

## The Analyst's Participant Observation as Influenced by the Patient's Transference

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I NEVER MET SULLIVAN PERSONALLY, and do not consider myself to be a Sullivanian. But the early years of my analytic training took place in a Washington strongly influenced, if not dominated, by him and his ideas; I was a student in 2-1/2 of the courses he taught (he died midway through the last of these); and I have acknowledged in earlier writings my debt to him. His term, "participant observation", seems to me well and succinctly to capture the spirit of the analyst's functioning *vis à vis* the patient.

Concerning the psychotherapist's role my earliest concept, developed prior to my coming to Washington, and based largely upon medical training coupled with my predominantly obsessive-compulsive psychodynamics, required of me that I maintain myself and my feelings in a kind of stance which had essentially nothing to do with the individual patient. My egoideal, as regards my functioning as therapist, required that I endeavor always to be helpful to the patient, that I be unflinchingly interested in him, and that I *experience* no negative emotions whatsoever toward him—let alone *express* such feelings to him openly. I regarded my personal identity as changeless, and my therapist-role as similarly fixed and absolute.

I have described elsewhere that, in the course of subsequent years of personal analysis and clinical experience, ... *my sense of identity has become ... my most reliable source of data as to what is transpiring between the patient and myself, and within the patient. I have described ... the 'use' of such fluctuations in one's sense of identity as being a prime source of discovering, in work with a patient, not only counter-transference processes but also transference processes ... (Searles, 1966-67)*

The main point of the present remarks is analogous to the one just quoted: as with the analyst's over-all *sense of personal identity*, so the *customary style of participant observation* which he has developed over the years, his observation of the ways wherein he finds himself departing from this normative style, in his work with any one patient, provides him with particularly valuable clues to the nature and intensity of this patient's transference-responses and -attitudes toward him. Beyond the analyst's privately observing such variations in his customary mode of participant observation, he can find it constructive, with increasing frequency as the analysis progresses, to share these data with the patient.

If one has some superego-based, professionally-ingrained standard for oneself (as did I initially to an almost paralyzing degree), such as evenly-hovering attentiveness or unflinching interest and helpfulness, one will fail to note the patient's-transference-derived vicissitudes in one's interest, participativeness, and so on, which are occurring.

In one's attempt to achieve and maintain some personally idealized, superego-imposed participant observer position, one is apt never to notice that the *patient* may be perceiving or experiencing, on the basis of his transference-distortions, the analyst's position and functioning to be quite different from those the analyst is experiencing these as being. The patient may be reacting to one's subjectively helpful participativeness in terms of one's threatening to devour or destructively pervade him, and to one's observational functioning as emanating from his own projected, harshly condemnatory and omnipotently controlling superego (his own "Watcher-Machine", as one schizophrenic patient phrased it). In this connection I have found many times, both in my own work as an

analyst and in my supervision of the work of analytic candidates, that when the analyst is being unaccustomedly warmly participative with the patient, we have a clue to the analyst's unconsciously avoiding the negative-transference role in which the patient is tending to perceive him (as being, say, a perceivedly remote and unfeeling parent). Similarly, when the analyst finds himself being disproportionately observational and minimally participative in any tangible fashion, he now possesses a clue to the likelihood that he is unconsciously fleeing from the recognition of, say, cannibalistic urges on the part of the patient or himself, or both.

A few weeks ago, in my work with a highly intelligent, intensely ambitious lawyer who had begun in analysis a few months previously, I found myself immersed in deeply troubled feelings concerning my sense of identity as an analyst. I had had a nagging feeling, from the beginning of our work, that I was unable to keep up with the rapid and abundant flow of analytic material from him. He typically reported dreams which were not only numerous but which clearly possessed much significance for the analysis, and he himself was able to perceive their significances more rapidly than I could. I felt that this man, who showed many signs of moving unusually rapidly in the analysis, was only highlighting a chronic and pervasive deficiency of mine as an analyst—a deficiency, so I felt, of underinterpreting. The work with him intensified my long-familiar concern lest I be burned out as an analyst.

It came to me as an immense relief, then, a few weeks ago, to discover that an important cause of my troubled feelings consisted in his transference to me as being his own small-child self, the youngest child among several siblings, a child who had felt chronically unable to keep up not only with his highly-competitive older and larger siblings, but also with his mother, who seemed to him always in motion, always going away somewhere. I now remembered that I had gone through much this same sequence of analytic developments a few years previously with another such man, whose childhood-family dynamics had been similar to those of this current analysand.

A narcissistic man with whom I am currently working used, earlier in the analysis, to give me to feel insufficiently intelligent to qualify for working as an analyst. He is a highly intelligent person and I used often to feel admiration, bordering upon awe, for his ability to make nice differentiations, in his thoughts, his fantasies, his memories. The subtlety of his thought, and his ability to create beautifully apt metaphors to express his ideas, all seemed quite beyond my reach. I seldom found any opportunity to make any verbal contribution to the analysis, and he spent much time silently immersed in—so the intricate verbalizations which were the product of these silences gave me to assume—thought of a subtlety and richness that I could scarcely begin to appreciate, let alone hope to participate verbally with him concerning it.

Here again, transference-data which emerged subsequently gave me to know, to my great relief, how powerfully motivated he had been to project upon me the feelings of inadequacy which he had felt toward an older brother, a brother who had lived, during the patient's childhood, in a longed-for world which felt utterly beyond the younger boy's despairing reach. I now became more aware of the defensive aspects of the patient's functioning during the sessions in the way which I have described, and was better able to see the narcissistic, bordering on autistic, aspects of his displaying so complex a mental activity—a kind of activity not necessarily so highly superior to my own but designed, more, to shut me out of his world. While I still can well believe that he has a mind superior to my own in important regards, he no longer gives me to feel unqualified to conduct work as an analyst.

In my work with another male patient I began early to feel semi-moribund during most of each of the sessions, and for at least some months attributed this largely to chronic fatigue from an unusually heavy weekly schedule of patients. But as the analysis went on I became appreciably less burdened by such a feeling as, bit by bit, transference-material emerged which made clear that he was reacting to me variously as his chronically depressed mother, and as a long-senile grandmother who had lived largely as a vegetable, nearby, during a considerable portion of his developmental years.

Several months ago I confided to a middle-aged female analysand that she was, and long had been, my favorite patient; I told her this because I knew that this phenomenon, although in various ways pleasant to me, must indicate one of her major problems. My sharing with her this information (information which represents, obviously, an aberration in my customary participant-observer functioning with my patients collectively) had highly constructive results in terms of the emergence of a wealth of newly-remembered transference material. She recalled, with intense feelings of murderous rage and grief, how all her life she had felt it absolutely necessary to be pleasing to other people generally and, above all, to her mother. Her negative mother-transference feelings toward me, largely repressed for years in our work, now emerged with an intensity which I found at times frightening and awesome. With all this, she began manifesting a coherency and a purposefulness in her ego-functioning which had been largely lacking before.

Lastly, and apart from my main theme, I long ago learned that the analysand's part of the work involves something far more and other than learning to be a free-associating, and dream-reporting, machine; the analyst must both require, and primarily by collaborative personal example help, him to internalize the participant-observer activity as an ego function which he can carry away from the analysis as a part, now, of himself.

## **REFERENCES**

Searles, H. F. 1966-67 Concerning the development of an identity *Psychoanalytic Review* 53 507-530 Quote is from p. 527.

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