Therapeutic Alliance, Basic Trust and Mistrust

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27years old professional woman, that time on her maternity leave, visited me on account of her anxieties, marital discomfort and anorgasmia. In her quarrels with husband there probably revived her sibling-rivalry toward her 3 years yonger brother. The young family lived together with her husband's parents in their house. My patient evidently projected the Oedipal constellation from her original family to the relations with her husband's parents.

As a girl, Alice was angry toward her mother for "too much" preoccupation with brother, but at the same time she felt compassion for her during mother's frequent depressions. She noticed that father enjoyed her companionship much more than being with mother. She reproached herself for the pride she derived from the father's love. There developed an unsuperable feeling of shame between her and her father during her adolescence with the result that she left her home prematurely.

As a main obstacle against more secure emotional closeness with husband there stood her unconscious belief that all men are either "mentally retarded" (as her younger brother) or "enmical and full of violence" (as she saw father toward mother). For her to approach any man more closely had the unconscious meaning to leave herself at the mercy of his stupidity or anger.

As a comfirmation of these insights she brought a dream:
She, her husband and their little daughter paid a visit to her parents. All the young family spend the night together in one bed from necessity. Notwithstanding, the husband insisted that they made love regardless of the child. Suddenly she got violently angry. She annihilated the furniture of the room, pulled off the chandelier and left the house. She met an old man on the street. He made a ceremonious bow to her and sad: "Madam, you hit the mark".

In associations she mentioned the "typical family happening" from yesterday evening. She looked forward to marital sex in the night, but wanted to postpone it until she was sure that the daughter fell asleep. "But, as you know, doctor, my husband is such a sort of sexual machine without brakes. When he is set in motion, he cannot stop himself, unless he destroys something."

Under such conditions it was only an act of patience from her side, she could not enjoy making love. From this day residue she passed to another topic: how she enjoyed her progress in analysis. The attained insights helped her to be conscious of so much anger, formerly hidden behind inhibitioins, and to believe she could feel anger without endangering the others or herself. When experiencing the real collaboration between us she was no longer disturbed by formerly frequent sexual

fantasies about me, worrying whether she was good enough for me. At the same time she began to feel herself free from her former obsessive devaluating me in the way “doctor wants only one thing from me, that I obey him”.

The more troublesome effect had on her what happened yesterday, immediately before our session. She came a little earlier and found among other books in the waiting room the one containing poetry with illustrations of nudes. She got angry at my “interest in obscenity”, but as she entered my consultung room, she forgot her strong affect and recalled this incident as late as now when associating to the dream.

She enabled me to connect in interpretation her extraanalytical experience from her present family with childhood memories both enlived in her actual analytic experience of self-absorbed man indulging in his passions regardless of her needs. I ended my interpretation with the words: “Maybe you actually need from me something similar what you badly needed from your father in adolescence: that it is possible to see and speak about all these things similarly as you could with the old man from the dream. The man was probably delighted to meet you, but you have not felt endangered by his excitement, as you were yesterday in my waiting room, or as might have been your daughter in the dream in the case that you did not intervene”. (In the time of this analysis I was only in my late thirties and the question of my age and trustworthiness have been repeatedly discussed with the patient, with the result that in my fantasy I wished her some older analyst, too.)

Nevertheless, her reaction to my interpretation seemed positive and cooperative.

She answered by a chain of associations thematized around the thought: “Don’t I sometimes need too much anger to defend against the fear that my husband spoils something or hurt me?”. She added till that time unavailable memories of the short period of adolescence prior to her exaggerated loyalty to mother. So she opened the following problem how to deal with “too self-centered and self-satisfying thoughts”. She renounced them and distanced herself of them by appreciating them as something “typically masculine”. As it seemed, the pacient accepted the insight of the interpretation and worked it through by discovering some new connections.

In the object-transference there appeared her fear of the object-representation of the violent father, unsatisfied with mother, but (as showed his shame toward adolescent daughter) incestly excited toward her. The old man from the dream embodied the father needed by every adolescent girl. He appreciated her beauty, loved her, but she was not disturbed by his sexuality.

In the case my patient transferred on me the “whole object of the violent father, obsessed by forbidden sex arousal”, she had to be convinced, that I really felt something similar to her. Seeing from the other side she was able under the influence of the **strong enough therapeutic alliance** in relation to me to speak with me about my potentially dangerous qualities in relation to her. When she discovered that I did not rape her or beat her, she could accept, that at one

moment she related to me **as if** I was some sort of such a violent and ruthless man.

The content of the transference was horrifying and **self-syntonic** for the pacient. At the same time she was able to lean herself against the hitherto **secure base** of our relationship to analyse the transferred formation.

How is to be understood the mentioned concept of **therapeutic alliance**?

Freud (1912a) wrote about the unobjectionable part of transference of patient's positive feelings toward the analyst. He called them also "friendly", if they appeared in relation to him from men, or "tender", when they were displayed by female patients. He considered them "unobjectionable", because they represented no obstacle to the therapeutic process. Contrary to the transference in the narrow sense of the word, Freud appreciated friendly and tender transferences as powerful allies of the analysis.

A year leter (Freud, 1913) he even recommended to postpone all interpreting "... until an effective transference has been established in the patient, a proper *rapport* with him. It remains the first aim of the treatment to attach him(her) to it and to the person of the doctor. To ensure this, nothing need be done but to give him time. If one exhibites a serious interest in him (her), carefully clears away the resistances that crop up at the beginning and avoids making certain mistakes, he(she) will of himself form such an attachment and link the doctor up with one of the imagos of the people by whom he was accustomed to be treated with affection."

Patients "caught" into such an attachment (later called therapeutic alliance) have a tendency to accept interpretations as something good and useful in spite of ever present resistances to new insights. Discussing the original meaning of Freud's conception of transferred unobjectionable positive feelings many years later it was Carl Adatto (1989) who added to its characteristics the "negative friendly transference" enabling the patient not to accept some interpretation without undue fear of loss of the analyst's goodwill.

Nevertheless, since Freud's first formulation of this concept up to now, there has been many discussions about its nature. The questions related to many problems.

I choosed the following ones:

1) Is it something one can count with? Is it a stable portion of the patients' psychic equipment one can rely on? Is it sufficient to believe in a constant ally with the analysis in the patients psyche and to be in never ending search of it in order to use it?

2) Isn't any alliance with therapy from the patient's side only temporary? Aren't there some serious dangers that the present ally becomes the enemy of the analysis in the future? Will not the now unobjectionable transference, if not interpreted in proper time, turn into the obstacle simply by definition? (All what is transferred has the infantile origins and as such it serves to maintain pre-analytic equilibrium of inner conflicts).

3) Is it necessary to do more than interpreting in any endeavour to obtain some collaboration of the patient with the analytic process? Or expressing it differently:

Are there such pacients having more **basic trust** at their disposal and the others

deprived of such an ability to await anything good from us? Are such patients, who actually lack the basic trust, interested in our interpretations, or they need something else to have supplied from us?

Now I return to my case-fragment and measure it through the three mentioned clusters of questions.

At first sight the sequence of events corresponds fully to the first cluster. Hitherto made piece of analytic work enabled the patient to segregate a part of her ego 'fo cused on reality' (Sterba, 1934), eager to know, independent of the other ego's portion cathected by instinctual and defensive energy. 'The ego ally worked with the analyst not because of the personal relationship between patient and physician, but because at least as regards that fragment, patient and physician shared the same purposes' (Friedman, 1969).

The proponent of quite different view contained in the second cluster of questions is Nunberg (1932). He sees the basic aims of the analyst as simply opposed to those ofthe patient. The patients wants (1) to fascinate by speech and not yield secrets, (2) to gain the analyst's love ant attention, (3) to become involved in himself for narcissistic gratification, (4) to exercise his intellect. He wants complete liberation of impulses, freedom from inhibitions, magic protection, absolution from his guilt, privacy for his shame and a static symbiotic relationship to the analyst. 'Surely, much of this will disguise itself as the discovering of a new intellectual point of view, but none of it, according to Nunberg, not even the intellectual interest, promotes treatment' ...'Freud said that 'our cures are cures of love' and Nunberg makes it clear that this means that it is the threat of loss of love that persuades the patient along the paths that will be useful to him. Gone is the analyst's alliance with a splitt-off, uncathected, reality-focused ego fragment. Instead we have an indulgent. magical alliance with a fantasy analyst followed by a desparate appeasment of him as the fantasy mask slips from his face. Words like bondage or enslavement, if they were not so melodramatic, would in fact seem to characterize the relationship more exactly than alliance' (Friedman, 1969).

Does it mean that my patient was motivated to accept and further elaborate my interpretation by the fear that not accepting would be followed by the loss of attention and affection of this self-absorbed and violent man, as I appeared her in the transference? I do not think Nunberg was right in this case. As for the third cluster of questions (what to do to maintain the alliance) I think that on conscious level it wassufficient simply to interpret without some special care about the alliance. But what do you think about the next clinical example?

The patient was one time 'a hopefully talented young dramatic writer' according to his critiques of that period. At the beginning of the analysis he was 45, without job, taking disability pension from the hated communistic Establishment which would prevent him from writing if there were no neurotic obstacles to write in him-self. His psychiatrist recently decided about his disability to work on the basis of "chronic depression". Until he and his wife had been taking care of their children,

he stopped writing considering it as “morally unacceptable” and instead worked in many unqualified jobs to earn money for the family. He could not choose his jobs according to his inclinations because of his interrupted and never finished university studies. He stopped studying when he was 20 and incidentally impregnated his schoolmate. Though there was no love between them he decided to marry her. He took this step as his obligation knowing that the girl was as a child deserted by her mother. In spite of his sadness and lack of energy he appeared to be a very good verbaliser of his inner states and an interested collaborator with my first interpretative attempts.

He entered the analysis with the conscious wish to repair his ability to write.

His depressions appeared at a time his children were old enough he could feel justified to begin writing again. He was very disappointed with his new attempts. He could not write a word.

Something similar happened when he entered the analysis. Differently to his easiness during initial interviewes he had much difficulties with free association. From time to time he accused me that I did not help him enough. “I know the basic rule”, he said, “but why don’t you tell such things I’m ashamed of or which make me troubles instead of me? You certainly know what I need to say, I’m sure”. He did not like to accept that I cannot know what is going in his mind. The following “dream in the dream” contributed to understanding of this enigma: “You introduced me in a hypnotic state. Hyponotized I fell into a deep water. I have been submerging very deeply but I haven’t become wet. Due to fear that I am not able to emerge, I woke up on the floor of your office seized your knee and with a relief I exclaimed: ‘I’m so glad **you** are here’, but ashamed by the way I used you ruthlessly, I repaired my slip of tongue with the words:’I’m glad **I’**m here with you’. As I waited to your commentary to my dream, you had to leave. You took a scythe and slowly walked up to the near Black Hill. Me and my son accompanied you. You exchanged greetings with many people and with some of them you stayed to have a little chat.

When you mowed a good portion of a medow, you stayed in a pub to have a glass of beer. I sent my son back to home, sat down at your table and ordered only a glass of lemonade for me. When I asked you again, as unintrusively as possible, for your commentary to my dream, you vaguely promised that perhaps you tell me on our way back. I felt ashamed by disturbing you when you have been taking rest and woke up ultimately.”

To help him with his as usual uneasy associating to the dream I told something about his possible feelings of hopelessness when even after a long walk with me and patient waiting he got no answer to his question. “On the contrary”, he said to my surprise. “I enjoyed walking with you. I liked to see how do you live. This was the best way, how to learn it from you.”

I continued: “I feel unable to understand you. But yet in the dream you wished to analyse the first dream about the water depths?” I was nearly paralysed by his simple answer: “If I follow all my wishes, I would die in misery as a disgusting asocial man left by all people. If I had the opportunity to see how do you live, to learn it by mere looking, I would have no interest in my ‘dephts’. I haven’t invented psychoanalysis, I only suffer by my way of existence,

how kind of a man I am."

"O.K.", I attempted at conciliation. "This way you perhaps wouldn't get wet from your depths, but isn't it too risky to leave all interventions on me only. I had the scythe after all. Would you let me to cut all your feelings, thoughts and fantasies as I like?" "Why not", exclaimed the patient. "I went through similar process with my mother as a child and apart from a few exclusions it made me no pains."

In the dilema whether to revise his inner conflicts in order to get rid of his many inhibitions or not to see them and instead "learn something new and else" stood the patient fully at the latter solution at that time. My interpretations together with repeated assurance that I am not able "to learn him how to live according to my ideas accepted by him without reservations" he constantly refused. At the same time, to the disappointment of both of us, he did not want to leave the analysis due to his secret belief that I let myself to be persuaded
to his enterprise. As it showed later, he made his belief out of his previous experience. He never negotiated with anybody about his own needs. He always simply joined to the needs of the other and from time to time he was fortunate enough finding that it was paying off. The other needed the same as he. That way he related
to his parents, the poor immigrants to our country. He considered them as decent people who earned money with the sweat of their brows for meager living of the family. All people in the neighbourhood appreciated them due to their asceticism and kindness. Even my patient was convinced that nobody could criticise them even if they were not able to supply necessary food and clothing, never empathized
with him and refused the pure notion that he could be naughty in school. In their home he had never been naughty toward his admirable parents.

He secretly took himself as a rescuer of the girl he married. Once a poor, unwanted and by her parents deserted girl, changed herself into beautiful and self-conscious woman during the times of their marriage. Later he told me that she also contributed to his entering into analysis by her joke, she did not intended so enemically, as he considered. He asked her if she objected to his plan to go somewhere with his friends "after such a long time he had not seen them". She answered: "Why not, it is though the widely known fact that you have been always living to my detriment."
"See, doctor, she told these words to me, to the man who loves her most of all in the world and therefore **nearly always does only what she needs**."

The dramatist offered me such a sort of alliance which Nunberg (1932) had been finding in his patients as deeply unconscious formation hidden behind the surface allied with the analyst's endevours. My patient refused the analysis, but insisted on my collaboration on his conscious project which was in turn unacceptable to me. There followed a long lasting, painful and not much success ful process of analysis. Seeing back,nevertheless, now I can see the workable kernel of the alliance he offered me. His real alliance was hidden behind his

object-transference. He behaved to me, as if I was his “morally unobjectionable” mother who had to be always right. If I did not take his transference so idiosyncratically,i.e. if I have not been so angry against the idea of the obligatory omniscient and omnipotent mother transferred on me, I could collaborate with him much more easily, relying on his interest in discovering, as he showed in due course in his initial “dream in the dream”. The first part of the dream was connected with his fear that he would got wet and would not be able to emerge from the depths. His conscious wish to discover went on in the second part, but was opposed by his fear of allmighty mother as an unsuperable obstacle to discovering something else than “her truth”.

Not every patient behaves so clearly as Ms.Martha, 48 years old single lawyer. At a time of her analysis was her personality organised along the borderline, nearly psychotic rules. That time I adhered to the Kernberg’s (1975) suggestions how to supply the patients lacking some firm inner structure by the external one, made of the reliable setting and confronting them with their violent anger as soon as possible. Martha probably intuitively assessed my inner disagreement with my behaviour toward her. I followed the Kernberg’s recommandations rather blindly, not in accord with my own feelings. She gave me the following lecture: at the beginning of one session she used the moment I was prepared to usual shaking hands and slaped me with all her force on my face. Nearly fainting I heard her words:”Do you want another one?” The Holly Ghost enlighting my mind enabled me to answer: “No, it is not necessary, I suddenly understood how much do **you** suffer due to **my** interventions. There followed a session during which I found her aggresiveness much more bearable than previously.

The last clinical example supporting my opinion that there is something in the patients, latently prepared to join our efforts to analyse, is about the 37 years old married succesful manager, famous by his sharp mind, healthy humour and well neutralized aggressiveness. All colleagues considered him a charming man and voted him to all possible committees knowing that wherever he was present, there were made sound decisions and nobody left the meeting disappointed.

He came to the session in a comfortable mood with the feeling “why have I come here having actually no troubles”? He laid himself on the couch joyfully awaiting the deserved rest and in order to be sure that I did not disturb him he announced: “I have worked enough today, doctor, don’t spoil my siesta”. “Not to forget”, he said after a while, “imagine, what resolution was made by my wife and her friend. They said I’m a workoholic, that is, I escape from the situations enabling me to stay with myself alone. What do you say to it? I got angry. I can stay with myself alone. It is not the problem. But what made me angry?”

I told: “Maybe you feel that you succeed in ‘being with yourself alone’ better in your work than in your home?”

“You are right, but I feel embarrassed by it, I don’t want it.” Then he

introduced some examples from his actual family life leading me to the commentary: “It reminds me the time you were twelve and your father suddenly died. That time you possibly suffered by some feeling of insufficiency that as an oldest of all children you coudln’t calm down your nervous mother so reliably and easily as could your deceased father?”

“There had been hard times with my mother after father’s death. But in my memories I have rather good feelings of competency, that I mastered my task I owed her. Maybe, if it is what you thought, I succeeded better that time with my mother than now with my wife. Nevertheless, there are actually some other contents in my mind. The memories of my father, how much he struggled to make me a ‘functioning and strong man’. He trained me. I had to visit cemetery in the night, to climb to the heights, to rule my peer group and so. I was happy that I succeeded after every such achievement, but at the same time in my mind I felt ashamed on account of the fear I had to overcome. My father had never known, how much fear was within me...Ha! Havent’t I now something similar with you? I’v come to the session in a lazy mood. And now you drive me that I work hard on my problems. At another time I come with some problem I solve using all my forces and you only listen to me and perhaps fall asleep.”

The manager’s association led us to his ‘task oriented’ way of mental functioning. He does something similar when he comes to the session with circumscribedproblem, or when he returns to his home in the evening and makes his best to please his sad wife whenever she is tired by the care of children and householding. The ‘task orientedness’ denotes the patient’s concentration on doing necessary acts regardless of his own feelings and needs. In his home he ‘swings there and back’ without consideration of his own tiredness and feeling of resistence to do anything.

The far more he is hurt by his wife’s reproaches that he stopped loving her, that he prefers his work rather than her and their children.

I commented: “Isn’t it similar between us in sessions when you ‘bring circumscri bed problem?’ Differently from your wife I don’t need to be loved by you, but as well as with her, there is a lack of your feelings I need to understand what is going in you.

I cannot catch anything to comment with the result that I neglect you similarly as you do with yourself.”

At that moment could my patient become conscious what annoyed him in his wife’s mocking reproach (that he is a workoholic). He never takes rest at his home convinced that it would be too ruthless and selfish. The same reproach he heard many times from his mother whenever he wanted to play as he liked “regardless of her great loss”. He can take rest only in his work. During the committee’s proceedings he uses his ability to concentrate on problems regardless of his actual needs and to understand the inner states of the other participants who are not so ‘trained’ as he. Using his decent and non-aggressive humour he helps them to overcome the necessary frustrations, leading the negotiations to some successful end. When all participants leave his office, he

makes coffee for himself, lays his leggs on the desk and calmly reads the newspaper.
This is his real relaxation. “My father never did such things in our home. I don’t knowwhere he took energy for his industrious way of life.”

The description of the session would not be complete if I omit my dream I had the night following the described interaction with the patient:

Late in the night I sat in a friendly company, something like informal celebration. Most of us became a little drunky. My patient, the cheerful manager has been sitting nearby. At one moment he leaned to me and in a joking tone told: “I envy you your easy life, if you are always a supply.” I remember my sudden feeling of unjustice, offence. Waking up I murmured “what kind of supply? Everybody knows my independent opinions and acts, the enemities I must face due to my individuality, why a supply?”

Fully awake I understood my dream the following way: the manager envies me that I (probably) had father in my adolescence and if not, I can take my self-confidence from interactions with Freud’s written works or with the living authorities of the contemporary psychoanalytic scene. I certainly have not told the dream to my patient. It was assigned to me, to my side of the interactions with the patient. The dream helped me to become more sensitive in assessing, what has been operating in our relation at every moment, to perceive the shifts between the therapeutic alliance and transference.

I have promised you that this case-presentation is the last one and that it illustrates my opinion (or belief) that there is something in our patients, latently prepared to join our analytic efforts. Most of you are probably acquainted with the works of Heinz Kohut (1971, 1972, 1977) about the analysis of the narcissistic personality disorders. Kohut considers as central in the work with such patients not to interpret their specific transferences (idealizing, mirroring, merger and twinship) in order to enable them to cooperate in analysis. Under such conditions his patients were able to manifest all other possible (object) transferences and accept interpretations. The regular analyses of these narcissistically vulnerable patients have been carried on the **background** of the so called narcissistic transferences. Kohut (1971) advised not to touch them until they worked. On the other side, the analyst has to intervene in all cases of the **disruption** of some of the special transferences. The rupture arise whenever the patient is narcissistically injured, in most cases due to some analyst’s empathic failure. None of us has an “ideal” empathy, so that these failures are unavoidable and regular part of the process.
The rupture-repairing intervention consists of the analyst’s finding what was empathically wrong in his previous intervention and discuss it with the patient. The tacit assumption of the patient (that he has an ideal analyst, that his analyst has an ideal patient in himself etc.) in the **background** of the analytic situation passed to the **foreground** due to the rupture of the specific part of the background.
As soon as the analyst intervenes the described way, the narcissistically vulnerable patient resumes his former position in his special narcissistic transference (slightly less intensively than before the rupture) and again it

remains on the analyst to **support** safe **background** of the analytic situation (=therapeutic alliance) by non intervening into narcissistic transference if there is no disruption. Using other words: the analyst has to contain the hardly bearable narcissistic transference of the patient in order to maintain the working alliance with him.

There were made many attempts to reconcile Kohut's psychology of the Self with the "mainstream" of psychoanalytic theorising, or at least to use some of his principles in analyses of different patient who have not the narcissistic vulnera bility in the forefront of their troubles.

Among most of them I appreciate Treurniet's (1991) "Support of the analytical process and structural change". Treurniet differentiates two classes of transference:

1) the **iconic**, i.e. object-libidinal, the transference in the narrow sense, related to

the **foreground of the psychoanalytic situation** as an observational category. "It contains any content which becomes conscious or any reflection on what has become conscious: the universe of interpretations, of object-mother, object-libidinal transference, transference neurosis, of explorations and discovery" (Treurniet, 1991).

2) the **dependent-containing** transference ('narcissistic tie, narcissistic or self-objecttransference) related to the 'environment-mother' and the attachment behaviour on the **background of the psychoanalytic situation**, in other words **therapeutic alliance.**

"Background is a 'silent' non-reflective, non-observational category in which the "I" of the analyst is in direct non-verbal, non-conscious contact with the "I" of the patient, the channel through which intuition and projective identification are mediated, the area also of communication of the unconscious of the patient with the unconscious of the analyst"(Treurniet, 1991).

"Background can become foreground. It happens in regressive states, with empathic failures, when a treatment alliance becomes resistance and when projective identification is experienced. In other words: background becomes foreground whenever it is disrupted"(Treurniet, 1991).

As you see, Treurniet succeeded in understanding the concept of therapeutic alliance by applying among others also Kohut's observations, originally describing the narrow scope of 'narcissistic personality disorders', to widen its validity to all psychoanalytic processes. The idealizing, mirroring, merger and twinship transferences now appear as special types of therapeutic alliance with the two differentiating features: (1) they are visible, the analyst is conscious of them and consciously overcomes his need to interpret them (which would decrease his burden, but destroy the process), (2) their content belongs to the narcissistic dimension of the psyche which must be protected in order to enable the other dimensions to join the process.

The content of most other alliances (self-object transferences within the background of the process) is unconscious to both participants until it enters into the foreground due to some unavoidable disruption. As is showed in my last

clinical example, it is not necessarily the analyst who pays notice to the disruption first.

If we turn to my clinical examples now, after introducing Treurniet's position, will we be enriched in the ability to to see more? Let us try it:

The young mother Alice from my first example badly needed the 'mother-environment' which did not oppose to the playful and optimistic qualities of our setting. We both succeeded to maintain such a background, consequentially to her probable early development. Her father had been perhaps the better guide through the beginning of her life in comparison to the depressive mother. According to her report they were very close until her Oedipal age. She even provided me by the memories of some erotisation of her relation to father. It happened during her sixth year, at a time her father began to have more interest in her three years younger brother. As if she felt she had some more to offer him than brother and depressive mother. During the latency period she concentrated herself on school learning and many interests outside her home. In adolescence there appeared the second sexualisation of object-father with his shameful reaction. I think that something similar went on between us during analysis. Nobody enters into analysis with the wish to possess his/her analyst and to satisfy on him his/her needs. People usually seek the transformational experience with reliable transformational object (originally an environment-mother). Drive-seeking appears following background disruptions. There have been many possibilities of 'subliminal' mutual enactments between us that could lead to such disruptions. The more Alice appreciated my playfullness, the more she had been afraid of it, connecting it with 'something prohibited', sexual atractiveness on the first place. There was no secret between us that we found each other sexually attractive. From this source might come my contribution to the disruptions. Conscious of our mutual sexual attractiveness I could unconsciously behave toward her with more reserve, incompatible with my natural temperament. She might (rightfully) connect my inhibitions in analytic situation with the father's shame during her adolescence, perceiving my shame as accusation of undue sexuality from **her** side. This way she might be motivated to convict me that **I** was the sexual attacker and she was the innocent victim, as well as was her depressive mother. In order to be able to continue in the 'experience of being inside the process to which one contributes' (Bollas, 1990) she needed that I contained her corresponding guilt feelings stemming from the notion, that she could be a seducer. As you might see, we succeeded in this task.

As regards the dramatic author from my second example, I have already mentioned what I consider wrong from my present perspective. At a time of his analysis I mistakenly confused his object-(ikonic) transference with his dependent-containing transference (=therapeutic alliance). If I did not let myself bothered by his iconic transference (of the obligatory omniscient and omnipotent mother), I would take his transferred need much more easily to the foreground of the analytic process to interpret it and not simply to refuse it as something unbearable for me.

Ms. Martha from my third example rightly assessed the capacity of my container. It was much larger than I showed her. She rightfully surmised that I could do more than to reproach her, as she understood the 'well intended' but not my own 'interpretations'.

In my last example I tried to show the easily visible shifts between the two mentioned classes of transference during my negotiations with the cheerful manager about what was going on between us. There was one prominent transformational need within him at that time of his analysis: to undergo the process of benign and successful confrontation with the father of adolescence, he missed at proper time. This need lied in the background. It was he who, as tactfully as he could, interpreted my little enactment, the picking up speed of our interactions. Doing it I emerged from the background (from the alliance) to the foreground of the analytic situation as the definite object reminding him his real father. Through similar repeated negotiations we succeeded in necessary deidealisation of his father-object and corresponding changes in his ego-ideal, enabling him to take rest in his home, too.

In summary:

Freud (1912b) wrote: "The doctor should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him." Nevertheless, he did not insist that the mirror should hang on the wall. I suppose that the analyst should be equipped with a set of various special mirrors (simple, magnifying, parabolic, focusing etc.) and lend the patient at any moment this one, which is most convenient to the contents the patient needs to see. Their relation is similar to the one between the porter of golf-sticks and his V.I.P. The porter is usually a professional in golf. The V.I.P. relies on the porter's ability to choose for him the best pale for every stroke. But neither every V.I.P. nor every patient in psychoanalysis has basic trust enough to rely upon his/her guide without reserve.

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