# THE MASTERY OF CONTERTRANSFERENCE OR MYNOTHAUR'S LABYRINTH

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This paper considers the fundamental change introduced by Ferenczi in 1919 by proposing the use of countertransference as an instrument. Basically it reconsiders the concept of analytic neutrality; mastery of countertransference is reached through toleranting it, overcoming resistances against it, demanding a very intense involvement of the analyst, as opposed to the image of the surgeon or the mirror. The paper analyzes the implications of this position for psychoanalysis. It places these concepts in the scientific and personal context in which it was written, then follows the later developments of these ideas in Ferenczi´s own work, as well as in that of some other authors, and comments on the effects of these ideas on the psychoanalytic movement. Finally it poses some questions regarding our present use of countertransference in clinical work, with two brief vignettes highlighting these points.

"*To be influenced by affects, not to mention passions, creates an atmosphere unfavourable for the taking and proper handling of analytic data"*.

This statement of Ferenczi, especially regarding passions, is one of the basic tenets of psychoanalysis. Every analyst knows this by his own experience. Nevertheless, the essence of this mastery of countertransference that Ferenczi requests, is understood in very diverse manners by different analysts, according to how we understand and use countertransference in our clinical work. The great value of Ferenczi's contribution on this subject was to propose using countertransference as an instrument and not just to consider it an obstacle; thereby stressing the participation of the analyst in what is occurring in the analytic situation and therefore proposing less asymmetry. The analyst does not have to be the mirror anymore, or the surgeon who operates in a *supposed state of* imperturbability. The mastery of countertransference proposed by Ferenczi means an effective participation in what is occurring in the analysis, preserving nevertheless the capability of observing, and the analytic reflection on what is observed. A beautiful example is when he describes in the *Clinical Diary,* the inconveniences of letting a patient kiss him, both for the patient and for the analyst.

I shall here comment on Ferenczi's on paper on psychoanalytic technique in itself, place it in the scientific and personal context in which it is written, then follow the later development of these ideas in Ferenczi's own work as well as in that of some other authors, and discuss the effects these ideas had on the psychoanalytic movement. Finally I shall express some considerations regarding the present-day utilization of countertransference, with two brief clinical vignettes to highlight some of these points. "Zur psychoanalytischen Technik" was read at the Hungarian Society in Budapest, and was highly praised by Freud. It coincides with Ferenczi's experiments with "activity" in the analysis and was written after Ferenczi's analysis with Freud. This analysis is frequently mentioned in the letters they were exchanging at the time. In my view, it is at the unconscious roots Ferenczi's search on the subject. And of course it is also written after the analyses of Gizella and Elma, where the influence of passions on the evolution of the analyses was fully experienced by him. Already the paper, "The Mastery of Countertransference", although it follows faithfully the freudian guidelines, being prior to the controversy, shows the emergence of a personal conception of psychoanalysis, which will blossom clearly from 1924 on. The specific chapter on countertransference is chapter 4, but the subject is also touched upon in some of the other chapters e.

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g., w when talking about the obsessive patient's associations (in "abuse free association") he takes them as verbal acting out, or when in a footnote he points out that the drowsiness of the analyst may be a reaction to the vacuity of the associations. We can see here the idea of*tolerating* the countertransference. Even if the conceptual categories we use today, to understand this kind of phenomena, are different, because we use a concept of countertransference that goes beyond the instinct theory, this idea of containing, of tolerating countertransference is one of the fundamental standpoints of analytic attitude. This idea, where the stress is on the analysis of countertransference neurosis as a fundamental basis of analytic training, led Vilma Kovács to propose her particular viewpoint of analytic supervision.

Getting back to the paper: when Ferenczi exemplifies by interpreting to the patient that he "throws problems at the analyst like gas grenades, to get him confused", he lays the basis of what today we call "interpreting *from* the countertransference".

He proposes a double task: to be in affective resonance with the patient, and in addition to control one's own attitude in what he calls (quoting Freud) mastering the countertransference. This is why he points out that the analyst must have been analyzed himself, maybe unconsciously alluding to the criticism he will express many years later regarding Freud's attitude to his own analysis.

A third idea to be found in this paper is that of supervising one's own countertransference. Here we see a new and fundamental idea: "the patients unmask the analyst's Unc, and answers to it". This is why the "insufficient consideration of the countertransference puts the patient into a condition that cannot be altered...". Here we see the origin of the ideas which, in the long run, will make him propose mutual analysis to protect the patient from the unmastered countertransference. With a very important difference: in 1919 Ferenczi believed that his countertransference was quite well mastered, maybe due to the idealization of the effects of his analysis with Freud; in the thirties, he is fully conscious that it is not so. This is one of the reasons that led him to propose mutual analysis.

Ferenczi warns us about "resistances against the counter-transference" (1: 188), which may appear as "becoming too abrupt and repellent towards the patient; this would retard the appearance of transference, the pre-condition of every successful psychoanalysis, or make it altogether impossible". Only when this stage is overcome, the mastery or control of countertransference is reached. He describes there stages in the evolution of an analyst: first of naiveté and acting out of the countertransference, secondly of "resistance" due to excessive anxiety in the analyst facing it, and finally mastery or control. He points out:

"Only when this is achieved, when one is therefore certain that the guard set for the purpose signals immediately, whenever one's feeling towards the patient tend to overstep the right limits in either a positive or a negative sense, only then can the doctor ´let himself go´ during the treatment as psycho-analysis requires of him." He accepts the apparent contradiction implied in this request, of leaving free play to the analyst's Unc., as the only way to grasp intuitively the expressions of the patient's Unc., and at the same time subject the material submitted *by himself* and the patient to a logical scrutiny, and in his dealings and communication may only let himself *exclusively*by the result of this mental effort. This constant oscillation between the free play of fantasy and critical scrutiny presupposes a freedom and uninhibited motility of psychic excitation on the doctor's part *that can hardly be demanded in any other sphere* (my emphasis).

This paragraph brings us a very novel idea: that the material to be scrutinized is provided by the patient and the analyst, anticipating the field theories in psychoanalysis later developed by Baranger (3). These ideas will take a new meaning with the technical changes Ferenczi introduced in his years. In "The Principles of Relaxation and Neocatarsis" (4) he states:

I am of course conscious that this two fold method of frustration and indulgence requires from the analyst himself an even greater control than before of his counter transference and his counter- resistance.... Nothing is easier than to use the principle of frustration in one's relation with patients and children as a cloak for indulgence in one's own unconfessed sadistic inclinations. On the other hand, exaggerated forms and quantities of tenderness may subserve one's own, possibly unconscious, libidinal (*today we might add "and narcissistic)* tendencies, rather than the ultimate good of the individual in one's care.

He stresses again the importance of the analysis of the analyst. This subject is a constant concern of Ferenczi, and I believe it can be related to his feeling (yet unconscious) that Freud's lack of a personal analysis had a great weight in the shortcomings of his own analysis. Later on, Ferenczi offers to analyze Freud, which Freud declines.

In the "Elasticity of Psycho-Analytic Technique" (5), he again stresses the importance of what calls the "metapsychology of the analyst's mental processes during analysis". He writes:

His cathexes oscillate between identification (analytic object-love) on the one hand and self- control or intellectual activity on the other. During the long day's work he can never allow himself the pleasure of giving his narcissism and egoism free play in reality, and he can give free play to them in his fantasy only for brief moments". To this issue, about the analyst's narcissism, I shall return later on. But I want to mention at this point, that one of the claims which he will later make about Freud, with regard to his own analysis, is based on what he finds (rightly or not) to be a narcissistic attitude towards the patient (himself) and the analysis. He will accuse Freud repeatedly in this sense in the *Clinical Diary.*

This disavowal of the countertransference involvement is clearly appalled out in the pertinent passages of "Analysis Terminable and Interminable" (6) , where Freud refers to it: "But then, for no assignable external reason, trouble arose". It is noteworthy that in this same paper he points out: "Among the factors which influence the prospects of analytic treatment and add to difficulties in the same manner as the resistances, must be reckoned not only the nature of the patient's ego but the individuality of the analyst" (6: 247). Later on he adds:

It seems that a number of analysts learn to make use of defensive mechanisms which allow them to divert the implications and demands of analysis from themselves (probably directing them on to other people), so that they themselves remain as they are and are able to withdraw from the critical and corrective influence of analysis" (6: 249).... Every analyst should periodically-at intervals of five years or so-submit himself to analysis once more, without feeling ashamed of taking this step.

It is difficult to know if Ferenczi's plea was true; but it certainly seems coherent. I think he had a fantasy of analysis as an idealized fusion (e. g., his insistence on both being "completely open towards the other") and had difficulties accepting (despite the sentence quoted at the beginning of this paper) that passionate love and analysis could not coexist in the same relation. In each of his three great love relationships, with Freud, Gizella and Elma, giving up this illusion of completeness caused suffering and rebellion in him.

This passionate transference, this search for fusion, might have evoked in Freud what today we would call a narcissistic countertransference, which led him to disavow his own passionate involvement, and to be unable to tolerate that the Other of this bond, (Ferenczi) was different from what he needed him to be. This type of countertransference involvement often drives the analyst to impose on the patient his own psychic reality concerning the analysands, in a way analogous to what Ferenczi describes in the "Confusion of Tongues..." (7), or more personally in his *Clinical Diary* ("Freud introduced the educative stage too soon"). We should remember that the first entry of the *Clinical Diary* is "The insensibility of the analyst" (8). He talks there of retrojection, that is the introjection of the criticism directed towards the analyst, and also of the need for the analyst to accept the possibility or even the reality of being tired, feeling monotony or boredom. These are responses we know today to belong to the realm of narcissistic countertransference.

This could not be understood at the time (1919), for multiple reasons. One was that narcissism was considered not to generate transference; this is why Ferenczi talked about a "firm control over one's own narcissism" but did not describe this as countertransference. Transference was thought of in terms of total objects and instincts. I took us many years to accept the existence of the very different forms of narcissistic transference and countertransference which we are only beginning to recognize nowadays, including such phenomena as negativity (Green), encapsulation (Torok), etc. I think the resistance towards this awareness in the psychoanalytic community is due to the fact that we are faced-as it happened with Freud and Ferenczi- with the evidence that our own analyses were not as complete and perfect as we would like to think, as once they were thought to be, nor are the analyses we offer our patients. On the other hand, being conscious that these narcissistic phenomena are at readiness in each of us and may enter in resonance with those of the patient, allows us to register and transform the more undifferentiated aspects of his mental functioning, if we can tolerate in ourselves the transitory destructurations they may provoke. (9)

I would like to illustrate these concepts with a some short clinical vignettes.

**VIGNETTE 1**

The patient was a 54 years old housewife, with an infancy of intense traumas. During long periods of her

analysis, and usually in the first session of the week, she opened with a long silence, during which, as she said, "I strive to talk, I have to talk". She usually began by saying: "well, I'll make an effort to talk"; her sentences has a quality I would describe as forced. Several times, while she was talking in this manner (never during her silence), I felt a strange drowsiness, which did not allow me to think; I realized that I was falling asleep without being able to stop it. I heard isolated fragments of what she was saying, which I could not remember nor understand. After this situation had occurred several times, I was able to anticipate when it was going to happen, but not able to detect the elements that triggered it. At one point I thought: "I cannot understand anything she is telling me, I cannot keep connected", with a feeling of great anguish. At that moment I heard again the patient saying: "... I do not know what is happening to me, I do not realize..." I interpreted that sometimes she felt that things were happening to her and she did not know what they were - things she could not think of or understand- while at the same time she was able to think and talk about other things as if they came from somewhere else-that there were things that could not be thought.

Notwithstanding a pronounced change in my own state of mind after making this interpretation, which seemed to me a favorable indication that it might be adequate, her answer was a polite, indifferent "may be". She went on to tell how, while her husband (a very successful businessman) was ill, she had advised a woman friend of hers regarding investments; her husband had been surprised at the amount of information she had and could use on this subject. She said these were things she had heard in conversations between him and some friends while she was "way off"; none of the others realized that she knew.

When I pointed out to her that perhaps she did the same with my interpretations, she remarked that she forgot them on leaving the session. Weeks later, she became aware of something by herself and retrospectively related it to some interpretation or other. I interpreted that by never having mentioned this in session, keeping it like a secret knowledge, she associated with fantasies concerning the death of her husband.

In the first part, we can observe what Liberman (10) calls "transferential autism", in my countertransference, this evokes a "shapeless state" (Green, 11) with a feeling of anguish. Interpreting allows me, not only to communicate it to the patient, but also to re-establish the subject-object discrimination. I had was followed by a more integrated type of narcissistic material (to appropriate secretly the other's knowledge, denying that it has been received from the other); here the countertransference includes a certain feeling of frustration at her apparent detachment, but it is at a neurotic level; at least, without altering my feeling of being myself as in the first sequence.

**VIGNETTE 2**

Another clinical case in an example of countertransference narcissistic gratification. A female colleague in analysis, divorced and with a small daughter, at the rupture of a symbiotic tie with her mother, sinks into a severe depression with suicidal ideas. She is unable to work and therefore her income is minimal. She is unable to keep paying for her treatment, nor has she any coverage from elsewhere. I was very concerned about what might happen, and proposed her to keep coming to treatment five times a week (which often turned into six or even) with no fees. At her insistence, we agreed that she would pay those fees "some day" if she was able to do so, and she would keep a careful register of her debts. I was dimly conscious that in such way I was taking charge of a symbiotic transference but saw no other possibility.

This situation lasted for a couple of years; she accumulated a "debt" which it was evident she would never be able to pay back. Up to that point I tended to see this situation as a therapeutic resource, but on several occasions I found myself commenting to some colleague that I was taking care of a patient for free, that a patient owed me a huge amount of money, which was utterly unusual in my practice. This led me to discover my narcissistic complacence in being so altruistic, so generous, and in this way becoming identified with the patient's narcissistic object, which must have been in resonance with some narcissistic need of my own. I realized that we were heading towards Balint´s malignant type of regression (12). From that point on I began to take steps to change the situation.

I believe that both vignettes illustrate how I try to understand and handle (or be handled by) the narcissistic aspects of countertransference.

Another point worth discussing (especially now that it is again in focus) is telling the patient about out countertransference. Ferenczi suggests this in his last years; mutual analysis as a *procedure* represents taking this concept to its limits. (I underscore *as a procedure,* since I think that in fact each regressed patient is analyzing us

unconsciously). This idea of expressing the analyst's countertransference is taken up by Balint, Winnicott, Searles, more recently Bollas, and presently by the so called "interationalist or intersubjectivist" lines of psychoanalysis. We can find a clear example in Playing and Reality (13) where Winnicott tells his patient "...I know that you are a man but I am hearing a woman talking. I know it is not you talking in that way but I hear it in that way".

My own position in this respect is that we need to be very careful; actually, the same is true of taking every emotional response of the analyst in the session as responding to the patient's transference. In this sense I would like to quote the warning of Piera Aulagnier (14), whom I consider one of the most important intellectual heirs of Ferenczi, especially in relation to the violent imposition on the other's mind:

The capacity of the analyst to move in the field of identifications, is conditioned by the degree to which the affects and transference projections, which he must sustain, can mobilize in him those of his instinctual representations which were, up to then, excluded from the space of his Ego, and will open a breach (in the wall) built to be protected against them. This would lead him to attribute these (affects), internally or externally, to the patient's inner world.

This seems very similar to Ferenczi's description in "Confusion of Tongues...." or Freud's warning, quoted above, in "Analysis Terminable and Interminable". This would be, in my view, the need to differentiate the awareness of countertransference from a defensive counter-acting out.

This in turn is closely related with "super-ego intropression", the imposition by violence on the other's mind, in this case on the patient's, of which Ferenczi talks when he points to the risk of re- traumatizing the patient.

The complexity of our present position with regard to countertransference tempted me to compare it, in the title, with Mynotaur´s labyrinth. When we enter this labyrinth, there are two possible destinies: to succumb, as the children who were sent to be sacrificed by the people of Crete to appease the monster, or, if we can keep intact Arianne's thread, to return to the surface as Teseus after completing his mission.

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