Beyond transference

Towards a psychotherapy for the 21st century

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Abstract

In this paper I review the use of the concept of transference in psychotherapy, and explore its limitations. I go on to argue that the concept is no longer useful to us in the practice of contemporary psychotherapy. Along the way I will make reference to some of the potential pitfalls of a psychotherapy without it, pitfalls into which I believe practitioners of psychotherapy and counselling frequently fall.

A note on language

From the outset I want to declare my position as a Gestalt psychotherapist. My training has been for the most part rooted in the Gestalt approach, but I have been strongly influenced by psychoanalytic thinking and practice. Many of the papers I have cited here are from the psychoanalytic body of literature, and therefore make regular use of the terms analysis, analytic and so on, and also the word patient. My preference is for psychotherapy, psychotherapist or therapist, and client. You will therefore find them used interchangeably in the text.

This is not a trivial or merely semantic point. In this paper I will be arguing for the need to more clearly define the practice of psychotherapy and to distinguish it more sharply from other practices such as counselling. I believe that there is a broad spectrum of approaches to psychotherapy, all belonging to categories such as humanistic, relational, interpersonal and phenomenological, which have differences of language and emphasis in their theory, but which nevertheless have much in common in their conceptions of task, aims and practice. I will be suggesting here that it is in all of our interests, and the interest of the development of psychotherapeutic practice, that we work towards a clear definition of psychotherapy to which I believe many will be able to subscribe. This inevitably involves striving to find a common language with which we can talk about what we do.

Introduction

In a lecture in Edinburgh in November 2007, Adam Phillips addressed some of the profound questions which we as psychotherapists need to answer over and over again, not because there is a right answer to be found, but rather because the answering is a constant unfolding process which is in itself the development of the theory and practice of psychotherapy. These questions concern the nature of the psychotherapeutic task, what we think that task is, and how we think and talk about what happens in the room with the client, both while we are in the room, and then afterwards, outside the session.

Amongst other things, Phillips discussed transference, one of the fundamental conceptual building blocks of psychoanalysis. He referred to Freud’s paper, Observations on love and transference (Freud 1915), in which Freud argued that there are two kinds of love: transference love, a recreation from the past, which occurs in psychoanalysis, and another, different kind of love. He suggested that ‘women of elemental passion’ don’t accept this distinction, that “they say to the analyst ‘I’m
desperately in love with you and want to marry you’, and the analyst says ‘No you
don’t, this is a recreation, and they say ‘no, I do, I really do’” (Phillips 2007).
Freud went on to wonder whether there is any distinction, that perhaps all love is transference love:

“… can the love that manifests itself in therapy really not be seen as genuine?…
you have no right to deny the title of ‘genuine’ love to an infatuation that makes its appearance during analytical treatment. If it appears so far from normal, this is easily explained by the circumstance that falling in love even outside analytical therapy is more reminiscent of abnormal than normal mental phenomena.” (Freud 1915, p349-50).
So we see that this question of the distinction between transference and ‘real’ phenomena within the therapeutic space, and the distinction between what happens inside that space and outside of it, is both modern and ancient. Phillips continued:

“It’s as though, in inventing the psychoanalytic setting, in discovering the way transference worked, Freud then began to get himself into very deep water, the deep water that we’re all living in”

and went on to pose these questions:

“Is all love transference love, and if it is then is psychoanalysis the best place to, so to speak, do it? And if you don’t analyse it, what do you do with it?”

Asked if he was suggesting that there is no such thing as a transference relationship, that all relationships are real, Phillips replied:

“Real might not be a good word here — but you could think that there’s a spectrum of relationships, all of which are real in different ways, they have different kinds of reality. But none of them can be disqualified as exclusively fantasy.” (Phillips 2007)

I will explore further this question of the distinction between the transference and the ‘real’, and go on to discuss whether the concept of transference can still be of use to us in the practice of psychotherapy.

A brief history of transference

According to Lemma, Freud first used the term transference in 1905, having noted that clients’ attachments were “characterised by the experience of strong positive or negative emotions”. Hahn traces its origins further back to his Studies in Hysteria in 1895 (Hahn p20). Freud saw these strong emotions as arising out of what he considered to be a ‘false connection’. The analytic task was therefore to promote a ‘transference regression’ (Lemma p231).

The classical Freudian view of transference, which Lemma suggests is subscribed to by most psychoanalytic therapists, is that transference is not a therapeutic phenomenon, but rather is a characteristic of the client which emerges in the therapeutic situation. It is viewed as a repetition of the past, a manifestation of repressed early experiences which cannot be communicated verbally, but which are instead acted out in compulsive repeated actions which are then re-enacted in relation to the therapist. In this perspective, transference is therefore understood to
be a resistance to memory (Lemma p231-2). Freud considered transference to be a phenomenon which arose ‘without the physician’s agency’, and on which the therapeutic context has no bearing.

Freud advocated that the analyst aim to be opaque to the client in order to support the development of the transference, that they should keep their “own personality in the background and avoid developing an ‘intimate attitude’ towards the patient” (Handley p50). This notion has been criticised by many psychoanalysts, who have “pointed out… that such an aim would be impossible to achieve, even if it were desirable” and that a transference can only develop in a reciprocal relationship (Handley p51).

Lemma draws a distinction between those therapists who attempt to distinguish between real and ‘distorted’ aspects of the therapeutic relationship, and those who subscribe to the concept of ‘total transference’. In this characteristically Kleinian position, the therapist focuses almost exclusively on the here-and-now transference interpretation. The transference “… is not… merely a repetition of old attitudes, events and traumas from the past; it is an externalisation of unconscious phantasy here-and-now” (Hinshelwood 1989, p15). This view is distinct from Freud’s original conceptualisation, because here transference is not simply a repetition of the past, but is concerned with the client’s internal world as it becomes manifest in their “total attitude to the therapist and to the analytic setting. What is enacted in the here-and-now is an internalised object relationship… Contemporary analytic practice is dominated by the interpretation of the here-and-now transference” (Lemma p232-3).

**Problems of definition**

Handley points out that Freud offered two models of transference. In one, it is seen primarily as a resistance to the recovery of memory, and the therapeutic task is to retrieve those memories. In the other, it is a result of unconscious infantile wishes which the client re-experiences ‘in the transference’, in other words in the relationship with the therapist, within the therapeutic frame where they can be examined, and where then it is possible for the client to have a new and different experience of an Other (Handley p49). Similarly in his paper, *The dynamics of the transference*, Freud “speaks of transference in two very different ways. It is both ‘the most powerful resistance to the treatment’ and it makes ‘the patient’s impulses immediate and manifest’.” (Handley p49).

There is then a problem of definition, a problem the roots of which lie at the very beginning of the development of psychoanalysis, and which I will argue here has persisted and perhaps worsened. In the second half of the twentieth century, the theoretical models underpinning the practice of psychoanalysis have moved towards the relational, dynamic and phenomenological. And with this movement, the concept of transference has become increasingly muddled and troublesome.

There is a confusion between transference as an intra-psychic process and a clinical phenomenon, “so that modes of behaviour or relatedness have been held up as ‘examples’ of transference” (Handley p53). As the former, it is a concept which describes a process that occurs between any two people in relationship. Sutherland, for example, states that “transference phenomena enter into all human relationships, so that their existence within the psychoanalytic relationship is in no way
characteristic. All kinds of people are made the pegs on which the objects of repressed relationships are hung”, and goes on to ask the crucial question: “What is it that is specific to the transference in the analytic relationship?” (Sutherland p42). He cites Rapaport, who “asks if the analytic method does justice to the phenomena of human relationships or whether instead it creates artefacts” (p43).

Sandler *et al* noted five distinct usages of the term *transference*, including Freud’s original definitions but also “to include all aspects of the patient’s relationship to his analyst”. They also catalogue no less than eleven distinct usages of *countertransference*. They therefore understate the matter when they suggest that there is a ‘loss of precision’ (Sandler *et al* 1973, p45).

The introduction of the concept of countertransference reflected the movement in psychoanalytic theory towards a more relational model. Wilkins cites Racker who, in order to counter the increasing confusion in terminology, proposed the term ‘total countertransference’ to include all the therapist’s responses to the client. However he undermines his own attempts to bring clarity to the subject when he introduces his own classifications and sub-categories of relationship (Wilkins p37). By the time we reach the point where for example Kernberg talks of “the dialectic interdependence of transference and countertransference”, surely any precise notion of transference as a phenomenon in its own right has been lost, and we are simply referring to the relationship, in all its complexity (Kernberg p300).

**Transference and ‘the real’**

As Lemma points out, “In recent years, the notion of the ‘real’ relationship has enjoyed a resurgence… that the therapist should be ‘real’… authentically and personally available” (Lemma p237). Anna Freud stated that therapist and client are “two people, of equal adult status in a real personal relationship to each other” but at the same time considered this view ‘subversive’. Rycroft suggests that the relationship is not entirely transferential, and that the non-transferential aspect is “surely an essential part of the healing process”. Handley goes on to say that “although some analysts have been critical… of Freud’s neglect of the real relationship, their assertion of its importance is diffident and falls far short of an existential understanding of the therapeutic relationship as encounter” (Handley p51-2).

Lemma cites Couch, who “proposes two aspects of the real relationship… the realistic nature of the communication between the therapist and the patient… and… the realistic nature of the personality of both therapist and patient as real persons… functioning as their ‘real selves’… relatively free from transference or countertransference influences”. Greenson suggests three levels of relationship: transference, therapeutic alliance, and real relationship – but the question then is how to distinguish between them (Lemma p238).

For Lemma “it is not… a question of whether transference occurs, since it does in all relationships… Rather, the question is whether in the specific context of the therapeutic relationship, the transference distorts all aspects of the relationship with the therapist…. The important question is not whether we can distinguish clearly between these responses as transference or ‘real’ responses, but whether taking up the transference implications in the patient’s communications is always helpful” (Lemma p240).
Kernberg asserts the classical psychoanalytic position:

“The permissive analytic setting, the patient’s task of carrying out free associations, and the analyst’s task of diagnosing and interpreting the reactivation of unconscious conflicts in the transference constitute the essential elements of psychoanalytic treatment. While transference analysis is at the very center of psychoanalytic work, this does not mean the neglect of the analysis of extratransferential conflicts” (Kernberg p302).

For him “the analyst’s creativity consists of formulating interpretations in ways that capture the total emotional situation in the transference” (p308).

Kernberg goes on to posit the notion of three distinct therapeutic frames (p304). The first he calls the ‘treatment frame’, the therapeutic context in which a contract with the client is made. This for him is the locus of the ‘real’ relationship. The second is defined by the analyst’s ‘technical neutrality’, which he considers to be an essential aspect of the psychoanalytic frame, determining how “the transference is responded to and analysed as an essential aspect of the analyst’s interpretive formulations”. This is the locus of ‘the transference’ - it supports “enactment of transference and countertransference dispositions” which “immediately begins to distort the realistic relationship of the treatment frame”.

The third frame “is created by the analyst dissociating himself internally into an experiencing part that participates in the transference/countertransference bind and an observing part that includes the analyst’s specific knowledge, technical tools, and sublimatory affective investment in the patient… the analyst immerses himself in the transference and countertransference relationship yet maintains himself outside of it in his interpretive functions” (p304). For Kernberg, this “split of the ego into an observing and an acting part” is essential in the interpretive process (p305), supporting the maintenance of a necessary reflective function, which is a “precondition for self-reflectiveness in the patient” (p298-9).

In my view any attempt to structure the relationship in this way is bound to be arbitrary, informed as much by the therapist’s own psychic structures, splits, inner conflicts, desires and anxieties, as by any notion of useful and clear theory. The fact that the term ‘real’, when used in this context, demands to be encased in inverted commas, is a tacit acknowledgement of the limitations of the idea. Lemma goes so far as to talk of “the so-called ‘real’ relationship”, which could not be more tentative.

Handley considers that the difficulties which arise when we attempt to split the therapeutic relationship into ‘real’ and transferential have not been addressed in the psychoanalytic literature (Handley p55). He goes on to say that “when we overcome the philosophical problem of the split between the transference and the real relationships, the patient and the therapist are able to be seen as two, whole human beings present together” (Handley p57-8).

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The value of Freud’s development of the concept of transference cannot be overstated. It was an inextricable and essential aspect of psychoanalytic theory, because it was the beginning of the process, in which we are still and must continue to be engaged, of thinking and talking about the emotional complexity of the
therapeutic context, and of thinking about how we think about it. It is, like all theory, an attempt to structure the situation. The historical importance of transference as an idea is not in question here. I am asking whether it continues to be a useful concept.

We need theory and structure to help us manage the extremely complex, demanding and anxiety-provoking situation in which we place ourselves each time we enter the therapy room with a client. Szasz saw transference as “an essential element in the analyst’s defensive armoury”. Smith goes further in emphasising “the unsustainable burden which the concept of transference places on the self-knowledge and integrity of the analyst” (Handley p52).

Schlein, a person-centred therapist, criticises transference as “a fiction invented and maintained by the therapist to protect himself from the consequences of his own behaviour… In practice it comforts, protects and explains… it is a tradition, a convenience, a shield, stock-in-trade, a revealed truth and a habit of thought” (Handley p52). This view, which typifies the person-centred approach, misses the point entirely: all theory can be described in these terms. It is in essence an anti-theoretical position, which challenges our capacity to think about what we do, and attacks the entire psychotherapeutic project.

SimilarlyBinswanger accuses psychoanalysis of “approaching the phenomena which it wishes to study with preconceived notions, so that the complexity of man’s being-in-the-world is reduced to this pre-given system. In the process, the notion of the whole person is lost” (Handley p54). He warns us against forcing our observations to fit our theories. But again, his comments surely apply to all theoretical constructs. Implicitly he is simply reiterating the key question: how do we think about the therapeutic relationship, and human relationship in general?

Szasz’s criticisms are more measured and pertinent. He recognises the potential for abuse of clients, and that the therapist is placed “beyond the reality-testing of patients, colleagues or himself” (Handley p52). But these are not criticisms of transference per se – rather they are comments on the nature and construction of the therapeutic relationship.

**Transference and the ‘third position’**

As we have seen, the idea of transference implies and requires the concept of ‘the third position’ and therapeutic ‘triangulation’. This is the position from which the analyst reflects on the therapeutic process and offers ‘interpretations of the transference’. In Kernberg’s formulation of the three therapeutic frames which I described earlier, the third frame is identical to this third position, which introduces “a triangulation into the symbiotic nature of transference/countertransference entanglements” (Kernberg p298-9). He considers it “an essential precondition for psychoanalytic work. It implies the analyst’s transcending the transference/countertransference situation and bringing in a new perspective that will clarify the unconscious conflict activated in the transference” (p304).

Kernberg considers that various psychoanalytic approaches are converging and evolving towards what he calls “an overall intersubjectivist-object relational approach” (p297), in which “there is an increasing emphasis on the analysis of unconscious meanings in the ‘here and now’” (p298). Nevertheless he re-asserts the
importance of “technical neutrality as an essential aspect of the psychoanalytic frame [which] determines the ways in which the transference is responded to and analysed” (p299). He argues that it is “essential to go beyond clarifying the patient’s subjective experience, and interpreting as well what the patient may not yet be aware of or is avoiding becoming aware of” (p302). “The analyst both clarifies the intersubjective field and adds a new dimension: an ‘outsider’s’ view of it, a reflection on what is experienced by patient and analyst, in addition to conveying his or her understanding of the patient’s subjective experience” (p303). He proposes a “three-person psychology and not a one-person or a two-person psychology, the third person being the analyst in his or her specific role, in contrast to all other interpersonal relationships of the patient” (p305). The third position “replicates the role of the oedipal father in disrupting the pre-oedipal, symbiotic relationship between infant and mother, and thus originates the archaic oedipal triangulation” (p307).

**Transference and phenomenology**

Phenomenology has at its heart a rejection of Cartesian dualism – what Binswanger called “the cancerous tumour of all psychology”. In his paper *Phenomenology and psychotherapy*, van den Berg argues that classical Freudian analysis is rooted in a dualistic or convergent world view, which “confined real human life within the limits of a brain which defies credibility, and delivered the rest, the body plus the things, to the convergent ideas of the natural sciences” (van den Berg p32).

As the practice of psychotherapy has become increasingly informed by the phenomenological perspective – a perspective which has always been the essence of the Gestalt approach – there have been attempts to redefine transference accordingly. May asserts that the concept of transference is meaningful only within the context of a concept of ‘encounter’, but he nevertheless still regards transference as a distortion of encounter: “Such dynamisms as transference… hang in the air and can have no lasting meaning, except as their ontological basis in man’s situation as man can be understood” (Handley p53).

Boss questioned the implication in the word ‘transference’ that there is something to be transferred, and rejects the notion as “mere mental constructions which do not exist in reality”. He considered that it implies a Cartesian view of therapist and client as separate, isolated individuals, whereas in fact “relatedness is an inescapable aspect of human being-in-the-world”. He criticised the ‘cold, mirror-like attitude’ recommended by Freud as a restricted form of relating, which creates “anything but the therapeutically effective atmosphere necessary for psychoanalysis”. For the client this would often be a re-enactment of other unsatisfactory relationships, so that “it is no wonder if they feel unbearably frustrated by the analyst’s surgical attitude towards them”. For him, a client’s ‘acting out’ is neither repetition nor a resistance to remembering, but is spontaneous acting (Handley p54).

Binswanger reframes the notion of transference as just one aspect of the encounter between client and therapist, which he defines as “being-with-others in genuine presence”. He makes no distinction between real and transference relationship, and argues that to view transference as a repetition or replication of the past devalues the “genuine encounter” between client and therapist in the here-and-now. He posits a notion of transference as encounter “which does not necessitate the splitting of the
patient into a ‘real’ and ‘transferential’ self, for the notion of encounter has to do with the person as a whole.” Working with transference then becomes a matter of viewing the client’s material as comment on the present therapist-client relationship (Handley p54-5).

**Transference and Gestalt**

Gestalt therapy seems historically to have been rather ambivalent in its attitude to the concept of transference. It is often referred to in passing, without being clearly defined. Latner for example says “transference behaviour is when the patient treats the therapist (or any other person) as though they were someone else”, and that this:

“is significant for the light it sheds on the relationship between the patient and his parents, for understanding the nature of those relationships is the point of the therapy. In Gestalt therapy, these issues are considered issues of present contact and lack of contact. If the patient deals with the therapist as though he is the patient’s parent, he is not in the present, with the therapist, and his behaviour indicates a block in his awareness – he cannot distinguish between the fantasy of his father and the reality of the therapist” (Latner p139).

In Gestalt therapy “the encounter between patient and therapist is frequently the focus of the therapeutic work”, and “the point of the work is to increase awareness and contact”. He continues:

“The transference is examined continuously in Gestalt therapy. In Gestalt terms, the here-and-now contact between the therapist and patient is one of the basic means of increasing the awareness of the patient. Through this actual encounter, the patient learns the difference between the insistent beckoning of the past and the freedom and clarity of the present” (Latner p141).

These comments, which very much reflect the way I have been taught Gestalt, seem to me to move towards grappling with the complexities of the situation, and yet at the same time to shy away from them. Reading them now, Latner’s words strike me as beguilingly naïve. There is a nod to psychoanalysis in the use of the word *transference*, but at the same time a wish to keep some distance from it.

There has in the Gestalt approach at times been a tendency towards a naïve anti-theoretical position which equates to that of person-centred therapy: that ‘there is no such thing as transference – there is only the real relationship’, a view which is antagonistic to any attempts to grapple with the complexities of the situation and to think clearly about it. In my view Gestalt theory has also been encumbered by a failure on the part of the early theorists to fully realise the implications of their own holistic, phenomenological vision. While they rightly challenged the fundamental precepts on which psychoanalysis was constructed, they also held on to notions of ‘intrapsychic structures’ such as ego, id, personality – albeit that they reconfigured them. There was still a strong emphasis on the individual. The personal responsibility of the client was emphasised, often at the expense of a denial or abrogation of the responsibilities of the therapist. These limitations were reflected in an over-emphasis on ‘techniques’ and formulaic approaches to practice.

Nevertheless, Perls and the early Gestaltists gave birth to a vibrant, energetic, creative psychotherapy that was truly relational and phenomenological, underpinned
by a strong, clear and consistent philosophical world view. As such it has had an immeasurable influence on other psychotherapeutic approaches, leading the way in the now almost universal movement towards a view of psychotherapy as first and above everything a relational activity.

In my opinion Gestalt’s greatest strength has been in the development of the skill, crucial to psychotherapeutic practice, of attending to process, particularly in its fine detail and its more subtle aspects. However, it is only since the publication of Malcolm Parlett’s hugely influential paper, introducing the concept of field theory into Gestalt thinking, that Gestalt has been able to more fully embrace its own holistic nature which lay at the heart of Perls’ extraordinary original vision (Parlett 1991).

In his seminal text on Gestalt therapy, Perls refers to transference only in passing, defining it as “the erotic attachment to and hatred for the therapist” (Perls p60), and later as the “emotional relation to the analyst” (p221). Nevertheless he makes clear his phenomenological position on the matter when he critiques the psychoanalytic perspective in which transference “is construed as the reliving of the childhood situation, when the simple facts of the analytic situation are sufficient to account for whatever happens, without reference to the past at all” (p221). In therapy:

“the patient does not remember himself, merely reshuffling the cards, but ‘finds and makes himself’… The importance of new conditions in the present was well understood by Freud when he spoke of the inevitable transference of the childhood fixation to the person of the analyst. But the therapeutic meaning of it is not that it is the same old story, but precisely that it is now differently worked through as a present adventure: the analyst is not the same kind of parent” (Perls p234).

Lynne Jacobs has been at the forefront of moves to make a more sophisticated assessment of the concept from a Gestalt perspective, and to establish a dialogue between the Gestalt and psychoanalytic approaches (Jacobs 1992, Alexander et al 1992). She affirms Gestalt’s “strong belief that people cannot be defined as isolated entities but only in terms of their interactions in the field”, though she points out that in emphasising personal responsibility we can sometimes forget this (Jacobs 1992, p31).

Jacobs argues that in intersubjectivity theory, the re-conceptualisation of transference is “a most radical renunciation of the classical psychoanalytic view” which “moves boldly into the here-and-now. In fact… their view of therapy need not even include the word transference” (p32). For Stolorow, transference is an organising activity in which the client “assimilates the analytic relationship into the thematic structures of his personal subjective world. The transference is actually a microcosm of the patient’s total psychological life, and the analysis of the transference provides a focal point around which the patterns dominating his existence as a whole can be clarified, understood, and thereby transformed”. Transference then “is neither a regression to nor a displacement from the past, but rather an expression of the continuing influence of organising principles and imagery that crystallised out of the patient’s early formative experiences… Transference and countertransference together form an intersubjective system of reciprocal mutual influence” (p32).

Jacobs points out that this view is entirely consistent with the Gestalt position, and
anticipates that as intersubjectivity theory is fully articulated, it will move closer to the Gestalt therapy notion of I-Thou dialogue (p33). She suggests that there is then no need “to invoke the construct of transference” (p32).

**The interpersonal approach**

The move in psychoanalysis toward a more relational or interpersonal conception is most clearly represented in the development of intersubjectivity and self psychology. In his paper *Intersubjectivity in psychoanalysis*, Owen Renik suggests that that the concept of countertransference “and the way in which it is ordinarily used reflect a compromised understanding of the participation of an analyst’s subjectivity in clinical events…” and “a naive underestimation of the participation of an analyst’s subjectivity in clinical work” (Renik p1053):

> “Highly personal factors are constantly influencing an analyst’s experience and activity, outside the analyst’s conscious awareness. As analysts, we should be the first to realise that what we observe concerning our emotions while we do our clinical work is anything but a reliable indicator of the nature and extent of our actual affective involvement… the analyst cannot know to what degree and in what ways he/she is being influenced by unconscious, idiosyncratic elements of personality” (Renik p1053-4).

This is one of the reasons why the notion of ‘splitting our ego’ into participant and observer is naïve and impossible. The psychoanalytic principles of abstinence and neutrality are predicated on the mistaken assumption that it is possible to “minimise countertransference expression and function relatively impersonally within the clinical setting”. From the perspective of intersubjectivity, therapeutic insights are specific to the therapist-client dyad which produces them: “insight is something co-created by analyst and patient”. The two “comprise a single observational field” (p1054).

This is a perspective which of course is entirely consistent with that of Gestalt and phenomenology. It represents a crucial move away from classical psychoanalysis because “the analyst cannot be considered an expert… who can impersonally understand the patient’s psychic life” (p1054). It also represents a significant shift in our conception of the therapist’s authority: “Instead of an authority who reveals hidden truths to the patient, the analyst is a partner who collaborates with the patient to create understanding concerning the way the patient constructs his/her reality”. And ‘reality’ “can only be known subjectively by analyst and patient”. Renik points out that “a problem with privileging the analyst’s voice in the dialogue and making the analyst an authority on progress and outcome is that it disposes to circularity in clinical investigation… What comes to be understood reflects what the analyst assumed in advance” (p1055).

> “Once we recognise that analytic truths are co-created by analyst and patient, rather than unveiled by means of the analyst’s objective observations of the patient’s projections, the rationale for the analyst trying to minimise personal self-disclosure becomes obsolete. Quite the contrary… the analyst must be willing to make his/her own relevant experience as fully available to the patient as possible” (Renik p1056).

Kernberg summarises the situation well when he says that theoretical approaches
such as intersubjectivity and self psychology:

“converge in the philosophical questioning of the ‘objectivity’ of the analyst’s interpretations and of a ‘one-person psychology’ in which the analyst’s function consists only of clarifying the patient’s intrapsychic life while remaining a supposedly objective observer. Such a perspective is compatible with the affirmation of narrative truth as opposed to reconstruction and historical truth” (Kernberg p301).

In my opinion this challenge lies at the heart of the Gestalt approach and of the phenomenological position. I shall return to Kernberg’s critique of this view later.

**Transference and metaphor**

The roots of the words *transference* and *metaphor* are identical, one deriving from Latin, the other from Greek. They both carry the meaning ‘to carry across’. Viewed in this light, transference becomes an aspect of the process of the client telling their story. It is not then concerned with a carrying across from past to present, or from parent to therapist, but rather it refers to a process of communication of meaning, and in particular the hidden or unconscious meanings which lie below the surface of any story or fairy tale, which make the story so much more than simply the sum of its words, more than its content.

Jeremy Holmes, in his paper *The language of psychotherapy: metaphor, ambiguity, wholeness*, suggests that what is communicated is an image, which becomes:

“a shared reality that is neither entirely private to the patient, nor is it a general feeling that would be applicable to any other person or moment. What is experienced in the transference is not an ‘Oedipus complex’, say, but the specific feeling that either the therapist or the patient might die… The metaphor, standing transitionally between the entirely unspoken private thought and the generalisation, is poetic and analytic truth” (Holmes p215-6).

Holmes cites Trilling, who suggests that “psychoanalysis is a science of metaphor… it makes poetry indigenous to the very constitution of the mind. Indeed, as Freud sees it, the mind is in the greater part of its tendency exactly a poetry-making organ” (p216). Psychotherapy theory then becomes not a body of objective knowledge, but a set of guidelines for interpreting metaphors. For Holmes the therapeutic task is one of pattern recognition. Transference is metaphor, and as such is simultaneously fact and a fiction – like any fairy tale, things are as they seem and they are not. It becomes meaningless then to talk of ‘real’ or ‘genuine’ relationship. Everything is real, and nothing is.

We need to bring a poetic sensibility to the therapeutic task, and to be able to bear the paradox, that all is real and at the same time nothing is real. There is then no transference to be ‘resolved’ or clinically interpreted, but only stories to be shared, explored, unfolded and understood, meanings to be discovered. The therapeutic context can be conceived of as a kind of dream-space which therapist and client enter together.

Thomas Ogden has built on the work of Bion on reverie, and developed the idea of the therapeutic space as a place where therapist and client can dream together. For
him, “dreaming is an ongoing process occurring in both sleep and in unconscious waking life” (Ogden p859), and “the dreams dreamt by the patient and analyst are at the same time their own dreams (and reveries) and those of a third subject who is both and neither patient and analyst”. This is the client’s process of “conscious and unconscious psychological work”. He sees the therapeutic task as being for the client to dream “his own experience, thereby dreaming himself more fully into existence” (p858), which he sees as being synonymous with coming to life emotionally (p864).

The therapist “must possess the capacity for reverie, that is, the capacity to sustain over long periods of time a psychological state of receptivity to the patient’s undreamt and interrupted dreams” as they are manifested in the therapeutic relationship (in his words, “in the transference-countertransference”). Through their own reverie the therapist “participates in dreaming the dreams that the patient is unable to dream on his own” (p862). These dreams are “neither solely his own nor those of the patient, but the dreams of an unconscious third subject who is both and neither patient and analyst…” Neither can claim to be the sole author of their own dreams (p863).

Ogden, like Holmes, points out that in order to “say something… that is true to the… emotional experience that is occurring… at a given moment”, the therapist is inevitably engaged in a struggle with language, because awareness of our feelings is mediated by words. “In our effort to use language to convey a sense of what is true to an emotional experience, we find that we cannot say a feeling, but we may be able to say what an emotional experience feels like. And for that we need metaphoric language” (p865-6). This process of naming experiences through verbalisation, of transforming experience into words, is I believe the essence of successful psychotherapy.

Van den Berg also argues that it is poetic or metaphoric language, rather than the language of reason, with which we can engage in dialogue about our shared human experience: “It is in the ‘terminology’ of the poem… that we talk to each other”, and through which “each and every therapeutic conversation is conducted” (van den Berg p31-2). “Every story-teller is unsuspectingly a phenomenologist. Every novelist. Every poet… Every one of us is knowingly or unwittingly a phenomenologist” (p30). For him “perhaps the principal law of phenomenological psychotherapy… is thus construed: it is not the loose facts which count, but the values of those facts” (p29).

Critiques of the interpersonal approach

In his paper The nature of interpretation: intersubjectivity and the third position, which we have already visited, Kernberg critiques the intersubjectivists’ renunciation of some of the basic tenets of classical psychoanalysis, such as neutrality and anonymity. Classical psychoanalysis (which he refers to as ‘the mainstream’) “provides the possibility of a ‘three-person’ analysis, [and] lends itself to the exploration of a broad spectrum of unconscious intrapsychic conflicts” (Kernberg p310), while the interpersonal approach remains a ‘two-person’ analysis which “may protect the patient from this disruption, and hence from fully experiencing separation and individuation” (p307), and “limit the depth of exploration of unconscious conflicts in the transference and the development of the patient’s autonomous self-reflective function” (p310).
Whilst I am arguing here that this classical position has no place in the modern practice of psychotherapy, Kernberg makes some criticisms of the interpersonal perspective (and by implication the phenomenological approach) which I think are valid and crucial to any attempt to clarify what our task is. First of all he warns that “an egalitarian ideology that considers the analyst’s perspective as coequal with the patient’s… represents a distortion of the psychoanalytic situation”. He is concerned that the danger of a constructivist perspective which challenges the ‘objectivity’ of interpretations and denies any ‘scientific’ or objective criteria for the practice of psychoanalysis is that we might slip into what he refers to as “a solipsistic relativism” (p305). In other words, the ‘reality’ of the therapeutic space becomes a self-fulfilling ‘truth’ to which therapist and client tacitly agree to subscribe, and which makes no reference to a world beyond the therapeutic frame. There is a meeting of two egos which fall into a confluence, a shared belief that they are complete and sufficient unto themselves and each other. This belief has its obvious seductions for both therapist and client. The client wants to believe that the therapist will make them whole again, and the therapist wants to believe that they have the capacity to do that. How much harder it is to bear the impossibility of it.

Roger Bacon talks of our desire as psychotherapists, “a desire that is deeply-rooted in psycho-analytic thinking and practice – a desire to end all desire, to wrap everything up and leave no gaps and thus experience no lack.” This hole into which we can so easily fall, into which we must all surely have fallen at some point in our practice, is the meeting place of the desire of the client that the therapist be the perfect object, and of the desire of the therapist to be so desired. We are then always, in every session, working with a loss – a loss for both client and therapist – the loss of the one who the therapist can never be. Bacon suggests “that to be our own person is in the end the most useful way we can be with our patients, but that doing so involves being rather less than we might hope to be, and that our technique and theorising may seem to promise us” (Bacon 1995).

Another way of looking at this is to say that, in the absence of adequate support in the form of clear theory with which to reflect on the therapeutic action, and clear definition of the therapist’s task, therapists will tend act to minimise their own anxiety, which inevitably involves moving away from ‘what really matters’. In either perspective, we end up with the equivalent of Kernberg’s notion of a ‘two-person psychology’ – in other words, the delusion that ‘there is only the relationship’, while those aspects of the interaction which are essential to the therapy are missed entirely.

Any approach to psychotherapy which seeks to diminish the differences between therapist and client in the therapeutic situation, to make their perspectives equivalent, or which blurs distinctions of role and task, will leave the therapist vulnerable to this tendency. Person-centred therapy, with its lack of a robust theory with which to think about the complexities of the therapeutic encounter, and its inclination towards equalising the relationship and blurring distinctions of role, is I think particularly weak in this regard. In my experience Gestalt therapy practice and the teaching of it have also often fallen into this hole. Historically, the primacy given to what is happening in the here-and-now relationship between therapist and client,
with a concomitant lack of emphasis or clear explication of the particular tasks of the therapist, left Gestalt therapists prone to it.

The inclination to equate ‘what I experience’ or ‘what I am aware of’ with ‘what is really going on’ is I think the Achilles heel of any phenomenological approach to psychotherapy, including Gestalt. We must in our work be constantly striving to attend to what lies at the edges of awareness, just beyond thought, the most dream-like aspects of the experience. Freud of course had some quite good ideas about how to do that.

All of the approaches to the practice of psychotherapy I have encountered, including Gestalt, certainly including psychoanalysis, lay claim to having the answer to this, that they know the ‘right’ way to do it. In fact I suspect that none of them do, but that we all know something about it. What is important here is that we acknowledge this task as being an essential aspect of psychotherapeutic practice, so that it can serve to define that practice.

**Beyond transference**

In the light of the questions I have addressed here concerning transference, Handley summarises the position well when he says that:

> it would appear that two possibilities lie open to us: either we can abandon the concept of transference, or we can attempt to redefine it in such a way that it is placed on a sounder phenomenological footing… the concept of transference is an abstraction to which we need to give an ontological basis in the encounter between the two beings who co-constitute each other as patient and therapist and who are, inevitably, in a complex set of interrelationships” (Handley p56-7).

He argues for the latter course, on the grounds that “those who advocate abandoning the concept of transference offer no adequate substitute”. He suggests that we adopt Boss’s reformulation of the theory (which Boss has termed *daseinanalysis*), with its emphasis on the here-and-now relationship between client and therapist, in which all interpersonal phenomena are understood to be ‘genuine’, and where the relationship itself is the agency of change. The therapist’s aim is to foster a ‘genuine encounter’ which offers the client a new experience of relationship. He advocates a phenomenological method in which theoretical assumptions are bracketed, and in which the past-in-the-present, the present encounter and future potential are given equal emphasis. The therapist takes a holistic view of the encounter, acknowledging the complexity of the interaction between therapist and client, who are seen as two whole human beings present together (Handley p57-8).

As a Gestalt therapist I feel bound to point out that this is precisely the Gestalt approach as formulated by Perls more than sixty years ago. The wheel does not require re-inventing, or re-naming. As I have discussed, there has been a strong movement in this direction in the field of psychoanalytic and psychodynamic psychotherapy, and a significant degree of mutual influence and theoretical dialogue between the Gestalt and psychoanalytic approaches which has been mutually beneficial to their development.

I disagree however with Handley’s conclusion that we should retain the concept of
transference under a new definition. I suggest that as psychotherapists we move beyond transference, for two reasons. Firstly, as we have seen, the definition of the term has become so dissipated and confused that it is increasingly difficult to know what is being talked about when the term is used. As we have moved towards a dynamic, relational and phenomenological model of psychotherapy, a number of attempts have been made to adjust the meaning of the word accordingly. But ultimately the definition has expanded to include everything that happens in the therapy room. As such, I believe it has ceased to be useful to us in thinking about and talking about psychotherapeutic practice.

Secondly, and more crucially, I think that it is simply unnecessary. The complexities of human interaction – the extraordinary maelstrom of fantasy, memory, words thought and words spoken, physical and emotional response, eyes and facial expression – which the concept of transference is intended to encapsulate are not unique to the therapeutic situation, but occur in all relationships. In other words, transference is not a clinical phenomenon. It is therefore of limited use to us in thinking about the particularities of the practice of psychotherapy, the hows and whys and wherefores of what we do in the therapy room with our clients. I suggest that we would do better to let our practice be informed by the specific nature of the therapeutic context, as defined by the therapeutic frame in all its facets, and by addressing the subtle and implicit aspects of the contract we make with our clients, how and what we think about the nature of the project we are undertaking, what we conceive our task to be.

One of the problems which psychoanalysis faces is that historically each influential thinker in turn has built their own particular contribution to the edifice on Freud's original foundations, and in order to convey their ideas has invented their own private language. What originally was intended as an extension to the domain of psychoanalysis eventually becomes a set of defensive walls to protect individual stakeholdings. We find ourselves then in a crumbling Tower of psycho-Babel. This is not in any way to diminish the contributions of these thinkers. But in the tower, how do we begin to find ways to communicate with each other?

I am proposing a ‘bonfire of the concepts’, onto which, to get it started, I hereby place transference. It is a concept that is rooted in a mechanistic, Cartesian view of the world and of ourselves in the world. Interpretation is another candidate. Van den Berg argues the same for the idea of repression (van den Berg p43-4). I am not sure that conscious and unconscious are any longer of use – certainly not when they come with the implicit suggestion that they are discrete intrapsychic entities or functions. (What is known or unknown, thought or unthought – and by whom – these are notions which are appropriate to a phenomenological perspective). Theorists of many persuasions have tied themselves in knots and produced extraordinarily convoluted diagrams in their attempts to define the Self, a concept which I believe has little to contribute to the practice of psychotherapy. Let’s add it to the fire.

I dare say there will be many psychoanalysts unwilling to relinquish the terms psychoanalysis and analysis. But as I suggested in my introductory note, my interest is in identifying a common language with which we can more easily talk to each other about this thing called psychotherapy that we are all practicing. We might then be able to move towards clearly defining a psychotherapy for the 21st century, an
approach to which psychotherapists from a wide range of approaches can subscribe, certainly including Gestalt therapists, self psychologists and intersubjectivists, and many others who fall under the broad umbrella of humanistic psychotherapy – and what other kind can there be?

There is the possibility then of defining the psychotherapeutic task more clearly, first of all by distinguishing it sharply from counselling and other therapies where the work is time-limited, where there is a remit to work toward a solution of a problem or a particular goal, where the counsellor has an explicit political agenda, or where the work is ‘themed’ from the outset.

The concept of transference has its roots in a mechanistic and individualistic view of the person which is no longer sufficient, useful or necessary to the psychotherapeutic task as it is conceived in a dynamic, relational and phenomenological perspective – a perspective which I consider to be the only one adequate to the extraordinarily challenging and demanding task in which we engage ourselves.

*                      *                      *                      *

So without transference, what then of ‘triangulation’ and the ‘third position’? Does rejecting the concept of transference mean also rejecting the idea of the third position, and with it the reflective function? How do we conceive of the essential task of maintaining a meta-commentary, internal and external, on the unfolding therapeutic process?

In order to support and sustain this function, I believe it is sufficient to clarify and clearly articulate the psychotherapist’s task, which is to attend to the holding of the therapeutic frame in all its aspects, to reflect on what is happening in the therapy room, both in the room with the client and then again outside the session, by oneself (these are two distinct tasks), and finally but most crucially, *to find words, together with the client, with which to think and talk about what is happening, to give name to what has been till that moment unnamed* – what Christopher Bollas refers to as ‘the unthought known’ (Bollas 1987).

Ogden suggests that there are three subjects present in the therapeutic situation: therapist, client, and what he terms the intersubjective ‘analytic third’, which is generated by the interaction of the two. These three subjects are in unconscious conversation with one another. The value of this conception is that it embraces something of the complexity of the situation, in a way that the classical notion of the third position does not. It is in some way closer to Lacan’s ideas concerning the oedipal situation, where the intervention of the father in the mother-child dyad introduces the Child into a Symbolic Order (where names are given to experiences) which extends beyond the father, beyond the family. The child enters a community, a culture, a world of shared language (Leader, p73-77).

Phillips exhorts us to adopt an ironic voice in relation to our clients, so that for instance we might make authoritative or oracular statements, but that we at the same time offer ironic comment on what we are doing from a third position. Or to say ‘I don’t know why I’m saying this’. So that our therapeutic voice is “underwritten, not by modesty but by irony about its own authority” (Phillips 2007). And so a
profession, whose birth was inextricably bound up with the birth of the modern, has become quintessentially post-modern.

When I went to see Paul Thomas Anderson’s extraordinary film There will be blood earlier this year, I was struck by its absolute modernity, that here was a film which could not possibly have been made ten years ago. It led me to reflect on what it was about the nature of cinema, or of the audience, or of our culture in general, that had changed in order for this to be so. It struck me that this question has its equivalent in psychotherapy, that there is a necessary and constant evolution of ideas rather than any one right way to do it – just as there is no ‘right way’ to make a film – though plenty of ways to do it badly.

“The experiment that is psychoanalysis is founded upon a paradox: psychoanalysis is an evolving set of ideas and principles of technique… which have been developed over the course of the past century; and yet, at the same time, it is the analyst’s responsibility to reinvent psychoanalysis for each patient and continue to reinvent it throughout the course of the analysis… Similarly, the analyst must learn anew how to be an analyst with each patient in each session” (Ogden p862).

Thomas Ogden and Adam Phillips are just two contemporary writers who are engaged in the process of re-inventing psychotherapy for the 21st century. For Philips, psychoanalysis is a moral project:

“but it’s a curious moral project, because it’s as though the morality has to be both discovered and imposed at the same time… The psychoanalytic setting offers a new picture of what two people might do together if they don’t have sex with each other… If you don’t have sex with somebody, what do you then feel and think and say in their presence, what’s possible?… [It is] a laboratory, a place where you look at what people can do, what intimate relationships might be, if people suspend their censorship” (Phillips 2007).

And Ogden again:

“While I view psychoanalysis as an experiment, I am not suggesting that patient and analyst are free to do anything they like. Rather, they are free to do psychoanalytic work in a way that reflects who they are individually and together… That is, they are not inventing a love relationship or a friendship or a religious experience. They are inventing an analytic relationship which has its own psychotherapeutic aims, role definitions, responsibilities, value system, and so on” (Ogden p862).

It can only serve to support and develop the practice of an effective psychotherapy for us to define more clearly what we mean by psychotherapy, what the essential tasks of the therapist are, and to talk and think about what we do in a common language that is appropriate to contemporary practice. For us to attend to those tasks while at the same time managing the complexities and anxieties invoked by being in a confined space with another human being is the essence of the art of psychotherapy and all that is challenging about it. Freud already knew this when he described psychoanalysis as an ‘impossible profession’:
“Let us pause for a moment to assure the analyst that he has our sincere sympathy in the very exacting demands he has to fulfil in carrying out his activities. It almost looks as if analysis were the third of those ‘impossible’ professions in which one can be sure beforehand of achieving unsatisfying results” (Freud 1937).

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References


