

# The Carter-Jenkins Center presents



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# ON TRANSFERENCE

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by

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# TRANSFERENCE

**Transference is a psychoanalytic concept discovered and developed by Freud, and by many other analysts and professionals later on. Yet what follows, like happens with other psychoanalytic concepts, has enormous value for psychiatrists, psychologists, social workers, psychotherapists, nurses, councilors and generally all mental health workers. It is a similarly valuable concept with wide applications in the world at large.**

# TRANSFERENCE

- **Transference was formulated by Freud over 90 years ago: Dora's Case → Herr K → Freud**
- **The concept developed out of the inappropriate ending of a treatment, hence:  
“Transference is a resistance and can end treatments”**
- **Yet transference is as well the most useful of tools in psychotherapy**
- **Thus, a *resistance and a most useful tool at one and the same time!***

# TRANSFERENCE

- Transference is a displacement of feelings to the here and now from objects, in the long past history of the patient
- TRANSFERENCE IS A UNIVERSAL PHENOMENA
- Patients are not aware at a conscious level of the displacement that has taken place
- Father, mother, sister, brother's transferences

# TRANSFERENCE

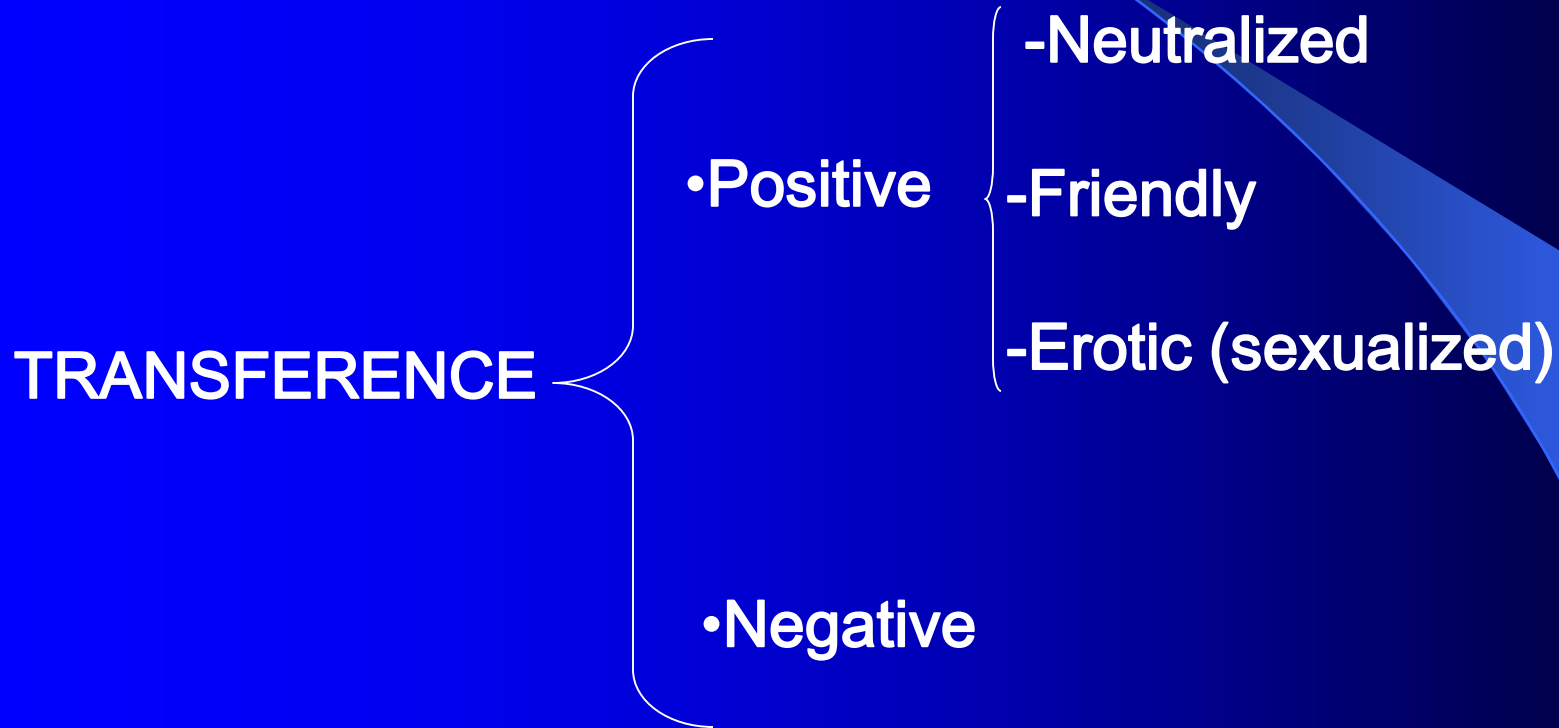
- **Characteristics of the transference depends on the life history, the conflicts and the developmental vicissitudes of any given patient**
- **Various combinations of positive and negative transferences tend to be the norm**
- **There are variations too in terms of the psychopathology i.e, neurotic, borderline, psychotic and narcissistic transferences.**



# TRANSFERENCE

- **Transferences come in a sequence depending on life history and developmental vicissitudes:  
For ex, mother, then father, then sibling, etc**
- **Generally there is a predominance of one type or another depending on the nature of the conflicts but sooner or later other types appear**

# TRANSFERENCE



# TRANSFERENCE

- Implications of transference development according to sex of patient and therapist:
  - Females to Males (Therapist)
  - Males to Males (Therapist)
  - Females to Females (Therapist)
  - Males to Females (Therapist)

# TRANSFERENCE

- **Negative transference can be used as a defence against positive feelings and the other way around, positive feelings to hide negative ones**
- **Neutralized (positive): the current of non sexual, non erotic, non aggressive current of affection that children feel for their parents**
- **Description of various types of love transference**

# TRANSFERENCE

- If *negative transference* is all there is, analysis or psychotherapy is not really possible
- Yet, analysis of the negative transferences is extraordinarily important for the success of the treatment
- *Negative transferences* or *erotic transferences* can be a major resistance if excessive

# TRANSFERENCE

- ***Positive transferences*** (positive affectionate feelings) are an assistance to treatment
- We let it run as long as it operates in favor of the joint work of the treatment
- But at some point it needs to be analyzed and ***sufficiently resolved***

# TRANSFERENCE

**As Wolstein and Heimann had pointed out “Failure to interpret the positive transference will lead to a lopsided, untrue picture of the patient’s experiences with his analysts as well as to exchanging his original dependence on his parents for that of an idealized analyst”**

# TRANSFERENCE

**In the transference new editions of the old conflicts are recreated like new editions. The patient will tend to behave in the same way he did in the past, while we (therapists), by summoning up every available mental force (in the patients), compel him to come to a fresh and more adaptive decision.**



# TRANSFERENCE

- **Special cases:**
- **Some patients avoid the transference like the plague keeping all the material outside the transference. What to do?**
- **Sometimes the analyst appears simultaneously to represent both parents seen in hostile alliance against the patient, in which case the negative transference is very intense (Melanie Klein)**

# TRANSFERENCE

- **Occasionally the analyst can not master the unleashed transference (extreme erotic transference) and the analysis or psychotherapy must be broken off**
- **Once in a while one may come across what are called “delusional transferences” but generally they are outside the realm of the neuroses**

# TRANSFERENCE

- **What gets experienced in the transference brings a special type of conviction into the treatment**
- **The concept of Transference Neurosis vis a vis transference:**
  - rare nowadays**
  - was common in the past**
  - like a lab experiment**
  - a new neurosis!**

# TRANSFERENCE

- **Difference between transference in treatment and general transference, to your boss for example:**
  - Therapist:***
    - Lying down encourages the development of the transference**
    - Lets you talk, listens, does not interfere**
    - Finally interprets the transference**

# TRANSFERENCE

## *Your boss:*

- Forces reality testing
- Enough of that behaviour, etc
- Not interested in understanding the behaviour, demands performance, etc
- Boss is interested in the “real relationship” not your transferences

# TRANSFERENCE

- **Transference “cures” takes various forms:**
  - A flight into health (to quit therapy)
  - A flight into health but patient stays in therapy
  - It should always be seen as a major resistance to the treatment itself or to its progress
  - Most transference cures of the second type mentioned above, only lasts while the positive transference is on

# TRANSFERENCE

- In terms of what to do with the transference the following dictum has value, when applied wisely:

***IF IN THE TRANSFERENCE TAKE IT OUT (TO ITS GENETIC ROOTS), AND IF OUTSIDE THE TRANSFERENCE BRING IT IN***

- Major Transference Resistances

1- Negative Transference

2- Erotic Transference

# **Erotic Transference**

**“ He must recognize that the patient’s falling in love is induced by the analytic situation and is not to be attributed to the charms of his own person; so that he has no grounds whatever for being proud of such a conquest, as will be called outside analysis”  
(S.F, 1915, p. 161)**

**“There can be no doubt that the outbreak of a passionate demand for love is largely the work of resistance” (S.F, 1915, p.162)**



# TRANSFERENCE

- **Transference and Acting Out:**
  - **Remembering vs behaving, i e. instead of telling the therapist how angry he is with him the patient does not come to the next session**
  - **There are things patients can not remember i e preverbal events but they are acted out (or in)**
  - ***Acting is not as good as remembering for therapeutic purposes.***

# TRANSFERENCE

- **Acting out is used nowadays to refer to events outside the office and the transference and are behaviors acted in the world at large. That was not the definition at the beginning**
- **That type of acting out behavior is detrimental to the treatment and the patient**
- **Later on the definitions were modified as follows:**
  - Acting in (Inside the office and the transference)
  - Acting out (Outside the office and the transference)

# TRANSFERENCE

- **Transference in children:**
  - 1) At first thought not to develop without special procedures (preparation time). Not true! (discuss)**
  - 2) They still have and need their primary objects**
  - 3) Their needs are real and appropriate**
  - 4) Children can not keep impulses within the psychic realm**
  - 5) Children can not free associate**

# TRANSFERENCE

- 6) Thoughts and speech are not the legitimate media for expression and communication in children but motor actions are**
- 7) That makes their transference look different and tends to provoke strong counter-transference feelings and reactions**

# TRANSFERENCE

- **Adolescent's transference:**
  - Adolescents frequent mood changes and need to act out tend to interfere with the development of the transference
  - This is due to the fact that the ego does not modulate well at this point
  - Thus the transference is frequently unstable and oscillates violently

# Basic Recommended Reading

- 1) The dynamics of Transference (Freud, Vol XII)**
- 2) Observations on Transference Love (S.F, Vol XII)**
- 3) Introductory Lectures (S.F, Vol XV & XVI):**
  - a) Lecture XXVII (Last Half)**
  - b) Lecture XXVIII (First Half)**
- 4) Analysis Terminable or Interminable (S.F, Vol XXIII)**

# For any further information about:

- 1) The Carter Jenkins Center

- 2) Monthly programs for community, professionals, etc

- 3) Self Learning in the Behavioral Sciences

- 4) Psychoanalytic Training in Tampa

- 5) The International (Virtual) Psychoanalytic Institute

- 6) The International (Virtual) Psychoanalytic Society,

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QUESTIONS?





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