TRANSFERENCE

Will Davis

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Freud and the early analysts discovered the transference phenomenon and were initially confused and astounded at what occurred in these "remarkable circumstances". They even began to doubt the basic premises of psychoanalysis until an explanation allowed transference to become the cornerstone of the psychoanalytic technique. It has since spread into all fields of dynamically based psychotherapy and became an essential aspect of most of them.

Transference was originally understood to be a process whereby the patient transfers his feelings and wishes onto the person of the therapist who has come to represent someone from the patient's past. For psychoanalysis, this process is absolutely essential to work effectively with a patient. For other forms of psychotherapy, transference has come to play a similar or less central role, depending on the particular theoretical approach, while in some cases it is either combined with or confused with projection. The result is, as „*Das Vokabular der Psychoanalyse"* explains, that due to its various usages, transference is difficult to define clearly. Today, there is no consensus even within the individual disciplines, and the result is not only confusion about what transference is, but also confusion about whether or not it is occurring at a specific time, and if it is, what to do about it. In her article in "*The Clinical Journal of the International Institute of Bioenergetic Analysis*", Virginal Wink Hilton discusses the problems of working with transference and specifically sexual transference. Interestingly, the complexity of the issue is revealed by the fact that though the title of the paper is "*Working with Sexual Transference*", the paper itself is about how to handle sexual *counter*-transference.

In an earlier article, I had made the statement that transference is an actual phenomenon, but it is merely a "form" and a "tool" created by the client to "manifest and work through deeper unconscious processes". Furthermore, if the therapist were to offer to the client other "forms" of working through this material, the use of transference as a "tool" would rarely be necessary. From my readings of Freud and Reich and my own experiences, I believe transference does happen, but I do not understand it to be merely the substitution of one person for another from the patient's past. This is an over simplification which curtails the effectiveness of transference by limiting it to a past oriented, psychological phenomenon as well as obscuring deeper understandings.

Transference was originally understood and described by Freud to be an *energetic* phenomenon operating within all of us. To think of it as a substitution process is to understand it only from a psychological perspective, whereas to understand and work with transferencs energetically offers not only the psychological phenomenon while broadening them, but also a myriad of other potential uses as "forms" and "tools". There is no reason to abandon such an essential human function solely to the realm of the psychological. With this article, I want to take this standard psychological concept and "tool", trace it back to its origins, and demonstrate how this powerful human dynamic has been narrowly used because it is understood psychologically and is ignored as an energetic occurrence. Furthermore I wish to demonstrate that understanding transference from an energetic perspective - its original formulation - expands the number of "forms" or techniques one can use in depth psychotherapy.

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1 Davis, Energy and Character, April 1989.

In a series of lectures given in Vienna from 1915 through 1917[2], Freud defines and describes transference and justifies the use of the term with the explanation that " ...we mean a transference of feelings on to the person of the physician because we do not believe that the situation in the treatment can account for the origin of such feelings". Transference not only exists from the very beginning of the treatment, but is previously formed in the client - "originates in another source" - and the therapist is merely seizing the opportunity provided by the treatment to enact this phenomenon. Freud further observes that transference is not limited to neurotics but is a universal human characteristic essential for both healing and healthy functioning. "...the tendency to transfer in neurotics is only an exceptional intensification of a universal characteristic".

For Freud, transference was libido functioning, and when describing behavior in energetic terms he, like Reich, often compared human functioning to simple organisms using pseudopodia as a means of extending themselves out into the world to make contact and then to withdraw from it.

> The withdrawal of object-libido into the ego is certainly not pathogenic: it is true it occurs every night before sleep can ensue, and the process is reversed upon awakening. The protoplasmic animalcule draws in its protrusions and sends them out again at the next opportunity. (Freud, 1960)
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> And
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> We compare this extending of protrusions to the radiation of libido on to objects, while the greatest volume of libido may yet remain within the ego... (Ibid.) (Emphasis added)

The above mentioned "radiation of the libido" is a central theme in explaining the phenomena of transference. For Freud, the capacity to radiate libido towards others in object-investment, for normal persons as well as neurotics, is the basic process of transference. Without this ability to "radiate" out, there can be no object attachment and so transference, as well as any other relationship, would not be possible. This is how he explained the difficulty that psychoanalysis has with being effective with narcissistic patients. Because they have "radiated" out to themselves, they become the object of their own libido and therefore are unable to form a transferential relationship with the therapist. Because psychoanalysis cannot function without this relationship, the initial phase of therapy is to draw the entire libido away from the neurotic symptoms and concentrate it onto the relationship with the therapist. Once this has occurred, the repressed libidinal impulses can be worked with within the twin realms of reality and consciousness, rather than being acted out unconsciously as a repetition of the past and manifested in symptoms and neurotic behavior.

> Perhaps the dynamics of the process of recovery will become still clearer if we describe it by saying that, in attracting a part of it to ourselves through transference, we gather in the whole amount of libido which has been withdrawn from the ego's control. (Ibid.)

Except for the emphasis that Freud put on the energetic functioning, all this is a common understanding of transference. The therapist represents an object from the patient's past and all his wishes, feelings, and thoughts are placed onto the therapist. But Freud goes on to say remarkable things about this curious phenomenon that I believe have been overlooked through the years and has resulted in what I see as a limited psychological understanding of transference.

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[2] In book form, these lectures were revised in 1934.

> It is as well here to make clear that the distributions of the libido which ensue during and by means of the analysis afford *no direct inference of the nature of its disposition during the previous illness.* Given that a case can be successfully cured by establishing and then resolving a powerful father-transference to the person of the physician, *it would not follow that the patient had previously suffered in this way from an unconscious attachment of the libido to his father.* The father transference is only the *battlefield* on which we conquer and take the libido prisoner; the patient's libido has been drawn hither and away from other 'positions'. The battlefield does not necessarily constitute *one of the enemy's most important strongholds;* the defense of the enemy's capital city need not be conducted *immediately before its gates.* Not until *after* the transference has been again resolved can one begin to reconstruct in imagination the dispositions of the libido that were represented by the illness. (Ibid.)(Emphasis added.)

This statement, in conjunction with the previous discussion has a number of important implications. For one, he is pointing out that transference is not the substitution of the analyst for someone in the person's past. He states clearly that ..."it would *not* follow that the patient had previously suffered in this way from an unconscious attachment of the libido to his father." One could not automatically assume that the client was substituting the analyst for his father even if there was strong and successful father transference in the work. As the analysts gave up the energetic model of human functioning, whereas psychology never had one, they were left with only an inter-personally based psychological model, and as a result they lost the original and broader conceptualization of transference as a naturally occurring energetic phenomenon. They now understand transference to be a sociologically determined psychological behavior, which requires placing meaning on behavior and then interpreting it. But the difficulty is, as Freud points out, one can only begin to *imagine* what was represented by all of the transferring ..."*after* the transference has been again resolved."(Emphasis added) According to this statement, it is neither necessary nor possible to interpret a client's behavior, or to make sense of it until after the major part of the transference has been worked through.

Transference is not a psychological phenomenon but has its roots "in another source". Described in terms of the radiation of the libido, it is in its essence an energetic function that manifests in the psychic realm. In psychological terms, this is known as object attachment to the parent/therapist. It may actually result in the common understanding of the therapist being substituted for the parent or someone from the client's past, but this is a small part of a deeper overall phenomenon. Libidinal radiation, object choosing and attachment are all natural and healthy human qualities. An object is sought as a result of spontaneous energetic functioning and when it manifests psychically, *who* it is is initially irrelevant! *That* it happens is what is of importance and that should be the focus of the work. It is coincidental that it is the mother or the father, simply because they are usually the most convenient and consistently present objects. In the case of an absent father, the object could be a much older brother, for example, without suggesting that the brother is either a father substitute or that the relationship is incestual if the chooser happens to be a girl or homosexual if the chooser is a boy. It may be, but it may not be. The process of object choosing and attaching is what is of importance. Was it successful? Was there interference? Only then do the questions of why did it interfere, who was involved, and what went wrong become important.

In her article *„Working with Sexual Transference"*, Virginia Wink Hilton discusses the transference phenomenon solely from a psychological and interpretive position. I agree with most of what she says, but I can only agree insofar as it applies to the psychological level, and I

disagree when her understanding fails to take into account the energetic underpinnings of this phenomenon. Her description of the "ideal" resolution of the oedipal stage is not only correct, but touching. Both sex parents are secure in their own sexuality, they acknowledge the emerging sexuality in the child, and set clear borders about what is and what is not possible. But as she points out, this is so rare a situation as to be unrealistic. Usually, the situation is handled poorly by both parents and confusion reigns, along with the underlying fear and anger the child experiences. In later years, the therapist is faced with a hurt and angry adult who is unconsciously functioning on a 5-13 year old level.

> ...when the patient falls in love with the therapist, he or she may feel she has surely found in the therapist the ideal partner, and if her love could be returned, everything would be magically okay. But on the deepest level, what she wants is to repair the damage; and if she wins, she loses - again...The Oedipal situation is a losing proposition. (Hilton, 1987) (Emphasis added)

Although I am uncertain about what she means by the last statement, I am sure that the deepest level is not the "repair of the damage". To become clear about and overcome all the pain and anger associated with these situations is essential and the initial part of finishing with a so-called oedipal transference. But from an energetic understanding, it is hardly the deepest aspect. Her description reflects what I consider the psychological understanding of transference, which, seen from an energetic perspective, is working only on the symptoms level of emotions and the externalized inter-personal relationship level - child and parent, (client/therapist). The work is far from complete because the most important matter of the work, the original source of the oedipal complex, the radiating, libidinal strivings, now needs to manifest and complete themselves. To support this understanding, I must again return to early Freud, 1891, as quoted by Sulloway:

> The relationship between the chain of physiological events in the nervous system and the mental processes is probably not one of (literal) cause and effect. The former do not cease when the latter set in; they tend to continue but, from a certain moment, a mental phenomena corresponds to each part of the chain, or to several parts. *The psychic is, therefore, a process parallel to the physiological, 'a dependent concomitant' (*Sulloway, 1983) (Emphasis added)

I believe that the client is striving for more than the repair of the damage. In fact she is still striving for the libidinal sought object and always has been despite the original damage and despite all her unsuccessful attempts and acting out. These strivings for love objects are living energetic processes that do not go away once the patient faces her repressed emotions. Although this must happen for the work to be successful, this is limiting the work to the psychological level and is effective insofar as it goes. Getting clear that daddy did love you in his own way, or didn't/couldn't love you, does not satisfy the *source* of all this turmoil - the spontaneous energetic radiations of the libido! After the patient has worked through her history *around* this tumultuous issue, she *still has* to learn to love and be loved, to pick appropriate objects, and take responsibility for her choices, needs and desires. Until this occurs, she will not function as a fully matured, sexual adult. The original problem is not "out there" but has its source from within, the original unsatisfied libidinal strivings, and these must be resolved. The patient may then fall in love with the therapist, or any other convenient love object as a way of acting on - and not out - her so-called oedipal transference. But it is not daddy she is striving for, and never was. She is striving to learn how to love and be loved, striving to be, and to be seen as a sexual being in the world, and if she didn't learn it at five or thirteen, she

has to learn it later in order for the *deepest* level of this process to be satisfied. This is not a psychological issue at heart. It is an energetic one that, in this case, may manifest in the psychological "form" of the oedipal stage. Working with transference in a therapeutic setting is one way – a "tool" - of dealing with this phenomenon. But it must be kept in mind that working psychologically is not working on the deepest level.

In *"Character Analysis"*, Reich's sense of this distinction eventually lead him to a bio-psychically based understanding of human functioning. In his book, he asks the question that while psychoanalytic techniques are dependent upon a *real* positive transference, is it reasonable to expect neurotics to be *capable* of establishing such a relationship. His answer is no. As he points out, most so-called positive transference has at its root latent negative transference and is not a true "radiation of the libido", to use Freud's expression. Psychoanalytically, they are pre-genital strivings and are more representative of narcissism - the need to be loved rather than to love. The woman mentioned earlier in the Hilton article is described in these terms - needing to be loved. This is not transference as Freud described it, a spontaneous moving out *towards* an object. To have real, or as Reich called it, *genuine* transference, there must be object-libidinal, erotic strivings which come only when the genital stage has been reached.

In *"Transference, Resonance and Interference"*, David Boadella states that in its essence, transference "reflects the history of earlier interference patterns", is "gluing", and according to Reich, false positive transference must be gotten past before meaningful work can be done. For him, transference comes from the first two layers of structure: the mask (character defenses) and the shadow (the confused, repressed, distorted middle layer). Meaningful work can only occur once the core has been contacted and a state of "resonance" has been created; a two way flow between therapist and client. In a private conversation, Boadella told me that he equated resonance with Reich's concept of genuine transference. For me, there is a great disparity between what Reich and Freud describe, and what Boadella writes in his article. Reich did not say that positive transference needs to be gotten past. He was emphasizing that what often passed for positive transference was not, and until one got to real positive transference - genuine transference - it was useless to work with transferential material. One needed to clear the false "positive" transference, and not eliminate positive transference per se. Furthermore, contrary to both Freud and Reich, who speak of transference as a spontaneous, energetic (libido) happening which would have to be a core process, Boadella states that transference comes from the defending and armored aspects of the structure. For me, his explanation continues the confusion around transference as a substitute, historical process and adds support to the negative reputation that transference has as the "bad boy" of psychotherapy. I do not think that this is a correct portrayal of the source of real transference, or of its role in the therapeutic process.

Further, I cannot accept his understanding of resonance as synonymous with Reich's concept of genuine transference. As Boadella describes, resonance is a two way interplay between therapist and client. I think that it is essential for good energetic work and is an excellent term and concept for explaining, in energetic terms, what needs to happen between therapist and client. In his latest book, Lifestreams, he writes:

> In work on transforming blocked patterns of feeling and expression, the most essential tool is the responsive life on another human being. Reich called this 'vegetative identification", the ability to sense in our own body the blocked patterns of expression that are

> constricting another. Stanley Keleman used the term 'somatic resonance' for the biological rapport between two people. (Boadella, 1987)

Agreed, but Reich called this "vegetative identification", not genuine transference. They are two different dynamics. As Reich describes it, after Freud, transference is a spontaneous, energetic reaching out that happens regardless of the response. It is primary, its origins are endopsychic. The response from the desired object will affect what comes of this, but transference itself is an internally motivated, unstoppable happening. The response and rapport that follows will affect the psychic structure of the individual and the therapeutic relationship and both will determine the quality of the resonance. Genuine transference, therefore, is a spontaneous, core originated process - a movement out by the individual into the world, while resonance is the vibrational harmonizing between two or more organisms psychically and/or somatically once the initial transferential process has occurred. Transference, in its initial impulse, is essentially endopsychic. Resonance is always inter-psychic, interpersonal. Both are required for successful work, but resonance is a *consequence* of Reich's genuine transference or Freud's positive transference. Resonance is a "dependent concomitant" of transference.

To re-phrase this discussion, it can be said that meaningful work can only happen after the core is contacted. When Boadella states that transferences come from the mask and shadow, we can understand them as psychic phenomena from the superficial, i.e. armored, layers of the organism. They are not genuine transferences, but are latent negative transferences, negative transferences, emotions from the armor, projections, resistances, avoidances, etc. These are not to be confused with what Reich was calling genuine transference, which is by its nature core connected. Using Boadella's description, these phenomena are essentially learned associated behaviors which have a transferential aspect to them - past to present - but they are not the original, energetic functions. When the core is contacted, more correctly is contactable - transference is already happening, the organism is reaching out on its own. Then there has to be *genuine* counter-transference - a real and positive response from the other in the relationship. Once that happens, we have resonance - psychic and somatic.

Not to consider transference from an energetic position is to misunderstand why, how and when it works. If there is no true transference - libidinal radiations - then transference is not occurring, and there is no sense in attempting to work with it as transferential! To confuse latent negative transference, projection and/or acting out behaviors with this definition of transference merely weakens the therapeutic effectiveness of all of these psychic phenomena. Analysis in particular and therapy in general, has been plagued by the inconsistency of a correct interpretation. Therapists talk about the timing of the interpretation as one possible consideration, and this is an issue. But often what we have is, as Freud pointed out, two parallel information systems: what the patient knows about himself, and what he has heard from the therapist; there is no interaction between the two. (Guntrip also skoe of the "dual nature of transference") My contention is that transferential techniques work, as do all techniques, when the energetic system is included in the evaluation and application of the intervention. Simply stated, transference is a useful therapeutic tool only when there is genuine transference as Reich called it, or as in Freud's description of the spontaneous radiations of the libido

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[3] It is interesting to note that Boadella is one of the few who puts such emphasis on genuine counter-transference and uses it in the therapeutic relationship. As with transference, most therapeutic models try to avoid genuine counter transference both conceptually and in practice. Its much too messy. Resonance takes Carl Roger's "unconditional positive regard" one step further into the energetic realm.

towards an object. Energetically, the work is effective only when it is core connected, rather than contacting the superficial layers of the mask and shadow; (i.e., latent negative transferences, resistances or defense systems.)

During his American tour in 1910, Freud gave a series of lectures and it is surprising how often he made the point that the effectiveness of psychoanalysis is often accompanied by some sort of emotional movement outward, either as expression or as a letting go. This is the energetic involvement in the healing process, and it holds true for the seemly psychological phenomenon of transference. I am not saying that there has to be an emotional outburst in good transferential work, although this is sometimes the case. I am saying that there has to be energetic movement for transference to occur and for it to be used effectively in bringing about deep changes in a person. There is no point in engaging the person in this area if it is not genuine.

One way to identify genuine transference is to recognize it as a present moment, living experience and not simply a reliving of the past. Freud was very careful to point out that the idea behind successful transferential work is the creations of "new editions" for the client, and not merely re-living or re-creating, or repeating the past. With an energetic understanding of the basis of transference, we quickly realize that we are not dealing with the past as is generally understood. It is only the past if we limit the work to the psychological understanding of transference - a re-creation of the past in the form of a substitution process in the patient/therapist relationship. An energetic/functional approach acknowledges that what is being worked with is not the past but the present as expressed in the therapist's office at that moment. The patient is not necessarily acting out when falling in love with the therapist in a disguised formulation to possess the father. Transference is *not* transference of *objects* as is understood in psychology, but rather a transfer - radiation - of *libido,* of energy. The object is the product, the radiaion is the process. We can choose to work with either the product or the process but the distinction is a clear and important one and the choice made has many ramifications.

In genuine transference, the client is acting, at that moment, on the incomplete libidinal strivings that need to be satisfied before the work can be concluded. The misunderstanding between genuine transference on the one hand, and acting out and defensive behaviors on the other, is one reason why so much confusion comes with trying to work with so-called transference. There is a tremendous amount of acting out in the therapeutic relationship, and as Reich pointed out, this is not libidinal strivings as Freud called for in the development of his technique. This is re-living and re-creating the past, with blaming and projecting, resisting and avoiding. But, genuine transference occurs too. Once good work has been done, true transferences - energetic strivings outward - can and do develop. These first must be distinguished from all the misconstrued transferential behaviors mentioned above, then contacted and supported. This distinction should be made clear because, too often, all responses by the patient to the therapist are conveniently thrown together and tossed into the transference pot where, mixed and muddled, they are ill-defined and misunderstood. Yet genuine transference must occur for the work to be successful. To use psychological terminology, the patient *has to* fall in love with the therapist - really.

Three examples from my own clinical experience may help to make distinctions. When I first worked in Germany, I was doing a session with a woman who was hitting a Lowen stool with a tennis racquet as a warm-up exercise. She suddenly stopped hitting and came around the

stool toward me, racquet raised over her head. Astonished, I asked her what she was doing. She instantly replied, "You remind me of my father." Astonished anew at this bizarre claim, I responded to her, "Don't be ridiculous, I don't even speak German! Go back to hitting." She immediately, and with no noticeable interruption, returned to the exercise. There was no transference here, in any sense of the word and in my view to label it as such would be an example of tossing any behavior towards the therapist into the transference pot. At this point, there was no increased energetic mobilization; her action was a theatrical acting out, totally conscious, rationally directed, and unconnected with any part of her deeper self. She believed that this is what is supposed to happen. She did have serious issues around her father, but her behavior was most likely the result of an ocular block.

The next example is of a fifty year old woman who had been working with me and an other therapist for quite some time, and it was clear her work was moving her. Despite her years, she exhibited a little girl quality in all of her interactions - except when pushed or confronted whereby she quickly and angrily took her ground. She announced to me one day, with a good deal of difficulty and coyness, that she was in love with me. My response was basically, “Well that's understandable. We have shared many important moments together. I have always tried to be attentive to you and to show my caring and respect for you. It is understandable that you could fall in love with me." I also made it clear that I was not available to her, but that she was in love with me was not upsetting to me. I was not clear what was happening. At first I thought it was a budding, adolescent infatuation, which I would consider a sign of growth, but possibly it was not. After I explained that what was happening was okay with me, she seemed a bit disappointed and possibly angry that I seemed to accept this so readily. It's possible she wanted more of a "problem" reaction and therefore I suspect it was not genuine transference. I suspect she was more interested in what it all meant rather than what it was.

The third example is the clearest of genuine transference. I had worked long and hard with a woman client who had an extensive history of serious problems which finally forced her to leave her work. She also had a long history with different therapists in what I felt was a serious attempt to help herself, but, for various reasons, she had not benefited much from the therapies. After we had worked for over two years, cleared some of her eye block, and were able to get past most of the acting out and drama, she made an important observation: "You know, I don't understand it. You are the only therapist I have ever had who I have *not* fallen in love with! I'm really confused." She said she liked me very much, valued our work together, and saw how much I respected and cared for her, but she didn't "love" me. Here is a good example of how thinking in traditional psychological terms confuses the issue and the patient, as well as limiting both. She didn't know what was happening because she thought she *had to* fall in love with her therapist, and it had to mean something, or refer to someone. What was actually happening was a reality-oriented, present moment, energetic phenomena: libidinal attachment strivings, exactly as Freud had described and Reich had emphasized. I was not her father or anyone else. I was an adult male in a present relationship who had consistently cared for her. She was an emerging adult woman learning to respond to and to trust the natural, normal radiating libido. Because what she was feeling was not the "love" she had experienced with her other therapists, she didn't know what was happening or what to do about it. She was not “losing” again as Hilton would understood, was not losing my “love”. She was discovering and exploring her original libidinal attachments.

The distinction between a psychological approach and a functional one, even around such a classical psychological "tool" as transference, now becomes clearer. Reich speaks to this when in the '50's he explained the difference between psychology and functional orgonomy:

> Psychology analyzes and breaks down experiences and conflicts and traces them back to earlier historically important experiences. Present day ideas and instinctual goals result in an understandable fashion from earlier or repressed ideas and instinctual goals. Functional orgonomy does not break down experiences, it does not operate with the association of ideas, but directly with instinctual energies which it loosens from characterological and muscular blocks and allows them to stream freely again. It is *not* concerned with what experiences have led to the block. (Reich, 1950) (Emphasis added)

A psychiatric dictionary defines transferential behavior as, among other things, anachronistic, inappropriate, and irrational. When viewed from Reich's definition of psychology, these behaviors are anachronistic - out of the past, inappropriate - not pertaining to the present reality, and irrational - -no sense or reason to them. But when viewed from a functional orgonomy approach, they are of the present and entirely appropriate because the strivings are current processes the patient is living at that moment and not something that happened in the past that he is now re-living. Therefore, they are entirely logical and reasonable, ineffective possibly, but clearly reasonable behavior given the present situation which the client is *living at* that moment.

The intention of this discussion has been to emphasize that we are no longer constrained by a psychological understanding of human behavior and therefore are not limited to using this model for creating our tools and techniques. Yet, it is surprising that even with Reich's breakthrough discoveries and innovations, the psychological model remains dominant within the bodywork/Reichian field. Emotional work is generally considered the "energy" part *of* the therapy, and after that is cleared, we can go back to the "real stuff"; the understanding and interpreting. All this attitude has done is to include emotions and possibly the physical body, within the realm of psychological functioning. It is a broadening of the psychological conceptualization rather than a deepening, restructuring and re-prioritizing. The core of the work has remained a psychic-centered model. Without this elemental change we are still working with the original model Freud described whereby: "We can say that the mental apparatus (psychic structures*)* serves the purpose of mastering and discharging the masses of supervening stimuli, the quantities of energy." The essential question being confronted with this discussion is do we have the psychic structures "mastering" and organizing the flow of energy, or do we have energy organizing the resultant mental apparatus?

I believe that what Reich was calling for is the second of the two positions. At best, the first is the model he was working with during his transitional characteranalytic period - including the body and emotions within the framework of psychoanalysis. But this is not the model he developed in "*Function of the Orgasm*" and afterwards. There is a clear distinction between these two periods and works.

With not having exclusively a psychic-centered approach, we can avoid some of the problems that arise from that orientation because it is possible to be more flexible, as well as to broaden the base of our tools and techniques. By understanding Freud's position about transference, the therapist is freed from so much interpreting, and therefore from so much misinterpretation. There is less of a tendency to over-psychologize in order to make a patient's behavior relevant and reasonable. And we can adhere to Reich's warning not to “psychologize the bio-

logical". There is less "pressure" on the therapist as the center of the work. He does not have to know before the patient does. The focus of the work can shift more to the patient and stay there. Projections and so-called transferences decrease, as well as counter-transference.

The traditional healing process in the West has been dependent on "influencing" the patient from external sources. This is a central aspect of the medical model. Freud talks consistently about "accessibility to influence" from without - from the physician. Without this, most verbal therapies are ineffectual. Approaching the work energetically, the inter-personal relationship is still an important factor, but it no longer has a *causative* role. It is not a central agent in the mobilization of the organism: e.g. psychoanalysis' use of transference, gestalt's use of projection and bioenergetics use of confrontation both verbally and physically. The relationship may still be a recipient of the transference or projection but that is incidental to the focus and force of the process - the emerging libido emanations. The focus of the work shifts to developing more effective ways of libidinal mobilization from within, endopsychically. When the original libidianl radiations are re-mobilized, the usual psychic manifestations may occur, depending upon the patient's character structure. When a therapist works energetically and intra-psychically, the focus of the work comes from within the patient and is felt and understood as such by him from the onset. It is not experienced and worked through circumferentially; "You, as therapist, are my father, but I know you really aren't and in fact I will eventually discover that my father is not the issue here. The problem is at its deepest level me and 'mine'."

One question that arises from this discussion is if we work energetically from within-outward, not either "influencing" from outside or "stripping away the armor" layer by layer from outside-in, won't the emerging energetic flow simply contact and be blocked by the resistances in the same manner as outside-in work? My experience that this is not the case suggests Freud's observation that one does not have to attack the "city's gates" in order to do effective work. In fact, he points out that new "positions" are to be created to draw the attention *away* from the "enemy's strongholds". Working from outside in - attacking defenses, and stripping away armor – raises the risk of defense re-enforcement, with an occasionally successful "scaling of the castle wall".

When working functionally and energetically, the work becomes more than defense and resistance work - trying to break *in* and down against the patient's will. All insightful therapists and theoreticians, including Freud and Reich, have noted the client's desire to be healthy, but few have developed techniques working from this understanding. Working inside-out, the therapist is more clearly in the position of a supporter of the patient's emerging healing process and is not experienced as the attacker. By not engaging the defense systems in the normal way, we are re-defining our "positions" and coming at it from a different aspect.

We can take the psychoanalytic narcissistic character as a case in point. As Freud points out, this is a particularly difficult person to work with because instead of radiating out libidinal to objects - significant others in his life - he attaches his libido to his own ego. Transference is not possible, he only transfers to himself, and there is an unclear distinction between ego and libido. To begin working traditionally with this person, outside-in, one has to contact his ego, but as soon as this occurs the flow of libido goes directly to his ego, thus re-enforcing his narcissistic defense. The ego has been created for defense, and functions this way when contacted. He has learned to channel his energy into the object of himself as a defense mechanism.

If one mobilizes from within, the assumed result would be that the energy flows into the ego again, but this does not seem to be the case. Instead, the energy begins to flow *outward* and does not necessarily get channeled into the ego defense system. Because the defense system has not been activated, there is no need for it to come into "battle". In fact, there *is no* battle, so the energetic forces respond naturally: transferring, flowing outward, seeking contact, attachment, and eventually, response.

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will davis Mas de La Capelle Route de Saint Côme 30420 Calvisson France
+33 (0) 466 81 43 25 willdaviswilldavis@gmail.com