

Unformulated Experience and Transference

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TRANSFERENCE DOES NOT ATTAIN a form compatible with words until that moment in the treatment in which it is described. In fact, the words used to describe transference give it its shape and meaning. Prior to its description transference is not explicitly meaningful. Unformulated transference exists in a vague and indeterminate state which, if it were worded, could be spoken in more than one way, perhaps several ways. And since the description eventually chosen is jointly chosen by patient and analyst, the very shape and character of the patient's transference experience, its warp and woof and not just its meaning, is a product not only of the patient, but also of the analyst, and of the interaction between the two. These points have been approached from several directions in the psychoanalytic literature, especially from the interpersonal perspective. I will approach them through a discussion of language.

Transference is a description of certain aspects of the relationship between patient and analyst, and like any description it is a construction, a composition of elements abstracted from a whole (Schafer, 1983). It is in the interest of putting one foot in front of the other that we ignore in daily living the fact that description, however simple, requires the selection and crystallization of salient details, and their combination and interpretation. Multiple good descriptions of the same phenomenon co-exist. Which is chosen depends upon the deepest purposes that guide our involvement with the phenomenon to be described. In all of life, but with special emphasis in our own field, for "deepest purposes" read "unconscious purposes" or "character style." We can say, then, that which description we choose depends on a great deal more than our conscious orientation. And it is not only the personalities of analyst and patient which are at issue here, but also the part that any particular description of the transference plays in the evolution of the analytic relationship. And finally, the transference itself, as it develops over time, is an influence on its own further understanding.

Even the detailed analytic transaction, which we think of as raw experience, hardly itself an interpretation, is in fact an abstraction from something more vague. The very possibility of considering the analytic transaction as data is rooted in our capacity to describe it in verbal terms, even if only to ourselves and even if only implicitly. No matter how good the fit between a phenomenon and its description seems, it cannot simply be said that the phenomenon demanded this one description. Description has a part to play in forming the phenomenon and is finally a matter of intention, and thus of choice.

There are constraints, of course. Adopting a constructivist view of psychoanalysis obviously does not make one the arbiter of reality (Stern, 1985). Schafer (1983), whose proposal that clinical psychoanalysis is a constructivist enterprise is well known, writes in reference to transferences that, "There are only *ways* of apprehending reality, there being no single, authoritative, context-free reality to use as a criterion or to be held fast no matter what one is aiming to understand" (p. 123). However, none of these ways of apprehending reality "... is exempt from the rules of verification, coherence consistency, and (for the time being) completeness" (p. 206). The material which will, as the work proceeds, be pulled together into the coherent versions of the transference must in some sense pre-exist its formulation, though perhaps only in "fragmentary, amorphous, uncoordinated" form (Schafer, 1983, p. 130). Hoffman (1983) puts this well: Any perception of another person, including the patient's transference perception of the analyst, "... does not twist an absolute external reality into something it is not. Rather it gives meaning or shape to something 'out there' that has among its objective properties a kind of amenability to being assimilated in just this way" (p. 409).

I have said that description of the transference is a matter of choice, and that the choice is which words to use. But when I use this word—choice—I don't mean considered, rational choice. I mean choice that derives from the most ingrained intentions, choice that may not be experienced as such, the kind of choice that accounts for the dreamer's responsibility for the dream—or, for that matter, the choice that lies behind the satisfying experience of capturing something in words. The exercise of this kind of choice in expressive language requires, more than mere verbal facility, a lively awareness of the object of one's attention (Schachtel, 1959).

Merleau-Ponty (1960) distinguishes empirical speech, the established usage of conventional expressions, from creative speech, which "frees the meaning captive in the thing." "To speak," he says about authentic speech, "is not to put a word under each thought. ... We sometimes have, on the contrary, the feeling that a thought has been *spoken*—not replaced by verbal counters but incorporated in words and made available in them" (p. 44). And later, "Speech is a way of tearing out a meaning from an undivided whole."

Transference is one of those meanings which must be torn out, the whole in this case being the entire analytic relationship and situation. Until attention is directed toward it, and verbal description begun, it is only a tacit, indeterminate, unformulated experience (Stern, 1983) of the relationship between patient and analyst that exists for either one of them. In fact, though, as soon as the analytic relationship, which is in and of itself seamless, is broken into transactions and other events, as soon as the relationship is perceived as a sequence of discrete happenings, choices have already been made that will help to determine the form of our eventual fuller grasp; and therefore even at this earliest stage of the relationship we have unwittingly begun the process of description. But not until the events we have selected have been more or less co-operatively formulated in the useful ways the community of psychoanalysts agrees to designate as transference can transference properly be said to exist in a meaningful form. And for the sake of completeness let me add that this sequence of events must occur in the experience of each participant. Meaning must be attributed from within individual perspective.

But isn't there a problem here? Haven't I made it sound as if transference experience is either unformulated or co-operatively formulated? What place is there for all those clear and even passionately held perceptions of the analyst that the patient may not have the slightest interest in investigating? Aren't these experiences formulated, and aren't they in fact a large part of what we usually mean by the term transference?

Here is the beginning of an answer: A rigid transference perception is a forced interpretation and thus represents the unconscious refusal to formulate alternatives. Transference expectations, even those of great clarity to the patient himself, thrive only in the absence of alternative. The patient does not contrast them with anything, he cannot see them. In Becker's (1964) apt phrase, the patient cannot "back off" from the analyst and examine him critically. Says Becker: "... the rules are so inextricably entwined with the concrete object that there is no backing away for critical review, no symbolic dexterity possible. The ... patient is as buried in his object as the Sphinx in the desert sand..." (p. 179).

Symbolic dexterity is a matter of the creative use of language, of authentic speech, and we are locked out of language as long as we formulate only a single perception of a situation. It is the most basic teaching of Saussure, father of modern linguistics, that a sign—for our purpose a word—has no meaning in itself, that words mark divergences of meaning from other words. Meaning lies only in the differences between them (Culler, 1976). Imagine someone who has always worn glasses that make everything appear green. The word and concept "green" could have no meaning for this person, since in his experience green has never been contrasted with other colors. And even if green becomes meaningful through a contrast with an alternative—red, let us say—the green he has always lived with would not pre-exist red in his consciousness. They would pop into being together. No meaning can exist apart from its difference from other meaning.

We can apply this point to any system of signification, including the vocabulary of relationships. In order to attribute meaning to one's perception of another, or to one's perception of oneself in relation to another, one has to be able and willing to imagine other perceptions of the same circumstances. Oh, the person behind the green glasses would certainly be capable of saying, "The world is green," but since everything is green this could signify nothing more differentiated than, "The world is there." In the same way, but with the addition of motivation, the patient whose rigid transference perception it is that the analyst is uncaring because the analyst insists on charging a fee cannot and will not create out of this situation a meaning he can use. Because there is no willingness to experience the alternatives, no flexibility of interpretation, no contrast, the patient cannot differentiate an analyst who cares about him from one who does not. Evidence of less caring than the patient wants is generally available, and the patient generally seizes upon it.

There is no meaning without alternatives. Transference is experienced as necessity (Feiner, 1982, p. 402), as simply the way of the world, and so, like "green" for the person behind the tinted glasses, it is not really experienced at all. Let me repeat this point: Transference is the absence of alternative; the patient does not contrast it with anything, he does not see it. And here is the answer to the objection that the existence of clearly articulated transference expectations contradicts what I have said about transference as unformulated experience. No experience can be said to be formulated until it can be contrasted with an alternative, and that is precisely what the patient has not done with transference. There has been no alternative to either the transference that has been implicit but influential his whole life or the transference that has been articulated in such a way that other interpretations remain unthought.

The clinical goal in working with transference, then, can either be understood as the patient's experience of alternatives to the transference or the patient's experience of the transference. They are the same. "Actually," says Becker, referring to the result of these episodes of contrast, "what occurs in psychotherapy is that the individual gains a new object, *which becomes a wedge for inching himself out of his old world*" (p. 179; italics in the original).

We are reminded again of the centrality of the analyst's personality in the conduct, process, and outcome of the treatment. The universe of potential meanings which may be spoken between a particular patient and analyst is unique to them. It is constrained by the meanings they are each able and willing to make in their own lives—that is, by their characters. These constraints can relax, of course (especially on the part of the patient, one hopes), as the treatment progresses. And they are merely limits. Inside them the precise shape of this universe, what it is that might come within the grasp of speech, is always in flux, responding moment to moment to events in the interaction between the two. The analyst and the interaction, then, inevitably and without fault, have an influence not only on the course and outcome, but on the very shape of the patient's transference experience, on what the patient's transference experience can become. Not all the contrasts which occur in interaction with one analyst can occur in interaction with another, and so that part of the unformulated transference which can be spoken differs as well.

Let me offer an everyday example which may clarify my meaning. The analyst tells the patient about an impending vacation. The patient reacts angrily, complaining that the analyst does not understand the depth of the patient's need for him if he can go away at a time like this. From the patient's point of view at this moment, there is no more to understand than meets the eye. The analyst's vacation signifies only one thing, his lack of caring for the patient (and so there is no meaningful transference). If the analyst responds in kind, with a subtle apology, let us say, without questioning himself about this behavior, perhaps rationalizing it as some kind of therapeutic gesture or not perceiving it at all, then he, too, is acting on the unexamined assumption that there is no more to understand about his own behavior than meets the eye, and for him, too, this moment in the patient's transference is meaningless. If, on the other hand, either patient or analyst or both are able to question their own reactions and ask whether their unexamined explanations are really the only ones possible—a state of affairs which already presumes a readiness and ability to consider alternatives—then there is a very good chance that transference will come into being as meaning. In its unformulated state, the state in which people merely react to one another, the behavior and experience which will eventually be formulated and organized under the rubric of transference is "there," so to speak, but there is no one to know it is there, to perceive it as one of several alternatives and thereby bring it into the realm of meaning.

I have already quoted Merleau-Ponty to the effect that we do not employ authentic language to label meanings already defined, but to make meanings. Making meanings is a matter of groping toward our own intentions, which are not really known to us until we are able to speak them. And yet they exist. Our intentions, says Merleau-Ponty, are "not guided by any text, and ... [are] precisely in the process of writing the text." (p. 46). This groping toward meaning, or groping for words, except in the case of writing, usually goes on without the explicit consideration of alternative expressions. The evocation of alternative expressions is generally an implicit activity. "If we want to do justice to expressive speech, " continues Merleau-Ponty, "we must evoke some of the other expressions which might have taken its place, and we must feel the way in which they might have touched and shaken the chain of language in another manner..." (p. 46).

As is the case with expressive speech in other contexts, transference can be spoken, can come into being as meaning, without the patient's explicit recognition of alternatives. Recognition of alternatives can be implicit. When the analyst, in the course of doing his work in the usual fashion, happens to behave in a way that counters a transference expectation, he sometimes inadvertently provides an alternative effective in allowing the transference to be formulated, and it emerges into consciousness in language. It is at these times that the patient may become aware of having always believed, without realizing it, that the analyst feels one thing or another about him. In this way useful investigation may come about without explicit formulation of an alternative to the transference.

Let me return to the patient angry over the analyst's vacation. The patient has said that the analyst must not care about him if he can go away at a time like this. The patient has not formulated the thought, but we could say that he wishes and expects the analyst to react guiltily—perhaps the evidence would be an apology, perhaps some flustered retort that would indicate the analyst feels on the spot. And let us say that the analyst is aware enough of feelings on this order rising in him to question himself about them—at least aware enough to keep them to himself. So instead of reacting guiltily the analyst asks a common enough question: "What makes my going away mean I don't care about you? How does one thought come from the other?" Of course, if the analyst really thinks he already knows the answer to the question, and it is just a ploy to toss the ball back into the patient's court, the patient may know it, and the interaction may become more or less adversarial. And if the patient is angry enough to dismiss the question even if it is asked genuinely, then perhaps the analyst was not very tactful to ask it in the first place. But if the question is authentic, if the analyst sees what details of the patient's experience of this interaction he—the analyst—simply doesn't know, then there is a possibility that something the patient takes for granted will become visible, speakable, and an expansion of the patient's imagination will have taken place. This may happen as the result of explicit alternatives to the transference stimulated by the content of the analyst's question, or it may happen as the result of the patient's surprise at not being met with the attitude he expected from the analyst, i.e., as the result of the formulation of implicit alternatives. In our scenario, perhaps the patient will say nothing, preferring not to give the analyst the satisfaction at the moment, but will privately mull over the question. In even better circumstances the patient might be willing to indicate that in fact he had never really considered the analyst's question. In any case, in the process of giving voice to something that has been taken for granted, whether this is done privately or openly, both the transference and alternatives to it come into being. Just a bit, the patient shakes the chain of language. In that first instant in which the patient understands that there are words for what was previously unknown or unnoticed, it cannot be said whether the transference or the possibility of alternative is formulated first. It is a single event, all of a piece. A meaning and an array of alternatives articulate each other, like M. C. Escher's image of two hands each in the act of drawing the other. Neither transference nor alternatives to it are meaningful alone.

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Article Citation:

Stern, D. (1987) Unformulated Experience and Transference. *Contemp. Psychoanal.*, 23:484-490