

leads me to agree with the apparently general view that Kleinian transference interpretations often deal with so-called deep and genetic material without adequate connection to the present analytic situation and thus differ sharply from the kind of transference interpretation I am advocating.

The insistence on exclusive attention to any particular aspect of the analytic process, such as the analysis of the transference in the here and now, can become a fetish. I do not say that other kinds of interpretation should not be made, but I believe the emphasis on transference interpretations within the analytic situation needs to be increased, or at least reaffirmed, and that we need more clarification and specification of just when other kinds of interpretations are in order.

Of course it is sometimes tactless to make a transference interpretation. Surely one reason for not making a particular transference interpretation, even if one seems apparent to the analyst, would be preoccupation with an important extratransference event; another would be an inadequate degree of rapport, to use Freud's term, to sustain the sense of criticism, humiliation, or other painful feeling the particular interpretation might engender, even though the analyst had no intention of evoking such a response. The issue may well be, however, not whether an interpretation of resistance to the transference should be made, but whether the therapist can find that transference interpretation that, in the light of the total situation—both

transference and current—the patient is able to hear and benefit from primarily as the analyst intends it.



Transference interpretations, like extratransference interpretations or indeed any behavior on the analyst's part, can have an effect on the transference which in turn needs to be examined if the result of an analysis is to depend as little as possible on unanalyzed transference. The result of any analysis depends on the analysis of the transference, the persisting effects of unanalyzed transference, and the new experience that I have emphasized as the unique merit of transference interpretation in the here and now. It is especially important to remember this lest one's zeal to ferret out the transference itself becomes an unrecognized and objectionable actual behavior, with its own repercussions on the transference.

The emphasis I am placing on the analysis of resistance to the transference could easily be misunderstood as implying that it is always easy to recognize the transference as disguised by resistance or that analysis would proceed without a hitch if only such interpretations were made. I mean to imply neither. I believe that the analytic process will have the best chance of success if correct interpretation of resistance to the transference and work with the transference in the here and now are the core of the analytic work.

### Case Illustration

I believe the most faithful rendering of the therapeutic process is by the report of a full session. No single session is likely to demonstrate all the points made in this paper, however, nor can I find any session that is not open to criticism of some kind.

I chose the following session for these reasons: Though the therapist may well be considered too intrusive, his very activity increases the number of illustrations of interpretation of the transference. Indeed, the therapist himself comments on the degree of his activity. (In a later session, it becomes clear that the patient feels competitive in seeing connections and interprets the therapist's activity as besting him in this contest.) Since the patient is being seen only once a week, most people would call this treatment "psychotherapy." I am of the opinion that the range of settings—defined as frequency of sessions, couch or chair, type of patient, and experience of therapist—in which the technique of analysis of the transference is appropriate is far broader than is usually considered to be the case, so this illustration serves to exemplify that view, too. The session is only the second of the therapy and thus illustrates what I mean by employing this technique from the beginning. My comments will be largely restricted to how the analysis of the transference is being exemplified, though of course much else could be said.

The patient understood that in return for being seen by an experienced