SOME NOTES ON "TRANSFERENCE"¹

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IN a recent comment on Brill's series of papers on Psychoanalysis, the reviewer has spoken of the subject of Transference as "electrically charged," and as being "gingerly handled." I can very well understand this attitude, and in offering some observations concerning the subject of transference, I do so with the recognition that I am entering a field of more than usual complexity, — one that is filled with potentialities for good and evil and one which needs much care in interpretation.

And yet, at the same time, the whole psychoanalytic situation, so far as successful therapy is concerned, is intimately bound up in the transference, and one whose purpose it is to attempt to get at the causes for good or bad therapy, must needs view this situation as comprehensively as possible.

Stated categorically and baldly, for the sake of bringing the subject up for discussion, I may say that without proper transference a successful therapy for the psychoneuroses is impossible.

The members of this Association realize what this *rapport* or transference means. It is well known that we are not dealing with any new phenomenon. It is older than the Mosaic law — and, like all old truths, it is constantly being stated and re-stated from epoch to epoch, in new forms, and at recurring times with sharper and sharper differentiation.

The psychoanalytic method fortunately enables one to deal with the subject of transference much more definitely than ever before. It affords positive criteria whereby one is enabled to watch its development, realize its tendencies, guide its direction, and, at times, regain its losses for the

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sake of the patient. At the same time it provides the most exquisite sensitizer which, rightly used, compels the psychoanalyst to search his own complexes and resistances, and forces him to keep clearly the goal in view — *i. e.* the patient's best interests, and not his own gratification or glorification.

The *bon mot* of that famous pragmatic philosopher, Mr. Dooley, that "truth is truth when it works," is as applicable to the psychoanalyst as to the patient, and if the transference is not working, the operator is compelled to examine *himself* to see if *his* own truths are truths and are not self-deceptions.

I am persuaded that such a point of view is quite incomprehensible to the physician unsympathetic to or unskilled in the psychoanalytic method. One sees this in its clearest light in the malicious criticism leveled at psychoanalysts, that the discussion of sexual subjects is its chief procedure. This criticism not only shows a malevolent spirit on the part of the critic, but also a colossal ignorance on his part of the whole purpose of psychoanalysis, and particularly a superficial and hardly a bowing acquaintance with the intimate character of the psychoneurotic himself.

When it is realized that the very essence of the work of the psychoanalyst is to bring about an intelligent synthesis of a disturbed personality, which from childhood up has handled certain fundamental instinctive reactions in a maladaptive manner; when it is universally recognized that, for the larger part, these patients are most sensitive and repellant to any idea having even the intimation of a sexual content, when, moreover, the psychoneurotic often represents those with the most highly developed ethical and cultural aspirations as well as actions, — it can be grasped, by even the simplest intelligence, that any, and much more a tactless, handling of the patient's sexuality, tends to destroy the possibility of that *rapprochement* which is necessary for the successful understanding and hence the treatment of the sick patient.

If then psychoanalysis, as a method, really permits any great advance over earlier methods of handling the psychoneuroses it must in some measure be through its

better knowledge of and modes of dealing with transference. This I believe to be true.

Physicians there have always been who without any technical knowledge of transference, yet nevertheless have been very efficient in the treatment of certain types of the psychoneuroses. Fortunately, for many psychoneurotics, no such knowledge is needed either on the part of themselves or on the part of their physicians — transference takes place nevertheless spontaneously, and is responsible for the good results. One may call it natural gift, sympathetic bedside manners, therapeutic tact, great insight, or experience and the "knowing how"; it still remains that the psychoneurotic patient establishes a *rappor*t, a transference with the physician relative to the therapeutic situation.

The physician, viewed as a functional unit in society, represents for the individuals in that society, that portion of themselves given over to the protection of their bodies from the forces of disease. Each patient therefore identifies the physician as a part of himself, a special part, and psychically speaking, identical, if like the rest of himself, *i. e.*, if there is sympathetic insight. This sympathetic insight, this identification with self, or if you will, stating it in other terms, this taking up of the father-image, the mother-image, the brother-image, is one of the fundamental causes for the transference given to the physician. Without it, the physician lies without the pale, and so far as the psychical life is concerned, can be of little or of no service.

Many are inclined to place the transference on a much more superficial, and, to them, perhaps more comprehensible level. One hears it frequently said, particularly by the envious, that all the women are daffy about Doctor So-and-So; his success is due to his good looks, his fine clothes, or his social position; at all events he hypnotizes his patients and they fall in love with him. While there may be some aspect of truth in all this, still transference is a much more subtle and fundamental relationship than those just mentioned. It is love if one will, but in psychoanalysis, love for an object — and one only, namely the ultimate unloosing of the transference and the restoration of the patient to a healthy contact with reality. Transformed, made over,

born again — if you will. From this point of view the physician serves solely as a bridge for the newly directed *libido* to find its way into real life.

He who would use the transference as a plaything; he who would utilize it solely for financial gain; he who through unconsciousness of its real import or through ignorance of its being there misuses it, each alike is reprehensible and such a one is not entitled to his place as a functional unit in society protected by a medical diploma.

To be more specific, I have thought to place before you some notes on the forms in which transference has shown itself to me, what it has taught me to do, and what not to do, and how it may be utilized for the purposes of furthering the treatment of the patient, or of recognizing that for this or that patient the situation is not propitious so far as oneself is concerned. In this latter case one should see one's duty and retire before an injury is done to the patient's possible belief in psychoanalysis. This patient then may be able to establish a *rapprochement* with some one else whose personality fits better with his own. It can hardly be hoped that even in this last contingent sincere psychoanalytic handling of the knowledge of transference will prevent the gleeful sarcasms of one's fellows to whom the rejected patients may go. The belief in a present, universal love is hardly the psychoanalyst's belief even if it may be his hope — still, nevertheless, grim satisfaction concerning his own conduct may be his abreacting salvation.

I take it to be the experience of many here who have put the psychoanalytic methods to the test of experience that they soon commence to recognize themselves in the patient's dreams. At first the stereotypy struck me — it was only later, that I began to see how various might be the symbolizations which expressed the identification and the transference at the same time.

For me to be a *policeman*, a *priest*, a *chauffeur*, is quite understandable to those of you who look at me now. As policeman I have "shielded from harm," have "kept away enemies," have "arrested impudent intruders," and "frightened away naughty boys"; as priest, confession has been ready and admonition invited, while as a chauffeur

or engineer positive transference has permitted dangerous journeys over rough roads and in stormy weather, and even invited to flight and a new life.

These are all every-day occurrences, I feel, to those of you at all interested in psychoanalysis. Even when such obvious symbolizations have seemed to invite a rapid foray into what would appear a fairly comprehensible latent dream content, I have learned, however, to regard such symbols as indicating that whereas policemen, chauffeurs and engineers might be all very well in the beginning of a transference as indicating possibly strength and power, yet for some of the finer work of soul surgery I would rather detect myself in a disguise more in touch with the ideal life of the patient, before I got at levels in which mere physical strength is not an asset.

When in a dream I appeared as "*a threatening cloud that promised to wash away and destroy seven or eight little books which were hastily brought into the house and put on the wash-stand,*" I felt more as a real element of nature and made bold to get at the inside of those seven or eight little life adventures that needed to be brought into contact with something cleansing.

When looked at from a balcony "*as a Chinese preacher, dressed in a Roman toga and preaching a Hebrew religion,*" it behooved me to realize I had a very simple, untrained country woman before me whose whole philological, historical and cultural *pabulum* had been drawn from infrequent feedings from the *Aurora Weekly* and it counseled me to come down to the earth and talk in words of two syllables if I was to be of any use to her.

During the treatment of an intelligent college-trained woman of thirty-two, with fairly acute recent hysterical conversion headache, replacing or going hand-in-hand with a long series of years of gastrointestinal vagaries and a tendency to easy crying, dating from the fourteenth year, I had had occasion to spend a complete session on a phrase "*Des Marches du Muquo,*" which had appeared as a label on a whiskey bottle in a previous dream. The latter part of the protracted *séance* was richly sprinkled with, "that's all," "I don't know," and indifferent associations, and matters

seemed a little flat. It was only at the next *séance* — put off one day — that I was rudely awakened from my self-complacent belief that I had accomplished something in my previous interview by seeing myself classed with the long troupe of “stick out your tongue!” “acid stomach,” “feel your pulse,” “you’ve got a fever” doctors and replaced by a female physician from a conveniently passing suffragette parade. Needless to say, I soon found out that I had been committing that unpardonable psychoanalytic error of trying to force the patient too rapidly. I had held her up too rigidly to her task, whereas greater skill would have made me aware that in the “I don’t know,” “that’s all,” and indifferent associations, I should have taken the hint and gone to other fields. We got hold of the resistances, my own as well as hers, however, and “*an impudent chauffeur who was discharged*” in a dream the next night, had a place beside the dreamer and “*lit the lights while she traveled in a dark and unknown country.*” The analysis then went on with a sudden plunge into a deeper layer filled with material of the greatest value. The headache had been very much put out in the meantime.

As illustrating the more priestly transference symbolism, the following dream fragment, somewhat condensed, may be of value. The patient, a young married woman of twenty-six, who had had two miscarriages, and who was much reduced in weight, had lost all interest in everything, did not care for her husband (who treated her too considerately), and who had a severe circumoral acne, rendering her extremely unattractive, which still further depressed her. It was in the early course of her treatment, shortly after the general situation had been outlined, but before any real intimate history had been obtained. She dreamed: “*I was all alone on a desert island, Hawaii, Honolulu or what not; I was told that I would meet everyone I loved on the island. I met my mother and she was very sad. Her husband did not love her any more. I met a cousin of mine with two lovely children and she was very happy. She asked me why I was so sad, and I said because my father did not love my mother any more, and she said ‘If you would believe in Yogi, as I do, you would be happy’*” — and the patient turned to me and asked

me "is there such a word as Yogi, I never heard it before" — I assured her there was — and she went on — "*and in the dream a long discussion arose between them as to Yogi, a new religion, progress, the merits and contrasts of Yogi and God — etc.*" The full dream need not concern us.

Here I was Yogi, and the transference was formulating itself; herself as sad-self and herself as happy cousin debated it. Needless to say Yogi won and then some comprehension of the foundation of the psychoneurosis commenced to appear. Later in the treatment of the same patient, in her dream she was in my consultation room and she asked me *if Mrs. J — was French and I said no, she was German.* This dream showed on partial analysis, occupying two sessions, much overdetermination in its symbolism — illustrating in the first place what both Freud and Stekel have spoken of, the use of physician's wife as a transference symbol; raised the question how I was to be regarded in an essentially delicate and difficult situation, and finally at a lower level led immediately to a symbolism which cleared up the mental foundation of her acne. This on careful and tactful explanation in terms of the infantile phantasy point of view, and with the aid of the mother brought up to a tragic *fellatio* experience occurring at the age of three, and within ten days the acne of three years' standing disappeared entirely.

These examples of positive transference contain little that is unique — I hardly feel in a position to present unique features because of my limited experience, but I might relate an instance of what seems a more veiled transference showing in that form that Stekel has referred to as the "house of the physician." Needless to say, I have not felt it necessary to go over all of the analyses that have led me to the conclusions that these illustrated transference.

"*Last night I dreamed that one of my sisters and I had been visiting another sister. We left her home and were rowed by some man to the mainland, where we expected apparently to get a train. But instead of taking a train I entered some house. I was more than cordially welcomed by the owner of this home, and it occurred to me that some one, my mother, had told me that I would find under the floor in a certain room a hidden treasure. I removed a number of boards and found*

a large box filled with odds and ends, mostly books and bottles of wine. I gave them to the various people standing about. Almost the last thing I took out of the box was a sleeping bag of silk, lined with brown. This seemed to please me very much, and made me feel happy. I said I should keep this for myself. I am sure that the owner of this house was a stranger to me, yet several times he spoke of his love for me. I always replied that was something he must forget.

Many things were hidden behind those "books" and the "bottles of wine" which never would have been reached in this compulsion neurosis had I not had a hint as to where I stood in the situation.

For this patient has shown the most marked ambivalence in her transferences—at times the rising barriers have threatened to drive her away, but with the subtle barometer of the dream-revealed transference, stormy scenes have been avoided, and the analysis has almost laid bare the entire contents of this Pandora's box.

This patient has also taught me the value of the keen suggestions in Freud's paper on the "*Dynamik der Uebertragung*" in the *Zentralblatt* of last year, for here the resistances were chiefly due to the infantile regressive factors.

The battle of intellect and instinct, which is present in these psychoneurotics, is a stirring one, and the physician who would succeed must needs look sharp to the transference.

I am aware of the somewhat simplistic nature of this my first psychoanalytic communication. I tender it as a slight earnest of my purpose to understand.