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Manifestations of Transference: Love, Friendship, Rapport

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A protracted debate has persisted throughout the history of psychoanalysis concerning transference phenomena and how they resemble or diverge from ordinary relationships outside the analytic situation. Indeed, it is uncertain as to whether the entirety of the analytic relationship is determined by the transference or if “extra-transferential” aspects of the analytic relationship can be said to exist, such as, for example, the so-called working alliance, the real relationship, or the personal relationship. I believe these questions are a consequence of conflicting conceptions of transference, compounded by the uncertainty as to whether or not transference is merely a technical term for a variety of phenomena that are ubiquitous to the human experience. In this essay I explore certain aspects of the transference that are perfectly ordinary outside of analysis, and then endeavor to show how Freud’s views about the nature of love, friendship, and rapport inspired his conception of the transference and the complications that inhere in its resolution.

The psychoanalytic conception of transference is so central to what analytic treatment entails that it would take more time than I have at my disposal to summarize the entirety of its clinical significance in a single article. Nor shall I endeavor to offer an exhaustive overview of how transference has been treated in the vast literature on this topic, nor even a summary of the principal contributors to this most crucial question. I have broached this issue elsewhere and needn’t repeat myself here (**Thompson, 1985**, pp. 82-87, 118-135; **1994**, pp. 37-49, 175-191, 192-204). Rather, I examine Freud’s conception of the transference with the aim of unearthing previously neglected elements of what the concept was originally intended to explain; in other words, I endeavor to determine specifically *what* transference is and the manner in which it is *experienced* by patient and analyst alike. In so doing, I examine the question of transference from an angle that is best suited to helping the

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individual practitioner to come upon it, as it were, phenomenologically, that is, from a perspective with which the analyst is *already familiar*—or was, before having been contaminated by the conceptual designation of “transference.” In other words, how did we experience the phenomenon of transference before it became a psychoanalytic concept?

To begin with, Freud’s views about transference were rooted almost entirely in his observations about the nature of love. A romantic, he conceived psychoanalysis as a matter of the heart. Since psychopathology, in Freud’s estimation, is a consequence of unrequited love, he conceived transference as the vehicle through which patients repeat an experience of tragic proportions, but with hopes for eventual recovery. Hence, the analytic situation is an encounter between two people, brought together with complementary, if not identical, aims: for the analyst, to permit the inevitable disappointment that must follow; for the patient, to delay this disappointment for as long as possible.

We speak of transference as a phenomenon that is aroused by memories—conscious and unconscious—that are typically associated with a parental figure. These memories are in turn “transferred” onto the person of the psychoanalyst who, over time, reminds the analytic patient of frustrations previously encountered. Though the phenomena that are aroused in the treatment refer to relationships with figures from one’s past, it is not, strictly speaking, the relationship with a parental figure that manifests the transference experience, but rather the relationship with one’s analyst. Any number of questions invariably arise when one endeavors to examine transference with a view to determining precisely what it is. Is it, for example, a mechanism? Is it a psychological phenomenon or an ontological one? Does it concern the state of one’s mind or the way that a person behaves? And more to the point, what is it exactly that is “transferred?”

With these questions in mind, I shall begin by examining how the analytic literature typically depicts transference. The American Psychoanalytic Association’s glossary of psychoanalytic terms and nomenclature offers that transference pertains to “The displacement of patterns of feelings, thoughts and behavior originally experienced in relation to significant figures during childhood onto a person involved in a current interpersonal relationship” (Moore & Fine, 1990, p. 196). In other words, they equate the material of transference phenomena—what is being transferred—with “feelings, thoughts and behavior,” an admittedly wide range of phenomena. They continue:

Since the process involved is largely unconscious, the patient does not perceive the various sources of transference attitudes, fantasies and feelings (such as love, hate and anger). The phenomenon appears unbidden from the point of view of the subject and is at times distressing. Parents are usually the original figures from whom such emotional patterns are displaced, however siblings, grandparents, teachers, physicians and childhood heroes also act as frequent sources. Transference is a type of object relationship, and insofar as every object relationship is a re-editing of the first childhood attachment, transference is ubiquitous. (pp. 196-197)

This otherwise unremarkable depiction of transference serves to show how encompassing this concept can become when trying to pinpoint precisely what transference is, in contrast to nontransferential phenomena—if indeed nontransference phenomena in the context of analytic treatment exist. In other words, is there a distinction that can be made between the two, or is everything that occurs in the analytic relationship, by definition, transferential? This question is not as easy to answer as one might assume, because already the concept of transference lends itself to an inherent difficulty. According to Laplanche and Pontalis (1973),

The reason it is so difficult to propose a definition of transference is that for many authors the notion has taken on a very broad extension, even coming to connote all the phenomena which constitute the patient's relationship with the psychoanalyst. As a result, the concept is burdened down, more than any other, with each analyst's particular views on the treatment, on its objectives, dynamics, tactics, scope, etc. The question of the transference is thus beset by a whole series of difficulties which have been the subject of debate in classical psychoanalysis. (p. 456)

In Freud's earlier writings he discussed transference in terms of wishes, that is, unfulfilled longings that patients in treatment invariably complained about. It was only subsequent to his introduction of the Oedipus complex that the emphasis on transference shifted to the influence of parental figures. Hence, a tension developed between, on the one hand, something that the individual was said to experience—a wish or a longing—and someone to whom that wish or longing was directed, epitomized by the parent but extending to other significant figures as well.

It wasn't until 1912, however, that Freud finally wrote an exhaustive paper, "The Dynamics of Transference," in which he addressed what transference was presumed to entail.

It must be understood that each individual, through the combined operation of his innate disposition and the influences brought to bear on him during his early years, has acquired a specific method of his own in the conduct of his erotic life—that is, in the preconditions to falling in love which he lays down, in the instincts he satisfies and the aims he sets himself in the course of it. (p. 99)

If we hope to understand what Freud conceived transference to entail, then we must take into account the nature of love and endeavor to determine how each of us experiences love for the first time.

This produces what might be described as a stereotype plate (or several such), which is constantly repeated—constantly repeated afresh—in the course of the person’s life, so far as external circumstances and the nature of the love-objects accessible to him permit, and which is certainly not entirely unsusceptible to change in the face of recent experiences. (pp. 99-100; italics added)

According to Freud, our earliest experience of love and the person with whom we share this experience become hallmarks of what we, from that point onward, anticipate and expect to be repeated. The earliest experience, as it were, becomes ingrained, analogous to a “stereotype plate.” Though this experience assumes a defining principle, it can nevertheless alter and change whenever we undergo another, subsequent experience that by dint of its power is capable of overwhelming and hence replacing the earlier one. This need is so ubiquitous that Freud observes, “If someone’s need for love is not entirely satisfied by reality, he is bound to approach every new person whom he meets with libidinal anticipatory ideas” (p. 100).

If a person’s need for love is not entirely satisfied by reality, that person is consequently bound to approach *every new person* whom she meets with a longing for satisfaction. Indeed, the indiscriminate nature of love accounts for the observation that children love their mother no matter what she is like as a *person*, and no matter how much or little the mother, in turn, loves the child, even if the mother abuses or neglects the child in some fashion. Later, when the child is an adult, he is attracted to women whom he secretly despises, because they remind him of his mother, although he may not yet realize the contempt he harbors against her, for reasons he is not able to comprehend. Whether we conceive of this longing as having issued from the person’s instinctual drive

for relief of tension (**Freud, 1915**), or as having derived from the primary maternal object (**Fairbairn, 1949**), the practical consequences are the same: the child's longing for satisfaction of his need to love and be loved "elects" from the child's environment an object to whom the child can devote his efforts, however compliant or indifferent that object may be. If the case proves to be the latter, the child has no recourse but to turn to his own resources for comfort.

This is why Freud's conception of fantasy is essential to comprehending his views about the nature of the transference. If the child's frustration becomes insupportable and he is unable to derive satisfaction from a longing for love that is inescapable, he nevertheless has a recourse. He doesn't necessarily have to bear the disappointments that unrequited love engenders when, after all, he is capable of creating a condition in his fantasy life that compensates for what is lacking in reality—his object relationships. This qualification is critically important, particularly in light of more recent psychoanalytic theories that have distanced themselves from this aspect of Freud's thesis. Instead of emphasizing the traumatic effects of reality brought about by deprivation or abuse, Freud emphasizes instead how human beings are so resourceful that they are often too resourceful for their own good.

Consequently, when children suffer more frustration than they can bear, they withdraw from reality (the source of their frustration) by adopting a fantasy that serves to placate the frustration. This is subsequently repeated in the therapy relationship when the analyst becomes a readily accessible object of these longings. But why should the experience of this longing be more intense in the analytic situation than outside of it? Anyone who has been thwarted in love as a child and consequently feels incapable of achieving a measure of happiness is bound to harbor this longing and seek its fulfillment with every person she meets. The analyst isn't singled out above the rest, as though he were the prototypical object of such longings, but is simply included with everyone else as a potential object of the patient's perennial quest. In effect, transference is nothing more than a *predisposition* to love each person with whom we find ourselves in relation, depending on the expectations we harbor entering into it, and the quota of unmet needs that remain unsatisfied.

This isn't to say that there is anything inherently pathological about such expectations; after all, they are axiomatic in every human encounter. Analysis even contrives for patients to feel welcome in their endeavors,

and they are quietly encouraged to develop such feelings for their analyst. But whereas other relationships either comply with or reject a person's entreaties for love, the analyst brings these entreaties into the open, discusses them, explores their origin and purpose, and avoids the need to accept or reject them. Following the rule of neutrality, analysts simply inquire into the nature and depth of such feelings, but never dictate what those feelings should be.¹

To summarize, when we try to satisfy our longing for love with others and encounter frustration, we withdraw. We consequently repress our longings, harbor them in the unconscious and transform them into fantasies, the power of which is increased proportionate to the degree of repression previously employed in order to protect ourselves from the situation from which we withdrew. Because the original wish for satisfaction has been subjected to repression, the analyst must work against this trend when it becomes repeated in the treatment; otherwise, the outcome of analysis will follow the same course as any of the patient's other efforts to protect herself from disappointment and humiliation. According to Freud (1912),

The libido (whether wholly or in part) has entered on a regressive course and has revived the subject's infantile imagos. The analytic treatment now proceeds to follow it; it seeks to track down the libido, to make it accessible to consciousness and, in the end, serviceable for reality. (p. 102)

Hence, if the yearning for love is the secret quest that every neurotic patient disguises, and if the transference is essentially a means of transforming the analyst into a compliant benefactor, we can begin to appreciate how the transference not only serves as a vehicle for the patient's willingness to endure the treatment, but may also serve as a vehicle for resistance to the treatment experience, whose true purpose the patient is only beginning to grasp.

Though we speak of transference as a basic principle, Freud believed it was necessary to account for the variety of guises that its essential movement periodically assumes in the context of the treatment experience. Even if transference is essentially a longing for love, this longing can provoke just as many reactions in the transference as it does in everyday

¹ See Thompson (1994, pp. 37-50) for a more detailed treatment of Freud's views on the matter.

relationships. Hence, Freud (1912) distinguishes amongst three categories of the transference experience.²

We must make up our minds to distinguish a positive transference from a negative one, the transference of affectionate feelings from that of hostile ones and to treat the two sorts of transference to the analyst separately. Positive transference is then further divisible into transference of friendly or affectionate feelings, which are admissible to consciousness, and transference of prolongations of those feelings into the unconscious. As regards the latter, analysis shows that they invariably go back to erotic sources. (p. 105)

In the most general terms, then, the positive, or affectionate, transference should be distinguished from a negative, or ambivalent, transference, which would appear to be the former's opposite. The latter is typically conceived as harboring a resistance to complying with the aims of the treatment, whereas the positive serves as a vehicle for cooperation. Obviously, it isn't that simple. The so-called positive transference is further divided in two: the friendlier, more compliant variety versus a sexually charged edition that seeks to bask in the analyst's good will while abandoning the need to address the conflicts that one entered analysis to examine. The friendlier, or "unobjectionable," transference is more or less conscious, whereas the erotic transference is predominantly unconscious and even more resistant to the aims of the treatment than the negative. The point to keep in mind is that transference does not necessarily serve as resistance to the treatment; at times it serves as the principal motive to persist in it, even while arousing obstacles against it.

[T]ransference to the doctor is suitable for resistance to the treatment only in so far as it is a negative transference or a positive transference of repressed erotic impulses. If we "remove" the transference by making it conscious, we are detaching only these two components of the emotional act in the person of the doctor; the other component, which is admissible to consciousness and unobjectionable, persists and is the vehicle of success in psycho-analysis exactly as it is in other methods of treatment. (p. 105)

² Kohut also noted the "idealizing" aspects of transference—a feature of what Freud would have probably included as one's positive regard for the analyst—though Freud, in turn, did not construe this feature of the transference as necessarily antithetical to its resolution.

Hence, the longing for love that every human creature is born with, which is never abandoned for as long as one lives and remains unsatisfied during the course of treatment, is *both the real and transference* aspect of the patient's affective relationship with the analyst. The sharp distinction that is typically drawn between the two by contemporary analysts assumes a more ambiguous destiny in Freud's treatment of this issue, because "transference," in Freud's conception of it, is essentially another word for "love."³

The inability to obtain satisfaction from the symptomatic displacements of one's libido produces a measure of frustration and resistance that insinuates its way into the transference with the analyst. This is why the "unobjectionable" aspect of the transference—that portion of the patient's relationship with the analyst that seeks to see the treatment through—ultimately determines the outcome. Hence, the unobjectionable component of the transference is rooted in every patient's capacity to love, that is, the ability to sacrifice an immediate gratification for one that is fleeting but more rewarding in the long run—in other words, *the ability to put one's house in order*. In the transference, this entails the capacity to submit to a heartfelt disclosure of what is customarily concealed, even from oneself.

Perhaps the most often heard criticism of Freud's analytic technique concerns the paucity of transference interpretations offered and his reluctance to analyze the transference neurosis, leaving him vulnerable to accusations of handling the transference ineffectually. This is ironic, because it was to the *resolution of transference* that Freud specifically attributed the success of his analytic cases. This point emerged as a guiding principle in his paper on "The Dynamics of Transference" (1912), where Freud noted that analytic cures can only be obtained through the transference and not by "intellectual" understanding alone. Indeed, the need to understand everything to the nth degree is a typical form of obsessional resistance. Freud even confessed that abandoning a predominantly intellectual path was a major shift from the way psychoanalysis had been conceived in its earliest days. On the other hand, there is little evidence that Freud ever offered anything more than cursory transference interpretations in any of his published treatments. How, then, did he typically handle the transference, if not to analyze its manifestations?

³ See Thompson (1994, pp. 175-191) and Bergmann (1987, pp. 144-194) for a more thorough account of Freud's conception of love.

In the fourth of his technical papers, “On Beginning the Treatment” (1913) Freud remarked that transference, from a strictly technical point of view, is essentially “a proper rapport with one’s patient” (p. 139). Although the manifestation of transference is always the product of the patient’s unfulfilled longing for love, Freud nevertheless insisted that analysts should do nothing to inhibit such feelings when they occur, even when they form the nucleus for the transference neurosis. Because the transference represents the only therapeutic use that patients ultimately obtain from the analyst, the analyst’s behavior should be such that it serves to facilitate the expression of those feelings, by giving them voice.

One of the principal lessons Freud learned from his failed analysis of Dora was the degree to which neurotics harbor secrets.⁴ Though Freud understood the nature of her transference with him and noted as much in his case report, he had failed to grasp the significance of the patient’s capacity for self-disclosure and the importance of enlisting Dora’s cooperation in the treatment. His analysis of the Rat Man nine years later, in turn, taught him how deviously patients are capable of behaving when keeping such secrets to themselves.⁵ To Freud’s great fortune, however, the Rat Man exhibited a surprising capacity for spontaneous self-disclosure, despite the manifestation of intense, negative transference reactions, alerting Freud to the value of the patient’s capacity for rapport on the treatment outcome. Once Freud realized the ubiquitous nature of secrecy at the heart of the transference neurosis and the technical measures called for in order to check its power, he improvised what would emerge as the two axiomatic rules of psychoanalytic treatment. First, it is imperative to establish a rule of thumb whereby patients agree to be as truthful as they can while omitting nothing that comes to mind: the fundamental rule of analysis. Second, analysts, by the same token, should take everything they are told with a grain of salt; in other words, they should assume that their patients are telling the truth, but reserve judgment about the veracity of what they say: the rule of neutrality.

Freud’s failure to effect a viable degree of rapport in his treatment of Dora (because he had not yet realized the importance of eliciting candor from his analytic patients) taught him the value of candor in the treatment situation. From that time forward, Freud’s principal goal was to create the most optimal conditions possible for facilitating rapport with

⁴ See Thompson (1994, pp. 93-132) for a thorough discussion of Freud’s analysis of Dora and its relevance to his developing technique.

⁵ See Thompson (1994, pp. 205-240) for a detailed discussion of Freud’s analysis of the Rat Man.

his patients. The patient's capacity for candor now served a dual purpose: the revelation of secrets, and the resolution of transference. It was at this juncture that Freud's conception of analysis shifted from determining causation to instilling rapport.

If the purpose of psychoanalysis is to uncover what is hidden from awareness by helping patients unburden themselves of their secrets, then rapport is the only vehicle through which self-disclosure can be elicited. Whereas "active" analysts feel the need to compensate for the patient's resistance by analyzing the transference and the associated resistance to candor, Freud favored a technique that insured the optimal opportunity to overcome the resistance to self-disclosure. Consequently, he preferred to work almost exclusively with the unobjectionable portion of the positive transference, through which patients gradually are able to take the analyst into their confidence and communicate what they must. This relatively neglected feature of the transference proved to be the linchpin of Freud's psychoanalytic technique.

There are any number of terms that have been offered in an effort to characterize the peculiar form of relationship that the unobjectionable transference entails, including the "working alliance" (Zetzel, 1958), the "real relationship" (Gill, 1982, pp. 85-106), the "personal relationship" (Lipton, 1977), and so on. These terms, however, beg the question, because whatever this relationship entails must in turn be modeled on a form of relation that is in principle available to all of us, and one with which we are at least vaguely familiar. In the final analysis, the analytic relationship is essentially concerned with the capacity to *share confidences*, so that the analyst becomes that person whom the patient endeavors to take into his or her confidence. This feature of the relationship is, Freud insisted, *fundamental*. In effect, the patient treats the analyst like a confidante or a friend, a person in whom he is able and willing to confide.

Indeed, the kind of relationship that psychoanalysis entails is a manner of *friendship*, but what manner of friendship is it? Even more basically, what does friendship entail? Moreover, how does the notion of friendship inform the context in which Freud's conception of transference arose? Any endeavor to answer these questions must account for the problem that the nature of friendship has changed dramatically in modern times, dating from the demise of religion in the sixteenth century and the increasing reliance on secular institutions, resulting in alternative methods for acquiring self-knowledge. Masud Khan (1970) explored

the pivotal role that friendship plays in both self-development and self-experience, contrasting post-sixteenth-century accounts of friendship with earlier attitudes toward its relevance to European culture. According to Khan, “[I]n the sixteenth-century, the process of the absence of the presence of God in man’s consciousness had started in a definitive and irreversible way in European cultures ... [and] reached its climax in Nietzsche’s declaration ... in 1885 [that] ‘God is dead’” (p. 99). Khan observed that the erosion of God’s presence in the culture at large coincided with increasing interest in science, replacing a theistic interpretation of our place in the cosmos with a secular model. Whereas previously humans were conceived in the image of God, now they served as a model for man-made machines. Khan, however, questioned the validity of this perception and suggested instead that “the human individual, from time immemorial, has always needed someone other than himself to relate to and to know himself with” (p. 99). In other words, it is through the mediating influence of *other people* that man finds the measure of himself and never, strictly speaking, by “himself” alone.

Khan believed that before the demise of God in popular culture, human beings did not rely on each other in the same way they do now. As religious faith weakened, people experienced greater isolation and felt the absence of someone in their lives to whom they could turn, not merely for companionship, but for the purpose of baring their souls and to plumb the depths of their existence. Michel de Montaigne was probably the first example in literature of a person who relied on a friend in order to engage in disciplined self-inquiry. His unique friendship with Etienne de La Boétie not only offered an extraordinary source of intimacy, which was sorely missed after the latter’s death, it also inspired his famous journey of self-discovery, outlined in the voluminous *Essais*. It hadn’t been necessary, in contrast, for St. Augustine, centuries earlier, to use friendship in order to write his *Confessions*, because Augustine, unlike Montaigne, had turned to God. For this reason, Montaigne was the precursor to Modern Man: the quintessential loner who, having rejected his dependence on God, needed a friend who could serve the same role.

A self-confessed student of the classical philosophers, Montaigne was especially indebted to Aristotle’s views about the nature of friendship, outlined in his *Nicomachean Ethics* (1963, pp. 1155a-1163b). There he distinguished amongst three forms of friendship, each of which corresponds to the things in life that we find most lovable: (1) friends who

offer a source of pleasure; (2) friends with whom we engage in commerce; and finally (3) those friends whom we love simply for being themselves. According to Aristotle, this last form of friendship was the only one capable of enduring. Inasmuch as this kind of friendship is characterized by the impulse to conceal nothing, it also offers a means of learning something about oneself.

In his examination into the nature of friendship, Montaigne (1925, vol. I, pp. 243-260) argued that the third category of friendship, characterized by Aristotle as “true” or “genuine,” was superior to the others for a number of reasons. Friends who are merely a source of pleasure can vanish as easily as they appear; they don’t really want to know about our troubles, and as a rule, we take pains to conceal things that we suspect might sour the relationship. On the other hand, friends whom we establish for financial benefit are oftentimes people we don’t even like, but because we rely on them for our livelihood they are important to our survival, so we take care not to offend for fear they may turn against us. Montaigne emphasized that in any case, nothing can be done to preserve such friendships, because we grow weary of them just as easily as they tire of us. Besides, these people are not really essential to our happiness, and even if we grow fond of each other, there always remains an unbridgeable distance between us. The true friend relieves us of such anxieties, and for that reason alone enjoys a treasured status in the type of relationship we are capable of fostering.

Montaigne isn’t, however, suggesting that all relationships comprise one form of friendship or another; he takes considerable pains to distinguish friendship from other intimate relationships with which it is sometimes confused, such as the relation between a child and parent. Whereas the child’s relationship with the father, for example, is rooted in respect, friendship, like the transference relation in psychoanalysis, is rooted in the *exchange of confidences*.⁶ Montaigne argues that a child could never wholeheartedly take his father into his confidence, because

⁶ When I draw a parallel between friendship and the transference relation I am not suggesting that the exchange of confidences elicited are typical of ordinary friendship; after all, the confidences shared between analyst and patient are not mutual. The premise on which every analytic treatment is fostered assumes that patients suffer from the weight of secrets they are unable to confide, even to themselves. Indeed, the inherently unsymmetrical nature of the relationship is one of the factors that finally prompts the termination. On the other hand, it is misleading to portray the analyst as nothing more than a blank screen, even in the most classical treatments. Every interpretation offered reveals something about the analyst and, over time, provides the patient with a palpable sense of intimacy.

their relationship is contaminated with obligations and expectations that inevitably interfere with one's capacity for candor—a point Freud noted three centuries later. Similarly, tensions exist between most siblings despite (or perhaps, because of) the ties that exist between them. And while some siblings grow uncommonly close to one another, others learn to hate and even despise each other, so the relationship with one's sibling does not necessarily guarantee a bond of intimacy.

A more ambiguous category of relationship concerns sex, the nature of which renders friendship problematical because lovers are too possessive of each other to tolerate the self-sacrifice that friendships take for granted. Due to their complexity and mutual obligation, the same can be said for marital relations, epitomized by contractual obligations that engender expectations which invariably manifest occasional crises. Admittedly, at the time in which Montaigne lived, marriages were usually arranged by one's parents and served as a practical and oftentimes political alliance that compromised the likelihood of growing intimate together. Yet, even today, when people typically marry for love, the marriage is nonetheless occasioned by obligations that inspire a measure of secrecy and deception, if only to protect the loved one's feelings and to insure the survival of the union. The marital relation, especially where children are concerned, is so complicated it invariably gives rise to tensions, frustrations, and when successful, compromise. The form of intimacy created is unique and no doubt a singular form of relation, but it also exacts an inevitable burden that is the consequence of sharing a destiny together, with all its attendant sorrows and inescapable misfortunes. Indeed, the marital contract is such that it aims at survival, and one's fear of betrayal or failure is in proportion to the seriousness with which the married partners assume their vows. This is why the sexual dimension of marriage offers the most frequent source of tension, oftentimes the cause of dissolution itself.

These considerations inspired Montaigne to suspect that the absence of sexual desire is the key to the unique form of freedom to which genuine friendship aspires. Whereas sex joins people together in passionate and unpredictable ways, friends forgo this source of pleasure and endeavor to prove the value of their friendship in alternative, aim-inhibited fashion. This feature of friendship may explain why self-disclosure is both easier and more urgently expected in friendship and why similar tensions are repeated in the analytic relationship. Because the *raison d'être* of friendship is epitomized by the confidences shared, all that matters

is the ease with which friends are able to offer and in turn elicit confidences with each other. Hence, one's confidences aren't offered by the pressure of obligation, but as a gift: in effect, a gift of love.

Montaigne concluded that friendship is characterized by two essential criteria: First, by an uncommon degree of *forgiveness*, elements of which Freud included in his conception of neutrality.⁷ This is because friends typically overlook the faults and idiosyncrasies that drive others to distraction. Furthermore, whereas mere acquaintances are ready and even eager to condemn each other for alleged misdemeanors, a friend will instinctively reject condemnation and offer a friend the benefit of the doubt. This is the very attitude that analysts endeavor to adopt toward their patients, the effects of which fuel the positive transference and facilitate the capacity for rapport. Second, friendship is characterized by an unusual degree of *generosity*. Patients make extraordinary demands on their analysts, seldom realizing the frustration such demands inevitably exact on the person who is only trying to help them. A good friend—and a competent analyst—never complains about this uneasy arrangement, even when appreciation for the sacrifice endured goes unacknowledged. A friend gives to his or her friend in a way that no one else is able or willing to, because their relationship is specifically predicated on this expectation.

Both of these qualities serve to embolden friends to make use of each other and to participate in a form of candor that is otherwise inconceivable. Montaigne subsequently applied the skills learned from his friendship with La Boétie to his appointment as advisor—in effect, the “psychotherapist”—to the king of France. In his essays, he went to some lengths to outline the difficulties encountered when serving in this capacity and the measure of tact and diplomacy that was necessary in helping his charge without committing offense. He offered a series of recommendations on how counselors who undertake this profession should conduct themselves, many of which are surprisingly similar to Freud's technical recommendations. For example, when outlining the necessary qualifications for serving in this role, Montaigne observed that

We need good ears to hear ourselves judged of by others; and since there are few who can stand it without being stung, those who venture to undertake it must employ a peculiar form of friendship, for it is an act of love to

⁷ See Thompson (1996a; 1996b) for a more detailed treatment of Freud's conception of neutrality.

undertake to wound and offend in order to benefit. (vol. IV, p. 307; Ives translation slightly revised)

The endeavor to influence others concerning their most intimate affairs presumes a capacity for friendship on *both* sides of the equation: for the counselor who must gain the trust of the person to whom he offers such counsel, and for the patient who must be able to accept counsel (or analytic interpretation) without resentment. (At any rate, every patient should be encouraged to analyze whatever feelings of resentment may arise and, with the analyst's help, work through them.) Indeed, this form of "friendship," whether systematized in the guise of a treatment situation or spontaneous in the case of a confidante, will not flourish in the absence of intermittent breaks in the time spent together. Friends do not typically live together, and when they do, they may compromise and even destroy the friendship. The boundaries provided by regular absences—duplicated in the analytic relationship—allow time for each to regroup and recover from the stings and frustrations that accumulate when together. Even in this era in which marriage is characterized as a "friendship" that includes sex, excessive time together can undermine the intimacy shared and dilute sexual attraction. Though Aristotle believed that friendship requires frequent contact in order to flourish, excessive contact may prove equally problematical.

Masud Khan characterized Montaigne's relationship with La Boétie as a perfect example of what he called "crucial friendship," an intense form of friendship in which the confidences shared are so personal they occasion a transformation in the personality of one of the participants. Khan suggests that this type of friendship also characterized Freud's relationship with Fliess. In the same way that La Boétie served as someone to whom Montaigne could bare his soul, Freud's correspondence with Fliess served a similar function. Whereas Montaigne's friendship with La Boétie culminated in death, Freud's friendship with Fliess culminated in a falling out, which Khan believes frequently happens when friendship occasions a transformation in one's self-experience. The termination of the transference relationship at the end of analysis suffers a similar fate.

Freud was thirty-two years old when he met Fliess, and on the threshold of his most important discoveries. In their correspondence, Freud shared virtually everything with him, his doubts, anxieties, his innermost feelings as well as progress and setbacks with his patients. It was during this period that Freud was also immersed in his self-analysis. Because

self-analysis by itself is not a genuine analysis, it was probably Freud's bond with Fliess that provided the fuel that rendered his self-discoveries palpable. In fact, Freud acknowledged in a letter to Fliess (dated November 14, 1897) that self-analysis was not all that he had hoped, due to the absence of an "other" in whom he could confide. "My self-analysis remains interrupted. I have realized why I can analyse myself only with the help of knowledge obtained objectively (like an outsider). True self-analysis is impossible; otherwise there would be no (neurotic) illness" (Masson, 1985, p. 281). Khan suggests that Fliess, even though Freud failed to realize it at the time, served as this "actual other" without which the gravity of the analytic experience proves negligible, since there would be no one to whom one can reveal oneself. According to Khan (1970),

With the hindsight available to us through Freud's researches and analytic method, it is not difficult to ascertain how much of Freud's relation to Fliess has all the patent characteristics of a transference-relationship: his lurid over-idealization of Fliess, his over-estimation of Fliess's intellect, his impassioned dependence on Fliess's judgement and approval, and its transience. It lasted twelve years, had its climax, and then it sundered. (p. 108)

Freud's and Montaigne's respective uses of friendship nevertheless diverged in significant ways. Whereas Montaigne idealized his friendship with La Boétie even after his death, Freud's feelings about Fliess changed dramatically, prompting him to adopt a more somber attitude about the limits of friendship and the unconscious source of its power. Contrary to Montaigne, Freud derived a more complicated assessment about the forces that determine its significance and the undercurrents that may lead to its termination. Freud experienced a change in his self-development due to the candid nature of the rapport he shared with Fliess over a period of twelve years, whereas Montaigne experienced similar changes in his personality due to the mourning he endured following La Boétie's death. It wasn't the intensity of the friendship itself that transformed Montaigne's personality, but the subsequent trials of self-disclosure, manifested through the composition of his essays.

Because of Freud's painful and decisive falling out with Fliess, he must have realized the potential power that self-disclosure is capable of harnessing — and how quickly a friendship is transformed when a previously serviceable dependence on it expires. Though Freud never explicitly

equated the transference with friendship, his views about friendship obviously informed his conception of the transference in a variety of ways, including his subsequent conception of the transference neurosis and the importance he gave to rapport as the principal catalyst for change. Hence, he was able to make use of the most ordinary and spontaneous experience with which all of us are in some measure familiar, and contrived a therapeutic technique that helps instigate our longing for love in the analytic relationship. Freud would have probably never made this discovery had he not appreciated the ubiquitous nature of love and the means by which it invariably insinuates its way into every relationship, but especially friendship. For example, in *Group Psychology and the Analysis of the Ego* (1921), Freud categorized friendship as one of those “aim-inhibited” forms of affection that has at its base the same longing for love that is manifested in sexual relationships, but that

[I]n relations between the sexes these impulses force their way towards sexual union, but in other circumstances they are diverted from this aim or are prevented from reaching it, though always preserving enough of their original nature to keep their identity recognizable (as in such features as the longing for proximity, and self-sacrifice). (pp. 90-91)

In Freud’s view, the strength of friendships—their longevity, duration, devotion, and self-sacrifice—is only possible because the “satisfaction” to which we all aspire is unobtainable. Hence, the obsessive and devotional quality of crucial friendship is a compensation for nongratification as well as a respite from the emotional upheavals that sexual relations thrive on. This also explains why friendships—and by extension, the patient’s transference to the analyst—are invariably frustrating, because the gratification we seek in all our relationships is necessarily thwarted in friendship. Indeed, the experience of feeling thwarted and our acceptance of this unspoken condition is the test upon which every friendship is finally measured.

In effect, the transference neurosis is a form of friendship, manifested by the trials of aim-inhibited love. The inexorable course of the treatment and sacrifices suffered finally bring home to the patient what genuine friendship entails. For Freud, the “higher” one’s capacity for love—which is to say, the more self-sacrificing—the more suffering one must endure for the sake of rendering one’s repressed libido available. In

other words, *one's capacity for enduring frustration is the measure of one's capacity for friendship*—and an optimal analysis.

In the transference, this is occasioned by a steady diet of frustration and disillusion. In Freud's relationship with Fliess, he discovered that the depth of their friendship and his inordinate dependence on it finally exacted a costly but necessary price: the friendship itself. Freud had changed so much during the course of it that he finally outgrew the relationship and, like a treatment that has finally served its purpose, no longer needed it. Once the treatment is terminated, most patients find it impossible to continue a relationship with their analyst once the conditions for their intimacy dissolve. Even if the analyst is agreeable, or they become colleagues, the erstwhile patient usually feels her former analyst knows too much to feel comfortable in her presence. Ideally, according to Khan, "One could argue that what is unique about the clinical situation is that the analyst survives both the loving and the hating of the patient as a person, and the patient as a person at the resolution of the relationship survives it, too, and is the richer for it" (p. 111). The ability to finally let go of the relationship and all of the attendant expectations is a measure of the patient's growth and newfound independence. If its absence can be suffered without bitterness and offer new hope for the challenges ahead, then the analysis will have delivered all that any treatment can realistically hope for: the comfort of a friendship that was unique in the depth of its undertaking, and transformative in the lessons experienced.

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