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Transference—The Organization of Experience

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Of the concepts introduced by Freud to illuminate human nature, transference is the most encompassing. It occupies a pivotal position in every aspect of psychoanalysis. It is pictured as the tidal wave of the past that washes over the present, leaving its unmistakable residues. It is invoked to explain bizarre acts of aggression, painful pathological repetitions, and the tender and passionate sides of love and sex. First seen only as a resistance to psychoanalytic treatment, it was later acknowledged as its facilitator as well. Generations of analysts have sought to use transference to distinguish analyzable from nonanalyzable patients. Finally, the concept of transference has been used to disparage cures obtained by nonpsychoanalytic therapies and to excuse failures encountered in psychoanalytic treatments.

Initially, the idea of transference was applied far more modestly. Breuer and Freud (1893–95) ascribed what we now call transference to a “false connection” made by the patient. They noted that this was both frightening to the patient and a regular occurrence in some analyses, wherein the patient transferred “on to the figure of the physician the distressing ideas which arise from the content of the analysis” (p. 302).

The image of the transference “arising” was consistent with the “archeological” model implicit in much of Freud’s psychoanalytic theorizing, a model based on an assumption that the patient knew everything that was of any pathogenic significance (Bergmann and Hartman, 1976). Writing twenty years later, Freud (1913) still conceived of psychoanalysis as a technique whereby one digs into the unconscious and clears ever deeper layers: Psychoanalysis “consists in tracing back one psychical structure to another which preceded it in time and out of which it developed” (p. 183).

The archeological model has retained some hold on the clinical understanding of transference in general. More specifically, the very early notion of a “false connection” has been preserved in considering transference a “distortion” of reality. Other explanations of transference as regression, displacement, and projection, though consistent with a dynamic viewpoint, still retain a residue of the colorful imagery of archeological expeditions. The archeological model shows many of the disadvantages of Freud’s energy theory, in that psychological motivations and states are treated as though they were finite, palpable entities. How this has affected our understanding of transference was a central concern leading to this chapter.

Bergmann and Hartman (1976) wrote:

Following Freud’s emphasis on archeology as the model for psychoanalysis, psychoanalysts tended to see their work essentially as a reconstruction of what has once existed and was buried by repression. By contrast, Hartmann sees the work of interpretation not only, or not even primarily, as that of reconstruction, but rather as the establishment of a new connection, and therefore as a new creation [p. 466].

In contrast with the archeological viewpoint, this emphasis on new connections and new creations within the therapeutic process focuses attention on the contributions of both patient and analyst. The focus on the analyst’s contribution to the analytic process, which is made explicit in our conceptualization of the psychoanalytic situation as an intersubjective system, reflects a shift in psychoanalysis and in scientific thinking in general. How we study a phenomenon affects and alters it.

We turn now to a critical examination of formulations that traditionally have been employed to describe and explain transference.
CONCEPTUALIZATIONS OF TRANSFERENCE

Transference as Regression

The traditional psychoanalytic view of transference as regression was clearly enunciated by Waelder (1956): "Transference may be said to be an attempt of the patient to revive and re-enact, in the analytic situation and in relation to the analyst, situations and phantasies of his childhood. Hence, transference is a regressive process" (p. 367).

A survey of the uses of the term "regression" in psychoanalytic writings (see Arlow and Brenner, 1964) reflects the variety of ways, each with vastly different meanings and implications, in which this concept has been applied. Included are discussions of psychosexual regression, topographic regression, structural regression, genetic regression, etc. These different terms can be assigned to two general uses of the concept—regression as a diminution in the level of psychological organization and regression as retrogression along a time dimension. No doubt archaic modes of psychological organization in adults are related to the psychological organizations found in childhood. However, these archaic modes are not identical with their manifestations and occurrences in the young child. To confine the concept of regression solely to level of structuralization requires fewer unverifiable assumptions. With respect to transference, the concurrent influences of various modes and levels of organization can be addressed, with full recognition of their complex interplay, and with no assumption of a literal retrogression in time.

The assumption that adult relationships in their repetitive and conflictual aspects are isomorphic reenactments of traumatic relationships from the early history of the individual has enabled analysts to link the current psychopathology, the course of early development including its pathological variations, and the nuances of the patient-analyst relationship, the transference. Careful observations of patients' transferences and inferences based on these have provided analysts with data for reconstructions of specific genetic sequences and for formulating an epigenetic theory. For these assumptions with respect to temporal regression to be verified, it must be demonstrated that inferences about childhood derived from adult analyses can be validated independently and that modes of mental organization characteristic of early childhood are sufficiently similar to archaic modes of organization as they emerge in adult analyses to warrant inferential leaps from one epoch in the life cycle to the other.

Major challenges to the assumption that adult psychopathology reflects temporal regressions to infantile phases of development are found in recent observations of early infancy (Brody, 1982; Stern, 1985). There is now increasing evidence that the autism of adult schizophrenic patients has no counterpart in infancy. The postulation of an autistic phase or of an undifferentiated phase is not supported by the accumulating evidence. The adult psychopathology, therefore, cannot be accurately described as a temporal regression to an earlier normal phase (Silverman, 1986). Furthermore, when it appears that the autistic adult suffered from similar states in childhood, regression is again not an appropriate term, since the state has evidently remained present all along.

Consistent with the findings from the infancy literature is the hypothesis that the infant alternates between periods of oneness with its mother, as inferred from synchronous action patterns, and periods of disengagement (Stern, 1983; Beebe, 1986). Both patterns are characteristic of the young infant; neither is primary or a precondition for the other. Adult psychopathology that is characterized by a predominance of dependent clinging to maternal figures is often described as a regression to a phase of early infancy—for example, the symbiotic phase. However, prolonged or continuous periods of symbiosis are apparently neither typical nor normative for the infant. Thus, symbiotic-like wishes or fantasies may characterize adult motivation and may be related to an early developmental period, but what the adult imagines, yearns for, or enacts is not identical to what is typical of the young child.

The idea of temporal regression is most frequently used with respect to psychosexual development. Discussions in which psychopathology is understood as a regression to oral, anal, phallic, or oedipal phases presuppose that the predominant motivational priorities of the patient are identical to those of the child in the earlier phases. There are two questionable assumptions here. The first pertains to the linearity of psychosexual development—the notion that in the adult earlier motivations are normally renounced or relinquished in favor of later ones. It is assumed that maturity requires renunciation and that, indeed, such renunciation is possible. The concept of temporal regression, therefore, implies a failure in renunciation. The second questionable as-
assumption is that an adult whose motivations are dominated by psychosexual wishes and conflicts must be functioning like a child who is traversing the corresponding psychosexual phases.

Restricting the concept of regression to the level of psychological organization clarifies its relevance for the transference. Analysts are thereby alerted to the possibility that higher levels of organization, which include self-empathy, perspective, humor, wisdom, and differentiation between self and other, though not in evidence, can potentially be revived or achieved. Analysts can also then better assess whether more archaic organizations had previously been prematurely aborted, precluded, or disavowed, so that their emergence in treatment is a developmental achievement (Stolorow and Lachmann, 1980), or whether they serve to ward off other material. In all cases, the analytic stance toward the emergence of archaic modes of organization should be to promote their integration with other, more mature modes, thereby enriching psychological functioning, rather than to insist on their renunciation or elimination.

Included in the concept of structural regression are both defensive revivals of archaic states and the emergence in treatment of arrested aspects of early developmental phases. In neither case can the patient be said to have actually regressed to an infantile period. We can only say that the patient's experiences, especially the analytic relationship, are being shaped by archaic organizing principles, either for the purpose of defense, or in order to resume a developmental process that had become stalled.

**Transference as Displacement**

The repetition compulsion and displacement are two closely related concepts frequently invoked to explain the occurrence of transference. To Freud (1920), the repetition compulsion, a biologically inherent attribute of living matter, provided an explanation for the ubiquity of transference phenomena. We will consider the issue of repetition later. Displacement initially referred to a mechanism of the dream-work (Freud, 1900) and neurotic symptom formation (Freud, 1916–17). According to Nunberg (1951), the patient "displaces emotions belonging to an unconscious representation of a repressed object to a mental representation of an object of the external world" (p. 1).

Assumed within this concept of displacement is Freud's economic theory—a cathexis being pushed along an associative path from an idea of greater emotional intensity to a more distant one of lesser intensity, from a place where discharge is conflictual and blocked to a place where discharge is possible. For example, hostility initially directed unconsciously toward the same-sexed parent in childhood may be displaced to a superior at work. The presumed repetitive reliving of the past in the present neither improves one's current life nor alters one's perspective on or memories of the past. On the contrary, such reliving of the past in displaced form is believed to perpetuate the archaic configuration, until it becomes engaged in the analytic transference and can be interpreted.

In our view of transference, there is nothing that is removed from the past and attached to the current situation. It is true that the organization of the transference gives the analyst a glimpse of what a childhood relationship was like or what the patient wished or feared it could have been like. However, this insight into the patient's early history is possible not because an idea from the past has been displaced to the present, but because the structures that were organized in the past either continue to be functionally effective or remain available for periodic mobilization. That is, these themes have either remained overtly salient throughout the patient's life prior to the beginning of treatment or have been providing a more subtle background organization which the analytic process has brought to the fore.

The concept of transference as displacement has perpetuated the view that the patient's experience of the analytic relationship is solely a product of the patient's past and psychopathology and has not been determined by the activity (or nonactivity) of the analyst. This viewpoint is consistent with Freud's archetypical metaphor. In neglecting the contribution of the analyst to the transference, it contains certain pitfalls. Suppose an archeologist unknowingly dropped a wristwatch into a dig. If the assumption is made that anything found in the dig must have been there beforehand, some woefully unwarranted conclusions would be reached.

**Transference as Projection**

Analysts who draw upon the theoretical ideas of Melanie Klein tend to conceptualize transference as a manifestation of the mechanism of projection. Racker (1954), for example, viewed transference as the projec-
tion of rejecting internal objects upon the analyst, whereby internal conflicts become converted into external ones. Similarly, Kernberg (1975) attributes certain archaic transference reactions to the operation of "projective identification," a primitive form of projection whose main purpose is to externalize all-bad, aggressive self and object images.

We define projection as a defensive process in which an aspect of oneself is excluded from awareness by being attributed to an external object, in order to alleviate conflict and avoid danger. To view transference phenomena solely or primarily as defensive externalizations confines the explanation of transference to only one of its many possible functions and can lead to a serious neglect of its other dimensions and multiple meanings. Once the transference is established, projection may or may not emerge as a component, depending on the extent of its prominence as a characteristic mode of defense against the subjective dangers experienced at any particular juncture.

A particular difficulty with formulations of transference as an expression of projection is that they often obscure the developmental dimension of the transference. As we have stressed elsewhere (Stolorow and Lachmann, 1980), projection as a defense actively employed to ward off conflict can come into play only after a minimum of self-object differentiation has been reliably achieved. Defensive translocation of mental content across self-object boundaries requires that those boundaries have been partially consolidated. When states of confusion between self and object occur in the context of an archaic transference configuration, this developmental achievement in self-boundary formation cannot be presupposed. Such archaic transference states are most often best understood not as manifestations of projective mechanisms, but rather as remnants of developmental arrests at early modes of experience in which self and object are incompletely distinguished.

Transference as Distortion

Implicit in the conceptions of transference discussed so far (as temporal regression, displacement, or projection) is the idea that transference involves a distortion of "reality," as the relationship with the analyst becomes cast in images from the patient's unconscious infantile past or infiltrated by the patient's endopsychic world of internal object relations. This idea was made explicit in Sullivan's (1953) concept of "parataxic distortion," a process by which a present relationship is presumed to be "warped" by earlier ones. Certain Freudian authors, too (e.g., Stein, 1966), have stated more or less directly that the goal of analysis is to correct the patient's distortions of what the analyst "knows" to be objectively real.

In another context (Stolorow and Lachmann, 1980), we have cautioned against certain dangers embedded in the concept of a "real" relationship between analyst and patient, of which the transference is presumed to be a distortion. Such dangers lie in the fact that judgments about what is "really true" about the analyst and what is distortion of that "truth" are ordinarily left solely to the discretion of the analyst—hardly a disinterested party. We find that therapists often invoke the concept of distortion when the patient's feelings, whether denigrating or admiring, contradict self-perceptions and expectations that the therapist requires for his own well-being.

Gill (1982), whose views on this subject are compatible with our own, criticizes the concept of transference as distortion because it implies "that the patient is manufacturing his experience out of whole cloth" (p. 117). "A more accurate formulation than 'distortion,'" Gill argues, "is that the real situation is subject to interpretations other than the one the patient has reached... Indeed," he continues, "seeing the issue in this way rather than as a 'distortion' helps prevent the error of assuming some absolute external reality of which the 'true' knowledge must be gained" (p. 118). As we noted in chapter 1; Schwaber (1983) also objects to the notion of transference as distortion because of its embeddedness in "a hierarchically ordered two-reality view" (p. 383)—one reality experienced by the patient and the other "known" by the analyst to be more objectively true.

Transference, fully established, is a sampling of psychic reality in purest culture. As such, it belongs to what Winnicott (1951) called "the realm of illusion," an "intermediate area of experience, unchallenged in respect of its belonging to inner or external reality..." (p. 242, emphasis added). A prime example of this respect for illusory experience is the attuned parent's attitude toward a child's transitional object. "It is a matter of agreement between us and the baby," Winnicott wrote, "that we will never ask the question 'Did you conceive of this or was it presented to you from without?' The important point is that no decision on this point is expected. The question is not to be formulated" (pp. 239–240, emphasis added). One could scarcely find a better descrip-