

Review Article

The multiple interpretations of transference in psychoanalysis, its use and effect on the outcome of therapy.

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Summary

Transference, a concept central to psychoanalytic theory and to its clinical application, is often the focus of debate between differing therapeutic schools of thought. What is usually at stake here could be summarized around two fundamental issues: the first pertains to the very nature of transference, i.e., what exactly it consists of and what it concerns, while the second refers to its therapeutic implications, should we accept that it can prove effective on symptoms. In this article, we will attempt to approach these issues through the work of the two most prominent psychoanalytic theorists; Sigmund Freud and Jacques Lacan.

Keywords: transference, therapy, psychoanalysis

Freud and his successors

"He felt that I was not yet entirely his own and, besides the reeducation, from time to time he returned also to the therapy. He tried dreams again, but we didn't have a single one that was any authentic. Annoyed with all this waiting, in the end I made up one. I wouldn't have done so if I could have foreseen the difficulty of such simulation [...]. Thus I demonstrated that I had understood perfectly the illness that the doctor demanded of me [...] Paoli analyzed my urine in my presence [...]. In that test tube, nothing happens that could recall my behavior when, to please Dr. S, I invented new details of my childhood, which then confirmed the diagnosis of Sophocles" [1].

This short extract from Italo Svevo's novel "Zeno's Consciousness", first published in 1923, is a source of amusement and inevitably brings to mind the case of Freud's young, female homosexual patient, who, in a state of transference to her analyst, unconsciously "invented" dreams with a heterosexual content. Those who are familiar with this text will certainly recall the perplexing way with which the father of psychoanalysis elected to respond to this manifestation of the young woman's transference and how it affected the outcome of her analysis [2].

To put it broadly, the theoretical formulations and corresponding elaborations on the concept of transference contain the totality of each analyst's views on therapy itself, on its object and its direction. Herein lies the central predicament from which the crucial theoretical disputes between the schools arise, something which in principle is to be expected, since the identification of the ways in which transference is manifested and how one should handle such manifestations within the analytic act preceded the theoretical elaboration of the very concept [3]. This fact is undoubtedly linked to the confusion that can easily be detected with regard to the subject by referring to the Freudian corpus and in particular to the extensive references to the case of Dora [4].

If one attempts to explore the history of transference in order to construct, as it were, a 'genealogy' of the concept within Freudian thought, one will find that in his early works Freud regarded transference as a unique case of displacement of emotion from one representation to another [5]. In his "Studies on Hysteria", where he attempts to theorize his technique for treating hysterical patients, Freud speaks of a

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"false association" which should be treated as a symptom, as a form of resistance, so as not to obstruct the desired therapeutic alliance between patient and analyst. "I have already indicated," writes Freud, "the important part played by the physician in creating motives to defeat the psychological force of resistance. In not a few cases, especially with women [here Freud speaks from the position of a man] and where it is a question of elucidating erotic trains of thought, the patient's cooperation becomes a personal sacrifice which must be compensated by some substitute for love". This, for Freud, already constitutes a major, undesirable obstacle to the unimpeded progress of the analytic act. There is, however, a more unfavorable version when "the [female] patient is frightened at finding that she is transferring on to the figure of the physician the distressing ideas which arise from the content of the analysis. This is a frequent, and indeed in some analyses a regular, occurrence. Transference on to the physician takes place through a false connection" [6].

As Laplanche & Pontalis [3] rightly point out, during this initial period in Freud's work, transference was regarded as an essential factor in the formation of the analytic relationship, a notion that is present in the analysis of Dora; it would take several years, as well as the conception of the oedipal complex, in order for Freud to take a new direction in his understanding of transference: In light of the Oedipal myth, Freud would analyze Rat Man and interpret his ambivalent relationship with his father by referring to the manifestations of the young patient's transference to "Herr Professor" [7].

With regard to Freud, we wrote earlier about the father of psychoanalysis, and, undoubtedly, he is indeed the father of psychoanalysis. Yet it is from this same paternal position that he persisted, even to the end, to interpret his patients' transference. One only has to read his last written legacy, "An Outline of Psychoanalysis" [8], to grasp this. And thus, the founder of psychoanalysis affirms, aside from his unparalleled honesty, what he himself realized early on, namely, that no analyst can venture beyond his own symptom.

It is precisely at this point where the issue of Freud's famous countertransference comes into play. Though being his own invention, one to which he was prompted by the erotic escapades of his student Jung with his patient Sabina Spielrein [9], Freud hardly used this term - and when he did it was to emphasize its symptomatic nature. On this last point he is clear and unequivocal: 'We have begun to consider,' writes Freud, 'the countertransference which arises in the physician as a result of the patient's influence on his unconscious feelings, and have nearly come to the point of requiring the physician to recognize and overcome this countertransference in himself. Now, that a larger number of people have come to practice psychoanalysis and mutually exchange their experiences, we have noticed that every analyst's achievement is limited by what his own complexes and inner resistances permit' [10]. Of course, this fact did not deter his successors, who in the following years would engage in endless theoretical pursuits, which almost always ended up confirming the use of countertransference as a tool for "understanding" their patients.

Transference according to Lacan

"[...] the whole theory of transference [...] is the desire of the analyst. [...] Transference is an essential phenomenon, bound with desire as a crucial phenomenon of the human being. [...] Wherever there is a subject that is supposed to know, there we have transference" [11].

In 1960, Lacan, in his seminar [12], emphasizes how Freud, along with Breuer, was, right from the beginning, confronted with the spontaneous and disturbing manifestations of the transference of their hysterical patients, so disturbing that it led the latter to abandon psychoanalytic practice in haste [6, 13]. However, even in his early works such as "Freud's Papers on Technique", Lacan points out that the object of psychoanalytical work is not the "here and now" of transference, but something else [14]. We find ourselves in the era defined by the "return to Freud", where the re-reading of the oedipal complex, guided by the anthropological studies of Claude Levi-Strauss [15] and Marcel Mauss [16], will highlight the symbolic function that the myth represents, since what is at stake - if we must put it this way - is the integration of the subject into the symbolic field and, in this respect, the oedipal complex constitutes the key to its entry. In this view, the object of psychoanalysis can be nothing more than the reading and translation of the "hieroglyphics of hysteria, the coat of arms of phobia, the labyrinths of zwangsneurosis", as expressed by the subject who enters the psychoanalytical act carrying with them their own individual myth, whether they intend to or not [17].

If the object of the psychoanalytical act consists in what we have just described in brief, it becomes clear that in no case should the focus be on the relationship between analyst and patient, as if we were dealing with yet another couple's therapy, which would inevitably be misdirected into the realm of the imaginary. Transference, however, is a cardinal element of the psychoanalytical act, one without which the act itself could not take place, and "constitutes a phenomenon", as Lacan states, 'that involves both the subject and the analyst. To make a distinction between transference and countertransference, however bold and careless the thoughts we might have on the theme, would merely be a way of evading the issue' [11].

The question that arises is, as such, what is the problem in relation to transference and what ought to be the position of an analyst who does not wish to evade it. Juxtaposing the views of Melanie Klein on the one hand, who situates the analyst in the position of an object, and, on the other hand, those of Anna Freud, who places him in the position of a subject, Lacan argues that the analyst occupies a position of emptiness, thereby allowing the subject of analysis to recognize his own desire as well as the lack that motivates it [12].

The analyst's position, according to Lacan, is therefore none other than that of the object petit a, that is the cause of desire. By occupying this position, the analyst "offers himself as the point of aim of that unthinkable endeavour called psychoanalysis, should it follow in the footsteps of the desire for knowledge" [18]. Here, however, the question of the analyst's own desire also arises. To put it differ-

ently, if we associate transference - one which has an effect on the symptoms - with the analyst's desire, what does this desire consist of, what does it concern, and what is it that protects the analyst in his allocated position (that of the object *petit a*, the cause of desire, if we subscribe to Lacan) so that he does not descend into a Pygmalion of a post-modern, psychotherapeutic normativity?

What is the desire of the analyst or, desire as the Other's desire

Following the discourse of consciousness as posited by Hegel [19], Lacan argues that desire is organized too according to the same discourse which suggests that human desire is constituted as the desire of the Other's desire - in this respect, Lacan's formulation is categorical: "Man's desire is the Other's desire". Within this context, any reference to transference is in essence a reference to the analyst's own desire [11], since, by occupying the position of the object of the cause of desire - granted that he is, in fact, a true analyst - he becomes the cause of the subject's desire [18].

This becomes clear in the context of clinical psychoanalysis, since it is there that the desire of each analyst can be identified with a degree of ease. An example from the history of psychoanalysis may help elucidate this dialectic:

It is the story of Breuer's analysis of Anna O [6], to which we alluded at the beginning of this paper. After first stressing how decisive the contribution of this particular patient was to the discovery of transference by Breuer and Freud, these friends and pioneers of psychoanalysis, let us observe how the entire situation progressed. Initially, Anna O's psychoanalysis seemed to be making progress as she talked effortlessly about the symptoms that plagued her and which, to the astonishment of Breuer, disappeared the moment she spoke of them. As the analysis progressed, which the patient herself referred to as a process of 'sweeping the chimney', Breuer's enthusiasm escalated and all seemed to be going well [13]. Until, later on, something of the order of desire made its appearance - a desire on the part of the analyst. Jones, while recounting the case of Anna O, spoke of a "strong countertransference" on the part of Breuer [13], but, as Lacan comments, this was only a matter of the intrusion of sexuality, that is, of desire, which was even pointed out to Breuer by his own wife, who was overcome with jealousy at the sight of her husband's increasing devotion to his patient [11]. The outcome of this analysis is well known: Breuer abandons Anna O's analysis in a panic and that same evening she develops pseudopregnancy symptoms [11, 13].

It is precisely this symptom of Anna O's pseudopregnancy that Lacan defines as a typical example of the fact that "desire is the desire Other's desire". For the one who desired a child was Breuer and proof of this was that, after abandoning Anna O, he immediately had a child with his wife, a child which, born under these circumstance, committed suicide several years later [11, 13].

Conclusion

Within certain psychoanalytic associations, it is often posited that transference constitutes the process whereby the subject places the analyst in the position of an object from their childhood that had was of some importance to them. According to this idea, the analyst-subject encounter restores the subject's entire primal discourse regarding its relationship to the object of desire and affords the analyst with the power to influence the subject. In this sense, "in the context of transference, subject and object experience scenes of submission, teaching, love, and hate" [20]. For Lacan, however, "transference is not, in nature, the shadow of something previously experienced" [11]. For, indeed, if we are to accurately grasp the meaning of the Freudian formulation of "transference-love" as, it is precisely there that we ought to search for the connection between the analyst's desire and the subject's desire.

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