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The Psychoanalyst and the Psychoanalytic Process

Olivier Flournoy

Whichever way one approaches the study of the psychoanalytic process, it appears to me that, to achieve it, one must take into account certain aspects of the analyst at work. Fundamentally, the analyst does not differ from anybody else; it is in his work, in his daily activity, that he reveals a certain way of being which represents more than the acquisition of a mere technique. Its study could, I believe, clarify the notion of the psychoanalytic process.

The various meanings attributed to Freud's statement 'Where id was there ego shall be' emphasize the fact that much has been condensed into this statement. So far as the analyst is concerned, I would like to stress the importance of 'there ego shall be' as an aspiration, an aim which has always to be in the process of being reached. It is perhaps in paraphrasing this statement that I find the most condensed answer to the question of an analyst's characteristics, i.e. 'where the analyst is, there ego should be'.

To my mind, the psychoanalyst has always to verify the authenticity of his emerging ego in relation to his internal substructures. His ego has to adjust itself continually in the face of internal conflicts awakened by the analysis in order to reach an equilibrium between impulses and defences, and also in order to transcend them.

On the other hand, the analyst has continually to concern himself with what he feels towards and says to his patient to make sure that his attitude is free of manifestations of defensive reactions.

Thus caught between himself versus the patient and his ego versus his internal substructures, the analyst has to accomplish a very difficult task. It is neither a conciliatory synthesis between inner conflictual parties nor a leap towards something new and non-conflictual between himself and his patient. It is nevertheless a bit of both.

Can the psychoanalyst accept someone in treatment solely on the basis of his knowledge and clinical experience? If an analyst is aware that he will choose by preference certain categories of patients rather than others, if he knows it is easier for him to treat hysterics than perverts, obsessionals than psychotics, is this enough to help him make up his mind? I do not believe so; there is a fact that he cannot underestimate: he has to realize that this person facing him, asking for help, may be lying on the couch five hours a week for possibly five years, speaking to him. The importance of this prolonged intimacy has been amply demonstrated (Greenacre, 1954, 1959; Szasz, 1963), but the fact remains that there is no rational means of evaluating it. The psychoanalyst will be helped only by his insight; that is to say, preconscious feelings belonging to categories of sympathy or of its contraries will suddenly be cathected by an unconscious wish, and will emerge into consciousness in a positive or negative fashion.

This early transference of the analyst may be considered as a mature transference (according to Stone's terminology). It allows him to use his reason and knowledge without giving way to the coldness of a solely intellectual attitude. At the level of the secondary processes, it puts warmth in the analyst's refusal or acceptance. In the latter instance it represents the emotional basis of the therapeutic alliance or of the working alliance (Greenson, 1965).

The mature transference of the analyst appears to me to differ from the incipient transference of the analysand because the analyst is already qualified to use the emergence of the preconscious and unconscious processes to form his judgement concerning the value of an analysis. In principle, the analyst does not need the analysand; he is in fact free to accept him or not and can consequently receive without fear his original insight. The analysand, on the contrary, needs the analyst, and is worried precisely because of the perception of his anxiety signals. The analyst's intuitive acceptance will therefore be helpful to the patient in building his part of the working alliance.

In short, I think that for the analyst the emergence into consciousness of a mature transference precedes and helps in building the working alliance, whereas for the analysand the proposed and accepted working alliance will be reinforced later on by the emergence into consciousness of a mature transference.

The analytic procedure is, as one knows, based on the analytic setting and on the fundamental rule. Both have various and contradictory repercussions on the analyst.

Let us take the analytic setting: the analyst settles himself in a special, gratifying position; sitting down, motionless and silent, he sees without being seen and listens without being heard to what goes on in front of him on a sofa. This active and highly suggestive side of the analytic setting reminds me of the Wolf Man's dream (Freud, 1918): all things considered, he was the one who stared in silence and motionless at what was symbolized by the dream-picture.

But the analytic setting has some frustrating aspects to it, frustrating for the analyst's narcissism: he is not seen, he cannot show himself; he is motionless, he cannot act; he is not heard and very often, if he happens to speak, he is not listened to. The analytic setting is thus the source of the awakener of an internal conflict between id drives and their possible gratification or frustration and ego defences, and the analyst ought to not repress it. On the contrary, he should use these awakened and stirred-up energies. But to realize this, the analyst has to transpose inner libidinal and defensive energies in order to cathect the analytic relationship. Here we come upon a major theoretic difficulty: the transposition of an intrapsychic event into an interpersonal one.

In the working situation, then, there must be on the part of the analyst on the one hand a transformation and a transposition of these instinctual drives into feelings towards the analysand which are neither erotic nor aggressive: a desexualization process; and on the other hand, a transformation and a transposition of the internal ego defences in ego activities such as interest and attention for the analysand: a working-off process, as suggested by Bibring (1943) and Lagache (1961).

Traditionally, the analytic setting concentrates the feelings and interest of the analyst on the analysand, making him relatively autonomous of his internal conflicts. Nevertheless, the setting stirs them up and the analyst can only use them to *pump out* the energy necessary to cathect the relationship with his patient. The analyst is thus 'ahead' of the analysand as he is turned towards him, whereas the same setting strengthens the relative autonomy of the analysand with reference to the outside world, and his relative heteronomy with reference to his internal substructures and to his fantasy world.

The double or ambiguous part of the fundamental rule—the second basic arrangement of the analytic procedure—is also obvious where the analyst is concerned. The latter asks the analysand to tell him all that comes to his mind without exception. This means that the analyst is going to hear everything, that his limitless curiosity will be constantly stimulated, that he can always nourish the hope to hear some more. On the other hand, he expects to hear everything, but everything is never said. What appears even more important with reference to the fundamental rule is the fact that the analyst, by requesting the analysand to say everything, deprives himself of all possibility of saying anything. Indeed every word pronounced by him is a deliberate and one-sided interruption of the analysand's discourse; this interruption is in obvious contradiction to the fundamental rule: if the analyst speaks, the analysand can no longer say everything. Thus the fundamental rule has also a gratifying and a frustrating part for the analyst, being here again the cause of an internal conflict which he will have to master: desexualization of the libidinal cathexes (or desaggregation of the aggressive cathexes) and working off of the anticathexes, whose energetic pro-

cesses will be funnelled towards new routes, towards sympathy for and interest in the analysand.

Here again, the fundamental rule traditionally draws the analyst's attention towards the analysand. Nevertheless, through the stimulation of the analyst's desire to know his patient and through the frustration of his desire to be known by him, the rule awakens his internal conflicts. This does not lead to a narcissistic regression, but on the contrary is used for the accomplishment of his task.

Once the analysis is underway the analyst finds himself in a position simultaneously gratifying and frustrating as far as his instincts are concerned. To master them he uses the usual defence mechanisms of his ego. This will make itself felt in one way or another through his interpretations, his interventions or by means of his speech.

Since the analyst will have to say something, what will he say and when? Two major possibilities seem available. One of them, which I do not make use of, appears to me somewhat like a prefabricated theory even if it follows prior experiences. It is based on the principle that, for the patient, the first analytic session corresponds to an extremely early stage of object relationship with its conflicts, anxieties and unconscious defences. This is precisely what the analyst should interpret.

I have attempted to show to what extent the first session already takes place against a conflictual background of instinctual drives and unconscious defences for the analyst also. It is thus clear that this first session can awaken the most intense and interpersonal conflicts. Yet the Kleinian School seems to have stressed the immediate repetition of the most ancient and deepest conflicts of an initial paranoid position, and the urgency to master through interpretation the initial anxiety of the analysand with reference to this position. This anxiety must presumably be perceived through the intuition and empathy of the analyst if he wishes to avoid giving solely intellectual interpretations based on speculative assumptions concerning the first months of life.

Consequently, the question arises: if this anxiety can be noticed in all analysands, is it because of these assumptions—the theoretical basis of the interpretation—or would it be the practical and technical arrangements of the analysis which would justify the interpretation or even provoke it?

At this point I would like to quote Grinberg et al. (1967):

At this stage we might raise an issue that may be controversial, namely, our belief in the early appearance of transference neurosis. Our viewpoint is that the bipersonal relationship in the analytic situation structures itself from the outset over mutual unconscious fantasies. We share the viewpoint—held by many analysts—from which transference is taken in its widest sense and postulate that its origins lie in the earliest object relationships, and that it includes not only the conflicts pertaining to those object relations, but also the related

anxieties and unconscious defences. In our clinical experience, the transference fantasy, in all its variegated richness, shows itself from the start.

Unlike Grinberg, I do not believe in the early appearance of a transference neurosis, but in growing transferences which will later on develop into a transference neurosis: nevertheless I think that the analytic setting allows from the start the development of unconscious fantasies in the analyst as well as in the analysand. I do not deny for that matter that their origin or that of the transference lies in the earliest object relationship. This is why, from my point of view, an interpretation of anxiety—if one were to be made—would have reference to the setting and not to the earliest object relationship. Its purpose would be to calm an anxiety considered at the moment as dangerous for the pursuit of the analysis and to allow its ulterior development.

This naturally presupposes that the analysand has accepted to undertake an analysis according to the traditional methods and that his anxiety will show itself during the first session. It is of course quite different from Rosenfeld's fascinating descriptions (e.g. 1952) of patients too sick to accept spontaneously an analysis according to the traditional methods.

The second possibility, which is more familiar to me, is that of expectation, until what the analysand says suggests some comment or interpretation. This expectation is obviously not only the reflection of an open-minded attitude towards what is going to be said, but is also based on a certain theoretical point of view, for instance that it is preferable to analyse the defence mechanisms of the ego and the intolerance of the superego before the id drives, or that the transference neurosis is not apparent at the start. In favour of the second possibility, Bibring (1937) emphasized his doubts concerning the necessity to re-erect a tolerant superego guided by reality. This necessity presumes, he says, 'in too one-sided a manner that no such elements exist in the neurotic superego.' Heimann (1956) also states very convincingly the reasons for which the analyst deals with the analysand's ego. This confirms me in thinking that from the beginning there is an ego to talk to, and that the aim is to erect a perceptive and discriminative ego, and not an ego dependent on a good superego.

This seems important in two ways: for the future it implies that from the start the analyst can admit the possibility of a budding mature transference in the analysand, which is not to be crushed by a superego; therefore he can rely upon a working alliance allowing him *not* to speak precipitously, act or contradict himself by interrupting what had been requested by the fundamental rule. With regard to the past, it implies—as has often been confirmed by clinical experience—that beyond the hostile, persecutory or paranoid conflicts there can exist an area of fantasy, relatively happy and calm, which can be compared to the historical beginning of a life devoid of conflictual drama, if not of need.

Thus, comparing the beginning of analysis to the beginning of life does not seem to justify any urgency for immediate interpretation.

The second possibility being accepted, the analyst will wait until he has matter for interpretation but, as one knows, months and years are necessary until a behaviour or a symptom becomes clear to us; then what is there to say? Here again our insight helps us; but what is this insight? Or what triggers off this introspection and empathy which 'are the essential constituents of psychoanalytic fact findings' (Kohut, 1959).

Looking further at the basic technical arrangements, we find this 'two-person relationship' which is entirely orientated towards the analysand and where the analyst runs the risk of being subjected to the two contingencies of such a relationship: to be accepted or engulfed, or rejected or ignored.

As the analyst's autonomy towards his own internal substructures is only relative, since they are the source of the energetic processes at his disposal to cathect his work, these internal substructures will also transmit anxiety signals relative to the two contingencies mentioned, according to their mode of functioning, primary process and pleasure principle.

The analyst's insight will thus simultaneously be made up of data based on the reality principle, memory, cognizance of the material brought by the analysand and so on, and of data transmitted through anxiety signals based on the pleasure principle, on primary processes, on drive and defensive manifestations.

However, these two aspects—that of the understanding and that which reflects the level of his inner fantasy life—are not sufficient to explain the given interpretation.

As far as the internal level is concerned, the interpretation may be conveyed in two different ways: in a conflictual drive-defence way or in a non-conflictual way, the latter meaning a double deconflictualizing process, a desexualization with reference to its drive origin and a working-off process with reference to its defensive origin.

Thus the interpretation, either conflictual or non-conflictual but bearing the mark of its inner conflictual origin, should include the two major movements experienced by the analyst in the presence of the analysand: engulfment or rejection. Its two major possibilities are those of introjection and projection.

To defend oneself against the impact of the analytic relationship by a transference interpretation is a possible intervention of the analyst which has been discussed and recognized. Transference can therefore be occasionally envisaged as the analyst's defence. In addition, the analyst's defence by transference interpretation has been considered as the origin of the concept of transference itself (Szasz, 1963; Chertok, 1968).

As the expression of the analyst's insight I have also suggested (1968) that defence by transference interpretation could correspond to an autoplasmic modification of the analyst surprised by an erotic or aggressive solicitation from the patient. This modification takes place in the framework of the family emotional relationships which are the most tolerable for personal, professional and social ethics.

But the transference interpretation could also happen in a non-defensive manner, that is to say non-defensive *vis-à-vis* the impact of the analytic relationship and non-conflictual *vis-à-vis* the analyst's inner fantasy world. It therefore seems appropriate to differentiate these two ways—defensive or not—of expressing the analyst's insight through a transference interpretation.

Let us consider a suddenly verbalized interpretation such as: 'That is your mother or father you are talking about'. One way is understandable as acting out the emergence of a defence (conscious or not) towards a danger of acting out on the part of the patient. The other, uttered with the same words but with a non-defensive intention, is understandable as a solicitation to the analysand to work his conflicts through in a less anguishing exchange.

The interpretation of transference as a projective identification of a family figure with the analyst can thus be used to keep the analysand at a distance, if the interpersonal situation seems too close. It can also be used to bring the analysand closer if the same situation appears too distant. In both cases it can be defensive or not.

To link a behaviour which is apparently motiveless for the patient, but dangerous for the analysis, to a family context may be an attempt to re-cathect an object relationship that the patient denies or represses. This could technically be the first step necessary for the impending interpretation of the transference relationship by way of introjective identification of the analyst with the family figure.

In the same way, the interpretation of transference as an introjective identification of the analyst with the parental figure can offer the same possibilities: interpretation uttered as the analyst's defence, or interpretation uttered for the analysand, the analyst being aware but free of the anxiety-laden conflict and in both cases interpretation of the rejection of the analyst by the patient; or interpretation of the attempt at fusion with, or incorporation of, the analyst by the patient.

Likewise, the analyst can defend himself against the impact of the relationship by being silent. In my opinion, the analyst's silence should not be used as a technical device or even as a right conceded by technique to frustrate the patient by not answering him, as has been suggested by various authors, and in

particular by Macalpine (1950). Silence in answer to a question from the patient, with a frustrating technical intention, runs the risk of manifesting a defence in the face of an aggression or a danger: defence against the patient's aggression or against the analyst's inner conflict awakened by the patient's question. Silence is then a measure of retaliation in a sadomasochistic framework, and it is more harmful than useful. In such a case, an obsessional patient might be further pushed into a retreating position because of an impression of contempt, while a hysterical patient might react by acting out.

It is only when the analyst feels free not to answer without fearing an interpersonal conflict (internally felt as dangerous) that he will be able to keep silent with peace of mind, knowing that by so doing he will leave the patient free to apply the fundamental rule without restriction: the patient, if silent, will be aware of his own silence, or he will be able to state why he asked this particular question, or again to turn his attention towards the analyst and comment in his own way on the silence of the latter; that is to say he will be able to show how he is accustomed to react against the non-occurrence of the expected satisfaction.

The transference interpretation as the analyst's defence, or the silence of the analyst as a defence, are possible as a reaction to the emotional solicitation of the analysand—this solicitation being due to the patient, to the frequency of the meetings, and being amplified by the satisfactions and the frustrations of the analyst which are inherent to the analytic setting and to the fundamental rule.

Nevertheless, if these defences of the analyst are to be banned, it is necessary that the analyst be aware of them, so that he will know where he stands and be able to show genuine sympathetic understanding.

The communication between the unconscious of the analyst and that of the analysand, recommended by Freud, is only possible if the analyst can communicate with his own unconscious, but this is a double-edged weapon, since it allows not only the sympathy and the mature transference but also the defensive behaviour.

It is in this context that the technical rules that Freud formulated for the use of physicians practising psychoanalysis can be understood, despite their apparent contradictions. How can one reconcile on the one hand: 'The analyst must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient' (1912b, p. 115) and 'it is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of sympathetic understanding, such as a moralizing one, or if one behaves like a representative or advocate of some contending party...' (1913, p. 140); and on the other hand: 'I cannot advise my colleagues too urgently to model themselves on

the surgeon who puts aside all his feelings even his human sympathy' (1912b p. 115) and 'The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him' (1912b, p. 118).

The answer seems obvious to me, starting from this notion of the analyst showing that, under the emotional impact of the sessions, he also suffers his own conflicts and can master them through means other than defences: he must be as cold as a surgeon towards the needs and conflicts that the patient awakens in him, without giving way to a sympathy for one's own self. He can conversely feel human sympathy for the person who attempts to stir up these conflicts. Likewise, like a mirror, he only reflects for the analysand's use what the latter seeks to make of him without informing him of his own inner reactions. The apparently insoluble problem of the relationship between neutrality and sympathy is simplified: the analyst can remain fond of his analysand whatever the latter attempts to do, only if he remains neutral towards his own conflicts and his own needs which are stirred by the demands of the analysand.

At this point, I would like to cite a personal example of a non-interpretative intervention made in the context of a 'real non-transference relationship'.

It shows that, albeit real, it bears the mark of my past history or of my fantasy life. And yet I believe it did not betray anything of it, thanks to its deconflictualization through the processes of desexualization and working-off.

A patient related to me at length and with an obvious anxiety what happened in the course of a recent quarrel with his mother. He used, without making mention of it, the same expressions I used a few days earlier to characterize our relation. Suddenly he changed the subject and said: 'I have the impression I am getting on your nerves'. I said: 'Yes you are right; you are getting on my nerves because you are...' He interrupted me: 'I know why; it is because I did not mention the obvious connection between what I just said and what you told me...'

The session ended quietly.

At night, already half asleep, remembering this session, I heard myself say *in petto*: 'You are getting on my nerves because you...' in a totally unexpected tone of exasperation and with an unfamiliar voice. This tone and this voice implied a 'Yes, you are, get out'. This brought back to me a vague reminiscence of a very remote inner conflict. One could explain it by an instinctual drive and an ego defence by means of a counteridentification with the unwilling object. The deconflictualization of my remark consisted therefore in a desexualization: a remark uttered quietly and with kindness; and in a working-off process: no defence mechanism by counteridentification, no rejection, but an interest for the patient, for his way of avoiding me.

The next day, the patient told me that this past session had been a real relief: he could attempt to exasperate me; I admitted that he did, but I did not get

angry with him. He also noticed, when leaving, that I was acting as usual. I did not look angry the way people he tries to exasperate do.

The inner deconflictualization of the analyst seems to me essential in order to distinguish the analyst from the transference image. Grinberg says: 'Insofar as the analyst can bear anxiety without anxiousness, he acts as the good mother that makes possible the re-introjection of what has been projected'. Personally I prefer to think that he acts as an analyst who tries to make his analysand relatively autonomous, without transforming him into a good son. Yet this does not appear to me a capital problem. Since one will always have a fantasy relationship with one's mother, it is better for it to be with a good mother thanks to the re-introjection of a good image. But simultaneously, a differentiation between an analyst and a mother seems to me fundamental in order that the patient may live in an autonomous way where his mother is concerned—even if she is good; fundamental also in order that he may live in an autonomous way *vis-à-vis* his analyst who is neither good nor bad, but interested in the good development of the analytic process in his patient.

I think that for the analysts close to Grinberg, my intervention is an undesirable manifestation of an analyst's countertransference. For other analysts—Little (1951), Heimann (1956), Gitelson (1952), for example—this intervention is a useful countertransference manifestation. Finally, for the analysts sharing Greenson's recent views, this is a useful, real non-transference intervention.

On the other hand, had I talked in a rejecting tone of voice, my remark would have represented a transference manifestation on my part. Although Fliess (1953), I think, would speak in this case of a countertransference where the instinctual part of the analyst's inner conflict is concerned, and of a counter-identification for its defensive part.

As the analysis progresses, the analyst becomes more and more familiar with the conduct of the analysand as much on the level of his understanding of the patient's behaviour and history, needs and defences, as on the reciprocal unconscious reactions. The analyst, then, uses insight and empathy for the interpretation with a minimal defensive intention, inasmuch as he is no longer surprised by someone he does not know. Because the anxiety signals are few, the question of neutrality and of coldness towards himself are lost in the background to the benefit of his human sympathy towards the patient. The analysand, reassured, can throw himself into the transference neurosis, that is to say in those emotional movements which make the situation so tense and demanding. All his most unreal demands, needs and wishes, can express themselves the better, the less the analyst risks in utilizing his interpretations for defensive purposes.

The interpretation being addressed with kindness to the patient and to his anxieties, the latter can freely express these anxieties inasmuch as this time he

will be the one to become aware of his double play: the transference neurosis in its dramatic and destructive aspect is only possible when the mature transference of the analysand allows itself to vanish momentarily, without disappearing, in an identification with the analyst.

It is in the course of these episodes of transference neurosis (so much richer than the neurosis itself—as Greenacre (1954, 1959) points out—since every new element of reality is incorporated in them) that the first movements of deconflictualization on the part of the analysand, sublimation for instance, will appear.

A patient whom I have mentioned in another paper (1967) said to me one day: 'How could I believe in capital punishment and how could I *not* believe in it, when I am aware of all the fantasies which obsess me. Both are pure madness.' Indeed, to accept the historical truth (infantile neurosis) is no less 'mad' than to deny it. To condemn it or to modify its conflictual roots are the only ways to escape its influence, and this is precisely what the patient's neurosis prevents him from doing. To get him out of this deadlock, an interpretation is necessary in order to bring him back to the analytical situation and to understand who is the executioner and who is the condemned man.

Three years later, this patient had worked through most of his transference neurosis. One day, looking at things from a distance, he spoke of his work in terms which recalled the same conflict: 'If I make a lot of money while speculating on tin or cocoa, I am a brilliant businessman, I am admired, I admire myself; if I make as much money speculating on the pound or the French franc, I am considered a hateful speculator and I feel like a crook. I have here a personal and a professional problem with which I must cope.' Why should I once more bring him back to the transference situation when he now has the means to get along by himself. His present and new belief that I am quite fond of him, that I do not blame him nor admire him for what he does, is no longer conflictual, even if it still originates from his fantasy world and from his past history.

To summarize this tentative description of the development of the analytic process in the analyst at work: Before the start of the treatment, the analyst cannot be satisfied with just the evaluation of the strength of the analysand's ego. He also uses his insight into his own substructures as way of evaluating his future defence or mature transference possibilities. This is a relative evaluation of an anxiety signal in reference to internal needs. The interpersonal evaluation of the transference possibilities is accompanied by an internal evaluation, inter and intra-structural, concerning in the last analysis the needs of the analyst.

Once the treatment is underway, the analyst goes through a period of possible frustrations and gratifications with ego-defence reactions, due partly to the analytic setting and to the fundamental rule. Insight and empathy are felt, or recognized as having also their origin in an inner conflictual process which is

in contradiction with the interpersonal character of the analysis and the miseries and the satisfactions it provides. In the course of the treatment, this inner conflict may take the form of a defensive transference interpretation.

Then comes the process of working-off the defence mechanisms simultaneously with the desexualization of libido and the disappearance of anxiety. This is helped by the recognition of and familiarization with the analysand's wishes, needs and defence mechanisms in their historical context. The interpretation no longer runs the risk of being defensive in nature. It is uttered in the spirit of neutrality towards the psychoanalyst's internal world and with sympathetic understanding. The analyst's mature transference overcomes apprehensiveness and defence. This helps the full development of the patient's transference neurosis.

The analyst's knowledge of what goes on during the analytic process will gradually allow him to admit that some conflictual structures of the analysand are not necessarily to be associated with the transference. Some of the patient's conducts can be accepted as they are. They can go through an evolution independent of the transference even if this evolution also betrays its analytic origin. The transference interpretation becomes superfluous.

Finally, when the analysis is terminated with success, analyst and analysand both find themselves in the same situation of 'there ego should be' *vis-à-vis* the emergence of their unconscious fantasy life. In other words the analytic process is at work in both of them.

In 'The Dynamics of Transference' (1912a) Freud writes:

The doctor tries to compel him [the patient] to fit these emotional impulses into the nexus of the treatment and of his life-history, to submit them to intellectual consideration and to understand them in the light of their psychical value. This struggle between the doctor and the patient... is played out almost exclusively in the phenomena of transference.

Transference is an intersubjective manifestation. In the struggle the analyst's share has its importance. His instincts are at the root of it. Among the factors which contribute to awaken the analyst's instincts, I have emphasized the formal setting and the fundamental rule. In the analytic situation, the attraction of the analyst's unconscious complexes is increased because on the one hand the procedure offers opportunities for instinctual gratification; and because on the other hand it frustrates some instinctual components.

This attraction is the cause of a conflict with the ego which uses traditional defence mechanisms. At the analyst's internal level, this conflict may be the expression of some fantasy relationship of his past history. On the level of the

analytic relationship, such a conflict has a propensity to express itself through erotic and aggressive impulses and through defences. This is the analyst's transference. The analyst's transference runs the risk of being acted out, for instance through frustrating silences or defensive interpretations. In such cases, there is in the patient no tendency towards hallucinatory satisfactions nor towards dream thoughts, fantasies, and so on. There is no pursuit of intrapsychic regression, but rather a regressive reaction to the presence of an analyst struggling with his own tendency to regress.

In fact, what is expected from the analyst is a countertransference of feelings only in relation to the patient's feelings. But that is not all. What is expected is also an attitude of sympathetic understanding made of friendly feelings, neither erotic nor aggressive, and of interest and attention, whatever the patient's attitude. In opposition to the above-mentioned transference, the countertransference for some analysts—the real relationship for others—is not of a regressive nature, and its evolution corresponds to the actual moods of the analysand, without giving way to them.

The methods which are suggested in order to operate the change of the analyst's transference (regressive) into the analyst's countertransference (actual), or in order to warrant his share of reality in spite of the transference relationship must be twofold. For the instincts, a desexualization process; for the defence mechanisms, a working-off process.

With regard to the instincts, Zelmanowits, in his review of David Rapaport's *Collected Papers*, wrote:

When Freud spoke of desexualization of libido as the energetic process underlying sublimation, he was doing no more than describing the consequences of the turning of object libido into narcissism by way of identification: '...the ego deals with the first object-cathexes of the id (and certainly with later ones too) by taking over the libido from them into itself and binding it to the alteration of the ego produced by means of identification'... The 'desexualized energy still shows traces of its origin (from Eros) in its impulsion to bind together and unify'.

The alteration of the analyst's ego through identification allows him to experience friendly feelings for the stirrer up of strife, the analysand.

As for the defences, I quote Bibring (1943):

Working-off mechanisms of the ego are directed neither towards discharge nor towards rendering the tension harmless; their function is to dissolve the tension gradually by changing the internal conditions which give rise to it.

I also quote Lagache (1961):

The disengagement operations entail a withdrawal of cathexis from the defensive counter-instinct, its postponement and, in contrast, a hyper-cathexis of certain thoughts which calls for attention and reflection. [My translation.]

The disengagement processes, the working-off mechanisms, allow the analyst to transform his ego defensive components into attention and interest for the patient.

In conclusion, the analyst's needs to find out what goes on in his unconscious relationship with his patient in order to understand him. Simultaneously, he must avoid falling under the attraction of his own unconscious. This means a free communication between his substructures and the external world. This implies a modification in order to achieve flexibility and openness. The analyst must be able to turn inward and experience the complexity and the dangers of unconscious relationships. Simultaneously, he must be able to turn outward and use his reason and thinking. This contrasts with the set defence mechanisms of the ego, the monotonous repetition compulsion of the id, the rigid ideal or the systematic condemnation of the superego.

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