COUNTERTRANSFERENTIAL MALAISE

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Introduction

I believe that every psychoanalyst would agree with the idea that clinical practice tends to produce countertransferential malaise. From a general feeling of anxiety during (or before) the workday to numerous situations in which alternatives to the analysis of patients that produce discomfort (and even distress or pain) are considered, there are many signs that malaise in countertransference is an inherent part of the task of psychoanalysis.

This is not the moment to define what we understand by countertransference given that it is a concept that has been interpreted in diverse ways according to different schools (or versions). It has even been debated as to whether it is a concept that should be validated by clinical psychoanalysis. It would be impossible, due to length and complexity, to review the bibliography on this topic without exceeding the limits of the work at hand of which the focus is a particular aspect of countertransference.

Let us not forget, however, that in the historic beginnings of clinical psychoanalysis, this issue had already left its mark, catching Freud's attention in the effects the transference of the patient Anna O. produced in Breuer in one of the first published psychoanalytic case histories.

Freud returned to this topic on other occasions. In *Observations on Transference-Love* (1915/1914) [1] he once again mentions Breuer as a participant in a foundational experiment regarding the development of the complex place he assigns the effects of the patient's transference on the analyst for the success of the cure. In this work, in the context of an unmentioned controversy with Ferenczi, Freud takes into account the risks that may stem from the possibility that the analyst falls in love with "the" patient. In a footnote [2], he affirms that the text concerns itself with "transference love", announcing at the same time that the fact that "transference can be externalized in other, less tender feelings is quite common and will not be dealt with in this essay".

This is one of the texts in which Freud refers to countertransference as such, differentiated from transference and located in the analyst. And regarding the topic he

[1] Freud, S.: *Puntualizaciones sobre el amor de transferencia* (1915 /1914/). Obras completas. Volume XII. Amorrortu Editores. Pgs.160-167
[2] Freud, S.: Ibid. Llamada 3. Pg. 164

comments [3]: "For the doctor, it represents a valuable clarification and a useful warning against any tendency towards countertransference which may be present in his own mind".

Let us focus on two core aspects of this sentence.

"It represents a valuable clarification" refers to the idea that the knowledge and resolution of countertransference in the analyst himself is valuable. But valuable for what? If we follow the logic of the text, "valuable" refers to the idea that the knowledge of countertransference as resulting from a conflict on the part of the analyst, becomes a requirement for resolving resistances that complicate the process of analysis.

"...and a useful warning against any tendency towards countertransference which may be present in his own mind". In other words, countertransference is subject to a particular availability related to the complementary series of each analyst.

The psychoanalyst, therefore, is presented as "clarifying" his countertransference to make his position and interpretive work with the patient "valuable".

The validation of the countertransferential phenomenon in the psychoanalyst's work and the acknowledgement of the ensuing "countertransference neurosis" has been and is controversial from different psychoanalytic perspectives. However, the occasional debates on the topic are not only due to conceptual issues but also to the fact that consideration of this topic leads to delicate ground, frequently considered taboo: the analyst's feelings that enter into play when it comes to psychoanalyzing.

Not considering (and therefore not "clarifying") countertransference can lead not only to interpretive errors but also to *acting out* on the part of the psychoanalyst. The consequences of clinical problems from countertransference have been on occasion recorded in case histories such as the example given by Freud in *Studies on Hysteria* of Breuer in the case of Ana O., perhaps foundational in the conceptualization of transference.

Other situations related to possible unresolved countertransferential reactions have been revealed by historians of the psychoanalytic movement. One example is the study on the relationship established between Jung and his first psychoanalytic patient, Sabina Spielrein, outlined in Sabina Richenbächer's book.[4]

The reader may wonder, with all due reason, why if I announced in the title that I was going to address "countertransferential malaise", I have nevertheless begun by addressing "transference love".

In the first place, as the footnote mentioned earlier from Freud's text explains, it would be manifest to state that different forms of hostility on the part of the patient tend to produce malaise.

[3] Freud, S.: Ibid. Pg. 164

[4] Richenbächer, S.: *Sabina Spielrein. De Jung a Freud.* Ediciones Literales. Buenos Aires. 2008.

However, in terms of "transference love" the essence of what Freud relates is that this circumstance implies an unconscious appeal from the patient to attack the analytic mechanism meant to create—if the psychoanalyst is not prepared to resolve it—an impossibility of working through the resistances to analyzing the repressed. This damaging effect on the analytic work can also lead to malaise. Perhaps to be more precise, we should speak of "falling in love" in order to differentiate the clinical situation related to resistances from the libidinal investment necessary to carry out the task of analysis.

Countertransference is inevitable in the course of an analysis, especially if we consider that the analytic process is connected to work done by the analyst's unconscious in play with that of the patient. The role assigned to countertransference with respect to the cure is open to discussion. Even more so if we consider that a neurosis on the part of the psychoanalyst is thereby established. Personally, I cannot conceive of the unconscious except in terms of a conflictive dynamic between agencies and therefore constitutive of a neurosis.

We can therefore at least state that the analyst is negatively affected by his task of analyzing the suffering that stems from a neurosis, in this case one of countertransference.

Even some analysts such as Lacan who generally do not validate the concept of countertransference, in some texts assign a certain degree of importance to it in the experience of psychoanalyzing. Lacan, for example, addresses the subject in his Seminar on Anxiety when he studies the well-known reaction of Margaret Little to the tedium one patient causes in her. He also mentions and highlights Lucía Tower's "last work" in which she "indicates –not for the first time but for the first time really articulates—what in the order of things is much more suggestive, namely what she calls a small change which can appear on the part of the analyst" although he also establishes a theoretical difference with her regarding this phenomenon [5].

I believe that Lucía Tower's work that Lacan mentions is suggestive with respect to the place allotted to the study of countertransference at some moments in the history of psychoanalysis. Tower, a member of the Chicago Psychoanalytic Society, published a paper entitled "Countertransference" in 1956 in which she attributes importance to her perception of the countertransferential alternatives of her analyst in her own cure as a patient. In psychoanalytic circles at that time, the mere supposition of countertransferential effects on the analyst was the object of criticism and could even lead to the disrepute of the analyst affected by them. For this reason Tower's paper was very controversial from the first occasions it was presented and had to be reformulated in order to be accepted for publication [6]. We cannot neglect to point out, given the similarities of the vicissitudes Tower faced in her

[5] Lacan, J.: *El seminario. La angustia.* Paidós. Buenos Aires. 2006. Pg.163.
[6] Leff, G.: *Juntos en la chimenea. La contratransferencia, las "mujeres analistas" y Lacan"*. Editorial Psicoanalítica de la Letra. México D.F. 1907. Pgs. 106-242.

work, the well known episode of the obstacles encountered by Ferenczi's historic work "The Confusion of Tongues Between Adults and Children" (1933) in order for his presentation to be accepted at the International Congress in Wiesbaden (1932).

Account of an Episode of Countertransferential Malaise

In the previous section I focused on personal, institutional and historical factors that have led to difficulties in fully addressing the effects of countertransference on the analyst. I placed special emphasis on that related to feelings of malaise which, as I will try to demonstrate below, I believe are inherent to the use of countertransference as a psychoanalytic tool.

I will now relate an experience from my clinical practice in an attempt to illustrate what I previously mentioned with a concrete example. Establishing this as a base, I will then expand on the subject of countertransferential malaise from the point of view of clinical theory.

I will begin by returning to an account of a patient I presented in this very journal in 2008[7].

For those not familiar with the original article, I will sum up some of the details regarding the patient and a particular session and then discuss some complications of the analytic process presented in 2008 that led to a kind of countertransferential malaise.

Ana is a five year old girl who was adopted a few hours after her birth by a single mother. She has been informed of her adoption.

In the session transcribed in my 2008 paper, Ana asks me "if I know she was born in X and that her mother's name is B." (a first name which is not that of her adoptive mother).

Since I don't hear the name B. very well, she said it quickly and it is not a common name, I ask her to repeat the name of that mother. She answers me with the first and last name of her adoptive mother.

I tell her that there is something that we can still not really discuss since when I asked her for her first mother's name she gave me the name of the mother I know.

In what follows of the session, through games and drawings, I allude to the subversion of the rules, to the ambiguous play between showing and concealing, to the conflict between telling and keeping one's mouth shut. As if there were an imperative to keep silent and at the same time say everything possible, supposing that this is why she was brought to the analysis.

[7] Levín, R.E.: "The Clinic: Between the Real Person of the Analyst and the Transference". Controversies in Children and Adolescents Psychoanalysis (on line). Nº 3. Year 2008. SIN 1851-5649.

At the end of the session she draws a portrait of herself to which she adds two “aliens” with many eyes as if, coming from a world foreign to our own, they were privy to a strange yet familiar knowledge that circulates outside what is admitted in the relationship between her and myself.

Following the session I receive a message from her mother on my answering machine stating her absolute disagreement with respect to Ana’s suggestions regarding her origins and in passing, mentioning that since they would be leaving shortly for a trip outside the country and this would be followed by school vacation, she has decided to discontinue Ana’s analysis until the following year.

I call her by phone –this is following what I included in the paper published in 2008— and, annoyed, she repeats what she had stated in her message. How could Ana mention “another mother”, she says, if she is the only one who has taken care of “the child”, fed her, spent money on doctors, sent her to one of the best schools, etc.

Her decision to discontinue the sessions until school resumes in April seems firm. In any case, faced with the imminent trip she is about to go on with Ana, we agreed that she would call me when they returned to set up a meeting.

Several weeks later, the meeting takes place. In a positive and open manner, we were able to speak at ease about the difficulties the mother had in accepting that her daughter had a certain knowledge about herself that did not entirely coincide with what she felt was acceptable. Despite having a sense that there was some degree of mistrust with respect to Ana’s analysis, there was also, at the same time, an explicit recognition of the transference that the patient had established with me (which of course does not in any way contradict the mistrust) and she lavished praise on my “excellent resume” and my expertise as a child analyst. I think I let myself get wrapped up in the latter and when we said our goodbyes, with much warmth, she assured me that Ana would resume her analysis in April.

A few days later I receive another call from the mother who leaves a completely unexpected message on my answering machine. With a tone brimming with annoyance and using phrases out of context that had been said in the interview, she claims that what I stated at that time was ridiculous and she was therefore discontinuing all relations with me and “please do not call her again”.

This message provoked a strong feeling of puzzlement and countertransferential pain.

A psychoanalyst is, of course, prepared to a certain degree for the unexpected loss of patients. But there are almost always prior indications or at least some sign in the clinical experience that temper the effects.

This was not the case. The signs of the mother’s disagreement, which I mentioned, did not go totally unobserved. But my countertransference was in part taken up by Ana’s intense positive transference and especially by the rich unfolding of its productions in the session.

What was notable, and I think this is what got me most involved, was her determination to seek her own knowledge about her origins. On the other hand, I also presumed (or wished to presume) that the mother now saw me and the analysis of her daughter in a favourable light.

When I received this abrupt message about discontinuing all relations with me I remained in a state of suspense waiting for the cause of the intensity of my countertransferential reaction to reveal itself. I did however know something: it was related to the mother's imposition of an extreme prohibition of a knowledge of origins and the story as Ana approached it in the context of her analysis.

Gradually I began to understand my countertransferential malaise. I had been relegated to the place of a mother assigned to be the depositary of an act of abandonment and a break in filial and historical continuity in contrast to another who identified as differentiated from this, taking the credit for rescuing Ana from an injustice that, if it had continued, would have threatened the girl's survival.

The abrupt and violent manner of discontinuing the analysis with me was consistent with the "official story" that the mother wanted to impose, impeding the process of historicization as it could have been formulated by Ana in her own words were she to arrive at that point.

The human need to historicize is not only a requirement but also a need and a right. In the case of a patient undergoing analysis it is also a yearning (it would be another discussion if the word "desire" could be used here) and perhaps one of the most recognized fundamentals that validate psychoanalysis.

Every human has a need for a historical order that inscribes them in temporality and filiation, granting them an identity that contributes to alleviating castration anxiety, just as the great unresolved questions (even for philosophy) have always proposed, regarding the ephemeral nature of life. These issues, related in psychoanalysis with castration are the ones that generate questions about our own existence, questions related to our origins ("what we were before being") and to death ("what will we be after dying"). Questions which, as sources of anxiety, tend to be attenuated through different means, not only historicization but also others such as various religious beliefs, certain personal myths (the idea, for instance, that we are perpetuated through our children, through creative works, etc) or directly with defences such as denial or refutation.

Without being an artificial means, historicization contributes to covering, blurring or even refuting the effects of castration that propel us into a space of ignorance about which there are no possible answers.

Historicization does not rely exclusively on concrete details regarding the past. This is why in the analysis of children, for instance, the child's history as related to us by the parents

is of relative importance. It is a construct, in the Freudian sense, that calls on different subjective sources of the patient (including fragmentary memories revealed by the unconscious) to establish itself. And that at the same time can modify or redefine itself at different moments in an analysis.

Many adopted children who don't know the details about their past before their adoption, at some point construct grandiose stories about their ancestors; they could have been kings, heroes, scholars. Perhaps as a representation of this fantasy of origins in the imaginary world that bestows on them different and heroic powers dissociated from the ordinary of everyday life, we can mention the character of the comic Superman (later imitated by other characters in a similar structure). Superman is a being from a planet of inhabitants with powers that are superior to those of humans and is sent to our planet where he is adopted by farmers. Throughout his life he is preoccupied with two separate worlds; he is a common citizen, on the one hand, and at the same time can, at certain moments, take on unthinkable powers that come from his original world and transform him into an avenging superhero. However, he is not immune to the threat of castration. One substance, "kryptonite" a vestige of his past, can make him lose all his powers, leaving him at the mercy of his enemies.

Returning to Ana, I believe that as a psychoanalyst it was very painful to be in some sense rejected from the possibility of offering a space in which the patient could construct in her way, her own story and continue developing and "writing her history" according to the possibilities offered to her by the psychoanalytic process.

Despite the blunt message Ana's mother left me about discontinuing all contact, towards the end of the year I receive another message, this time from Ana herself, wishing me a happy new year. I return the call, speak with Ana and then she passes me to her mother with whom I exchange some small talk with no reference to the previous phone call.

Then, at the beginning of April, the mother once again leaves me a phone message. When I return her call, she tells me that the school has requested Ana undergo an evaluation by an educational psychologist. We discuss this and I give her the professional referral that she requests. She tells me that once she's taken care of this, she will call so that Ana can resume her sessions. While we speak, I hear that Ana is near the phone crying. When I finish my conversation with the mother, she tells me Ana wants to talk to me. I ask why she is crying and she answers: "it's that I want to eat a raw egg and my mother won't let me; she'll only let me eat it cooked".

It could be questioned to what point the psychoanalytic intellection of a sentence heard outside of the literal context of the session is valid. But if we consider that transference and countertransference exceed the formal aspects of the framework, what I understood in

Ana's message could be validated: "regarding the story of my origins (the egg), my mother wants me to swallow what has already been cooked up." With her words, she reaffirmed what I had previously mentioned with regards to the abrupt discontinuation of her analysis: Ana's story could be accepted only if it were "cooked up" according to the terms of the mother.

Historicization and Dehistoricization: A Constant Counterpoint

The transferential malaise I discussed in the previous section was related to the fact that I had found myself inadvertently written into an "official story", a story "cooked up" by the patient's mother, that imposed her own narrative as the only admissible one and prevented the work of historicization. The emergence of the beginning of Ana's own elaboration of her narrative of origins had taken a turn that placed me in the supposed place of a mother that renounces her maternal role, arbitrarily ceding it to another.

This sudden removal from my place as analyst that favours a space of historicization, had been denied to me. I have already remarked that what could be defined as an effect of countertransferential trauma, which was gradually resolved, to the degree that the interruption could be incorporated to a plot that leant meaning to what had taken place. But it is also worth considering that to a great degree, my countertransference was also affected by the mere fact that on feeling the possibility of historicizing with Ana taken away from me, I myself was freed of the effects of the anxiety that historicization itself tends to cover up.

Before moving on, I would like to clarify an aspect of Ana's life that may not have been entirely removed from the episode I've shared. Adoption tends to generate particular feelings. The knowledge that there was a break in the passage from the biological to the adoptive mothers frequently leads to tendentious effects marked at times by prejudice or stigmatization. It is often assumed, sometimes arbitrarily, that the historicization of the child should include the adoption in some way as it was narrated by the adults in charge of the child. This can take any of us unawares**,** even analysts like ourselves who are conscious (or should be) of these risks. In general any biographical circumstance that can have an impact on us, tends to affect our countertransference.

However, we must differentiate history from historicization. This is what we call, in our case, the unique version of their biography that the patient undergoing analysis constructs according to the needs of their process. The same thing takes place in other disciplines such as history, archaeology or anthropology which construct versions of history which for their own objectives require verisimilitude and the effect of truth more than certainty.

The fact that historicization is a construct based on the necessity to fill the anxiety that motivates the subject when faced with the lack of answers regarding their own existence, also occurs outside of analysis. One of the vicissitudes in this sense is described by Freud in his

1909 work “Family Romances”. In this work he refers to the fact that every person at some point in life must construct a history that disowns his parents to position himself in another filiation, one that does not force him to face the anxiety associated with the idea of death like that of origins (and I am not referring to the literalness of biological explanations regarding fertilization).

With respect to Ana’s case, I have presented a particular clinical sequence that affected my countertransference. Diverse circumstances, which I am not going to describe in detail, contributed to it as well. But one additional element –which albeit well known is still worth describing—is that which comes from, in the analysis of children, the fact that in the clinical context the parents are included without, at the same time, a sufficient conceptualization of their involvement. This perhaps adds to the fact that in these analyses, we are rather frequently affected by this type of countertransferential malaise that comes from a variable which we do not, at times, have sufficient tools to address psychoanalytically.

We will leave these fragments of Ana’s case history which led, in a particular way, to countertransferential malaise.

Let us now imagine countertransferential effects in a setting in which a regular analysis (supposing we can call it that) takes place that proceeds as desired by those who are going through a process that could be considered “natural”, open to the particular alternatives and difficulties of the resistances of the analyst and the patient without any other interference beyond those which can be analysed in the session.

Under these circumstances, the work (and I’m not only referring to the explicit work but also to the “work of the unconscious”) would be relatively assured by the desire (of analyst and patient) as well as by the continuity and the support provided by certain inferences regarding the context, arranged so that the process will be the closest it can to the possible.

One of the approaches to the patient’s material would be to gather fragments of that which is revealed in a way that would bestow meaning on their associations. And of course one of the most interesting meanings (we could almost say a classic) would be that of creating a historicization that lends logical support to present symptoms.

However if everything were reduced to historicizing, we would be neglecting to recognize that beyond historicization there is an inaccessible “beyond” of effects that contribute to the constitution of the psyche. Psychoanalysis, from its own limitations, must give form to this to avoid eluding its own conception that defines the condition of the human subject.

This is not the moment to conceptually address this "beyond", difficult to theorize precisely because it is inaccessible from language, and to give way to controversies among analysts regarding its nature and epistemological statute.

Topics such as that of "the unrepressed unconscious incapable of consciousness", primary repression, instinct (from the second instinct theory), the unspeakable and the ineffable are just some of those in circulation that take into account the unfathomable aspects of the psyche.

This territory, even with its inherent obscurity, must be incorporated into the patient's knowledge because even though it is a source of anxiety, the validation of their existence along with its unintelligibility contribute to expanding the psyche.

It is the psychoanalyst's task to support the space and scope of historicization and the search for meaning, without ceding when faced with the acknowledgement of its relative function of watching over that which is out of our reach, although not for this reason out of our psyche.

Work with the patient on historicizing must not deny the role, though not always effective, that history has in covering up the unworkable and, in many instances, intolerable. This permanent counterpoint between the construction of history and the "abysmal psyche" (as Freud once put it) which both belongs to us and exceeds us as subjects, must remain firmly established.

From the Freudian case histories we gather that historicization is made up of diverse procedures and that its effectiveness depends on its versatility in responding to different moments of the process. In the case history of the Wolf Man, the careful, almost clockwork-like, reconstruction of the primal scene of the patient after a year and a half of the dream of the wolves is not equivalent to the memory of the "copulating dogs" at four and a half years. Between the two references to the primal scene there are differences, not only in what they refer to but also in the procedure used to arrive at the historic scene. The two are reconstructed in different, though valid, ways. And between them inconsistencies emerge that relativise the certifying role of historicization outside the framework in which the analytic process unfolds. At the same time, the inevitable residual gaps stemming from the differences between successive reconstructions are one of the paths through which the patient and analyst arrive at the knowledge of the distressing uncertainty of the abyss that concerns us.

With respect to the relative value of the eventual certainty that can be attributed to historicization in psychoanalysis, we cite Freud [8]: "I would very much like to know if the

[8] Freud, S.: De la historia de una neurosis infantil (1918 (1914). Volume XVII. Amorrortu editores. Pg. 89.

primal scene was, for my patient, a fantasy or real experience but with reference to other similar cases, I must say, in truth, it is not very important to decide".

We arrive at the idea, therefore, that from the different versions of history that in complete or fragmented form are established in an analysis, fissures begin to emerge, representing the limits of the effectiveness of historicization in its role of attenuating castration anxiety. Because through these spaces between versions, between fragments or incomplete elements, it both filters through and makes contact with the unavoidable beyond, source of an eternally unresolved anxiety.

The move towards historicization is inherent to the subject who appeals to this to situate himself in a kind of order that locates his life in a narrative of meaning.

The psychoanalyst contributes to refining the work of historicization, especially when there are symptoms that hinder the process, without denying the "beyond" that exceeds him.

Directing himself towards the formations of the unconscious but at the same time recognizing a dimension of unintelligible ignorance despite its effects, are what qualify the work of the psychoanalyst as unique.

The exposure of the psychoanalyst, along with the patient, to this "beyond" with its instinctual aspects and both Thanatic and unavoidable effects which furthermore reveal the limits of their knowledge, which in itself is an affront to narcissism, cannot take place without malaise.

From the suffering the analyst may be exposed to, deviations can emerge, we could even call them "pathologies of analysis". One of these, commonly consists in establishing an unconscious agreement in the relationship with the patient to deny the painful effects of the recognition of the "beyond". In this way, closed off analyses, without unconscious development, that are perhaps "comfortable" and of indefinite length, can take place.

The ethics of the psychoanalyst consist in assuming the risk of exposing their own unconscious –and the only guarantee of this is in the analyst's own analysis—in order to bring the resolution of their symptoms to the patient. However it also supports the expansion of the world of the psyche to include the knowledge of ourselves as subjects of a "lack of knowledge" related to an inaccessible beyond to which we only have access through its effects: anxiety, the compulsion for repetition, and destructiveness among others.

Comments

In this presentation, although perhaps in a contrived manner given that they are both related, I have made reference to two forms of countertransferential malaise which can affect the psychoanalyst.

In the first, I referred to a particular clinical experience in which the prohibition of the work of historicization with my patient denied me of a resource that in the transference-countertransference relationship allows for the possibility of creating a dialectic that contributes to attenuating the anxiety which comes from the "beyond" that exceeds us, without at the same time revealing our own. The abrupt and unexpected discontinuation of Ana's analysis had a traumatic countertransferential effect. It was one example of the many that we have in our clinical practice that stem from the particularities of each individual case.

The other instance of malaise is not limited to a particular case. It stems from the ethics inherent in the work of the psychoanalyst which causes them to be attentive to the unconscious in play, even when using resources which we both enable and renounce if they mean ignoring our own lack of knowledge.

While writing this paper, I was tempted by the idea of describing numerous situations we all know and that involve us in our own countertransference. Many of them extend to its effects on our daily life outside of the time we have assigned to attending our patients. I later thought that if it was something "we all know", why repeat it? Each reader, each psychoanalyst, will reflect on the topics addressed here according to their own experience.

I only wish to clarify something that in my view is a misunderstanding, perhaps a further attempt to alleviate the malaise we are all exposed to in our work. The idea that the analyst is in dialogue with the patient and is therefore not alone but accompanied, is quite common. I believe that the work of the analyst is directed towards attending to the unconscious in play. What takes place between analyst and patient is part of the unconscious order. And the unconscious does not enter into dialog. The analyst works in a state of abstention, isolation and deprivation which nevertheless does not favour an alleviation of the malaise which can stem from the clinical work of the unconscious.

KEY WORDS: malaise; countertransference; transference; child psychoanalysis

Summary

From a general feeling of anxiety during (or before) the workday to numerous situations in which alternatives to the analysis of patients that produce discomfort (and even distress or pain) are considered, there are many signs that malaise in countertransference is an inherent part of the task of psychoanalysis.

After briefly mentioning several episodes regarding this topic which have been chronicled in the history of psychoanalysis, the author refers to a clinical situation in which the analysis of a five-year-old girl was discontinued and examines the complexities of the situation that led to a feeling of countertransferential malaise.

When it is not possible to historicize a neurosis along with the patient, the analyst is exposed to the anxiety of the "beyond", the unmentionable and the ignorance that historicization tends to cover up.

Lastly, the author alludes to another circumstance which also contributes to countertransferential malaise. He refers to what he considers a frequent misunderstanding related to the assumption that the analyst is in dialogue with the patient and therefore is not alone but rather accompanied. He emphasizes, with respect to this, that the analyst's job is focused on attending the unconscious in play. And that the unconscious does not dialogue. The analyst works in a state of abstention, isolation and privation which is, of course, not favourable to diminishing malaise which can eventually lead to clinical symptoms of the unconscious.

Translation: Rebecca Wolpin