Experience and Insight in
The Resolution of Transferences

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I AM HONORED TO PARTICIPATE in a symposium sponsored by this Institute, which has a proud tradition of independent thought, and a longstanding commitment to the study of processes taking place between patient and analyst. I have shared some of that same commitment myself since first reading Harry Stack Sullivan during graduate school. In this spirit, I shall focus today on the role of immediate experiences between patient and analyst in resolving unconscious transferences.

I shall present clinical vignettes which show that analytic patients may become conscious of a previously unconscious transference, and may make progress toward resolving this transference, without interpretation. The vignettes are not intended to minimize the importance of interpretation; I believe that precise interpretations are a crucial aspect of analytic work. Instead, the vignettes cast light on another crucial feature of analytic work. They show that actual experiences in the relationship between patient and analyst, even without interpretation, may correct pathogenic transference expectancies, and enable the patient to begin to resolve an unconscious transference. They also show how patients themselves work unconsciously to solve their psychological problems. Moreover, the vignettes give us some indication of the lawfulness of the relation between experiencing and gaining insight.

Ms. Y.

My first vignette is from the case of Ms. Y., a divorced professional woman who had had three previous analyses of 6 years, 9 years, and 3 years respectively. In addition, her behavior had been carefully observed and regularly interpreted from the cradle onward by her hovering father, a successful businessman, who kept a daily diary of his only child for several years. A typical entry from
Ms. Y.'s third year of life noted her behavior around two older children: Ms. Y. was timid; she lacked self-confidence and self-respect; she cried when her toy was taken away. He spoke to her about her difficulties. A later entry expressed his concern about disobedience and defiance. He pointed out these problems to her, explained her covert hostile motivations, and was chagrined at her attempt to deny responsibility—which he also pointed out to her.

In her early 20's, Ms. Y. entered analysis to discover what was wrong with her. In the course of her 3 analyses she learned a great deal about her narcissism, hostility, and infantile sexual impulses; but she did not improve.

In early hours with me she described several interactions with her now adult children. She saw behind the surface of whatever they said or did, discerning hidden hostilities, hidden sexual impulses, and low self-esteem. She informed them regularly about these tendencies, but they showed little appreciation of her help.

I decided to take a different tack with her. Thus, although she was late for most sessions for the first several months, I did not comment on it or investigate it. If she offered some possible hostile motive for her lateness, I did not bite the exposed jugular. One day she arrived 20 minutes late and asked me if I was angry at her. I said no. She was silent, then said: I wonder why I expected you to be furious. Absolutely furious. After another silence, she said that her father couldn't stand her to keep him waiting even a moment. No excuse was acceptable to him. He would be furious, and often struck her. After another pause, she said: it's funny, you're the first therapist who ever answered when I asked if they were angry. I've been told that answering such a question would keep me from becoming aware of my own thoughts and feelings. It doesn't seem to have worked that way.

Mrs. W.

My second vignette is from the case of Mrs. W., who was analyzed by a colleague. Mrs. W. was a 33-year-old highly successful lawyer who seemed unusually conscientious in analysis as in life. She was always helpful toward friends and associates, and unconsciously felt responsible for solving their problems. She sought analysis because, in spite of business success and a good marriage, she felt driven, derived little pleasure from anything, and now and again felt vaguely depressed. This feeling did not interfere with
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He received this new material in a more focused and directed form.

I have found that students who read directly from the textbook do not understand the material as well as those who read from the textbook and then write it down on their own. This is because reading directly from the textbook allows the reader to focus on the material at their own pace and in their own way, whereas writing from the textbook helps the reader to actively engage with the material and make connections between the different concepts.

In this session, I focused on the concept of feedback and how it is used in the classroom to improve student learning. I emphasized the importance of giving clear and specific feedback, as well as the importance of encouraging students to ask questions and seek clarification.

I also discussed the role of feedback in the development of self-assessment skills, and how feedback can help students to become more independent learners. Finally, I provided some tips for giving effective feedback, such as being specific and timely, and using a positive and constructive tone.

In the next session, we will continue to explore the concept of feedback and how it is used in the classroom. We will also discuss the role of feedback in the assessment of student learning.

The session ended with a brief discussion of the background reading and a brief summary of the key points covered in the session. Students were encouraged to ask questions and provide feedback on the session to help improve future sessions.

The session included a group activity where students were divided into small groups and asked to develop a feedback strategy for a specific topic. This activity was designed to help students apply the concepts discussed in the session to a real-world context.

The session was well-received, with students reporting that they found the material to be engaging and relevant. The feedback provided by students was positive, and many expressed interest in continuing the discussion in future sessions.
pathogenic belief and immediate analytic progress. I should like to make a few points about the implications of such observations for our understanding of the analytic process:

1. These observations demonstrate the powerful role of the actual experience between patient and analyst in facilitating analytic progress, including in the resolution of previously unconscious transferences. An experience with the analyst may, in some circumstances, disconfirm pathogenic beliefs, and thereby enable the patient to become aware of unconscious aspects of his transfersences.

2. These observations also demonstrate the crucial importance of the patient's unconscious appraisals of danger and safety to his analytic progress. For example, as Mr. A. began to disconfirm his painful unconscious belief that his mother rejected him because he was stupid, inadequate, and bad, he felt safe enough to remember her rejections and how he had experienced them as a child. He also felt safer—because he was less in the grip of the belief that he was stupid, inadequate, or bad—to begin to risk openly collaborating with me. For example, if I were to reject him after he had disconfirmed this belief, he could recognize that this was due to some undesirable trait of mine rather than of his.

We have demonstrated in our formal research studies that patients continuously monitor the analyst's behavior and attitudes unconsciously. They show indications of immediate progress when interpretations, or other activities by the analyst, disconfirm pathogenic beliefs and thereby reduce their unconscious sense of danger.

3. These observations show that patients may acquire insight into previously unconscious transferences, and recall previously unconscious memories and gain access to previously inaccessible feelings, on their own—i.e. without interpretive help. This suggests that patients are unconsciously motivated to resolve unconscious conflicts, and may be able to work unconsciously to do so. For example, they may test unconscious pathogenic beliefs in relation to the analyst.

Such testing is not simply an automatic repetition of the past, or an unconscious resistance, or an unconscious effort to perpetuate the past in the present. It is an attempt to learn something about the analyst that may help them to disconfirm an unconscious transference expectation that is interfering with their progress.

A final comment on these vignettes. The first example, Ms. Y., illustrates what we refer to as a transference test. The patient, in being late, carried out a trial action that exposed her to the trauma she had experienced in childhood in relation to a parent. The two other vignettes illustrate what we refer to as passive-into-active testing. The patients carried out a trial action of inflicting a trauma upon the analyst such as the parent had inflicted on the child. In thus reversing the childhood roles, the patient does actively to the analyst what he had experienced passively in childhood. In such instances, the analyst experiences the trauma to some degree, works it over in his or her own mind, and gains some mastery of it, and this helps the patient to begin to do so. Passive-into-active testing is of particular interest not only because it is common in treatment, but because the patient's behavior during it seems resistant and anti-analytic, as in Mr. A.'s devaluing of me and our work, confusing me, and rejecting me. But such behavior may be a part of a patient's unconscious work to overcome pathogenic beliefs and to solve his problems.

REFERENCES


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