

THE CLINIC: BETWEEN THE REAL PERSON OF THE ANALYST AND THE TRANSFERENCE

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Introduction

The notion I would like to transmit in this presentation is that the psychoanalytical process evolves in a complex range of conceptualization, which extends from the real person of the analyst towards the possibility of founding the phenomenons of transference and counter-transference, which are the starting point from where it is possible to rebuild and reveal the repressed primary objects and their present effects.

It is likely that only in some privileged moments of the analytical process, the analyst remains eclipsed as a person to become an object at image and likeness of which the patient transfers to him.

In that coming and going between the person of the analyst and the transference, it is expected that, by means of clinical procedures, this movement will always lead towards the establishment of transference. But this is not always the case. And conceptually, it becomes difficult to define such range we made reference to, since its delimitation is given by two edges between which lies a theoretical (and even epistemological) discrepancy, difficult to reconcile: on one hand, the "person", term which has little to do with the jargon, and on the other, "the transference", which not only is the exclusive domain of the psychoanalytical clinic, but also encompasses as a phenomenon, fundamental concepts of the theory among which we can enounce the unconscious, regression, repetition compulsion, identification, projective identification, and others.

Without the pretension of being exhaustive at the moment of developing this matter, dilemmatic and of difficult theoretical resolution but of great productivity in the clinical field, I suggest an approach to some of these problems, aiming to promote a discussion.

I will try to use a colloquial language, since I would like to leave the impression of ambiguity and ignorance which lies behind these clinical phenomenons, maybe because we cannot disregard the theoretical complexity that derives from the introduction of concepts of different levels of theorization, as it is the case –as I said before- of "person" and "transference".

In order to facilitate the exposition, I will make reference to some anecdotes taken from the clinic- I don't even think they are up to the usual clinical vignettes - to later introduce, indeed, the account of a session of a five-year-old girl, whereby I presume it is possible to observe -from the core of the clinical practice- the subtleness of these movements between the psychoanalyst as a real person and the analyst "under transference".

Some words concerning technical prescriptions and their effect in clinical practice

It is often taken into account that the setting of a framework, in explicit terms, by the analyst –fees, discretion conditions, geographical limits of the office's space- together with the application of other technical criteria, such as neutrality, the analyst's floating attention and the patient's free association, constitute -within the session- a frame of invariants which enable the work in regression and the assignments which transfer primary objects of historical effects in the constitution of the neurosis of the patient to the analyst.

The elaboration and the unconscious process derives from a dialectics whereby primitive objectal situations recreated under transference are intervened by the word of the analyst, enabling then ("raising of repression") the access to an *insight* related to the past which repeats itself in the present; thus the patient incorporates a factor of knowledge and otherness which will contribute to the resolution of his symptoms and to put an end to certain aspects, until then unnoticed, of the repetition compulsion.

This version, indeed very condensed, of what could define an analysis, becomes more complex when confronting the limits of our technical dispositif and its effect in the clinical practice. We can propose a spatial delimitation of our office, but the patient will transform it according to the singularity of the dynamics in which his neurosis has been structured.

Transference is not either so lineal, sometimes the patient is not able to subtract himself from the real person of the analyst so as to modulate him according to his introjected primary objects. Others, transference falls upon other objects which are close to the analyst and the framework he offers, giving raise to a displacement or even a fragmentation of what is being transferred.

A well known (and usufructed) example, familiar to us all, is the transference upon toys. We all remember Winnicott embodied in a teddy bear, talking through it. These transferential interplays render the analysis complex, and they vary and they change according to the free availability of the patient.

The idea of the analyst as the sole and permanent object of transference has led to excesses which we now find ingenious. Do you remember when it was said that the office had to be plain, free of unnecessary ornaments, so as not to disturb the transference to the

analyst? What is more, the analyst always had to dress in the same way, greet in the same way, give the weekly sessions at the same time of day, and so on. It is true that this could contribute -through observance and suggestion- to an exclusive pseudo-transference on the analyst, who thus - then apparently - avoided any transferenceal dispersion. With the reiteration, almost contrived, of his invariability in gestures, clothes, fees, added to the depuration of any object that would 'unveil' him as a real person, some sort of invisibility was achieved that would apparently enabled him to become an exclusive object of transference, and therefore never a real person.

Nowadays, other ideas flow. The framework is no longer an exclusive application of the analyst but a singular creation of his with his patient, and as such, we leave open in each analysis the availability of each patient according to his limits and his achievements, of establishing or not transferences centered in the analyst. If he is not able to do so, we will work on it, analyzing resistances or anything that interferes with his possibility of making of the analyst the object of transference. We deal with each and every transformation according to the moments in which the process develops.

We establish what is necessary to confer the analysis a formal order that makes it possible, but afterwards we let the process take its own course.

Such is the reason why the analysis is not linear, and varied phenomenons take place, sometimes unexpected, which we must collect from our clinic, depending on our training, countertransference, experience and creativity.

The movement between the person of the analyst and the transference (or "the transferences", as the first Freud used to say), is variable and singular according to each analysis. It offers, if so it can be considered, an amplification of the clinic which fosters an analytical field that is more proper to the manifestation of the patient's neurotic difficulties, as well as a greater availability of the analyst's resources to treat the unconscious conflict and its derivations.

It is not possible to enunciate in a few words anything that the clinic accounts for, if such is considered from that free movement between the real person of the analyst and the transference.

Only to introduce this approach, I would like to review -by way of illustration- some phenomenons that we usually observe in our office, related to our subject matter.

Clinical situations, which I think will make you remind you of your own experience

Even if the analyst defines schedules and office walls as a space in which transference will be developed, we will notice that the patient, in an unconscious way, gradually constitutes a time-spatial order proper of the limits of the session.

Such limits do not have either a specific geography or time. They are not exclusively topographical. There is a zone, I call it "suburbs of the framework", whose center is the office, the time of the session, and the presence (or the existence) of the analyst. But this zone extends and falls "under transference" outside the limits previously quoted.

The arrival to the neighborhood, its characters, the coffee shop around the corner, the greengrocer's, or the haberdashery to which "I could give a glance on my way to the office...", the entrance to the building, the lift and its mirrors...

I remember that a beggar sheltered under the eave of a roof, a block away from my office, was a recurrent character in the discourse of a patient, who made reference to his own aspects, which he experienced as being deteriorated and to fears concerning his future.

Another patient went through moments of depersonalization at a certain corner of the surroundings. It was found out (at that moment it passed unnoticed to him) that from that point, a field of vision enabled to see in the distance the building where he lived, which was in fact, located in another neighborhood. The unconscious perception of his "real house" was an irruption that went unnoticed in his mental space full of transferences, producing an imbalance which resulted in a moment of dissolution of his Ego.

A certain housekeeper, who used to work at the building where I have my office, was for many patients, the most perfect and persecuting incarnation of the Superego.

Whatever precautions are taken, transference tends to distribute, and even fragment itself, into objects, situations and people that do not make direct reference to the analyst.

Being so understood, these phenomena may be the origin of an exquisite material for interpretation. In fact, in child analysis, we promote and usufruct that transference addresses to the play and to the toys which are in a certain sense, a detachment of the person of the analyst.

However, it is true that we attempt to address the transference to the analyst, through clinical dispositifs, enabling thus the transferential interpretation. This clears the way for the patient to recognize himself in his conflict with interiorized primary objects. Such is an ideal that occurs in certain privileged moments of the analysis, which does not deny the clinical exquisiteness of the transferences addressed to those objects which are close to the analyst, perhaps, a necessary step to reach out to him.

In this sense, if we are able to suppose the eventuality of an ideal analysis, we should say that there is analysis when the real person of the analyst vanishes and thus allows the emergence of the one that is constituted through transference.

This does occur, but it is not possible for transference to take place unless there has been a mediation of the real person of the analyst. And even when the analyst remains blurred in terms of real person, except in the case of fusion or hallucinatory phenomena, the patient can get in and out of such transferential configuration, just like a child who plays in a deep state of concentration and illusion can do so. However, he can easily abandon that state, to make contact with reality, even with the material reality of a toy to which a moment before, he would have attributed a role loaded with meanings in the plot of his fantasies.

How many times have we heard the child reply, to our interpretation of what his play represents in the phantasmatic play of the unconscious, "it's not my mother, it's a doll"? (or a little piece of wood, or a little toy car...)?

The child analyst is usually part of the play, up to the moment in which is interrupted. Winnicott has taught us that when this happens, "the task of the therapist aims to lead the patient from a state in which he cannot play, to one in which it is possible for him to do so".¹ And we are well aware of the importance that Winnicott attributes to play in terms of a therapeutical and creative act.

Likewise, we could say that in the analysis of adults, the analyst is part of a dream (or of a daydream). The technical proscription of the visual perception of the analyst, as well as the inhibition of the motor pole, both make free association under transference resemble oneiric activity more rather than play. But in this sense, the child's play and the adult's daydream "play" similar roles.

When the real person of the analyst prevails, there is no analysis; when the person of the analyst is eclipsed by the transference, there is analysis

We have already made some comments related to this subtitle. But now we enunciate them in a rather categorical way, in order to underline what we have also mentioned, about a certain anacronie that comes to us when we take into account the relation between the person of the analyst, and the ideal position of the analyst analyzing (in which we contemplate concepts such as subject, unconscious, transference).

¹ Winnicott, D.W. (1972): *Realidad y juego*. Granica. Buenos Aires. Pág. 62.

“Person” is a word of current use, not frequently found in the psychoanalytical literature. It owes its origin to the masks that the actors of the Greek theatre used to wear to present their characters. It refers thus to a masking of the subject, to characterize what that subject is not.

It is what becomes present before the other, what must be ostensible, either according to lyrics (in the case of the actor), or to social conventions (in everyday life situations).

On the contrary, the analytical availability -be it of the analyst or of the patient- has its origin in the subject. We speak in terms of a metapsychological organization, which admits an unconscious that operates beyond itself. The analytical process is a production that derivates from the work from unconscious to unconscious, being its foundation the pair transference-countertransference and their respective neurosis.

The words “person” and “analyst” have a different semantic approach, and make reference to two incompatible logics. However, these are notions about the analyst that beyond their discrepancies, they both participate in clinical practice. Unavoidably, a state of tension between what is meant by each of them still prevails.

Only in privileged moments –which does not necessarily mean that they cannot prolong themselves- the analyst fulfills his intention of representing the object of the patient's primary bonds, either as a part of the play or a dream, always under a deep climate of illusion.

But it is frequent, usual, necessary, that the analyst as a person emerges from the climate of the patient plunged in transference. Otherwise we would be in a situation similar to that of a delirium. The analyst as a real person becomes present in different clinical moments, sometimes resistencial, before a stone of the insurmountable riverbed, others, due to interpretative mistakes that shutter such ideal state (but which must not be idealized in excess) of the analysis, flowing without interferences of reality.

In view of the abandonment of that state of illusion, the analyst attempts to go back to it. For such purpose the revision of the unconscious at stake, included that of the own countertransference and its respective resistances is always valid. Working out what happened *après-coup*, favors the movement towards a new transferencial establishment, now perhaps with a greater knowledge about it, once elaborated the experience of its rupture.

We are taking up again the issue of the unavoidable range that exists in psychoanalysis, between the person of the analyst and transference. The phenomenons therein, full of alternatives, involve moments of vacillation, ambiguity, perplexity. But from that point, there is a tendency to go back to the establishment of transference, sometimes

enriched by this movement between the two delimiting terms of this range in which the clinical practice develops.

Sometimes unnoticeably, as purists as we may be regarding what we may define as a psychoanalysis, we have incorporated in ourselves the person of the analyst. How often do we refer a child to a "male analyst" since we consider it more appropriate? In fact, this can propitiate theoretical arguments of the type of "the sex of the analyst is not relevant, under transference he can either be father or mother", or many others. But the truth is that in the event of referring a patient, the personal traits of the analyst are those taken into account.

It deems appropriate to quote Freud in the epilogue of Dora's case²: "At the beginning it was clear that I was replacing her father in her imagination, which was not unlikely, in view of the difference between our ages. And further on (same question): Or have you been struck by anything about me or got to know anything about me which has caught your fancy, as happened previously with Herr K.?"

Sometimes the analyst irrupts as a real person

Even if we tend to "lead the patient" to the ideal of illusion in which the unconscious process develops, there can also be irruptions of the real person of the analyst which are placed on the opposite edge of the range we made reference to and where the analysis takes place. Such situations may range from a casual and undesired encounter of the analyst with his patient, to the derivations of a clinical decision. Generally, these irruptions are accompanied by a certain effect of awkwardness and of surprise, with connotations of traumatic nuance.

The folkloric scene of the casual encounter with the patient in the context of a social situation or others is very well known to all analysts. The impact can derive in some sort of egoic commotion related to the sudden rupture of the transferential climate that lies beyond the time of session. It may also raise feelings of embarrassment and discomfort. The idealization of the analyst may fall sharply. It can even give way to a certain state of depersonalization (and not always in the patient!).

² Freud, S.: *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Fragment of an analysis of a case of hysteria (1905 /1901/). Vol. VII. Hogarth Press Limited. Toronto 1973. Page 118. Freud, S. (1905 /1901/): *Obras completas*. Fragmentos de análisis de un caso de histeria (Dora). Amorrortu Editores. Tomo VII. Buenos Aires 1978. Pág 103: "Desde el comienzo fue claro que en su fantasía yo hacía de sustituto del padre lo cual era facilitado por la diferencia de edad entre Dora y yo. [...] ¿Algo le ha llamado la atención en mí o ha llegado a saber alguna cosa de mí que cautive su inclinación como antes ocurrió con el señor K.?"

The typical scene: the analyst appears in the most unexpected place together with his family. He doesn't look like the patient would imagine him; his wife is not a top model. And, what about his children? : " they don't behave" (may they have "behavioral problems"?). In this concern, we are all familiarized with the scenes of vaudeville: looking away, choosing different paths, hiding oneself from the other...And *should one greet*, in which terms do we do so?

After a while, the scene can be recalled hilariously, even though it was not so in the first place.

But sometimes the analyst, for clinical reasons, must take a decision in which he must participate as a real person. I give a brief account of a case.

A teenager is in analysis due to his addiction to drugs. He consumes diverse substances. His melancholic nature leads him to expose his addiction in such a way that he is often arrested by the police. He lives in a small apartment with an addict friend, in a complete mess, without any contention.

One day, I receive a phone-call: my presence was required immediately since he has been hospitalized, probably due to the effects of an overdose. Upon arriving, I meet his parents, other members of the family and friends of them, openly worried. My patient is conscious. I ask them to leave me alone with him.

We have a long exchange about what happened. He looks frightened, as if he had reached his boiling point.

Upon leaving, the parents request an evaluation of the situation. After listening to me, there is a silence. Then I ask: "And once they discharge him, where is he going to live?" After a pause, one of the parents answers: "Well...in the apartment where he is living now". I take the initiative –in fact, not analytical- and I risk an intervention: "No. He must go to live to your house".

The indication is followed. The patient resumes his analysis three times a week. However, after several years and many vicissitudes which are not relevant to the question, being his inner world much more stabilized (and consequently, his life), he returns to the memory of the scene of the clinic, but now with strong reproaches because my intervention was not psychoanalytical.

On one hand, my words indicating that he had to live in the family's house not only prevented a fall towards a greater deterioration of the patient, but they also made possible to sustain an analysis which followed a process that favored his integrity. Yet, it is also true what he managed to tell me, now from a position whereby he was emotionally stronger. In

psychoanalytical terms, my presence and my intervention at the clinic had been a disruption –though I thought it necessary- in the clinical and theoretical implicit agreements of the framework that sustains an analysis.

The real person of the analyst can be disclosed in the course of the session. A clinical case.

In another text³, I have mentioned some examples concerning the resource to which a child may appeal, particularly in situations of destabilization of the Ego related to a certain transference difficulty, in his attempt to establish some sort of identificatory support by making a drawing of the psychoanalyst.

Fundamentally based in the clinical observation, but also on quotes of art historians' (among them, Gombrich), I emphasize that in every portrait, morphological and emotional traits of the portraitist are transferred. That is, every portrait is in a certain sense, a self-portrait. Hence, portraying an analyst may –in general- contribute to regain the possibility of rebuilding a transference that for diverse reasons has been disturbed.

It is not the case of the session I will present herein below, in which the patient introduces some information about her history that she is not yet able to elaborate and of which she does not have a representation. Therefore, it is not possible for her to make a drawing of the analyst. This fragment of her history she makes reference to seems to operate traumatically and it cannot be transferred to the analyst, who remains, concerning the subject, outside the transference circuit.

Five-year-old Ana is a girl who has been adopted a few hours after she was born by a single woman, who happens to be the one who brings her to be analyzed. She started her analysis not long ago. She is informed of her adoption.

She did not come to the previous session of which I will make its transcript, because according to what her mother informed me by phone, she had been vomiting. There is another woman of her close environment who is pregnant.

She arrives accompanied by a maid, the one who usually brings her.

She comes in gaily. As a greeting, she holds me tight for a fraction of a second.

³ Levín, R.E.: *La escena inmóvil. Teoría y clínica psicoanalítica del dibujo*. Lugar Editorial. 2005. Bs .As. Págs. 59-63.

Once in the office she asks me (almost in a way of a comment) if I know that 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 she has talked very quickly I don't understand the name clearly, which on the other hand is not common. I ask her to tell me the name again and who is that mom.

She answers me with the name of her adoptive mom, with all the first names (which I didn't know) and the surname, to what she adds that the family of her mom is from a European country (she gives the name).

I tell her that there is something of which we still are not able to talk so well about, since when I asked her for the name of the mom of the beginning, she gave me that of the mom that I know.

"I'm going to draw", she answers. However, when she approaches the toy box to look for the drawing elements, she adds: "No, let's better play ball, it's more fun".

We played throw and catch the ball. Ana wants to play the game of "who loses wins".

I win 4 to 1, but she says that *she* wins (because she missed the ball four times and me, one). As this gets more complicated, she says: "let's better play without points". We kept on playing this game of throwing and catching the ball for quite a while.

About ten minutes before the end of the session, she grabs the pencil case and ostensibly controls if all its contents are there, namely she counts the amount of pencils and highlighters.

I tell her that she can lose something if she is not able to control it (I make reference to the absence of the last session and to the mother whom she mentioned at the beginning, whose name I could not grasp).

She takes out the paper block, and then she revises the pencils, sharpening the point to those which have it a little worn out. The sheets of the block have a rectangular shape and they are binded in such a way that they can be left united, or be torn out one by one. Ana's is intact, not one sheet of paper has been removed. She places it open on the table and so from each side, hers and mine, we both have in front of us a blank sheet of paper joined by the center to that of the other.

She asks me that at the same time as she draws herself, I draw myself. As I mentioned before, I had the chance to observe -in numerous occasions- the realization of drawings that a patient makes of me, but I find it unusual that the patient asks me to draw myself. In anyway, I decide to give consent, because I want to know where this leads to. In other occasions she has drawn me either portrayed alone, or in scenes in which we are both together. But this time, I have to draw myself.

I try to make of myself a neutral self-portrait, if this is possible. At a certain moment, my pencil lead brakes and she hands me another pencil, a blue one. When I paint my hair brown, she tells me that I have it grey, "if I didn't notice". I try to mend this mistake.

The drawing she makes of herself quite accurately resembles her appearance. Perhaps, the most outstanding trait are two small red circles looking like make-up on the cheeks (other eyes? other regard?), and two red ovals, vertical, linked to one another, in the center of the mouth, which has been drawn like a curve line in one stroke of black pencil. (closure to say something?, as if it was a "sealed mouth"?).

She closes the paper block.

I tell her that she made each one to draw oneself, so that we can remain together when she is not around (at that moment I think about the time between sessions).

She tells me she that will be leaving soon on a trip with her mother and that "she will miss me a lot".

To my surprise, she resumes the drawing she had made of herself, and adds at the top to the left, quickly, a figure in pencil of a woman with six eyes and bird legs.

I ask her what it is, and she says to me: "an alien with long hair".

I tell her that she knows something, that it seems that it's something that three people know (three pairs of eyes), that it is something about her, but that it's a something that we don't quite understand, we don't know where it comes from (alien, it comes from an unknown world...). Besides, in this issue of not knowing what it is about, she is in her own business and I in mine (drawing of each other).

Concerning the information she brought to the session, I'm not for her in the place of supposed knowledge.

In anyway, at that moment I wonder which are the three people who are glancing towards her origin since, successively, those left enounced in the session are indeed four: the mother whom she cannot keep on naming (perhaps the closure of the mouth in the drawing represents, in this regard, a prohibition or a secret), the mother, she and I.

At the end of the session, the interphone sounds. Furtively, Ana hides herself under the table whereas the person who brought her and who is now coming for her takes the elevator. When she knocks at the office's door, Ana takes back the block, and she quickly makes another drawing of the "alien" at the right side of the self-portrait she had made.

Upon leaving, she effusively greets me again.

In view that she did not give me enough time to take a close look at the last "alien" which had been drawn in such a hurry before leaving, I take back the drawing, and notice that there are eight eyes drawn in it, so all of us, the four protagonists of this complex glance

about the issue of the origin, are now included. I also notice something of which I was unaware during the session: what could be seen the other way round –that I believed was a strange nose of the “alien”, is configured by a series of letters which are the initials of the names of the four of us who take part in this matter which for the time being, she was not be able to process. Though in this session, with the four pairs of eyes, I am sure that she has involved me in the participation of the problem, and it can be the starting point of an elaboration process of the traumatic experience.

I think that in this session there was no chance for her to make a drawing of myself, just as it would be attributed to transference. She introduced information which operates in a traumatic way, of which no representations can be transferred to me. In view of this, even if we are together (just like the sheets of her block), she is she and I am a real person myself (drawn by me, no contributions transferred). Even the correction that she demands of my drawings emphasizes something objective: I have gray hair.

In the presence of the traumatic, the analyst has no investment nor is object of transference. We are both, she and I together, coopted, but from outside a circuit of reciprocal attributions which allow to be elaborated.

The trauma destitutes the analytical function and it reveals behind it, at that moment of the analysis, the real presence of the analyst embodied in such function.

At the end of the session, as if it “came out of nowhere” (aliens), we can see the incipient the germ of a knowledge about the subject of her origin and eventual beginning of transference, where she will be able to elaborate what until then was traumatic. In this regard, we must take into account the possible incidence of the brief interpretative interventions I performed.

If so it was, the real person of the analyst started to be incorporated to the circuit of illusion of transference.

Addenda

Upon having concluded the writing of this work, in the stage of correction of presentation details and of typing, I receive a message of Ana's mother on the answering machine, in which she openly expresses her disagreement concerning the problem her daughter made in regard to her adoption. In view of their becoming trip abroad and her school vacation, she decided to interrupt the “girl's” analysis until the next year.

In one of the subsequent sessions after this announcement, Ana makes a drawing of herself, and to my surprise, she trims with the scissors a lock of hair which she then glues on the forehead of her self-portrait.

It looks like if in an exacerbated way, with that "real" matter of herself, as it happens with relics in churches and museums, she had to leave me a real testimony of herself, without proper and reciprocal investments.

In this concern, I kept wondering if it is possible to conceptualize what is referred to "the real person of the analyst", without considering, thus, those phenomenons referred to "the real person of the patient".

It seemed to me important to bear in mind, at least, this idea which imposed on me so it may be taken up again eventually in some other moment, either by myself or by any other colleague who might be interested in this subject.

Keywords: Psychoanalyst; Transference; Reality; Framework; Child Psychoanalysis.

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Summary

The idea that the author attempts to transmit in this presentation is that the psychoanalytical process develops in a complex range of conceptualization, since is it delimited by two edges between which there are theoretical and even epistemological discrepancies.

One of them is related to "the real person of the analyst". The concept of "person" does not come either from the jargon or the conceptualization of psychoanalysis. Rather, it

owes its origin to the employment of masks that in Antiquity the Greeks made use of in order to present the characters in the theatrical plays.

The other edge is defined by transferential phenomena, in this case, a notion deriving from psychoanalysis, whereby the effects of the formations of the unconscious both of the patient and of the analyst are at stake.

In that coming and going between the person of the analyst and transference, it is expected –through clinical procedures– that the movement will always lead towards the establishment of transference. However, this is not always possible.

Throughout the text, the author gives account of clinical situations in which for diverse reasons the real person of the analyst is put into evidence, as distinct from that of the analyst attributed through transference.

Lastly, a session of a five-year-old girl is introduced, intending to demonstrate that -in the presence of the traumatic and its lack of representation- transference fades away, giving way to the emergence of the real person of the analyst.

To conclude, in view of the derivations of the transcript of the session, the author leaves open to the reader the question whether it is possible to consider the concept of “real person of the analyst” without disregarding, in consequence, that of the “real person of the patient”.

Traducción: Laura Sujoluzky