in Journal of the American Psychoanalytic Association, Vol. 1, No. 1, Jan. 1953, p. 104.

undeniable fact that in the past thirty years it has made no progress, with the notable exception of methodological descriptions of the treatment of schizophrenic patients.

The results of this dogmatic compulsion are best summarized by Glover in the observations he gathered while attending the scientific proceedings of the different Psycho-analytical Associations during some twenty-five years:

Discussion has an almost entirely stereotyped form, each contributor reacting to each subject of discussion with opinions that can easily be surmised beforehand; (...) in the majority of instances the opinions expressed bear an unmistakable resemblance to those of the contributor's training analyst ... 3

Even when new discoveries are made, their significance is lost in the jargon in which they are presented. The terminology used in psychoanalysis has lost its comprehensive meaning and has become a symbolic expression on the part of the individual analyst to signify his adherence to the orthodoxy.

Research in psychoanalysis is handicapped by the fact that training opportunities are denied to the psychologist in America. Contrary to Freud's claim that psychoanalysis is psychology, Hartmann and his followers hold it to be a natural science, Brunn, in Switzerland, declared that it belongs to biology, while the American Psychoanalytic

3 Edward Glover, Research Methods in Psycho-Analysis, in the International Journal of Psycho-Analysis, Vol. 33, Part 4, 1952, p. 404.

Association holds it to be a medical discipline because it is used in the treatment of the emotionally ill.⁴

The concern of science, however, is the phenomenon that lends itself to generalizations, and the nature of the science depends on the object it observes and the fundamental goals towards which it is oriented. Since the object of psychoanalysis is the psyche, and since the postulates drawn from the phenomena observed during the practice of the method are intended to be laws explaining human behaviour, psychoanalysis logically is, as Freud put it, psychology.

Since this study properly belongs to the field of psychology, a definition of the psychoanalytic situation is in order.

For purposes of this thesis, psychoanalysis is defined as a form of interpersonal relationship between two people that usually results in a basic change of the personality structure and almost always results in a change in behaviour. Since the facts observed during the psychoanalytic situation lend themselves to generalizations of a predictive nature, and since the formal aspects of the psychoanalytic relationship are carefully prescribed in analytic practice, psychoanalysis is further defined as an experimental

⁴ cf. Brandt, Op. Cit., footnote 1, p. 25-29, 73-77.

situation in which the transference phenomenon is considered as the independent variable.

This study is based primarily on the writer's own experiences of almost a decade spent in the practice of the psychoanalytic method, but he has also drawn on the published experiences of other analysts.⁵⁻¹¹

The following organizational procedure is planned:

1. The present concept of transference is to be investigated and defined. Its history will be reviewed in order to determine whether it has changed in any way since its origin and, if so, in what direction. Finally, the concept will be evaluated from the point of view of the psychologist.

5 Charles Berg, War in the Mind, The Case Book of a Medical Psychologist, London, Macaulay, 1941, 272 p.

6 -----, Deep Analysis, The Clinical Study of an Individual Case, London, Allen, 1946, 261 p.

7 George Devereux, Reality and Dream: Psychotherapy of a Plains Indian, N.Y., Int. Univ. Press, 1951, 438 p.

8 John Dollard, Frank Auld and Alice White, Steps in Psychotherapy, N.Y., MacMillan, 1953, 213 p.

9 Merton Gill, Richard Newman and Fredrick C. Redlich, The Initial Interview in Psychiatric Practice, N.Y., Int. Univ. Press, 1954, 423 p.

10 Harald Schultz-Henke, Das Problem der Schizophrenie, Analytische Psychotherapie und Psychose, Stuttgart, Thieme, 1952, xvi-308 p.

11 M. A. Secheyay, Symbolic Realization, A New Method of Psychotherapy Applied to a Case of Schizophrenia, N.Y., Int. Univ. Press, 1951, 184 p.

2. Since Freud's concept of the personality in general, and of transference in particular, is based on his observations gathered during his practice of the method, the psychoanalytic situation will be reviewed and manifestations of personality investigated.

3. An attempt will be made to analyze transference manifestations and communication in general between analyst and patient with the intent to separate component parts, if any, of the transference situation.

4. The results will be considered in terms of learning and in the manner in which they contribute to the problem of psychoanalytic theory and training.

There are at least two factors to justify the abandonment of Freud's theoretical postulates; they were designed for a purpose which no longer exists, and they do not stand the test of criticism.

Freud's theoretical papers were an attempt at a scientific explanation of the phenomena he observed while he practised his method. These explanations were formulated in a manner designed to enhance scientific acceptance, and were thus expressed within the frame of reference of Helmholtz's theory of conservation of energy: a theory that enjoyed great scientific popularity in those days. In the past fifty years the psychoanalytic method has proven itself in actual practice and it is no longer necessary to disguise it in order to gain for it scientific recognition.

Many responsible critics, Allers,¹² Dalbiez,¹³ Maritain¹⁴ and Nuttin¹⁵ among them, agree that these theories do not differentiate between the biological and intellectual nature of man.

The fact remains, however, that even though the theories have proved vulnerable, the psychoanalytic method is reliable and effective.

It was felt that an investigation of the psychoanalytic situation, from the point of view of the psychologist who does not consider man a 'reflex apparatus' but a rational animal, would be a contribution to the present knowledge about psychoanalysis.

This concept of man is not at variance with many of Freud's utterances, though it is opposed to the causal and deterministic orientation that prevails in his theoretical writings. Jones, Freud's official biographer, perceives this dualism as "roughly akin to the Scholastic contrast

12 Rudolf Allers, The Successful Error, N.Y., Sheed, 1940, ix-266 p.

13 Roland Dalbiez, Psychoanalytical Method and the Doctrine of Freud, 2 Vols., Vol. 2, Discussion, N.Y., Longmans, xii-331 p.

14 Jacques Maritain, Cuatro Ensayos Sobre el Espiritu en su Condicion Carnal, Buenos Aires, Brouwer, 1943, 200 p.

15 Joseph Nuttin, Psychoanalysis and Personality, N.Y., Sheed, 1953, xiv-310 p.

of the spiritual and animal in our nature."¹⁶ This Scholastic orientation in Freud will become logical, however, when one considers that much of his philosophical orientation was obtained under the tutelage of Franz Brentano, a Scholastic philosopher in Vienna and professor of Freud.¹⁷

Since an understanding of transference makes for an understanding of psychoanalysis, it is hoped that this paper will contribute to a better understanding of this branch of psychology.

Last, but certainly not least, this study intends to be a contribution facing the training committees of the various psychoanalytic associations pondering the problem: What constitutes the material for the proper training in psychoanalysis?

The following abbreviations are used in the text and the Annotated Bibliography when referring to Freud's works:

GS Gesammelte Schriften, Vienna, International Psychoanalytischer Verlag, 1924-1934, 12 Vols.

GW Gesammelte Werke, Chronologisch Geordnet, London, Imago, 1940-, 17 of the projected 18 volumes have been published to date.

CP The Collected Papers, London, Hogarth, 1924-1950, 5 Vols.

¹⁶ Ernest Jones in a personal communication, dated August 20, 1955.

¹⁷ cf. Brandt, Op. Cit., footnote 1, p. 131-135.

SE The Standard Edition of the Complete Psychological Works of Sigmund Freud, London, Hogarth, 1953-, to date only Vols. 4, 5, 7, 8, 10 and 13 have been published.

IJS International Journal of Psycho-Analysis.

CHAPTER I

THE CONCEPT OF TRANSFERENCE

Though the manipulation of transference is generally considered to be the principal tool in psychoanalytic treatment, and though it is a frequent topic in the literature lately, there is but little known of this complex process. This is especially surprising if one considers the fact that the "resolution of transference" has been considered as a criterion for the termination and effectiveness of the analysis for more than forty years.

1. The Concept of Transference at Present.

In the present literature transference is generally defined as a repetition in present day life, and particularly in the relationship to the analyst, of unconscious emotional attitudes developed during childhood within the family group and especially towards the parents.¹⁻³

1 Lewis R. Wolberg, The Technique of Psychotherapy, N.Y., Grune and Stratton, 1954, p. 398-401.

2 Benjamin Wolstein, Transference, its Meaning and Function in Psychoanalytic Therapy, N.Y., Grune and Stratton, 1954, xiii-206 p., passim.

3 Alexander Reid Martin, Moderator, Doctor-Patient Relationship in Therapy, A Round Table Discussion, in The American Journal of Psychoanalysis, Vol. 15, No. 1, 1955, p. 3-21.

Since "the neutrality of the analytic situation" is considered to be devoid of any reality factor on which these attitudes can be based, the transference reactions have come to be considered neurotic, with a tendency to develop into a transference-neurosis, and a manifestation of the repetition compulsion postulated by Freud.⁴ In this context the transference is a repetition of an impulse that has been completely repressed in childhood, or that has been interrupted and to some degree repressed.⁵

Rado⁶ considers transference to be a process in which the patient's natural neurosis is transferred into an artificial one. This transference-neurosis is more amenable to treatment and is, so to speak, an instrument utilized in bringing about recovery.

Transference is manifested in the patient's behaviour towards the therapist, and is considered to be 'positive' if the patient shows friendly attitudes, and negative if the attitudes towards the therapist are unfriendly,

⁴ Edward Glover, The Technique of Psychoanalysis, N.Y., International Universities Press, 1955, ix-404 p., passim.

⁵ Daniel Lagache, Some Aspects of Transference, in International Journal of Psychoanalysis, Vol. 34, Part 1, 1953, p. 2.

⁶ Sandor Rado, The Economic Principle in Psycho-Analytic Technique, in International Journal of Psychoanalysis, Vol. 6, Part 1, 1925, p. 35-44.

provided, of course, that these attitudes are not based on reality.

Analysts realized from the earliest times that it is not only the patient who relates to the therapist, but that the analyst, consciously or unconsciously, develops certain attitudes towards the patient and that these attitudes will manifest themselves in the analytic situation. These reactions are termed "counter-transference". According to Alexander

The term counter-transference should be reserved for a therapist's irrational attitudes toward his patient, attitudes which have grown out of his previous life experiences and are not justified by the realities of the therapeutic situation. In this sense, all manifestations of counter-transference represent "blind spots" on the part of the therapist which interfere with accurate perception or optimum therapeutic relationship with the patient.

7

Alexander sees transference as a manifestation of the neurosis the patient is suffering from. Since transference and counter-transference are perceived by him as identical processes, except for the subject experiencing the process, he concludes that the counter-transference manifestations represent un-analyzed aspects, 'blind spots' of the analyst's personality. This, in the opinion of the writer, is a logical conclusion, and is in line with the interminable aspects of psychoanalysis postulated by Freud.

7 The Doctor-Patient Symposium, Op. Cit., p. 8.
Italics by Alexander.

The complications created by the consideration of the transference as a neurotic repetition are best stated in the words of Fliess:

If consistency of designation is required to identify a concept unambiguously, then the term "countertransference" must, by virtue of its definition, be reserved for the equivalent, in the analyst, of what is termed "transference" in the patient. It is then immediately obvious that countertransference is not, as is transference, an occurrence desirable and prerequisite to the treatment, but undesirable and a hinderance. When the patient transfers infantile conflicts upon the analyst he revives them in a situation in which they may be resolved. When the analyst (counter) transfers upon the patient he revives his own conflicts, which are neither the object of the analysis, nor can they be resolved. (...) Ideally, therefore, countertransference should not occur. But it does.

8

Fliess, like Alexander, is logical. If transference is a neurotic symptom, so is counter-transference. His recommendation of the dissolution of the counter-transference consists in suggesting a self-analysis that is to be carried out during or after the analytic hour. How one can conceive of a self-analysis carried out by the observation of a patient who is being analyzed at the same time, without creating any obstacles and distortions in the analytic situation, is not clear to this writer.

8 Robert Fliess, Countertransference and Counter-identification, in Journal of the American Psychoanalytic Association, Vol. 1, No. 2, April 1953, p. 268.

Since by its definition counter-transference is considered to be a neurotic manifestation, there has been a tendency to ignore it in the literature in general. When it is not ignored, it is mentioned as a sort of relapse on the part of the analyst, who considers his counter-transference reactions as a need to gratify a basic Id-instinct.

In counter-transference various aspects of the oedipic situation are repeated. Sometimes the analyst loves the patient genitally and desires her genital love towards him; he hates her if she loves another man, feels rivalry of this man and jealousy and envy (heterosexual and homosexual) of their sexual pleasure. Sometimes he hates her if she hates him, and loves her if she suffers, for in this case he is revenged for the oedipic deceit. He feels satisfaction when the transference is very positive, but also castration-anxiety and guilt feelings towards the husband, etc.

9

Similarly, Winnicott perceives of counter-transference as a need to express his "objective hate" towards the patient, and as anxiety created by the need for postponement of the moment in which he can finally "tell the patient what he, the analyst, did unbeknown to the patient, whilst he was ill." In analyzing his own counter-transference reactions, Winnicott seems to identify with a mother who hates her baby, resents her pregnancy and her inability to express her

9 Heinrich Racker, A Contribution to the Problem of Counter-Transference, in International Journal of Psychoanalysis, Vol. 34, Part 4, 1953, p. 316.

hatred and resentment to the child. He fears the patient who lacked enough good experiences in the past to furnish material for exploitation in the transference situation.¹⁰

Klein traces transference reactions to:

The sensations experienced by the infant at birth and the difficulties of adapting himself to entirely new conditions (which) give rise to persecutory anxiety. The comfort and care given after birth, particularly the first feeding experiences, are felt to come from good forces. (...) The infant directs his feelings of gratification and love towards the 'good' breast, and his destructive impulses and feelings of persecution towards what he feels to be the frustrating, i.e. the 'bad' breast.¹¹

The ambivalence so characteristic of the transference situation is attributed by Klein to be due to the patient's conception of the analyst as alternating between being the 'good' and the 'bad' breasts.

In their explanations of the transference and counter-transference phenomena all of the authors quoted refer to Freud and make it a point to insist that theirs is but a point in the historical continuum that originated with Freud. It seems therefore advisable to present the historical

¹⁰ D. W. Winnicott, Hate in Counter-Transference, in International Journal of Psychoanalysis, Vol. 30, Part 2, 1949, p. 69-74.

¹¹ Melanie Klein, The Origins of Transference, in International Journal of Psychoanalysis, Vol. 33, Part 4, 1952, p. 433-438.

origins of this concept before attempting to evaluate it.

2. The History of the Present Concept.

Though generally credited to Freud, the concept of transference as a positive, at times sexualized feeling of the patient towards the therapist, was recognized by Mesmer, who identified it as an emotion that a child feels towards a protective parent.

When his famous patient, Maria Therese, declared her love for him Mesmer was shocked at first. But when he thought of all the cures his magnetic treatment had accomplished, his doubts vanished. "Were not all the cures the most convincing proofs that Animal Magnetism was no more connected with sex than the rays of the sun?"¹² He laid his hand on the girl's head and said:

Forgive my long silence, Therese; I have been thinking over what you said just now. (...) There is nothing you need be ashamed of in the fact that I have grown necessary to you - for is not the mother necessary to the infant until it has learned to walk alone? Or the teacher to the illiterate child? That is the capacity in which I have served you ...

13

In his own mind, however, Mesmer realized that the emotional attitude of his patient was something that he should have recognized and utilized in the treatment.

¹² Nora Wydenbruck, Doctor Mesmer, An Historical Study, London, Westhouse, 1947, p. 87.

¹³ Ibid., p. 88.

"Blind fool that I was", he told himself remorsefully, "as blind as the child herself! Why did I not notice that she loved me? Why did I not divert the current of her emotions while there was still time?"¹⁴ (This writer's italics)

Freud's first reference to the phenomenon under discussion is made in a letter to Martha Bernays and is dated October 29, 1882: "I always find it uncanny when I can't understand someone in terms of myself."¹⁵ In the opinion of this writer, this is the most accurate statement on the nature of counter-transference in Freud's writings.

Freud next devotes some space to the discussion of the transference phenomenon in his Studies in Hysteria,¹⁶ published in 1895. He considers transference as "erotic streams of thoughts", a substitute love that the therapist utilizes to help him overcome the resistances and unpleasures that are a part of psychoanalysis.

The transference, according to Freud at that time, was due to the displacement of affects unto the therapist,

14 Ibid., p. 99.

15 Quoted by Ernest Jones, The Life and Work of Sigmund Freud, Volume 1, 1856-1900, The Formative Years and the Great Discoveries, N.Y., Basic Books, 1953, p. 320.

16 Joseph Breuer and Sigmund Freud, Studies in Hysteria, Nervous and Mental Disease Monographs Series No. 61, translated by A. A. Brill, N.Y., Coolidge Foundation, 1953, p. 228-231.

affects that belonged to some important figure in the past.

Freud gives the following example to illustrate his meaning:

The origin of a certain hysterical symptom in one of my hysterical patients was the wish she entertained years ago which was immediately banished into the unconscious, that the man with whom she at that time conversed would heartily grasp her and force a kiss on her. After the ending of a session such a wish occurred to the patient in reference to me. She was horrified and spent a sleepless night, and at the next session, although she did not refuse treatment she was totally unfit for the work. The wish that so frightened the patient appeared as the next pathogenic reminiscence, that is, as the one now required by the logical connection. It came about in the following manner: The content of the wish at first appeared in the patient's consciousness which would have transferred this wish into the past. Through the associative force prevailing in her consciousness the existing wish became connected with my own person, with which the patient could naturally occupy herself, and in this mesalliance - which I call false connection - the same affect awakened which originally urged the patient to banish this clandestine wish. Now that I have discovered this, I can presuppose in every similar claim on my personality that this is another transference and false connection. It is remarkable how the patient falls victim to deception on every new occasion. No analysis can be brought to an end if one does not know how to meet the resistances resulting from the causes mentioned.¹⁷

In his published notes taken during the analysis of "Dora" the transference manifestations are looked upon by Freud still as unavoidable manifestations of repressed and prohibited impulses from the past. They are regarded as an inevitable necessity in psychoanalytic treatment that cannot be evaded, and are to be considered as the patient's

¹⁷ Ibid., p. 230.

resistances to analytic insight. Freud stresses that these transferences are not created by the treatment, but are brought to light by it, and are representations of the patient's unresolved conflicts that are acted out in the analytic situation.¹⁸

In his first technical paper devoted entirely to the concept of transference¹⁹ Freud attempts to fit his explanation of it within the framework of his theory of instincts, still considering it a resistance manoeuvre on the part of the patient.

He considers here the transference expressions as the undeveloped or repressed impulses that "will inevitably be roused in anyone, whose need for love is not being gratified in reality, by each new person coming upon the scene."²⁰

It is in this paper that Freud differentiates for the first time between "positive" and "negative" transference. He regards the first as feelings of affection and respect towards the therapist, that is as emotions that are acceptable to the patient's self-esteem; while the second

¹⁸ Freud, Fragment of an Analysis of a Case of Hysteria, in SE, p. 116-117.

¹⁹ -----, The Dynamics of Transference, in CP, Vol. 2, p. 312-322.

²⁰ Ibid., p. 313.

group is but a distortion and a denial of the patient's unconscious libidinal demands on the therapist. Thus negative transference is essentially a reaction formation.

What the interpretation of transference centers about, according to Freud, is the understanding by the patient of his irrational, passionate, needs that are striving for actualization. Freud states it as follows:

The physician requires of him [the patient] that he shall fit these emotions into their place in the treatment and in his life-history, subject them to rational consideration, and appraise them at their true psychical value. This struggle between physician and patient, between intellect and the forces of instinct, between recognition and the striving for discharge, is fought out almost entirely over the transference-manifestations. This is the ground on which the victory must be won, the final expression of which is lasting recovery from the neurosis. 21

In another paper devoted to the discussion of transference and counter-transference²² Freud examines these phenomena and discovers, hidden under the guise of positive transference-reactions, hostility in disguise. Not only does the patient attempt to re-live repressed experiences of the past, she also wishes to reassure herself of her irresistibility and is motivated at the same time with the

21 Ibid., p. 322.

22 -----, Observations on Transference-Love, in CP, Vol. 2, p. 377-391.

wish "to destroy the physician's authority by bringing him down to the level of a lover."²³

Freud recommends the utilization of the transference as a tool used to bring about success in the treatment. He sees the therapist's activities as similar to suggestion, and one gets the impression that the lasting affects of the treatment depend on the degree to which the patient was able to identify with the therapist.

Counter-transference is seen by Freud as a tendency by the therapist to regard himself in the same light as the patient sees him at the height of her transference.

In another paper²⁴ Freud regards the transference as a potential substitute neurosis that is more amenable to treatment than the patient's original neurosis.

If the patient does but show compliance enough to respect the necessary conditions of the analysis we can regularly succeed in giving all the symptoms of the neurosis a new transference-colouring, and in replacing his whole ordinary neurosis by a 'transference-neurosis' of which he can be cured by the therapeutic work. The transference thus forms a kind of intermediary realm between illness and real life, through which the journey from one to the other must be made. The new state of mind has absorbed all the features of the illness; it represents, however, an artificial illness which is at every point accessible to our interventions.

25

23 Ibid., p. 381.

24 -----, Recollection, Repetition and Working Through, in CP, Vol. 2, p. 366-376.

25 Ibid., p. 374.

Freud points out that the patient in the transference situation disregards reality and reacts to symbols to which he ascribes special meaning. The "logical connections and conclusions which just before impressed him deeply become matters of indifference to him", and his functioning is in a way similar to the primary processes in the dream. Comparisons are made by the patient between two or more objects based on a similarity at a single point that does not preclude an essential difference between the objects compared.

The Freudian concept of transference and counter-transference as it was understood in those days is best summarized in the words of Ferenczi:²⁶

Psychoanalysis discovered the transference to the doctor to be the effective agent in all medical suggestion, and showed that such a transference ultimately only repeats the infantile-erotic relationship to the parents, to the indulgent mother or to the stern father, and that it depends upon the patient's experience of life or his constitutional tendency whether or how far he is susceptible to the one or the other kind of suggestion. Psychoanalysis thus discovered that nervous patients are like children and wish to be treated as such.

Counter-transference is seen as a tendency on the part of the therapist to yield to the affects that are characteristic of the psychoanalytic situation, a tendency that creates an unfavourable atmosphere for the taking up and the proper handling of analytic data.

²⁶ Sandor Ferenczi, Further Contributions to the Theory and Technique of Psycho-Analysis, N.Y., Basic Books, 1953, p. 186-189.

Thus the analyst is performing a double task during the analysis: on the one hand, he must observe the patient, scrutinize what he relates, and construct the unconscious nature of his conflicts from his information and behaviour; on the other hand, he must at the same time "consistently control his own attitude towards the patient, and, when necessary, correct it; this is the mastery of the counter-transference."²⁷

Theoretically, transference is seen as an automatic continuation of an affect that has been repressed before its actualization. Since this affect is basically sexual, the transference neurosis is, like any other neurosis, a repressed sexual instinct striving for actualization, and the function of the therapist is to help the patient in his efforts to satisfy this drive within his capacities and the reality principle. The demands of the therapist's own instinctual needs, strengthened by the patient's desires, clamour for satisfaction and tend to distort his thinking: that is designated as counter-transference.

3. Evaluation of the Present Concept.

Even superficial evaluations of the present concept seem to contraindicate its unconditional acceptance. Though

27 Ibid., p. 187.

these objections are obvious, the fact remains that in spite of them no attempt at a revaluation of the concept has been made to date.

The consideration of transference as a repetition of infantile behaviour is not only erroneous but is meaningless. Is not, after all, all behaviour based to a great extent on past experiences?

The conceiving of transference as a compulsive repetition of neurotic behaviour under emotional stimulus leads to the logically inevitable conclusion that analysis cannot bring about a basic change in behaviour. The certainty of counter-transference reactions in the analyst would be evidence of neurotic repetition identical to those found in un-analyzed patients.

This explanation of transference (and counter-transference) as a neurotic manifestation of id impulses, and, consequently, as something undesirable in the analyst, resulted in the general devaluation of the training analysis. Consequently, analytic training is being regarded as a position in which the trainee is jockeying for professional recognition, at the cost of sometimes duping his analyst, and as a preliminary to the real analysis which is to follow after he has been accepted as a member of his

particular institute, and no longer fears to reveal his neurotic (transference) reactions.²⁸

Psychoanalysts who believe in the interminability of any psychoanalysis have recommended that the analyst maintain a constant self-analysis during his practice. Apart from the fact that this recommendation is only justified if the contention were true that transference and neurosis are identical processes, two factors speak against the practicability of such a self-analysis.

a) Any analyst who attempts to carry on a self-analysis and simultaneously analyze a patient must be capable of a division of attention that this writer opines to be impossible. This statement is so self-evident that it requires no further elaboration.

b) Any attempt to carry on such a self-analysis will eventually result in the analyst telling his dreams to the patient and asking for the patient's free associations to that dream. That this has actually been attempted by an analyst speaks not so much for the efficiency or justification of the recommendation, but for

²⁸ For further information on this point, see the papers in the International Journal of Psychoanalysis, Vol. 35, 1954, by Balint, Bibring, Gitelson, Grotjahn, Heiman, etc. See also Vols. 30, 31, 32, 33 of the same Journal.

the misconceptions that some "psychoanalysts" labour under at present.²⁹

The whole justification of the equation of transference and neurosis is based on the consideration that the analytic situation is of a nature that precludes any grounds on which realistic emotional attitudes can be developed towards the analyst.

The analyst, it is argued, is completely neutral and always refrains from judgment. Many analysts withdraw from social activities to prevent their patients from knowing them outside of the analytic situation. This neutrality is regarded as absolute by the medical analysts especially. It has become a medical badge with the same significance as sterilization is to the surgeon.

Should, however, the neutrality of the psychoanalytic situation prove to be a myth, the transference reactions of the patient lose their neurotic aspect and the present concept of transference is in need of reevaluation to the same degree as some other of the original concepts needed reformulation.

²⁹ Edward S. Tauber, Exploring the Therapeutic Use of Countertransference Data, in Psychiatry, Journal for the Study of Interpersonal Processes, Vol. 17, No. 4, Nov. 1954, p. 331-336.

To shed some light on the nature of transference, an analysis of this phenomenon is necessary in status nascendi, to use Freud's expression, keeping in mind as a frame of reference the rules of psychoanalytic technique, and disregarding, for the moment, psychoanalytic theory.

CHAPTER II

THE PSYCHOANALYTIC SITUATION

Contrary to widespread claim the psychoanalytic situation is not neutral; it does involve the whole of the personality of both patient and analyst; and it does not preclude the exercise of free will. Hence the need to explode the myth of neutrality, to elaborate on the three-fold aspects of the personality postulated by Freud, and to consider the role of the will in the analytic situation.

1. The Myth of Neutrality.

The neurotic nature of transference is based on the assumption of a neutrality of the analytic situation which makes any influence of the patient on the analyst impossible. Upon closer examination, however, this neutrality proves to be a myth.

Freud¹⁻² structures the psychoanalytic situation as being patient-oriented in the extreme. The subject matter of each hour is chosen by the patient. The trend of his communications is not influenced by any distracting or directing influence on the part of the analyst, who sits

1 Sigmund Freud, Recommendations for Physicians on the Psycho-Analytic Method of Treatment, in CP, Vol. 2, p. 323-333.

2 -----, Further Recommendations in the Technique of Psycho-Analysis, C.P., Vol. 2, p. 342-365.

behind him out of sight. The analyst's verbalizations are restricted to reflection and he plays the part of a psychological mirror during the early phases of therapy.

Directing the patient in any manner is forbidden by Freud to a degree that he states it to be "incorrect to set the patient tasks, such as collecting his memories, thinking over a certain period of his life, and so on."³

The belief that only direct and conscious interference on the part of the analyst can influence the patient in any way prompted Freud to regard the transference as an "impersonal phenomenon"⁴ tinged with the sexuality that he felt to be characteristic of all human behaviour.

The psychoanalytic situation, however, is not as antiseptic as the surgical for instance. Even if the analyst were able to maintain true neutrality, which is obviously impossible, the patient does not lack reality factors on which he can base certain conclusions regarding the analyst's personality and social status.

Can one imagine a patient consulting someone like Zilboorg, Horney, Reik or Balint without any pre-conceived

3 Ibid., p. 352.

4 -----, Obituary Notice Josef Breuer, in the International Journal of Psycho-Analysis, Vol. 6, Part 4, p. 460.

notion as to what they are like? Even if the patient is a lay person, not familiar with professional literature, he would have heard of these people before he saw them.

The furniture, books and pictures in the analyst's office would give the patient some ideas of the personality of the therapist, and the geographic location of his office would be an indicator not only of his economic status but, possibly, of his social ambitions also.

Nor can the analyst shut out everything in his private life and remain the same during every session for the length of the whole analysis.

Freud did not maintain the incognito that his followers seem to insist on with patients. In the early days of analysis he would mingle freely with his patients in social situations, even invite them for dinner occasionally. Even in his later life he would discuss politics, his contemporaries and his former students with his patients.⁵

It is this writer's opinion that by "neutrality" Freud intended the refraining of the analyst to interfere with the patient's will, for "after all, analysis does not set out to abolish the possibility of morbid reactions,

⁵ Joseph Wortis, Fragments of an Analysis with Freud, N.Y., Simon and Schuster, 1954, p. x-208, passim.

but to give the patient's ego freedom to choose one way or another."⁶ (Freud's italics)

One must always bear in mind that the transference situation in the course of an analysis is nearer to and more conditioned by reality than the dream, and, therefore, reality factors are bound to play an important role in it.⁷

Apart from these external factors influencing the patient, one must not lose sight of the fact that the analyst's personality will make itself felt very realistically in the analytical situation. This personal bias is so strong that even an experienced analyst of the stature of Zilboorg had found it necessary to refuse treatment to patients whose political ideology differed from his own in the extreme.⁸

A third factor that tends to nullify the neutrality of the psychoanalytic situation is the method of communication

⁶ Sigmund Freud, The Ego and the Id, translated by Joan Riviere, London, Hogarth, 1950, p. 72.

⁷ M. Schmideberg, A Note on Transference, in International Journal of Psycho-Analysis, Vol. 34, Part 3, 1953, p. 201.

⁸ Gregory Zilboorg, Social Convictions and Clinical Psychiatry, in Bulletin of the New York Academy of Medicine, Second series, Vol. 29, No. 5, May 1953, p. 416-417.

between analyst and patient.⁹⁻¹² This, incidentally, is the characteristic that differentiates psychoanalysis from the natural sciences.

In psychoanalysis communication between therapist and patient is based on empathy. This empathy can best be defined as a feeling of one-ness, a characteristic inter-human process that lends itself as an index in the measurement of human emotions.

The above is a crucial definition for it presupposes knowledge that must be based on common experiences. The only emotions that the therapist can measure and understand, in short know, in his patient must have been experienced by him to a degree that they can serve as a qualitative and quantitative index. Contrary to understanding in any other science, in psychoanalysis the therapist understands how his patient acts on the basis of similarity with his own actions.

9 Franz Alexander, Current Views on Psychotherapy, in Psychiatry, Journal for the Study of Interpersonal Processes, Vol. 16, No. 2, May 1953, p. 113-122.

10 Rudolph J. Brandt, The Origins of Psychoanalysis, A Propaedeutics, An unpublished dissertation presented to the School of Psychology at the University of Ottawa, 1955, p. 77-85.

11 Theodor Reik, Listening with the Third Ear, The Inner Experiences of a Psychoanalyst, N.Y., Farrar & Straus, 1948, xiv-514 p. passim.

12 Theodore Schroeder, The Psycho-Analytic Method of Observation, in International Journal of Psycho-Analysis, Vol. 6, Part 2, April 1925, p. 155-170.

The physicist, in order to make his concept of things and their ways come nearest to being an exact transcript of the objective realities, must consciously seek a complete emotional detachment from the object under observation. The psycho-analyst, on the contrary, (...) will seek to find in himself, as near as may be, a similar reduplicative memory-experience coming from out of his own psychological past, which reduplicating memory is to be revised by a careful comparison with another's interpretation of the experience under observation. (...) For the possession of this more inclusive empathic understanding it is necessary that the psychologist can, in approximately affectless, reduplicative memory, recall nearly all of the facts of his own similar past experiences, and can now calmly review their genetics, their associated mechanisms, their past affective tones and values, and the evolutionary process by which these were outgrown, together with its conditions and its 'laws'. 13

A similar point of view is expressed by Alexander:¹⁴

In physics and chemistry, when the observer deals with the behaviour of material objects in time and space, he must rely entirely on his observations, because he does not know from firsthand experience how the object will behave. If he throws an object into the water, he cannot, by means of common sense, predict whether it will sink or float. He must know its specific weight, and the establishing of this requires a long series of systematic measurements plus a hydrodynamic theory. When we observe another person's behaviour, however, because the object of our observation is another human being, we can put ourselves in his place, or, as we say today, we can 'identify' ourselves with him; and thus we can predict with fair accuracy what he will do next because we know how we would act in a similar situation.

That there is no fundamental disagreement between the views expressed above and those of Freud can be seen in his definition of identification: "Identification is not

13 Schroeder, Op. Cit., p. 159-160 and 164-165.

14 Alexander, Op. Cit., p. 113-114.

simple imitation", Freud writes, "but assimilation on the basis of similar aetiological pretension; it expresses a resemblance and is derived from a common element which remains in the unconscious."¹⁵

As can be seen from the above, the postulate of neutrality between the psychoanalyst and the patient is not supported by fact. On the contrary, the psychoanalytic situation is based on the most intensive interaction between the patient and the psychoanalyst involving the total personality of both. The only basis for knowing in this discipline is the analyst's ability to identify both consciously and unconsciously with his patient. Thus all aspects of two personalities are involved in the psychoanalytic method.

2. Personality and the Psychoanalytic Situation.

Freud formulated some theories of the tri-partite division of the personality from its manifestations in the psychoanalytic situation. He divided the psyche into three interacting levels: the id (the unconscious), the ego and the super-ego. Though he attempted to define the unconscious

¹⁵ Sigmund Freud, The Interpretation of Dreams, translated by James Strachey, N.Y., Basic Books, 1955, p. 150.

in two of his theoretical writings,¹⁶⁻¹⁷ his explanations of the ego and the super-ego are dispersed in his writings and are never very definite. For the understanding of the dynamics of transference all three of these concepts need clarification and some revision.

a) The Unconscious.- Freud based his understanding of the unconscious aspects of human behaviour on its manifestations in free association and the psychological meaning of the dream, the latter being considered by him the royal road to the unconscious.

1^o. Contrary to popular belief, free association as psychological behaviour subject to scientific manipulation was first considered by Galton¹⁸ and not Freud. In his experiment Galton prepared 75 stimulus words, wrote each on a separate slip of paper and laid them away for several days. After a time lapse he randomly selected a slip containing a word, noting the exact time when he became aware of the word, and measured the time it took for the word to suggest two different "ideas". He immediately reviewed these two ideas and sought in his memory for their origins

¹⁶ -----, A Note on the Unconscious in Psycho-analysis, in CP, Vol. 4, p. 22-29.

¹⁷ -----, The Unconscious, in CP, Vol. 4, p. 98-136.

¹⁸ Francis Galton, Psychometric Experiments, in Brain, a Journal of Neurology, Vol. 2, July 1879, p. 149-154.

and the connection of each with the stimulus word. He went through his list of stimulus words four times, at intervals of about a month, and found that he had revived a total of 505 ideas in 660 seconds, or at the rate of one recall per 1.3 seconds. Of these ideas 57 had come up twice, 36 three times, and 29 four times during his associations. Galton grouped these recalls as follows:

Visual and other images of the past	32.5%
Histrionic representations (affect)	22.5%
Names, phrases, quotations	45.0%

Galton considered this experiment important in that it laid bare the foundations of man's thoughts with a curious distinctness, and exhibited his mental anatomy with more vividness and truth than he would probably care to publish to the world.

Galton, it must be noted here, speaks of ideas in the sense in which Locke used the word. He does not differentiate between memories or images and abstract thinking. It is important to note, however, that his crude statistical analysis revealed how free association contains no abstract thought processes and that it remains on the level of memory and imagery, restricting communication between analyst and patient to that level during a certain phase of the analysis.

2°. The dream, according to Freud, is psychic reality. It is a state of wishful thinking that is characterized by what he calls the "Primary Process", and is similar

to the thinking of children. It is based on images and memories and motivated by wishes for sensory gratification. The frequency in which a certain image or memory appears is affectively determined as in free association.¹⁹

The dream is understandable only if one considers it lacking in rationality. It is characterized by its lack of logic, its timelessness, and the dreamer's need for immediate gratification. These are characteristics that can be found in animals, very small children and psychotics. The difference being that all humans have a potential for intellection.

What then are the aspects of the personality that reveal themselves in the analytic situation that could be understood under the term "unconscious"?

Under this term is intended, primarily, the animal, i.e. irrational or non-intellectual, nature of man. Under unconscious is also intended latent psychic formations, psychological behaviour that is potential in the individual.²⁰ The laws that govern these psychic functions are designated by Freud as the primary process, and are contrasted by him

¹⁹ It is impossible to condense Freud's ideas on the dream in this paper. The reader is referred to the Interpretation of Dreams, Op. Cit., passim, but especially chapter 6.

²⁰ Potential is used here to designate the unactuated powers of the individual.

with the laws governing processes that involve the ego and the super-ego, which laws he terms the secondary process.²¹

In free association and in the dream the patient reports verbal images and memories.

The verbal images are memory-residues; they were at one time perceptions, and like all memory-residues they can become conscious again. Before we concern ourselves further with their nature, it dawns upon us like a new discovery that only something which has once been a conscious perception can become unconscious, and that anything arising from within (apart from feelings) that seeks to become conscious must try to transform itself into external perceptions [first].²²

In free association the verbalizations of the patient refer to something different or less than ideas. "We learn that what becomes conscious is as a rule only the concrete subject-matter of the thought. (...) In some way this approximates more closely to unconscious processes than does thinking in words."²³

"The part played by verbal images now becomes perfectly clear. By their interposition internal thought-processes are made into perceptions. It is like a demonstration of the theorem that all knowledge has its origin in external perception."²⁴

21 -----, An Outline of Psychoanalysis, translated by James Strachey, N.Y., Norton, 1949, p. 45.

22 -----, The Ego and the Id, translated by Joan Riviere, London, Hogarth, 1950, p. 21.

23 Ibid., p. 23.

24 Ibid., p. 26.

To summarize: within the limits of this paper the concept "unconscious" refers to man's non-rational nature, the images and memories of the past that are not subject to immediate and voluntary recall, together with all other non-intellectual remnants of his repressed past experiences.

b) The Ego.- Psychological literature tends to use "ego" and "total person" synonymously. Even Freud will often refer to the ego rejecting or selecting modes of behaviour, or as seeking the approval of the super-ego.

In his book on dreams Freud takes issue with the stress laid by psychologists in those days on consciousness:

But what part is there left to be played in our scheme by consciousness, which was once so omnipotent and hid all else from view? Only that of a sense-organ for the perception of psychical qualities. In accordance with the ideas underlying our attempt at a schematic picture, we can only regard conscious perception as the function proper to a particular system...²⁵

It should be noted, however, that when Freud speaks of a "sense-organ" he does not mean it in the physiological sense, but rather as a description of a psychological function for which a physiological correlate is presumed to exist. The correct meaning of sinnesorgan would be organ-sense in this context.

That Freud means a psychological and not a physiological entity when he speaks of the ego can best be seen from

²⁵ Op. Cit., footnote 15, p. 615, Freud's italics.

the following statement: "The ego", Freud writes, "is first and foremost a body ego; it is not merely a surface entity, but it is itself the projection of a surface." In a footnote he adds: "The ego is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body. It may thus be regarded as a mental projection of the surface of the body, besides, as we have seen, representing the superficies of the mental apparatus."²⁶

That the ego is not a physiological unit (organ) but a psychical organization (sensory power) is explicitly stated by Freud repeatedly in his writings:

We recognize in man a psychical organization which is interpolated between his sensory stimuli and perception of his bodily needs on the one hand, and his motor activity on the other; and which mediates between them with a certain purpose. We call this organization his "I" [Ego]. 27

The ego is an organization; it is dependent on the free intercommunication of, and the responsibility of reciprocal interplay between, all its constituent elements; its desexualized energy still gives evidence of its origin in its striving for union and unification, and this compulsion to synthesis increases in direct proportion to the strength which the ego attains. 28

26 Op. Cit., footnote 22, p. 31. Writer's italics.

27 Sigmund Freud, The Question of Lay Analysis, An Introduction to Psychoanalysis, translated by Nancy Procter-Gregg, N.Y., Norton, 1950, p. 33.

28 -----, The Problem of Anxiety, translated by H. A. Bunker, N.Y., Norton, 1936, p. 39.

The principal characteristics of the ego are these. In consequence of the relation which was already established between sensory perception and muscular action, the ego is in control of voluntary movement. It has the task of self-preservation. As regards external events, it performs that task by becoming aware of the stimuli from without, by storing up experiences of them (in the memory), by avoiding excessive stimuli (through flight), by dealing with moderate stimuli (through adaptation) and, finally, by learning to bring about appropriate modifications in the external world to its own advantage (through activity). 29

The ego is also involved in reality-testing but only in the capacity of "discovering the most favourable and least perilous method of obtaining satisfactions, taking the external world into account."³⁰ This amounts to a habitual avoidance of situations associated with unpleasure. "The ego", Freud continues, "includes consciousness and it controls the approaches to motility."³¹

In this same paper Freud pictures the ego as an organizing force that synthetizes perceptions and compares them to reality. He even explains hallucinations as a failure in the synthetizing functions of the ego.³²

That remembering and imagining is an ego function needs no further detailed discussion. Freud's whole theory

29 Op. Cit., footnote 21, p. 15.

30 Idem.

31 Ibid., p. 19.

32 Ibid., p. 39-40.

of neurosis and, incidentally, psychoanalytic therapy rests on this postulate. It is these products of the ego that Freud considers as "the material aspects of thinking".

Isham states the functions of the ego as follows:

Memories, by their correspondence and coincidence with reality give to thought the necessary reality principle. The sensory experience of thought will thus arise from the memories perceived by the ego or urging themselves upon the ego's attention, and the motor activities of thought will occur in relation to these memories which are at any moment within the ken of the ego.

33

Besides the statements quoted above, Freud further comments on the estimative capacity of the ego in attributing to it the ability to differentiate between the demands of the pleasure principle and the restrictions of the reality principle.³⁴ This estimative capacity enables the ego to differentiate between situations associated with pleasure and those with unpleasure; to this same organ-sense the feeling of anxiety and fear can also be traced.³⁵

In summary one may state that Freud conceives of the ego as an organ-sense. As such the ego synthetizes

33 A. Chapman Isham, The Ego, Consciousness, Motor Process, and Thought, in The Psychoanalytic Review, Vol. 42, No. 1, January 1955, p. 66.

34 Sigmund Freud, Beyond the Pleasure Principle, translated by James Strachey, N.Y., Liveright, 1950, 97 p., passim.

35 Ibid., p. 10.

the impressions of the individual sense-organs and is capable of perceptualization; it remembers, imagines and estimates on a more or less concrete level.³⁶⁻³⁷

c) The Super-ego.- Psychoanalysts in general consider the super-ego as an internalized parent-figure whose primary function is to deny the satisfaction of the constant pleasure-needs of the individual.

In the course of the individual development a part of the inhibiting forces in the outer world becomes internalized; a standard is created in the Ego which opposes the other faculties by observation, criticism, and prohibition. We call this new standard the Super-ego. 38

The Superego is the successor and representative of the parents (and educators) who superintended the actions of the individual in his first year of life; it perpetuates their functions almost without a change. 39

It should be noted that among the functions of the super-ego specifically mentioned by Freud are "observation and criticism and rejection". Since similar functions have been spoken of by Freud in connection with the ego, one would

36 There is a striking similarity between this functional description of the characteristics of the ego and the internal senses postulated by the scholastic psychologists. This may be traced to the influence of Brentano on Freud. See Brandt, Op. Cit., p. 132-137.

37 Harold A. Abrahamson, ed., Problems of Consciousness, Transactions of the Second Conference, March 19-20, 1951, N.Y., Josiah Macy Jr. Foundation, 1951, 178 p.

38 Sigmund Freud, Moses and Monotheism, translated by Katherine Jones, N.Y., Knopf, 1949, p. 183.

39 Ibid., p. 184.

be justified in asking for his differentiation between these two aspects of personality. Freud answers as follows:

The details of the relation between the ego and the superego become completely intelligible if they are carried back to the child's attitude toward his parents. The parent's influence naturally includes not merely the personalities of the parents themselves but also the racial, national and family traditions handed on through them as well as the demands of the immediate social milieu which they represent. In the same way, an individual's superego in the course of his development takes over contributions from later successors and substitutes of his parents, such as teachers, admired figures in public life, or high social ideals. 40

In still another paper Freud states that "the superego is the vehicle for the phenomenon we call 'conscience'. It is very important for mental health that the superego should develop normally."⁴¹

From the above it is possible to formulate several of the functions that Freud attributes to the super-ego:

1°. The capacity to meet effectively, through the data furnished by the ego (memories, imagination and ~~con-~~ceptualizations), the practical and theoretical problems with which an individual is confronted in his daily life.

2°. Moral and ethical judgment.

3°. All acts relating to choice and will.

40 Op. Cit., footnote 21, p. 16.

41 Ibid., Footnote 27, p. 80.

For purposes of this paper it can be stated that under the concept of super-ego is intended man's rational, i.e. the intellectual nature of man, his ability to form concepts, to judge and his free exercise of choice in his action.

3. Free Will and the Psychoanalytic Situation.

Most serious critics of psychoanalysis invariably note that the strictly causal orientation on which psychoanalytic theory is based negates the concept of free will.⁴²⁻⁴⁴ While this is true of the theory in general, the contrary is true of the psychoanalytic technique.

Before advancing any theory of the treatment in the psychoanalytic situation, however, a short digression on the nature of neuroses is necessary.

Neurotic behaviour is considered by all psychoanalysts as a habit that originated with one or several traumatic experiences which have become unconscious because of repression. The patient behaves as if those experiences would repeat if

⁴² Mortimer J. Adler, What Man has Made of Man, A Study of the Consequences of Platonism and Positivism in Psychology, N.Y., Longmans, 1937, xix-246 p.

⁴³ Rudolf Allers, The Successful Error, N.Y., Sheed, 1940, ix-266 p.

⁴⁴ Joseph Nuttin, Psychoanalysis and Personality, N.Y., Sheed, 1953, xiv-310 p.

he changed his present behaviour. It should be noted that it is the patient's conscious attitudes about his experiences that have become habitual, but that experiences themselves are not subject to voluntary recall.

The goal in psychoanalysis is the discovery and re-examination of the original experience, or experiences, in order for the patient to understand how unrealistic his present behaviour really is. This process of rediscovery is termed "de-repression", and it is based on the re-experiencing the sensations and memories of the presently unconscious traumatic experiences.

The problem that obviously arises is: how can one remember unconscious experiences that are not subject to recall? The answer is in the symbolic nature of what is verbalized during free association and associations to the manifest contents of the dream. As stated earlier in this chapter, these associations are analogous to a chain and are linked together in contiguity and similarity, consisting of images, memories and affects.⁴⁵

The patient, of course, remembers his dreams and is disturbed by memories even before his analysis but has no understanding of their meaning. If the patient could understand his unconscious he would not be neurotic. Neurotic

⁴⁵ For the validity of this theory see Roland Dalbiez, Psychoanalytical Method and the Doctrine of Freud, Vol. 2, Discussion, N.Y., Longmans, 1941, xii-331 p.

behaviour, as has been stated before, is a habitual misinterpretation of the symbols of the unconscious, hence the neurotic truly suffers from reminiscences.

But the understanding of the symbols presented by the patient depends on the existence of that symbol in the analyst's intellect. Not only must the analyst be familiar with his own unconscious but he must have had experiences that are similar, except in degree, to those that the patient presents him with. This is the most neglected factor in psychoanalytic training and cannot be overemphasized. The understanding of the patient's experiences is based on the analyst's own understanding of his actions in relation to and in the light of his own experiences.⁴⁶

The first step in analysis is for the analyst to become familiar with the symbolic meaning of his patient's verbalizations. Since ordinary language, conscious reporting, cannot supply this information the analyst must rely exclusively on his ability to co-feel with his patient.

As his understanding of the patient grows, the analyst is able to point out to the patient the origin of his tendencies, and not only their actual but also their potential existence.

⁴⁶ Reik gives an interesting and honest exposition of the psychological processes in the psychoanalyst during his work with the patient. See footnote 11.

Freud warns the analyst to refrain from any value-judgment or attempt to influence the patient's behaviour by forcing upon him an artificial moral code:

However much the analyst may be tempted to act as a teacher, model or ideal to other people and to make men in his own image, he should not forget that it is not his task in the analytic relationship, and indeed that he will be disloyal to his task if he allows himself to be led on by his inclinations. 47

How then is the cure in psychoanalysis accomplished? By strengthening the intellect and thus enabling the patient to substitute an intellectual or ethical pleasure for sensory gratification. "It is easy for a barbarian to be healthy", Freud writes, "for the civilized man the task is a hard one."⁴⁸

Freud repeatedly stated that in neuroses the conflict is between the desire for sensory pleasure and the sense of ethics in an individual. It is the battle between animal passion and rational values.⁴⁹ In neurotic behaviour there is a compromise between these two demands, but this compromise always results in the choice of a lesser good because the intellect, under the influence of passions, cannot appreciate correct values.

The fundamental role of the analyst in the psychoanalytic situation, in the opinion of this writer, is to

47 Freud, Op. Cit., footnote 21, p. 67.

48 Ibid., p. 85.

49 Brandt, Op. Cit., footnote 10, p. 77-80.

point out by means of interpretation that behaviour is not causal, i.e. determined in the strictest sense by past experiences, but that a choice is available. The soundness of the choice depends on the intellect's ability to judge correctly.

Based on the above the following definitions of the psychoanalytic situation may be made:

a) In the psychoanalytic situation reproductions of past experiences are presented to the intellect for comparison to present situations in an attempt to discover essential similarities or differences. Psychoanalysis is seen by Freud as a learning situation in which one learns to view conflictual strivings in their proper perspective.⁵⁰

b) The psychoanalytical situation is an experimental situation in which a subject (the analyst) observes an object (the patient) in order to determine the conditions under which the will makes its choice.

The validity of these definitions depends, however, on the assumption that the transference, which is the most dynamic and important factor in the psychoanalytic situation, enhances the patient's ability to develop his own potentialities and is not used as a tool by the analyst to interfere with the patient's ability or right to exercise his will.

⁵⁰ Sigmund Freud, Fragment of an Analysis of a Case of Hysteria, in SE, Vol. 7, p. 119.

CHAPTER III

THE DYNAMICS OF TRANSFERENCE

What is transference? There is almost universal agreement on the crucial importance of transference and counter-transference in clinical psychoanalysis, but far from unanimous agreement on how these concepts are to be understood and still less on how the phenomena themselves are to be dealt with in psychoanalytic treatment.¹

Transference is not, in the opinion of Pfister, a mere compulsion to stereotyped infantile behaviour, or the acting-out of neurotic needs. "I have never considered transference as an infantile contrivance, nor as a neurotic pattern. Mostly it bears creative characteristics and it is not devoid of ruminative qualities."² To speak of neurotic transference, according to Pfister, is the same as speaking of neurotic dreams.

Freud considered psychoanalysis to be a learning situation and a re-educative process, and Freudians in general recognize today that the resolution of the neuroses is in effect the resolution of the transference. Freud himself saw the transference as the battle-field on which the neurosis is finally vanquished.

¹ Douglas W. Orr, Transference and Countertransference: A Historical Survey, in Journal of the American Psychoanalytic Association, Vol. 2, No. 4, October 1954, p. 621-668.

² Personal communication, dated August 6, 1955.

In this paper transference will be considered as the substance of psychoanalysis, which in turn is essentially a learning process. This definition holds if learning is viewed as a process in which the participant's potentialities are given an opportunity for actualization. This understanding of the concept is not at variance with Freud's postulates and the phenomena observed in the psychoanalytic situation.

In line with the above definition transference would begin with the first interview and end when the neurotic conflicts have been completely "worked through", that is with the completion of the analysis. Logically then developmental phases of transference correspond to the developmental phases of the psychoanalytic situation, and its understanding would depend on the comprehension of the levels of communication between the analyst and his patient.

The psychoanalytic situation lends itself to a division into four overlapping yet closely integrated phases, each involving some or all aspects of the participant's personality. Each of these phases possesses characteristics in communication and other behaviour and, in the writer's opinion, every one of these phases corresponds to a certain stage in the development of transference.

1. The First Phase: Mimeticism.

The patient arriving for his first psychoanalytic interview has very few correct ideas of what is expected of him or what he can really expect from the analyst. The first few sessions will be devoted in every instance to mutual orientation and an attempt to define the analytic relationship.

The analyst faces an individual whose self-esteem has received considerable damage when he recognized that his own attempts to solve his problems have failed, who will look with envy on the analyst who is representing adjustment and normality to him, and who is eager to report his difficulties and what he considers the reasons for them in the hope of a quick solution.

Freud recommends a mirror-like attitude to the analyst, and wants him to be like a mirror, reflecting nothing but what is shown to him.³ Apart from this reflective attitude that is characteristic of the first phase of the treatment, the analyst informs the patient of the psycho-analytical method, the fee that he charges and the frequency of the interviews.⁴

³ Sigmund Freud, Recommendations for Physicians on the Psycho-Analytic Method of Treatment, in CP, Vol. 2, p. 331.

⁴ -----, Further Recommendations in the Technique of Psycho-Analysis, On Beginning of Treatment, The Question of the First Communications, The Dynamics of the Cure, Ibid., p. 342-365

This non-directive attitude on the part of the analyst is generally being regarded today as the height of neutrality and has been made the foundation for the treatment method of many 'functional' schools of therapy.

The terms "mirroring" and "reflecting" imply, and quite correctly so, that the analyst imitates the patient. This plastic imitation may refer to content (the analyst repeats the patient's statement), affect (the analyst verbalizes on the affective content of the patient's statement), or attitude (the analyst verbalizes on the patient's attitude about the topic under discussion).

It is important to note, however, that whatever point the analyst chooses to reflect will be of significance to the patient and, thus, tends to negate the neutrality claimed for this phase of the analysis.

The importance of the reflective attitude lies not in its neutrality, but in the fact that it serves as a preparation for the later identification between analyst and patient.

It is during this phase that the analyst is trying to formulate a diagnosis of his patient. In doing so he is 'getting the feeling' of a certain personality type that he is familiar with from his studies and, what is more important, from his past experiences.

What about the patient? Does the patient also imitate during the first phase? The answer is yes.⁵

It was noted before that the analyst represents to the patient normalcy and health. He is all the things the patient hopes to become after treatment has been terminated. In many instances the patient has heard about the analyst from others, or has read some of his published writings, or he may form an opinion of him merely from what he can observe of his person, his way of dress and the furnishings in the office. He will attempt to divine the analyst's wishes and behave accordingly. In so doing the patient imitates whatever concept he has of the analyst, and there is nothing that the analyst can do to avoid this.

Greespoon, in a psychological experiment had subjects facing away from him so that they could not see him. He asked them to say all the words they could think of, pronouncing them individually without using any sentences or phrases, and he recorded their responses on a tape recorder. He found that by saying 'Mmm-hmm' after each plural noun he could increase significantly the percentage of plural nouns spoken. Similar experiments have been

⁵ This imitative aspect of the therapeutic situation has apparently not been noted before. At any rate, the writer could find no references on the subject.

conducted with similar results by a number of other psychologists.⁶ Dollard and Miller comment on these experiments, which they consider demonstrative of learning by reinforcement, as follows:

This clearly demonstrates that the effects of a reinforcement can be entirely unconscious and automatic. (...) A great deal of human learning seems to be of this direct, unconscious kind. Apparently many attitudes, prejudices, emotions, motor skills, and mannerisms are acquired in this way.

7

Several facts should be clear from the above. In the first place, there is interaction both on the conscious and unconscious level between the personalities of the analyst and the patient beginning with the very first meeting. Secondly, the imitative phase is but a preliminary for an identifying process that is known to follow. And, finally, the designations 'neutral' or 'non-directive', when applied to the psychoanalytic situation, are misnomers.

The first phase of transference can thus be defined as the imitative phase, in which the analyst imitates the patient as a preliminary to later identification; and the patient imitates a behaviour that he thinks will find favour with his analyst because he mistakes the acceptance that is

⁶ Quoted by John Dollard and Neal E. Miller, in Personality and Psychotherapy, An Analysis in Terms of Learning, Thinking, and Culture, N.Y., McGraw-Hill, 1950, p. 44.

⁷ Idem.

implied by this reflective behaviour as love and he wants to maintain that love.

Since what is resembled is itself a factor in the production of that which resembles it, the term mimetism was chosen to designate this stage of the transference.

Before investigating the second phase of the transference, two comments seem to be indicated:

The practice of many psychoanalysts, especially those connected with a clinic, to use a psychologist or a social worker for the initial interviews imposes a handicap on the psychoanalytic process. Since these interviews are conducted with the purpose of furnishing the analyst material that he can use in the treatment (this is what the patient is told), the patient expects a tentative solution, or at least some advice, to his problems from the analyst. When this is not forthcoming, that patient feels cheated and resentful. One must also consider that the repetition of the problem in what the patient considers to be the identical set-up loses some of its freshness and spontaneity.

Many patients feel sufficiently fortified by the 'love' they receive from the analyst during these initial interviews to be able to cope with their problems, at least momentarily, and may even succeed in making a change in their behaviour that enables them to function without crippling anxiety. In those instances, further analysis will be

interrupted. Many analysts attribute such interruption to 'resistance', while others correctly call it a "transference cure".

2. The Second Phase: Primary Identification (Introjection).

During the first phase of the psychoanalytic situation imitation was used as a means of establishing a relationship between the psychoanalyst and his patient. By this method "inter-individual space is bridged by using the other person as a mirror for internal experience".⁸ The second phase is best described as an attempt to establish an identity of perceptions between analyst and patient and between past and present. Since this identification has the characteristics of the psychological level of communication predominant during this phase of the psychoanalytic process, it is designated here as primary identification.

To gain any understanding of the specific qualities of this primary identification, one must keep in mind the formal aspects of the psychoanalytic situation, the method of communication and the immediate goal of this particular stage in the analysis.

The patient is lying on a couch with the analyst out

⁸ Joost A. M. Merloo and Marie L. Coleman, The Transference Function: A Study of Normal and Pathological Transference, in Psychoanalytic Review, Vol. 38, No. 2, April 1951, p. 205-221.

of his sight. He is instructed to say anything that goes through his mind, "everything that comes into his head, even if it is disagreeable to say it, even if it seems unimportant or positively meaningless."⁹

Since Freud's stated reason for the supine position was a purely subjective one,¹⁰ many analysts have expressed the opinion¹¹⁻¹² that it was not a necessary condition to psychoanalysis.

The initial object of the analyst, however, is to uncover the forgotten trauma that is underlying the patient's neurosis, to de-repress the repressed, which can only be accomplished by his familiarization with his patient's unconscious processes. In order to do this he has to bypass the intellect of his patient. The supine position, the lack of any distracting factor, the passive attitude of the analyst all tend to facilitate this intent. "The suspension

9 Sigmund Freud, An Outline of Psychoanalysis, translated by James Strachey, N.Y., Norton, 1949, p. 65, Freud's italics.

10 Freud gave his reason for this position as being unable to stand being stared at for 8 hours during the day. Op. Cit., footnote 4, p. 354.

11 Frieda-Fromm Reichmann, Principles of Intensive Psychotherapy, Chicago, University Press, 1950, p. 11.

12 Harold Kelman, The Use of the Analytic Couch, in The American Journal of Psychoanalysis, Vol. 14, No. 1, 1954, p. 65-82.

of the critical faculties during treatment sessions intrinsically disposes to the emergence of fantasies and recollections of the past rather than critical scrutiny of the present."¹³

The content of the dreams and free associations of the patient are also limited to images and memories of the past.

In the process of recounting the memories of the past, the patient is reviving early, mostly childhood, impressions, feeling them to be immediate and real. This 'reliving' happens regardless of whether the past experiences were rewarded or not, for the simple reason that it serves as a comparison of the past with present reality.

The analyst's 'passivity' aids this process of regression. Ferenczi, for example, was able "to induce and endure a profound relaxation in his patients - a relaxation so profound as to enable them to regress sometimes almost to psychotic manifestations during the analytic hour."¹⁴

The urge to establish identity of perceptions through the consideration of past experiences is, of course,

¹³ Mark Kanzer, Past and Present in Transference, in Journal of the American Psychoanalytic Association, Vol. 1, No. 1, January 1953, p. 146.

¹⁴ Richard Sterba, The Relaxation of the Analyst, in Psychiatry, A Journal of Interpersonal Processes, Vol. 4, No. 3, p. 339.

not unique to the analytic situation; it is undeniably present in almost all human behaviour.¹⁵ What is unique is that the comparison is based on a symbolic similarity instead of real correspondence. Most patients will sense the difference between the two 'realities' and will attempt to use the analyst as a "mediator between the object of the infantile desires and the adult world of reality."¹⁶

The patient's tendency to use the analyst as a tool for reality-testing is facilitated by the fact that, in spite of his efforts to remain neutral, "the analyst is himself in the psychoanalytic situation and the patient can sense him."¹⁷ Ferenczi understood this and utilized it in his method.¹⁸

The patient's perceptions of the analyst will be influenced by his neurotic needs to the same degree as his total existence is. He will attempt to modify his behaviour

15 Herman Nunberg, Transference and Reality, in the International Journal of Psychoanalysis, Vol. 32, Part 1, 1951, p. 1-9.

16 Op. Cit., footnote 14, p. 342.

17 Clara Thompson, Ferenczi's Contribution to Psycho-Analysis, in Psychiatry, A Journal for the Study of Interpersonal Processes, Vol. 7, No. 3, Aug. 1944, p. 245-252.

18 Izette de Forest, The Therapeutic Technique of Sandor Ferenczi, in International Journal of Psycho-Analysis, Vol. 23, Part 1, 1942, p. 120-140.

by trial-and-error with the aim of obtaining approval from the analyst, whom he considers as the supreme judge of normalcy. With the result that, to use Freud's words, "all these things combine to bring about an ever-increasing indecisiveness, loss of energy, and curtailment of freedom."¹⁹ To escape from the conflict the patient identifies on an unconscious level with the analyst. Through this identification he relinquishes a part of his personality and introjects some aspects of the personality of the analyst instead.

It is not new to the psychoanalyst that the loss of an object, even though the loss comes about through voluntary relinquishment and in this case it is not, is followed by some attempt to reinstate it. As Abraham pointed out, most often this attempt takes the form of projection.²⁰

¹⁹ Sigmund Freud, Introductory Lectures on Psycho-Analysis, A Course of Twenty-Eight Lectures Delivered at the University of Vienna, translated by Joan Riviere, London, Allen, 1922, p. 220.

²⁰ Karl Abraham, A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders, in the Selected Papers of Karl Abraham, The Basic Classics in Psychiatry, No. 4, translated by Douglas Bryan and Alix Strachey, N.Y., Basic Books, 1954, p. 418-501.

That introjection and projection²¹ is an inevitable part of the transference has been noted by many writers in the past. The above is an attempt to explain the reason for these phenomena.²²⁻²³

If, however, this theory of transference is a valid one, the identical processes should be shown to be taking place in the analyst also.

"The work of the analyst resembles that of the archeologist who excavates different layers of an unknown or forgotten past. Like Heinrich Schliemann, who found seven cities in different layers when he searched for the site of ancient Troy, the analyst will discover the remnants of the various phases of an individual life."²⁴

Reik is not the only writer who compares psychoanalysis to archeology. Many others, from Freud on, have

21 Projection as used here should not be confused with displacement. The reader is referred to Leopold Bellak, The Concept of Projection, an Experimental Investigation and Study of the Concept, in Psychiatry, a Journal for the Study of Interpersonal Processes, Vol. 7, No. 4, Aug. 1944, p. 353-370.

22 S. H. Fuchs, On Introjection, in International Journal of Psycho-Analysis, Vol. 18, Parts 2-3, 1937, p. 269-293.

23 Harold F. Searles, Data Concerning Certain Manifestations of Incorporation, in Psychiatry, a Journal for the Study of Interpersonal Processes, Vol. 14, No. 4, November 1951, p. 397-413.

24 Theodor Reik, Listening with the Third Ear, The Inner Experiences of a Psychoanalyst, N.Y., Farrar, 1948, p. 114.

used this analogy, without expressly stating that the analyst's understanding of what he has unearthed is directly related to the depth of his own analysis. The un-analyzed psychoanalyst is as handicapped in his investigations of the patient's unconscious as the discoverer of an ancient manuscript would be without the knowledge of the symbols in the text, not to mention basic archeological training.

The fact that any understanding of the language of the unconscious is based on and limited by personal experiences cannot be sufficiently emphasized.²⁵

Since the symbolic language of the unconscious is highly individual, though possessing some universal characteristics, the first task of the analyst is the learning of the language of his individual patient. His main tool in this process is his own unconscious.

Freud's description of the technique that the analyst uses in attending to his patient's verbal and bodily expressions during the analytic hour is still followed by the orthodox psychoanalysts:

25 'Experience' in this text is not used in the sense the German Erfahrung is used, but in the sense the German word Erlebniss is used. It is difficult to define this meaning in English. There is a more spiritual and affective inclusion to the meaning without really excluding sensory experiences. It signifies a moment of living in the widest sense of the word.

The technique (...) simply consists in making no effort to concentrate the attention on anything in particular, and in maintaining in regard to all that one hears the same measure of calm, quiet attentiveness - of 'evenly hovering attention'. (...) It must not be forgotten that the meaning of the things one hears is, at all events for the most part, only recognizable later on. (...) All conscious exertion is to be withheld from the capacity for attention, and one's 'unconscious memory' is to be given full play.

26

Freud explicitly states that the communication between analyst and patient is on the same non-rational level.

I know that it is making a great demand, not only on the patient but also on the physician, to expect them both to put aside all thoughts of the conscious aim of the treatment, and to abandon themselves to promptings which, in spite of all, still seem to us so accidental. (It is necessary) not to compete with the guidance of the unconscious towards the establishment of the connection.

27

During the process of the patient's self-revelations the psychoanalyst's own experiences and their meaning emerge into consciousness, their stimulus value is enhanced by the symbolic similarity between the memories.

The psychoanalyst will seek to find in himself, as near as may be, a similar reduplicative memory-experience coming from out of his own psychological past, which reduplicative memory is to be revised by a careful comparison with another's interpretation of the experience under observation.

28

26 Op. Cit., footnote 3, p. 324-325.

27 The Employment of Dream-Interpretation in Psycho-Analysis, in CP, Vol. 2, p. 308-309.

28 Theodore Schroeder, The Psycho-Analytic Method of Observation, in International Journal of Psycho-Analysis, Vol. 6, Part 2, April 1925, p. 160.

In addition to the patient's history and the products of his free associations, the analyst's understanding of the patient is increased by the dreams that the patient relates during psychoanalysis. Besides the universal symbolism that is contained in the dream, the patient's individual symbols become more and more understandable as the number of dreams increase and discussion of them becomes more frequent.²⁹

Though it is seldom advisable to use a mechanical contrivance as a comparison to human behaviour, this is the best analogy the writer can think of. The behaviour of the analyst is very similar to the signal-seeking radio receivers that one sees on some of the late model automobiles. This radio has a bar instead of a tuning knob which, when slightly pressed, tunes the receiver to the station with the strongest signal, ignoring other, maybe closer, stations as long as the strength of the signal is greater than these other stations. Similarly, the analyst's unconscious is tuned to the affective signals of the patient's total behaviour in the analytic situation.

²⁹ Erich Fromm, The Forgotten Language, An Introduction to the Understanding of Dreams, Fairy Tales and Myths, N.Y., Rinehart, 1951, vii-265 p.

From time to time, usually at the end of the hour, the analyst summarizes the content of the material furnished by the patient. He may connect associations or simplify them, or he may attempt an interpretation of their meaning. This behaviour of the analyst is called interpretation.³⁰ During this early phase of the analysis these interpretations are very tentative and can best be described as an attempt at understanding on a trial-and-error basis.

The second phase of transference can thus be considered as an attempt by analyst and patient to understand each other by means of identification. This attempt at understanding bears some characteristics observed in experimental learning situations based on the trial-and-error method. The above process has been designated in this paper as primary identification.

Primary identification is similar to the symbolic incorporation practised by primitive groups who ate the object which had the qualities they wanted to possess. The difference between the two processes is that the primitive man was aware of the difference between his "I" and the object that he ate, while in primary identification this difference is not perceived. It is a fusion of symbols on a primary level.

³⁰ H. Nunberg, The Therapeutic Results of Psycho-Analysis, in International Journal of Psycho-Analysis, Vol. 18, Parts 2-3, April-July 1937, p. 164.

This identification on the primary level is accompanied by a psychological threat to the experiencing subject, resulting frequently in projection. Though the process of identification on this level is wholly unconscious, its results are intellectually observable.³¹

The term "primary" was chosen not only because it is characterized by the primary process, i.e. sub-intellectual or non-rational behaviour, but also because it bears the qualities of the earliest object-relationship experienced by the individual, it is a necessary preliminary to secondary identification.³²⁻³³

3. The Third Phase: Secondary Identification.

If the second phase of the psychoanalytic situation concentrated on the unconscious symbolism of the patient's behaviour and the analyst's main goal was the most thorough uncovering of the past, the third phase is concerned with a perpetual comparison of past and present, the increased

31 It is the writer's opinion that the uncanny ability of homosexuals and tuberculars to recognize this disease in others is due to this same process.

32 Minna Emch, On "The Need to Know" as Related to Identification and Acting Out, in International Journal of Psycho-Analysis, Vol. 25, Parts 1-2, 1944, p. 13-19.

33 Ralph R. Greenson, The Struggle Against Identification, in Journal of the American Psychoanalytic Association, Vol. 2, No. 2, April 1954, p. 200-217.

activity of the analyst in his interpretative behaviour and the beginning of the process of synthetization.

In his free associations and dreams the patient has been comparing past and present on a symbolic level. During the psychoanalytic process he has formed a relationship with the analyst who becomes an object of comparison himself. This is natural if one considers that an individual tends to react to any new situation as he would to another situation, or some element of it, that is like the present situation. Remembering, of course, that the similarity to which the neurotic reacts is not an essential one.

In his comparison between past and present, the patient will use the analyst more frequently than he would any other person. He will do so not only because of the emotional significance of the whole analytic situation, but also because the analyst represents normalcy to him. Generalization is occurring.

Focusing mostly on the patient's symptoms and complaints the analyst will help him correct some percepts, based on memories, influencing his behaviour. This help in perceptualization is termed interpretation and is usually presented to the patient in the form of questions or the calling to his attention some essential similarity between an understood and a not-understood fact.

That these interpretations are tentative and that their validity depends on the personal experiences of the analyst has been stated before, but cannot be overemphasized.

We ourselves retain a grain of scepticism about our own interpretations and must ever be ready to modify them or to withdraw them, even when the patient has begun to accept our mistaken or our incomplete interpretations. 34

This increased verbal activity on the part of the analyst leads to a feeling of what may be called equality on the part of the patient, and this phase of the analysis can truly be described as a conversation, or discussion, between two peers. The emotional overtones of the relationship will, however, inevitably lead to secondary identification between the two persons involved. This identification is different from primary identification, mentioned in the previous phase, in several aspects.

Reich³⁵ differentiates between identification depending on a concrete thing and identification presupposing conceptualization and a greater complexity of response.

34 Sandor Ferenczi, Uber Forcierte Phantasien, Aktivitat in der Assoziations-technique, in Bausteine der Psycho-Analyse, Vol. 2, Vienna, Int. Psa. Verlag, 1927, p. 41.

35 Annie Reich, Early Identifications as Archaic Elements in the Superego, in Journal of the American Psycho-analytic Association, Vol. 2, No. 2, April 1954, p. 218-238.

Greenson³⁶ defines introjection as an "instinctual aim toward an object", while Freud³⁷ gives a description that seems to include all three phases of the transference postulated by the writer until now:

First, identification is the original form of emotional tie with the object; (first phase); secondly, in a regressive way it becomes a substitute for a libidinal object tie, as it were by means of the introjection of the object into the ego (second phase); and thirdly, it may arise with every new perception of a common quality shared with some other person who is not an object of the sexual instinct (third phase).

When Freud speaks of the perception of common qualities existing between analyst and patient he also indicates an advance in the psychoanalytic situation which has shifted from attention to affective experience to perceptualization.

The distinctive feature of secondary identification is that it takes place on a higher psychic level and that it is always accompanied by ambivalence towards the object that is being identified with. This higher level of psychic organization shall be designated in this paper as "the ego".

³⁶ Ralph Greenson, The Struggle Against Identification, in Journal of the American Psychoanalytic Association, Vol. 2, No. 2, April 1954, p. 200-217.

³⁷ Sigmund Freud, Group Psychology and the Analysis of the Ego, translated by James Strachey, London, Hogarth, 1948, p. 65.

Freud saw the process of psychoanalysis as a constant and dynamic interaction between ego and id³⁸ but it was only later that the importance of the synthetic function of the ego was recognized in the therapeutic process. Sterba expresses it as follows:

Our analysis of resistances, the explanations and interpretations that we give to our patients, our attempts to alter their mental attitudes through our personal action upon them - all these must necessarily start with the ego. 39

At the 1937 symposium on the theory of the therapeutic results of psychoanalysis, the majority of the seven speakers attributed prime importance to the increase of the synthetic functions of the ego as a result of therapy.⁴⁰

In trying to define the function of the ego, Nunberg⁴¹ assigns it the task to act as an intermediary

³⁸ Sigmund Freud, Analysis Terminable and Unterminalable, in International Journal of Psychoanalysis, Vol. 18, Part 4, October 1937, p. 373-405.

³⁹ Richard Sterba, The Fate of the Ego in Analytic Therapy, in International Journal of Psycho-Analysis, Vol. 15, Parts 2-3, April-July 1934, p. 117.

⁴⁰ Various, Symposium on the Theory of the Therapeutic Results of Psycho-Analysis, in International Journal of Psycho-Analysis, Vol. 18, Parts 2-3, April-July 1937, p. 125-189. Papers by Bergler, Bibring, Fenichel, Glover, Nunberg and Strachey.

⁴¹ Herman Nunberg, The Synthetic Function of the Ego, in International Journal of Psycho-Analysis, Vol. 12, Part 2, April 1931, p. 123-140.

between the inner and outside worlds; Sterba⁴² an "integrative capacity", De Groot⁴³ a capacity for perceptualization which she sees as different from the intellect that comes with experience and adulthood; Eisler⁴⁴ defines the normal ego as one whose synthetizing functions have not been impaired by defences, attitudes, etc.

Freud attributed mostly to the ego the function of reality-testing. Laforgue, however, points out that 'reality' is a relative term, the meaning of which differs according to the development level of the personality.⁴⁵

How then does the ego function? What are its limitations?

The ego receives outside, sensory, impressions and forms them into percepts by means of its synthetic capacity. This synthetic function can be impaired by

42 Richard Sterba, The Formative Activity of the Analyst, in International Journal of Psycho-Analysis, Vol. 25, Parts 3-4, April-July 1944, p. 146-150.

43 Jeanne L. De Groot, On the Development of the Ego and the Super-Ego, in International Journal of Psycho-Analysis, Vol. 28, Part 1, January 1947, p. 7-11.

44 K. R. Eisler, The Effect of the Structure of the Ego on Psychoanalytic Technique, in Journal of the American Psychoanalytic Association, Vol. 1, No. 1, January 1953, p. 104-143.

45 René Laforgue, The Ego and the Conception of Reality, in International Journal of Psycho-Analysis, Vol. 20, Parts 3-4, July-October 1939, p. 3-4.

internal (affect) or external factors (injury or drugs). The ego remembers, but it cannot go beyond the pre-conscious. Consciousness, however, is not an essential feature of the ego, which is related to consciousness by its function of attention. Of crucial import to the psychoanalyst, and noted by Reik, is that the ego is incapable of introspection.⁴⁶

The analyst's interpretations in the third phase of the psychoanalytic situation is to make up for the lack of the introspective capacity of the ego and aid the patient in the clarification of perceptual differences between past and present inner experiences. In effect the analyst points out that behaviour is not causal, that is determined in the strictest sense by past experiences, but that a choice is available.⁴⁷

Secondary identification differs from primary identification in that it is based on perceptualization instead of symbolism, in that it is characterized by ambivalence instead of projection, in that it involves the ego instead of the id, and, finally, in that it prepares the patient for the understanding of the dynamics of his neurosis.

⁴⁶ Op. Cit., footnote 24, p. 8.

⁴⁷ Op. Cit., footnote 39, p. 123.

Two points are of interest here. The first concerns the fact that many psychotherapeutic methods stop at phase two or three, or at some point between these two phases. Among these are those advocated by Carl Rogers⁴⁸⁻⁴⁹ and by Felix Deutsch.⁵⁰

The other point is the danger that exists in the possibility of the analyst not being aware of his identification with his patient to a degree that may precipitate his acting out in either participating in his patient's neurosis or of his involving the patient in his neurotic pattern.⁵¹ Fliess recognizes this danger: "The analyst's faulty involvement with his patients is that found in folie à deux: the identification is mutual, a response of the analyst to the patient's identifying with him, and repetitive in both patient and analyst of an early 'constituent' identification."⁵²

⁴⁸ Carl R. Rogers, Counseling and Psychotherapy, N.Y., Mifflin, 1942, xiv-450 p.

⁴⁹ -----, Client-Centered Therapy, Its Current Practice, Implications, and Theory, N.Y., Mifflin, 1951, xviii-246 p.

⁵⁰ Felix Deutsch and William F. Murphy, The Clinical Interview, Vol. 2, Therapy, N.Y., International Univ. Press, 1955, 335 p.

⁵¹ There are few papers reporting such happenings. One of the best, however, is: Robert Lindner, The Fifty Minute Hour, A Collection of True Psychoanalytic Tales, N.Y., Rinehart, 1951, xvii-293 p., especially The Jet-Propelled Couch, p. 223-293.

⁵² Robert Fliess, Countertransference and Counter-identification, in Journal of the American Psychoanalytic Association, Vol. 1, No. 2, April 1953, p. 278.

4. Phase Four: Working Through.

Affective and perceptual identification is followed, in the last phase of the psychoanalytic situation, by conceptual differentiation. Involving thus not only the id and the ego, but also the super-ego of the patient.

Before discussing the role of the super-ego in the whole psychoanalytic process, however, it is necessary to review at least briefly the aspect of man understood by this term.

In his earliest writings, Freud considered the super-ego to be a residual of the incorporated aspects of all authority figures whose function was solely a prohibitive one. In his Outline,⁵³ written in 1938, however, his position is modified to a great extent. At this time he considers the id as the carrier of the biological traits in man; he is not quite sure whether to attribute reality-testing to the ego or to the super-ego, but does see the ego as an organ-sense, the function of which is synthetization of perceptual impressions; while the super-ego represents tradition and the intelligent utilization of past experiences. Freud thinks that experimentation with

53 Op. Cit., footnote 9, passim.

animals points to the existence of ego and id components in them, but the super-ego is characteristic of man alone.⁵⁴

Even in an earlier paper Freud states that: "We have from the very beginning attributed the function of instigating repression to the moral and aesthetic tendencies. (...) The higher nature of man is in his ego-ideal or super-ego."⁵⁵

To Freud all neuroses are based on an individual's inability to understand the nature of a conflict between his animal desires and his self-respect.⁵⁶ The whole analytic situation aims to 'conjure into existence' a part of the traumatic past for purposes of comparison and understanding.

The patient puts himself back into an earlier situation either by reporting on it or by behaving as if the situation were repeated, so to speak, in the psychoanalytic process. The purpose being comparison between present and past. (...) One must allow the patient time to get to know this resistance of which he is ignorant, to 'work through it'. 57

54 Herman Nunberg, A Commentary on Freud's "An Outline of Psychoanalysis", in Psychoanalytic Quarterly, Vol. 19, No. 2, April 1950, p. 227-250.

55 Sigmund Freud, The Ego and the Id, translated by Joan Riviere, London, Hogarth, 1950, p. 47.

56 -----, On Narcissism: An Introduction, in CP, Vol. 4, p. 30-59.

57 -----, Further Recommendations in the Technique of Psycho-Analysis, Recollection, Repetition and Working Through, in CP, Vol. 2, p. 367 and 375.

The process of 'working through' is conceived by Freud as intellectual understanding of the conflict and a change in behaviour that is freely chosen by the individual after the resolution of his conflict.

Many of Freud's students and followers have understood that within the concept of 'super-ego' Freud intended not only a hereditary organ-sense of prohibition, but man's intellectual and volitional nature. In investigating the concept of the transference these writings seem to have been ignored.

That the super-ego intends man's ability to judge and to will is clearly stated by Walder,⁵⁸ who conceives of a neurosis as a state in which the freedom to choose is interfered with by neurotic distortions that obstruct judgment and prevent an individual to apprehend things as they really are.

Freedom, then, in its most general sense is found in the existence of the super-ego, in that formal function of the super-ego in virtue of which man rises above himself and apprehends the world from without and beyond his immediate perceptions and his biological needs.

59

58 Robert Walder, The Problem of Freedom in Psycho-Analysis and the Problem of Reality Testing, in International Journal of Psycho-Analysis, Vol. 17, Part 1, January 1936, p. 89-108.

59 Idem, p. 92.

Freud's basic hope, states Zilboorg, was the freeing of our capacity to acquire knowledge and understanding. Psychoanalysis he thought was the method of setting aside the obstacles on the road toward the ultimate logos. Freud thus always conceived mind and will as essentially free and leading toward the good, provided the unconscious conflicts (affects) are sufficiently weakened to lose their pathological inhibiting hold over mind and will. 60

To return to the psychoanalytic situation and, more specifically, the last phase of transference.

The ~~aim~~^{primary} aim of psychoanalysis is insight, that is, an intellectual understanding and an emotional acceptance of the self. This is not possible without introspection, an act that the ego is not capable of, hence it is obvious that in the last phase of the analytic situation the patient's "intellectual interest and understanding" is the motivating factor in his progress.

Instead of concerning themselves with perceptual similarities between past and present, the patient and analyst investigate conceptual identities and differences in their comparisons.

The emphasis in this fourth and last phase of transference is on the present, with the ego and the intellect playing the dominant role. The patient, by this time, has learned to recognize the symbols of his unconscious;

60 Gregory Zilboorg, The Emotional Problem and the Therapeutic Role of Insight, in Psychoanalytic Quarterly, Vol. 21, No. 1, January 1952, p. 6.

the postponement of action until such time as he can choose on the basis of intellectual values; in short, the patient is guided by the reality principle. As Balint states it, he has attained the capacity for "true object relation adjusted to reality".⁶¹

This phase of the psychoanalytic situation is characterized by what one may term 'renunciation', and is often upset by turbulent manifestations of transference and counter-transference. The patient is discarding aspects of the psychoanalyst that he has identified with supportively, while the analyst is losing his super-human qualities with the intellectual awakening of his patient.

In summary, one may state that the last phase of transference is an attempt to change the basis of intellectual judgment from the affective experiences of the past to concepts furnished by the intellect. It is related mostly to the present and is characterized by the integration of the personality.

5. Overview.

Transference, as manifested in the psychoanalytic situation can best be described as a series of identifications

⁶¹ Michael Balint, The Final Goal of Psycho-Analytic Treatment, in International Journal of Psycho-Analysis, Vol. 17, Part 2, 1936, p. 206-216.

that precede and lead to self-knowledge. These identifications differ in accordance to the level of personality involved in the process, starting from imitation and ending with assimilation of certain attributes that become integrated into the total personality.⁶²

Consideration has been given to the repetitive aspects of transference with the conclusion that it signified a perceptual comparison of past and present in a struggle for understanding, and not a repetitive acting out of a neurotic or traumatic precipitating cause.

Transference is seen as consisting of four overlapping phases, each with its distinctive characteristics: Mimetism, Primary Identification, Secondary Identification, and Working Through.

⁶² After this was written, the writer's attention was called to a similar theory expressed by Ives Hendrick, Early Development of the Ego: Identification in Infancy, in Psychoanalytic Quarterly, Vol. 20, No. 1, January 1951, p. 44-61.

This division gains special importance when current difficulties in the treatment of schizophrenic patients are considered.⁶³⁻⁶⁸

Contrary to previous postulates that psychoanalytic treatment is impossible because the psychotic patient is not capable of transference, it has been found that the success of the treatment depends on the analyst's understanding of the patient.⁶⁹ In the writer's opinion this is due to the fact that in the treatment of the psychotic the first phase of transference is not feasible. Hence the analyst must wait for a symbolic expression that is already

63 Silvano Arieti, Interpretation of Schizophrenia, N.Y., Brunner, 1955, xviii-522 p.

64 Eugene B. Brody and Fredrick C. Redlich, ed., Psychotherapy with Schizophrenics: A Symposium, N.Y., Int. Univ. Press, 1952, 246 p.

65 Frieda Fromm-Reichmann, Principles of Intensive Psychotherapy, Chicago, Univ. of C. Press, 1950, xviii-246 p.

66 John Rosen, Direct Analysis: Selected Papers, N.Y., Grune and Stratton, 1953, 192 p.

67 M. A. Secheyay, Symbolic Realization, A New Method of Psychotherapy Applied to a Case of Schizophrenia, N.Y., Int. Universities Press, 1951, 184 p.

68 Various, Intuitive Processes in the Psychotherapy of Schizophrenics, in Journal of the American Psychoanalytic Association, Vol. 3, No. 1, January 1955, p. 5-156, the whole issue of this journal is devoted to problems in the understanding of schizophrenic patients.

69 Op. Cit., footnotes 63-68 incl.

familiar to him from previous experiences and must be capable of replying in the patient's own symbolic language, or with a universal symbol in the hope of learning the patient's language in further communication.

Inherent in this explanation of transference is the renunciation of the mechanistic and causal principles advocated by psychoanalytic theory. This can best be justified by the statement Nunberg made: "The more man lacks the critical faculty the easier it is for him to discover a causal basis for his actions and thoughts."⁷⁰ Knowledge of psychoanalysis and of man has increased to such a degree, since the beginning of psychoanalytical theory, that the mechanistic-causal concepts can safely be dropped.

⁷⁰ Op. Cit., footnote 41, p. 126.

CHAPTER IV

TRANSFERENCE, LEARNING, AND TRAINING-ANALYSIS

If the proposed theory of transference is to be of more than theoretical contribution, it should throw some light on the learning process involved in the psychoanalytic situation, and should also aid in the solution of the problem of what constitutes training analysis. While a complete treatment of these questions would be beyond the limits of this paper, neglecting them completely would be a grave omission.

1. The Learning Process.

Operationally one may define learning as the ^{development} ~~acquisition~~ of ~~new~~ habits and ~~new~~ skills; philosophically, as the actualization of potentiality. Learning theories at present concern themselves with learning methods without attempting to answer the question of what learning is. There are, however, certain implicit principles, though not explicitly stated, that can be found in almost every modern learning theory which, if psychoanalysis is to be considered a learning situation, should be found inherent in the proposed explanation of the transference process. These principles are: motivation, adjustment to level of maturation, pattern learning, evaluation of progress, and broad integrated development.¹

¹ Louis Thorpe and Allen M. Schmuller, Contemporary Theories of Learning, With Applications to Education and Psychology, N.Y., Ronald Press, 1954, p. 151-165.

Motivation.- Learning proceeds most effectively and tends to be most permanent when the learner is motivated, that is, when he has a stake, as it were, in the activity being undertaken.²

Within the proposed concept of transference, the analyst is motivated not only by the reward of the satisfactory completion of treatment, but also with the increase of his "symbolic vocabulary". The patient's motivation is the will to health and the reduction of the psychological and/or physical discomfort caused by his neurosis.

Adjustment to Levels of Maturation.- Learning proceeds most rapidly and tends to be most permanent when the activity involved is geared to the learner's physical and intellectual ability to perform that activity.³

One of the tools of learning in the psychoanalytic process is interpretation, which is operationally defined here as: a term applied to those explanations, given to the analyzands by the analyst, which adds to both their knowledge about themselves. The levels of transference postulated in this paper tend to show that in a properly conducted analysis these explanations correspond to some aspect of the individual's past experiences and present goals.

2 Idem, p. 451.

3 Idem, p. 453.

Pattern Learning.- Learning proceeds most effectively and tends to be most permanent when the learner is provided with the opportunity of perceiving meaningful relationships among the elements of the goal toward which he is working.⁴

This is especially characteristic of the third and the fourth phases of the transference. Analyst and patient both learn to discern the relationship between single experiences of the past and the total behaviour in the present, first on a perceptual and later on a conceptual level. Dollard and Miller⁵ see transference as learning to form wider concepts and to generalize, and the process of working through as reinforcement.

Evaluation of Progress.- Learning goes forward with relatively greater effectiveness when the learner is provided with some criterion for indicating specifically what progress he is making.⁶

A constant measure used in the evaluation of the progress in psychoanalytic treatment is the validity of the interpretations and the 'insight' gained by both analyst

⁴ Idem, p. 455.

⁵ John Dollard and Neal E. Miller, Personality and Psychotherapy, An Analysis in Terms of Learning, Thinking, and Culture, N.Y., McGraw-Hill, 1950, xi-488 p., passim.

⁶ Op. Cit., footnote 1, p. 458.

and patient. In the training-analysis, which will be discussed in more detail later, working with patients under supervision is an added device useful to both analyst and trainee.

Broad Integrated Development.- Learning is facilitated when it goes forward under conditions in which the learner also experiences satisfactory personality adjustment and social growth.⁷

This is the final goal of psychoanalysis.⁸ Prior to analysis behaviour was based on affective values of past experiences; psychoanalysis aims to teach the patient to judge intellectually and base his behaviour on the conceptual meaning of the past.

Frumkes⁹ lists ten points as criteria that can be used to determine whether or not behaviour is according to the 'reality principle'. These ten points can be summarized as: An adequate grasp of a reality by the intellect coupled with the courage to abandon reality temporarily in the sure expectation of finding one's way back.

7 Idem, p. 460.

8 Various, Symposium on the Theory of the Therapeutic Results of Psychoanalysis, in International Journal of Psycho-Analysis, Vol. 18, Parts 2-3, April-July 1937, p. 125-189.

9 George Frumkes, Impairment of the Sense of Reality as Manifested in Psychoneurosis and Everyday Life, in International Journal of Psycho-Analysis, Vol. 34, Part 2, 1953, p. 123-131.

To summarize: Learning is a process in which an individual acquires knowledge, skills and habits. In psychoanalysis this process leads to a realistic appraisal of the self and to a more integrated function with the environment. One of the elements influencing learning is inherent in the symbols of past experiences formulated by the learner which bear the characteristics and structure of the phase of psychological development in which the experience took place. These symbols can be motivating factors for enhancing learning, but can also act as a deterrent to the acquisition of new knowledge. In the latter case the goal of psychoanalysis is to impart a realistic meaning to these symbols; i.e. eliminate their deterrent quality.

Within the frame of transference, learning consists of four phases: imitation, introjection, identification and, finally, working through. This can be formulated in the rule that: Knowledge is preceded by imitation and identification and consists of the absorption of the essence of what is learned by the learner.

2. Transference and Training-Analysis.

Does the concept of transference as neurotic repetition have any deterring influence on psychoanalytic training, and if so, does the new concept outlined in this paper tend to solve the existing difficulties? Without considering this point, the present paper would be inadequate.

As stated previously,¹⁰ this writer feels that the consideration of transference and counter-transference as a neurotic manifestation of id impulses has led candidates to suppress and deny affective associations that they feel to be incompatible with the personality of a future psychoanalyst. This leads not only to an incomplete analysis, but also to a poverty of the symbolic language that is so essential to the psychoanalyst.

It is axiomatic in the psychoanalytic literature that all the qualities and characteristics of the neurotic and the psychotic exist in the normal individual, the essential difference being in the magnitude proportion in which these factors are distributed.

In the training situation a spotlight is turned on the candidate's personality bringing into strong relief an exaggerated pattern of its structure. His irrational needs and desires are distorted to some extent but they seem realistic to him at that particular time. He is gaining "experiences" that he will later recognize in his patients who will actually have to cope with those problems of conflict between passion and intellect. Only by having experienced a shadow or phantasm of the patient's conflict will the analyst be able to recognize and interpret it both to himself and to his patient.

10 cf., p. 15 of this paper.

Viewed in this context the transference manifestations of the candidate are a necessary criterion indicating his future effectiveness as a therapist; and the counter-transference reactions of the analyst are as useful as the patient's transference reactions, provided the analyst understands his own reactions and makes intelligent use of them.

Were it not for the neurotic stigma attached to transference in general, the recommendations of the International Training Commission of the International Psychoanalytic Association, put forth in 1927, that "the analysts should be more fully analyzed than their patients"¹¹ would have been carried out by now. It is the writer's opinion that the problem of training will only be solved when the transference process is considered a dynamic process leading to maturation and growth instead of a neurotic compulsion to repeat.¹²

This postulate, it must be admitted, still has to be proved. The proof would consist of better knowledge of the internal processes of the analyst during specific phases

¹¹ Vilma Kovacs, Training- and Control-Analysis, in International Journal of Psycho-Analysis, Vol. 17, Part 3, July 1936, p. 346-354.

¹² No review of the literature on the problem of training is intended here. For further information see the papers in the International Journal of Psycho-Analysis, Vol. 35, 1954, by Balint, Bibring, Gitelson, Grotjahn, Heiman, etc.

of the psychoanalytic situation. There is, however, a dearth of literature on this topic, with the notable exception of Theodor Reik¹³⁻¹⁶ and some of his students. One of the most remarkably honest and revealing books, one that is incidentally much in agreement with some of the postulates in this paper, is a recent one by Lindner.¹⁷

Wexler attributes his success in the treatment of some schizophrenic patients to his ability to regress with them to their own psychological level of functioning. This courage comes, he states, from having experienced this level of regression to some extent in his own analysis coupled with the knowledge that he has always been able to return to reality.¹⁸

It is not impossible that more similar publications would appear if transference was no longer considered "neurotic".

13 Theodor Reik, Surprise and the Psycho-Analyst, On the Conjecture and Comprehension of Unconscious Processes, London, Kegan, 1936, vii-294 p.

14 -----, Listening with the Third Ear, The Inner Experiences of a Psychoanalyst, N.Y., Farrar, 1948, xii-514 p.

15 -----, Three Women in a Man's Life, in American Imago, Vol. 6, No. 4, Dec. 1949, p. 245-259.

16 -----, The Secret Self, N.Y., Farrar, 1952, 329 p.

17 Robert Lindner, The Fifty-Minute Hour, A Collection of True Psychoanalytic Tales, N.Y., Rinehart, 1955, xvii-293 p.

18 Milton Wexler in a verbal communication to the writer.

In a paper comparing training-analysis and psychoanalytic therapy, Grotjahn¹⁹ speaks not only of the importance of understanding the symbolic language of the unconscious and the fact that this understanding depends on personal experience, but reveals also that this process starts with mimetism and sensory impressions:

I try to demonstrate the understanding of the primary process and the language of symbols. (...) The understanding of symbols and of subliminal cues helps the therapist to understand the patient regardless of eventual interpretation. It is better that this understanding of symbols should again become preconscious to the therapist. Only then can it be used with ease and spontaneity as an instrument of empathy, so closely related to intuition. If it has been made conscious once, it can easily be activated again and perceived with that surprise which is so important in psychotherapeutic work. (...) I frequently use one hour during the first weeks of supervision in order to visit the colleague in his office. His report to me gains new meaning when I can visualize his field of operation. (The writer's italics) 20

That the phases of transference postulated before apply to the training situation needs no elaboration here. Anyone familiar with certain training analysts can recognize their trainees even during a superficial professional intercourse. Even long after analysis has been ended there

19 Martin Grotjahn, About the Relation Between Psycho-Analytic Training and Psycho-Analytic Therapy, in International Journal of Psycho-Analysis, Vol. 35, Part 2, 1954, p. 254-261.

20 Idem, p. 258.

remains a certain similarity between analyst and trainee. Something essential in the two personalities seems to have undergone a fusion, the effects of which are recognizable in the personality and work of both individuals.

The difference between a therapeutic and training analysis is in the goal that is aimed for. In the former, the goal is the understanding of unconscious drives and the learning to mediate between affective and intellectual needs; in the latter, besides the therapeutic goals, it is intended to provide the trainee with the widest possible range of psychological experiences not only as a means of self-knowledge, but also to facilitate his understanding of others.

SUMMARY AND CONCLUSIONS

To regard transference manifestations as compulsively repetitive behaviour means the acceptance of strict causality and determinism in the total functioning of an individual. It means, in effect, that it is impossible to bring about the reconstruction in the personality that psychoanalysts claim to be the result of a completed analysis. It also follows that the psychoanalyst is himself neurotic and has to divide his attention between compensating for his own neurotic (counter-transference) reactions and the analysis of his patient.

Freud himself came to this conclusion when he called attention to the interminable aspects of analysis and recommended that analysts undergo a new analysis every five years.

Previous attempts at a reformulation of this concept retained the 'repetition' factor originally postulated by Freud, claiming that it was not an instinctual drive but an interpersonal experience that is being reiterated in other, similar, situations.

If, however, that transference process is observed in the psychoanalytic situation, with the first interview as the starting point, the theory of meaningless repetition cannot be but abandoned. Transference then emerges as a meaningful and dynamic process that is similar to learning. In so doing it is not necessary to abandon any of Freud's postulates in his technical papers.

According to Freud neurosis results from an imbalance between affective needs and intellectual prohibition in an individual. The conflict is mainly due to the fact that the unacceptable affect is unconscious and the intellect cannot grasp the meaning of the symbol by which it manifests itself.

The aim of psychoanalysis is to make this symbol understandable to the patient, and to strengthen his weakened will sufficiently to enable him to choose for the better.

The patient and analyst actually form a pact to bring back the traumatic past in order to help the patient to a new understanding of the meaning of these past experiences; a meaning that he can use as a point to which he can orient his future behaviour.

Involved in the process is the patient's total personality; id, ego and super-ego. The characteristics of the three aspects of the personality, as revealed in the psychoanalytic situation are the same as postulated by Freud in his later writings. The id designating irrational and affective needs and memories; the ego functioning as an organ-sense characterized by synthetization and perceptualization; while the super-ego intending man's intellectual capacity and his ability to choose by exercising his will.

Since symbols of past experiences retain the affective meaning that is characteristic to the psychological level of development of the time in which they occurred,

it is necessary that they be reproduced in order that new meaning may be attached to them. Thus reproductions of the past are presented to the intellect for comparison to present situations so that essential similarities or differences may be noted.

The whole transference process can then be viewed as a process of maturation involving the total personality. It is, however, an experience that involves both patient and therapist and contributes to the growth of both. Transference phenomena can be operationally defined as phenomena that aid or hinder the process of maturation.

Transference and counter-transference, according to the above, are identical processes, the designation serving to indicate which of the participants is the experiencing subject.

What happens to the unacceptable drives in the process of psychoanalysis? The activity of some of the drives undergoes formal modification by the intellect; a process Freud called sublimation. Others are rejected in favour of higher satisfactions in accordance with the reality principle governing mature human behaviour. Subjective guilt is eliminated when its nature is understood.

The obvious argument to the conclusions presented in this paper is that they are contrary to Freud's philosophy, which is highly deterministic and causally oriented. Freud's

concept of the individual as a reflex apparatus, the sole function of which is to reduce or discharge instinctual needs, is in complete opposition to what has been postulated by the writer.

In reading Freud, however, one finds that he had been mechanically oriented only in his theoretical writings, while in his papers on technique his conception of man is in entire agreement with this thesis.

This writer feels that the instinct theories are of importance only if psychoanalysis is presented within the frame of reference of a natural science adhering to the principle of conservation of energy postulated by Helmholtz. Psychoanalysis, however, is not a natural science; nor does it aim at a biological investigation of man.

It is true that man's biological and spiritual needs can be considered separately, but man's acts must take into consideration a state of inextricable union of body and soul functioning as a unit.

Freud could never have assumed a change in behaviour resulting from psychoanalysis unless he took freedom of choice on the basis of intellectual values for granted. He saw the psychoanalytic situation as an opportunity for the patient to "experience a mature object relation" to which he could later compare his other relationships.

The comparison of the psychoanalytic situation to a learning situation is a logical step that should be subject to further research and will contribute to knowledge of the psychoanalytic process. It was found, even in the superficial comparison, that several principles which are implicit in most learning theories are inherent to the psychoanalytic process. The writer listed: motivation, adjustment to level of maturation, pattern learning, evaluation of progress and, finally, broad integrated development.

In this sense, transference can be considered as a dynamic process resulting in the acquisition of new habits and skills and enabling an individual to reach a healthier balance between his rational and passionate needs. As Freud put it, transference is the battle-ground between passion and intellect. The transference phenomena can then be considered as factors that tend to aid or deter this change.

Transference is then the whole process of psychoanalysis. It is learning in the broadest sense, beginning with the initial interview and ending with 'working through'.

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Emch, Minna, On 'the Need to Know' as related to Identification and Acting Out, in IJP., Vol. 25, Parts 1-2, 1944, p. 13-19.

Knowing is preceded by identification.

Fliess, Robert, Countertransference and Counteridentification, in Journal of the American Psychoanalytic Association, Vol. 1, No. 2, April 1953, p. 268-284.

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Greenson, Ralph R., The Struggle Against Identification, in Journal of the American Psychoanalytic Association, Vol. 2, No. 2, April 1954, p. 200-217.

Introjection and identification are stages in a process. They can be looked upon not only as defensive, but mostly as leading to growth.

Hendrick, Ives, Early Development of the Ego: Identification in Infancy, in Psychoanalytic Quarterly, Vol. 20, No. 1, January 1951, p. 44-61.

Differentiates between symptomatic, transient, and rudimentary identification. Super-ego formation results from identification.

Isaacs, Susan, The Criteria for Interpretation, in IJP., Vol. 20, Part 2, April 1939, p. 148-160.

Perception and understanding the patient's unconscious is dependent on the breadth and depth of the analyst's own understood experiences.

Joost, A. M., Merloo and Marie L. Coleman, The Transference Function: A Study of Normal and Pathological Transference, in Psychoanalytic Review, Vol. 38, No. 2, April 1951, p. 205-221.

Transference bridges inter-individual space, using the other person as a mirror for internal experience.

Kovacs, Vilma, Training- and Control-Analysis, in IJP., Vol. 17, Part 3, July 1936, p. 346-354.

A historical review of the need for training analysis and the difficulties in determining what constitutes good training.

Laforge, René, The Ego and the Conception of Reality, in IJP., Vol. 20, Parts 3-4, July-October 1939, p. 403-407.
 'Reality' is a relative term, differing with the level of development of the personality.

Levy-Suhl, Max, The Role of Ethics and Religion in Psycho-Analytic Theory and Therapy, in IJP., Vol. 27, Parts 3-4, July-October 1946, p. 110-119.

Freud recognizes neurosis to be a conflict between the animal nature of man and his self-respect. Quotes numerous references from Freud's works to support this statement.

Lindner, Robert, The Fifty-Minute Hour, A Collection of True Psychoanalytic Tales, N.Y., Rinehart, 1955, xvii-293 p.

On the internal processes on the psychoanalyst leading from empathy to understanding. Especially of interest are p. 222-293 which illustrate the danger of not recognizing the difference between perceptual and conceptual realities.

Nunberg, Herman, The Synthetic Functions of the Ego, in IJP., Vol. 12, Part 2, April 1931, p. 123-140.

The ego's task is to act as an intermediary between the inner and outside worlds. Its synthesizing function can be interfered with by internal or external events.

-----, Transference and Reality, in IJP., Vol. 32, Part 1, 1951, p. 1-9.

During transference past and present are linked on the basis of perceptual identity. Analysis is a process of re-education.

-----, Therapeutic Results of Psychoanalysis, in IJP., Vol. 18, Parts 2-3, July-October 1937, p. 161-169.

The ego is equated to a sense-organ, while the super-ego is the thinking part of man. In every neurosis ego and super-ego are at variance.

Reik, Theodor, Listening with the Third Ear, The Inner Experiences of a Psychoanalyst, N.Y., Farrar, 1948, xiv-514 p.

The intuitive knowledge of the psychoanalyst. This is still the outstanding book describing the steps leading to knowledge in psychoanalysis.

Reich, Annie, Early Identifications as Archaic Elements in the Superego, in Journal of the American Psychoanalytic Association, Vol. 2, No. 2, April 1954, p. 218-238.

Primary identification depends on awareness of a concrete thing, while secondary identification presupposes a greater complexity of response; perceptualization.

Rioch, Janet MacKenzie, The Transference Phenomenon as Seen in Psychoanalytic Therapy, in Psychiatry, A Journal of Inter-personal Processes, Vol. 6, No. 2, May 1943, p. 147-156.

The concept of transference as seen by a follower of H. S. Sullivan.

Schmideberg, Melitta, The Mode of Operation of Psycho-Analytic Therapy, in IJP., Vol. 19, Part 3, July 1938, p. 310, 320.

Compares psychoanalysis to education.

Sterba, Richard, The Fate of the Ego in Analytic Therapy, in IJP., Vol. 15, Parts 2-3, April-July 1934, p. 117-126.

During psychoanalysis there is a shift from affective experience to perceptualization, whence it develops into intellectual contemplation. This is one of the most comprehensive attempts to describe what happens to the personality in analysis, and of the dynamic aspects of interpretation in the analytic situation.

Schroeder, Theodore, The Psycho-Analytic Method of Observation, in IJP., Vol. 6, Part 2, April 1925, p. 155-170.

The difference in observation in a natural science and in psychoanalysis. Understanding by comparison to the self.

Wolstein, Benjamin, Transference, Its Meaning and Function in Psychoanalytic Therapy, N.Y., Grune and Stratton, 1954, xiii-206 p.

A follower of the Horney-Thompson school examines the concept of transference and finds it to be repetitive inter-personal behaviour. It is essentially irrational, similar to the concept postulated by Freud, except that it is social instead of biological in nature.

ABSTRACT OF

The Concept of Transference: A Critical Study.

A survey of the literature indicates that the concept of transference has not undergone any basic change since it was originally postulated by Freud in 1895.

At present transference is generally defined as a repetition in current situations, particularly in the relationship to the analyst, of unconscious emotional attitudes developed during childhood within the family group and especially toward the parents. Since the "neutrality of the analytic situation" is supposed to preclude any reality factor on which these attitudes can be based, the transference reactions are considered to be neurotic, with a tendency to develop into a 'transference neurosis', and to be a manifestation of what Freud termed the repetition compulsion.

An examination of the psychoanalytic situation reveals, however, that it is far from neutral. It is in effect a dynamic relationship leading to maturation in which four overlapping phases can be differentiated. These have been divided in the following:

Phase 1.- is termed mimetism, and consists of an act of imitation in which that which is resembled is itself a factor in the production of that which resembles it.

Phase 2.- is termed primary identification, and is introjective in nature, involving the irrational primary processes postulated by Freud.

Phase 3.- is termed secondary identification, and is based on perceptualization, involving the ego.

Phase 4.- is termed working through, and involves conceptualization, abstraction, judgment and choice. It is on the level of the intellect, resulting in learning.

Freud's tri-partite division of personality is re-defined in frame of reference of his later writings and the observations in the psychoanalytical situation as follows:

Within the concept 'id' or 'unconscious' is intended man's non-rational nature, the images and memories of the past, the non-rational remnants of all of his experiences.

Within the concept 'ego' is intended an organ-sense with the function of synthetization, perceptualization, memory, and the capacity to estimate on a more or less concrete level.

Within the concept 'super-ego' is intended man's rational, i.e. the intellectual nature of man, his ability to form concepts, to judge, and the freedom to exercise his will in choosing in his acts.

It is emphasized that the above definitions are not at variance with Freud's later writings, nor with the theories implicit in his papers on technique, though the instinct theories have been disregarded together with the determinism characteristic of the earlier Freudian theories.

The instinct theories are only of importance if psychoanalysis is to be presented within the frame of reference of a natural science adhering to the conservation of energy principles of the Helmholtz doctrine. They can be dispensed with, however, if man is looked upon as a rational being, who will not be motivated in all his actions by instinctual needs alone. Freud himself regarded the neuroses as a result of man's unwillingness to be dominated by

his instincts, and of the conflict that resulted from his inability to live up to his ego-ideal.

The whole transference process can well be considered as a process of maturation involving the total personality. It is, however, an experience that involves both patient and therapist and contributes to the growth of both.

This new consideration of the concept of transference would tend to solve the problem of what constitutes psychoanalytic training. Within this frame of reference, training would aim, in addition to help the candidate resolve his personal problems, to give him as many 'transference experiences' as he is capable of absorbing in order to enhance his efficiency as a therapist. By removing the neurotic stigma from these reactions, the candidate would no longer avoid discussing his transference reactions while in training.

In summary: transference is the whole process of psychoanalysis. It is learning in the broadest sense, beginning with the initial interview and ending with 'working through'.