TRANSFERENCE AND SYSTEMIC APPROACH IN PSYCHOTHERAPY:

COMMENTS MOTIVATED FROM THE BOOK "THE ACT OF TRANSFERENCE" by **Sotiris Manolopoulos**

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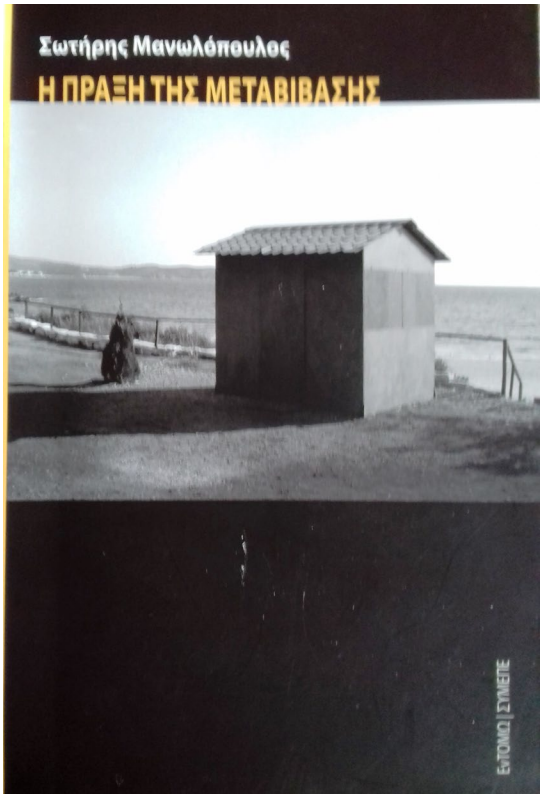

Summary

Motivated from the book "The Act of Transference" written by S. Manolopoulos, the use and application of transference from therapists working with systemic approach is questioned. Consideration and reflection upon therapeutic relationship and especially its application on individual systemic psychotherapy was a bit delayed. The article strives to detect the present condition concerning the issues above. This is attempted through review of relevant articles and books and also through personal psychotherapeutic experience of the writer quoting clinical vignettes.

Key-words: Transference, Therapeutic Relationship, Psychoanalysis, Systemic Approach

1. The phenomenon of Transference: "The inheritance"

"You cannot walk twice through the same river"
Heraklitos

…But you might struggle to do it always in the same way. This signifies the "repetition compulsion". It is a repetition of learned, installed and repressed manners of being and acting when facing the relational flow. It signifies a personal history. A past where survival was the ultimate-unconscious-goal. The fact that you can repeat presupposes that you have survived. But under what cost? What physical and mental fatigue? What conflicts and wounds have been produced from this specific way of acting?
We tend to repeat the well known. This is what provides a sense (or illusion) of security. Even if the well known attitude leads to discomfort and self torturing.
But human beings are pluralistic entities.
Is it the Pleasure Principle or the Autopoetic ability or the Reflective stance that urge to increased self knowledge. Are these, all together, that impel us toward novelty, rupture of homeostatic conservatism through creation of inconsistencies and gaps against the consistencies involving relating with self, other and the world around us.
The phenomenon that Freud captured, applied, evolved and constantly reshaped (as he did with so many other issues) and many other great psychoanalysts continued evolving, partially transforming and redescribing, psychoanalyst and tutor Sotiris Manolopoulos is now presenting in an utterly comprehensive way. His book is, to my opinion, very well written and in a way that makes the reader reflect upon lots of relative issues.

S.M. defines transference in a Heraklitian way: T*he act of constantly becoming (gignesthe)* precedes *'being'*. Being is defined as an instant image of the "becoming" process. 'Acting' entails 'becoming' and 'becoming' entails 'acting'. Acting entails flow, movement, encounter with the unexpected. Transference as an Act. As a 'Constant Becoming'.
S.M. talks about a relational process that accepts, listens, embraces, tries to understand while at the same time challenges and catalyses difference and novelty. Gives birth to new verbal and emotional structures that tend to liberate subjective experience from the cost that the subject has paid. Transference is enacted between people entitled with concrete roles in concretely defined context. Definitions of roles and contexts differentiates ways of transferential enactment.

"The *Analytic condition (*therapeutic context) *is the aspect that provokes the transferential movement from the part of the help seeker (*patient, subject, attendant)" "…and the way that is being treated by the analyst is what discriminates psychoanalysis from other psychotherapies" says S.M..
Therapeutic relationship is defined by S.M.," as a special relationship. It needs to provide stability and security and at the same time to be challenging and open to novelty. It needs to be receptive towards positive transferential feelings and appraisals as well as aggressive ones. It needs to accept sexual thoughts and feelings but not sexual enactments, to impel repression but also to reestablish reality of the present, to try to understand physical acting out and at the same time to impel meaningful verbalisation. That is to coat physical enactments with words that create memories and

help metabolising traumatic repressed experiences and lighten conflicts. This relationship "…*has an exceptional inward closeness and a separateness…"*

S.M. discriminates transference that is experienced, in some ways, at almost every human relationship from that of the special therapeutic relationship. At the second one we do not settle for what is just happening. There are certain expectations and requests concerning reflections, transformations, and finally relief. Requests about designation and emergence of novelty, so that past will become the promoter of a more functional present.
The concept of transference was initially connected with the concept of "transference neurosis". "*Transference is defined as the displacement of certain facets of unconscious representations of childhood objects to the representations of present objects" S.M. (p.47.)…"The creation of a neurotic (non psychotic) transference entails that differentiation, stability of self and object representations, displacement, ability for symbolism, regression, repression, repetition and also memory and infantile perception, are working".*

From 1920 and on psychoanalysis broadens its application including more "categories of mental diseases": Psychoses, personality dysfunctions, early traumas etc… It differentiates certain points of analytic-therapeutic stance, features projective identification as major component of the act of transference and speaks about (Freud 1937) the use of hypothetical consumptions from the part of the therapist, when memory is vague or absent.
Is there anything else, from the part of the help seeker, concerning therapeutic relationship, except transference? "*The analyst-therapist plays also the role of real object and not only of transferential object" (Blum 1917), says S.M.* The relationship with the therapist as a real object is the one that builds up "therapeutic alliance". And without this alliance the act of transference would be impossible.
The act of transference has at least two sides. The side of **counter-transference** is described after that of transference as a reaction and an answer to the primary movement coming from the side of the analysand. It contains emotions, feelings, thoughts, phantasies, mental representations, images, concerning the analysts-therapists life, that are born from the reception of the transferential stimuli. In the beginning it was confronted as being an obstacle for the evolution of the analytic process, after a while as a valuable component and nowadays as a fundamental analytical issue. The analyst's-therapist's main responsibility is constant awareness and working through of counter-transference. From this process depends our ability for empathy and interpretations. It is the process through which our insight and consciousness concerning our therapeutic behavior can grow. It is a movement inwards before we address to the "other" in front of us.

The "Systemics": Acceptance (processing, metabolising, assimilating, enriching) or renouncement?

As a designated systemic therapist but also with a view constantly focusing on "psychoanalytic psychotherapeutic uterus" i.e go to the next step. The questioning of how systemic psychotherapeutic approach "conceives" , designates, refers to and uses the "act of transference". This question enlightens directly both structures of systemic psychotherapeutic practice. The dyadic psychotherapeutic structure, which is recently (the 1990s) described from the systemics, and the traditionally systemic multi personal (family, couple, group) therapeutic structure.

The dyadic structure

Luigi Boscolo and Paolo Bertrando have done a very important job in defining-among other things- the ways systemic therapists work in individual therapy. This is done initially with the editing of their book "Individual Systemic Therapy" and with several articles published mainly from P. Bertrando after the loss of L. Boscolo.

It looks as if systemic therapeutic functioning is defined by comparing mainly with psychoanalytic psychotherapy. Bertrando puts, as a decisive issue, the *"emergence of the third party" .* That is the presentification of the important other. We refer to the important others without being obliged to use the transferential procedure as a mediating space where past emerges and then transferred to the present time. M. J. Gerson (1997) accepts this concept pointing out that transference needs to be always taken into account and therapists should process it and become aware of it, regardless of interpreting or not.

It feels like It does not seem necessary to reach relational "here and now" through interpreting features investing therapeutic relationship, regardless of the degree of insight we should have about them.

In order to achieve this "presence while absent", the important others need to stroll around the session as "living ghosts". The systemic therapist, working in the dyadic form, is inevitably working with the current real relations of the person seeking therapy. When someone is complaining about the insensitiveness of its companion or about a parental neglective stance, our concern as "systemic" is the understanding of all the parts involved. Not only alliance and support of the person in the room. We care about interactions and how the person in front of us is contributing. We try to empathise also with the 'living ghosts'.

In addition to that, systemic therapist has also to reflect and empathise, in a way, with the larger social and cultural context that surrounds us while having therapeutic interactions. That is that we have to become aware of how these hyper-systems influence both the help seeker* and the help giver (therapist). In other words, both transference and countertransference.

The concept of interpretation

Does systemic therapists interpret? What does "interpret" mean?

For the psychoanalysts it means the designation and emergence of transferential phenomena in order to contribute to increased awareness, consciousness, verbalisation and emotional investment of conflictual complexes that produce symptoms. It is important, while interpreting, to try to give meaning to repressed fragments of memory in order to make them revitalised and expressed.

"*A memory-action that acts in present conditions, when repeated becomes active memory"* (S.M.).

Does systemic therapist cares about bringing past to present, by interpreting the special transferential relationship and by connecting present acts with past? Or is it enough to designate and emerge the present dysfunctional interactive circles, and dysfunctional communication (parallel communication, communicative redundancies etc)? Does she/he refer past acts to the Genogram? That is to a more specific method? Is always emergence of relational interactions enough for inducing a certain change?

* *Preferred from "Patient" or "Client".*

Interpretation embodies signification. We, as therapists, interpret-signify by making reductions to a language that we posses or do we search ways in order to help the help seeker to make her/his interpretations?
But in what psychological interpretative language should she/he do it? Does she/he possesses one? Maybe she/he does. But If not, it might be necessary to lend ours or train someone to a relative language.
So therapeutic interpretative condition contains a certain amount of learning-training. Sometimes insinuated or overshadowed.
Psychoanalytic language seems the most applied and enriched language until now. As systemic therapists we have to put humans in our centre of interest. To open up to new linguistic constructions and to insert new linguistic features. To invest to the therapeutic stance of "curiosity" and help people through asking questions in such ways that help us find what language suits each person's speaking, rather than how we can match every person to the specific language we serve.
G.Cecchin, G.Lane and W.Ray designated just that.

"Remember means I shuffle the cards and redistribute the roles in relations. When I remember I don't just fill the gaps. I collect, in a creational way, randomly thrown elements and reshape them while modifying their economy. I do not add but I rearrange, I collect and pair again, I recompose my psyche. I don't just recall a fact, i narrate it, I reframe it. I put 'I' where the repetition of unrefined experiences stands. This is a moral act. I become the subject of my fantasies. I take over my responsibility about them." (Scarfone, 2011 from the book of S.M.)

Do we have to reflect upon what is the psychotherapeutic approach of the writer above? All the approaches lay claim on him.
Interpretation, reframing, narrative construction: How can we discriminate them? Might they be different signifiers for the same signified?
On the other hand, why can't an opinion, a comment or a change in punctuation consist an intervention that produces change? Is it necessary to be an "interpretation"?

The issues of "time" and "space"

Systemic approach is a holistic approach. It conceives human beings as a bio-psycho-social entities. Here we will punctuate the issue of 'time'. Of human being's history. We come to relate in front of self and other as a hole, shaped in an historic process. One way or another the way we are going to relate would carry a piece of our personal history. Either we call it relational representation or transgenerational pattern of relating, or otherwise, we will relate in present bringing forth a piece of our past. The concept of process (gignesthe) here signifies the constant ability for reforming, regenerating and creating (autopoesis) novelty which will be integrated in a cohesive nucleus of the self. This cohesive nucleus as a space structure seems necessary when a part of the self becomes destabilised. Then we need this nucleus to avoid total disintegration.
The space into which all the above happens is considered as "system".
In every fragment of time we are part of a multifaceted and multi leveled interactional network. The "relational human being" comes to join relations as a bio-psycho-social entity with a history in a network of interconnected contexts of influence. How many data can a therapeutic relationship

have in mind? How many data can it feature or work through? Focusing seems inevitable. Otherwise we lose ourselves in entropy.

Transference in multi-personal structure

The remark made stimulate us in order to focus to the psychotherapeutic structure that deals with families, couples or groups. Complexity of interconnected relations tests our ability for probing upon therapeutic interaction. V. Pomini and V. Tomaras (2015) talk about *multiple bonds* that develop between all the members involved in the therapeutic context. K. Charalabaki (2015) talks about *transferential splitting,* pointing out that there can exist at the same time positive and negative transference from family, couple or group members. M. J. Gerson (1996) considers impossible to become aware of all the transferential movements coming from the members of the persons in therapy. So she points out that the systemic therapist focus on the relational constellations that emerge rather than the content of the dialogues performed. But at the same time she suggests that "*…we should be alert even for the most impalpable referral to us…*" .

A. Tsamparli (2011) reflects upon the analogies in transference between families and groups.

If we accept definitions of the "self" as polyphonic (Bakhtin) or multiple, or multifaceted or distributive (J. Bruner 1990), I wonder about one more analogy (or even isomorphy): The one between individual therapy where different transferential qualities can exist originated from different parts of the self with the transferential process concerning therapy in multi-personal structure.

It is given that in multi-personal therapeutic structure, transference is distributed between all of the persons present. It also has a different quality because it is created in the presence of the "important others". It seems that representations and fantasies face their own objects "here and now".

Contextual transference*

There is another kind of transference recognized in systemic approach. The transference referred to the context in which psychotherapy takes place. When we say "context" we mean not only the therapeutic in which the main components are therapists and help seekers but also the larger human systems containing it and other, equal in order, systems related to it. While conducting a session we are influenced and at the same time, influence these interconnected contexts. Transferential acts are mainly addressed to the larger systems containing the therapeutic one (i.e. a hospital, a training centre, a private office etc.). If someone has had a positive experience from these hyper-systems via some good therapeutic relationships, even if the therapists retire or change, positive feelings, thoughts, fantasies might continue. Even if some others express a good opinion about a certain therapeutic context this might create a positive transferential stance to the help seeker. In the same manner, if a large containing system starts to dysfunction (stuff changes, bad management, high workload) this might affect an even well established therapeutic relationship*.

*(also K. Charalabaki (2020), "Double Binds, Systems, Foundations and…Farewells")

Self and Relationship: Foundations of Psychotherapy

It seems that -openly or submissively stated- the majority of systemic therapists do not dispute the existence of transference and counter-transference as acts in dyadic or multi-personal psychotherapeutic structures. The issue here is if and how they handle them. Paolo Bertrando when referring to individual systemic therapy, makes a really important, i think, discriminating attempt through comparison to the psychoanalytic approach. He identifies "transference analysis" as the psychoanalytic stance and calls "Presence of the third party approach" the systemic way of managing the therapeutic process. As "third party" means the important others that consist the real world relationships of the help seekers.

"…In systemic therapy third party is presentified within therapeutic dialogues which becomes centered on external relationships, while in transference analysis the third party is subsumed to the therapeutic (transferential) relationship which is considered the core of the therapy."

"…(in transference analysis) the internal representations of relationship are worked through by focusing on the relationship between client and analyst. In the (systemic individual therapy) the same representations are considered by focusing primarily on the relationship between the client and her relevant others…"

In multi-personal therapeutic structure, Bertrando considers as a fact that systemic therapists focus mainly on the actual relationships between the members of a family that unfold in front of us, rather than the relations between the members of the family, couple or group with the therapist.
Bertrando himself, on the other hand, originates from psychoanalytic based training and practice and gives us, together with Bianciardi and Telfener an excellent description for the act of countertransference (at the V. Pomini & V. Tomara's, article: "Therapeutic relationship in Systemic approach: Multiple Bonds" (2015):

" In every therapeutic encounter, the therapist, from the first words said or movements made, has lots of alternative paths to follow….Every choice affects both therapeutic procedure and result. The therapist is often, not fully aware of what leads her/him to a certain choice and what dissuades her/him from another. This depends on hers/his beliefs and previous experiences as a professional and as a person and also the unique transaction with the specific patient at the precise moment."

This is something that is valid for both dyadic and multi-personal therapeutic structure. Complexity regarding the second structure, makes countertransference working through, even more difficult: Multiple projective identifications, transferential splittings, enactments at reality level, between the members of the family, couple or group, render the increase of awareness an enormous task. The participation of a co- therapist seems necessary.

On the other hand participation of one more person carries always the danger of complexity* and system's entropy increase instead of decrease. That is why the composition of a clear agreement between the therapists, giving the co- therapist the role of therapist's assistant is of great importance (even if they are of equal status).
It looks as if no one, regardless the therapeutic approach served by her/him, can ignore the act of transference. Complexity regarding multi-personal therapies makes it more difficult to understand

transference but does not legitimise us to ignore it. We might focus on “here and now” interactions or on ways of communicating or we might do consultation or prescribe ‘paradoxes’. I think on a second level we should have a constantly open dialogue with ourselves. We have to observe, work through, reduce and empathise. We have to focus on sentiments, ways of relating, mental constructions, fantasies and representations about us, the people in front of us, the relationships between them, the therapeutic relationship(s) and the relation of our therapeutic system with other systems.
Therefore it seems that the issue is not to question the act of transference but to differentiate and enrich it. The inheriting systemic therapists could create alternative transferential conditions by enlarging and differentiating its application forms. Therapeutic relationship is always the central issue.
This is a relationship that as Bianciardi and Bertrando (at the article of V. Pomini & V. Tomaras) point out:
“…..cannot be put into strictly scientific casts…Therapist cannot avoid the paradox: To act professionally and creating at the same time an authentic, humanistic and emotionally bonded relationship”

Our responsibility should be -among others- to care, to put clear boundaries, to commit in understanding, to allow regression and to reestablish reality control.

** A way of reducing complexity might be to interchangeably focus on subsystems by interchanging coalitions i.e. start with a child, then with the father, then with all the children of the family and so on. In this way (from my personal experience) you can conduct a kind of “mini individual therapy”’ in a multi-personal context.*
Yes, it is a fact that transference as it was created, developed and delivered from Freud to the post Freudians, consist the fundamental concept. It is a continuously open process, enriched and differentiating. Maybe, in certain instances, part of the psychotherapeutic community questioned its value giving priority to the “between people” domain and to present tense instead of “the inner” and the past tense. Systemic approach as a holistic approach ought to put instead of the word *“or”* the word *“and”.* Conjunction where disjunction was. The important is where we focus each time.
Nathan Ackerman (1908-1971) a psychiatrist, psychoanalyst, one of the pioneers of family therapy, adopts a holistic (ecological) approach from the early ‘50s. He speaks about a multi levelled organisation of the family and the interconnected factors that characterise it:
-The intrapsychic condition (unconscious) of its members.
-The role dynamics that the family adopts.
_The family commitment to cultural values and its influence from the socio-economic conditions it experiences (Tsambarli, 2011).
He conjoins “inner” with “outer”, “self” with “relation”, “individual” with “collective”.

In the transferential process, **countertransference*** emplace us in an analogous position of the one that “help seekers” have. We cross the bridge in order to meet them. We leave our certainty throne in order to wander around dangerous areas of questioning. We come across the essence of ourselves where the new and unknown lurks. How can someone not be frightened? How can you

put aside knowledge, theories, high offices and get “naked” in front of an “audience”? Furthermore in a way that a) your nakedness must not be seen as a defect and b) you should use it as a tool for being helpful.
Freud must have also been frightened but his greatness was he reframed it. He made it positive. He did that alone! In 1910! He dared to disclaim his medical status and to creep into the dungeons of human ignorance. He dared to face every hidden demon.
Every avoidance attempt is understandable. That takes me to the debate concerning *equality* in therapeutic process. How authoritative is the role of the therapist and how dominant is the therapists narrative? The suggestions for replacing even the word “therapy” into “discussion” for example. It seems like a fundamental anxiety is expressed: What are we going to do with countertransference? Can we deal with our demons? These demons that walk around the riverbanks of every therapeutic relationship.
Is speaking with the person(s) in front of us in plural form*, by definition, more authoritative than in singular? Or equality is better defined by the sincere commitment, from the therapist, to descend where the demons are and then emerge bringing up lots of empathetic material (simultaneously triggering a flash in PET scan from the intense activity of the “mirroring neurons”)?

Transferential “snapshots”: Two clinical vignettes

(The following dialogues are real but the personal data are slightly changed in order to protect medical confidentiality)

1. Mrs K.

K. is a young woman 27 years old working in special education. We started psychotherapy ten months ago with a frequency of once a week. K. works at a mental health private unit and her salary is near the lowest legal one. During the last two months she started working privately helping a child around 8 years old to deal with its school lessons visiting its home 3 or 4 times a week.
From the beginning of our psychotherapeutic collaboration we had negotiations concerning the therapeutic context. These had to do with my fee, the frequency of the sessions and also with some changes in day and time. Some weeks ago she asks if it is possible to change the day of the after-next session because she had planned a trip with her boyfriend.
I accept it and say:
Therapist: So Monday at 4:00 pm. Is it ok for you?
K. Yes thank you.
Therapist. Ok. I will take care of that. I will confirm it on our next session.
K. Ok.

Next session:

T*h. So, ok. I can confirm that our date will be on Monday at 4 pm.*
K. Oh…hmm…i can’t.
Th. …Meaning?

** This does not apply to all languages.*

K. Eh…well… there is a supervision group at my work…I didn't have it in mind…
Th. …well, you know, i really tried in order to find this alternative hour for you.
K. Hmm…yes…ok…let's keep it then..
Th. Meaning?
K. Monday is alright. I will postpone supervision. Well it is not exactly supervision.
Th. Oh. Meaning?
K. ... It is something like..
Th. Organising group..?
K. Well yes.
Th. Anyway, there is another option for you: Not to come on Monday and pay for the session as we have agreed on the first place.
K. Oh no. Monday is OK!

And then she continuous speaking about how the parents of the child she is working with, are not consistent with their agreement of payment and use to cancel sessions the last minute. She describes the way she handled it by openly discussing it and repeating her terms of the agreement. She felt she was efficient in defending herself. Then she says:

K. I wonder if i was too strict with them.
Th. I think you handled it almost as i handle it with you today. I defended myself almost in the same way.
K. Yes, yes (smiling). There is a connection.

Comment:

My immediate inner response to K.'s "I can't", was anger. Countertransferential response. If I had immediately expressed myself i would have expressed raw hostility e.g. "I think that psychotherapy might not count very much for you" or " Do you really need your psychotherapy" or "What makes you aggressive?"
It is crucial to question myself; "What do I feel right now? What makes me feel this way? What do these feelings remind me of my personal life?"
What was expressed before coming to answering the third question was an urge to defend therapeutic context and therapeutic role without being offensive. I tried not to serve my feeling of frustration by becoming rejective towards K. The frequent negotiations about therapeutic context that preceded probably would have enhance an offensive response. On the other hand reflection upon these negotiations was helpful. That is reflection about transferential act was helpful. It is commonplace that such intense negotiations-disputes declare resistance in therapy. K. was indeed in front of her next step in "leaving home" procedure. Bargaining with herself a new phase of autonomy. This entails lots of difficulties.

If we could compose a *metacommunication* dialogue consisting of metameanings probably it would go like this:

K. “Can I say ’no’? I think I can.”
“But if you are very strict against my ’no’? No. I think we look alike in the way we defend ourselves”.
That is: “I want to be able to say ’no’ and also to look like you”
Th.”Yes, you can say ’no’ but not without consequences. But there is no danger of loosing me”.

I think that this therapeutic response is a) taking into account what is going on in the therapeutic relationship and its resemblance (analogies) with the other real important relationships b) defends self and context by introducing reality testing c) allows autonomy by avoiding to promote loss and castration fantasies.

2. The Z. family

The Z’s is a four member’s family having two boys of 16,5 and 12 years old. They came for help three years ago defining as their problem the offensive-provocative behavior of their oldest son (13,5 then) Father had a history of about 15 year medication and group psychotherapy attendance for panic attacks, anxiety and depression. When they came he was dealing very well with his symptoms and was functioning fairly well professionally and socially. The couple’s relationship was quite conflictual and the divorce discussion was open for some years now. The relationship between the father (A) and the oldest son (E) had also lots of difficulties while relationships with the upper generation (grand parents) was dysfunctional for both parents, mainly concerning boundarying. They are both working as private employees. The mother (P) had recently moved to another job where she was working part time in order to be more available for the children at home.
After two family sessions the parents started couples therapy (the first two years twice a month and then once a month until now). They are very committed to their therapy and their life is improving in every way. In all of their relationships (children, grand parents) things are getting much better. They have stopped talking about divorce, they communicate better and they can become allies when addressing to others (boundarying). This summer is described as the best in their common life.
Nevertheless there are still facing difficulties concerning, more or less, all of the above issues.

A couple of months ago, in our couples session, the father (A) is referring again to his relationship with the oldest son (E) (their relationship was getting better for some time now):

A. “E. made a ‘u turn’. He was suspended for one day from school after a fight he had with one of his colleagues. He also told me that he is smoking. I talked to him. Do you remember P. ? (addressing to his wife)”.
P. “E. is blaming for all of his behavior the problem he has with his nose (he had, a few months ago, a plastic surgery for aesthetic reasons and he is not satisfied with the result). “I don’t like how i look that is why i behave like that”, he says. A slapped him at his face, when they where talking about cigarette use, because of E.’s attitude. Then E kicked A.
When i talk to E he always listen to me. I put boundaries”.
Th. “E is flirting with violence in general. What do you think might be behind the issue of looks?”
A. “Yes, he was referring, in a way, to “Chrisi Avgi”* lately…”
P. “He was just fooling around…”
Th. “Yes, but why such a need for power? Is it some kind of insecurity.?”
A. and P. “…?”

Th. (to the father). “Do you like E as a person?”
A. “No.”
Th. (to the mother). “Do you?”
P. “Yes”.
Th. “That is…?”
A. (starts numbering all the cons of E)

*A neo-nazi party in Greece.
P. “E’s negative characteristics resemble with these of A’s…How he speaks, how he wakes up…”.
A. (silent).
Th. (to the father). ”Can you find anything positive about him?”
A. “No”.
Th. (to the mother). “You?”
P. “Yes.” (she cites five positive characteristics).
A. “ Other people might find some positives. As for me...well he passes in front of me always staring in a way as if I am…I don’t know what..”
Th. “I think this is what E. says with his violent attitude: “Father doesn’t like me. I am not acceptable. This makes me angry”.
It seems like both you and your son are experiencing ‘inter-rejection’.”
A. (Silent. Burdensome)
P. (As if she is silently approving).

Th. (to the father) “You mean that you have never referred to him saying something positive e.g. about something he made right, or to hug him or to say you love him…?”
A. “Never” (steeped in his thoughts).
Th. (to father) “It is impossible for E not to have positive characteristics and behaviors, because you have such. It is a matter of focus.
Th.(referring to mother). A. needs help from you also.

Next session:
P. “It was really difficult for us this month. We were struggling with the issues about E and the day before yesterday we learned that our other son (B. 13,5 years old) is smoking at school. He had provocative behavior… A slapped him slightly…
Th. “This doesn’t help for sure”.
A. “I cannot hold myself together..”.
P. “A told me, just as he woke up last Sunday: “Finally, it seems meaningless for us being together. If i don’t feel anything and you also don’t feel anything…I want to separate and stop going to therapy…” Meanwhile, E. being at the room next to ours, heard part of the conversation and started asking questions afterwards. We answered vaguely. We haven’t discuss anything else till now.”
A. “I am overwhelmed from something like…like..”
Th. “Like an impulse?”
A. “For example when they are waiting for me to take the dog out just when I return tired from work. They don’t care.”
Th. “It seems that this is exaggerated in you and you erase everything.”

A. “Yes. Like a compulsion”.
Th. “Since when it is so intense?”
A. “Last month. Since we left from our last session”.
Th. “So it seems that something affected you deeply during our last session. It is like you got destabilized.”
A. “Yes, yes…”
Th. “Is it possible that you felt something about me…? For example, a kind of rejection from me?”
A. (Shakes his head in an assertive way) ...”yes it is possible...” (remains silent)
Th. “How come and you didn’t call me and ask for an extra session?”
A. “That’s a good question…”
P. “That is a good question…”.

Next session:

A. “About my explosions...It is necessary to talk to our children. I don’t talk and then I explode”.
(He continuous talking about Christmas holidays and their visit to his parents): “I wanted to go there but as soon as we arrived there was an impulse to leave. To “slap” them and leave…”
P. “I knew what to expect. I said to myself: Ok lets go there…But tension passes also to children.”
A. “I want to understand what gets me when i visit my parents.”

We continue focusing on the relations between A and his parents. We talk about the expectations he considers they have from him and the degree he has managed to fulfill them. Also about his “special affection” about his mother and his need to keep her happy.

Comment:

I think there are a lot of issues that can be discussed depending on where someone chooses to focus. I would like to focus on something that i consider relative to our subject. A crucial moment concerning interconnected relationships that became alive during those three sessions. I find as central to that moment the word “inter-rejection”. Multileveled Inter-rejection. Beginning at the father-son relationship, spreading to the level of therapist-client and then grandparent-parent level.
Let’s stay at the role of the therapist for a while. The designation and realization of inter-rejection concerning the relationship between A and his son E brought A in a very difficult condition. He brought him in front of his difficulties in his role as a father. Could he handle them?
At that particular moment how many aspects influenced my therapeutic role? The relapse of the “problematic son”, while I was regarding that we have moved to the next step in our work, the violent behavior from the father which by itself made my coalition with the father difficult, my permanent doubts about the fathers ability for psychological working through, are some of them.
It is fairly easy for feelings of anger and frustration to occupy you. So I ask myself as a therapist: Did any of those feelings affected the way I contributed in the emergence of A.’s difficulties? I knew he was vulnerable. Did I pushed him? Was I impatient? That is, was I aggressive? I felt worry at the closure of our first session that’s why I tried to strengthen A. as a person, to give P. a supportive role and to assure that our relationship is not at stake. Was it? How much? What was the critical point that brought A back to therapy? I admit that I didn’t expect such a reaction from A. But they came again! And they immediately opened all the important issues. P. did! The co-therapist i was short of…!
From that moment it was a one way direction, for me, to focus on what is enacted in our therapeutic

relationship. Transferential act!
Was it utilized? At the third session the grand parent's generation came forth. That is therapeutic progress, I'd say. A moved forward his personal therapeutic process. *With a little help from (my friends) my wife*!
It is certain that the therapeutic coalition built through the three years of working together, was the basis and the main reason that the turmoil did not lead to serious injuries. Without that basis the transferential enactments might not move forward but cut off or deviate the therapeutic process.
Multi-personal therapy provides this very important ability: The therapeutic functioning of the "important others" that are present. As long as they do not displace the therapists role.

Epilogue

Systemic approach in psychotherapy is a synthetic-integrative approach. It can function as a context where psychotherapeutic languages and techniques may join and lend certain aspects to one another. Sometimes these languages just need mutual translation. Similar meanings, concepts and ideas are just articulated with different words. Similar signified from different signifiers. Some signifiers dominate versus others for the same signified. Such a word that holds a dominant position is, i think, the word "transference".
Systemic approach contains ideas and techniques that promote therapeutic intervention focused on structure, context and information's catalytic impact. It frequently uses active interventions and guidance. It aims to shorter periods of therapy with longer intervals between sessions than psychoanalysis. But since it accepts the fundamental importance of therapeutic relationship has no other choice than to get involved with this relationship. The language being used since now from systemic therapists in order to describe this relationship seems a bit inadequate given that it can be characterized neither innovative (considering that systemic approach is an innovative one in general) nor self-sufficient. It curries in its inner form, even through comparisons, elements of transferential act as this was shaped and developed in psychoanalysis. We can work doing mainly consulting and not interpreting or analyzing transferential acts but we cannot stop continuously wondering of what is enacted in the interconnected relationship network and mainly what is enacted in ourselves at the time of the session.

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