

# TRANSFERENCE, ATTACHMENT AND THE TRANSACTIONAL SYMBIOSIS

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## ABSTRACT

The definition of symbiosis is reconsidered, and the implications of this reassessment for the phenomenon of transference are examined. Four relationship types are also described in terms of this redefinition of symbiosis.

## FOUR RELATIONSHIPS AND TRANSFERENCE

This article will examine the implication of White's (1997a) article, in which two parts of a symbiosis are isolated - the transactional symbiosis [Figure 1] and the attachment [Figure 2]. This theoretical split of a symbiosis into two parts allows for a different understanding of transference. In particular it allows us to conceptualize a transference relationship that is free of a transactional symbiosis. This is significant because such a symbiosis causes considerable difficulties in treatment, whereas the understanding proposed in this article allows us to avoid such problems.

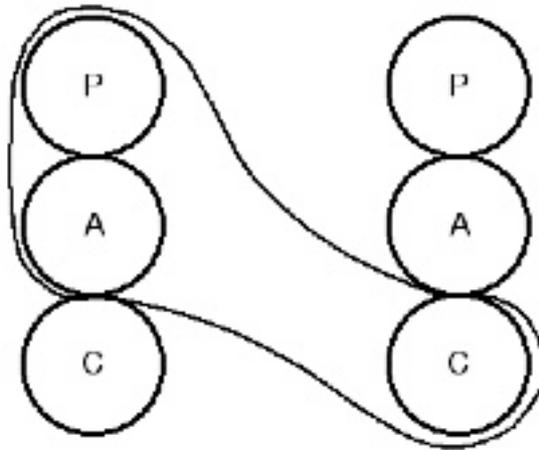


Figure 1  
Transactional Symbiosis

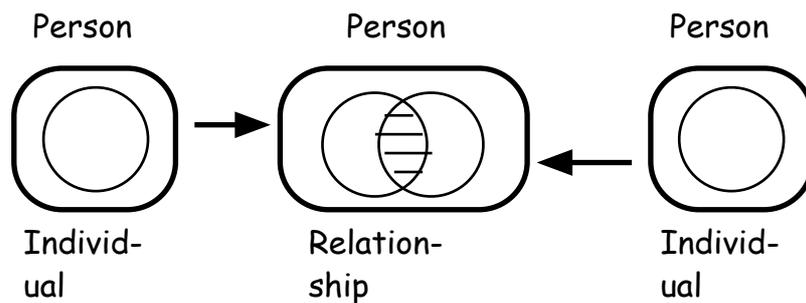


Figure 2  
Attachment

Table 1 shows the four possible combinations of relationship when one accepts the idea of a symbiosis having two parts - a transactional symbiosis and an attachment

FOUR RELATIONSHIP TYPES	
RELATIONSHIP 1 No transactional symbiosis No attachment	RELATIONSHIP 2 No transactional symbiosis Attachment present
RELATIONSHIP 3 Transactional symbiosis present No attachment	RELATIONSHIP 4 Transactional symbiosis present Attachment present

Table 1.  
Four relationship types

These four types of relationships can apply in any circumstances. However, here they will mainly be considered in light of the transference or therapeutic relationship. In examining transference one must obviously investigate the Transactional Analysis Journal as there has been much written on the topic in the last decade. There appears to be two periods when most of the recent work was done. First there is the work by Moiso(1985) and Novellino(1984 & 1985). There is then largely a break until two editions of the Transactional Analysis Journal which in essence are theme editions on transference - April 1991 and July 1991.

All of these articles are of course are based on Berne's conception of ego states in some form or another. Thus transference is discussed in this context. This is no more succinctly put than by Massey(1991) who states "Like Sullivan, Berne approached transference as interpersonal communication. What Berne added was a method of detailing discrete, specific transactions that may reactivate pervious experiences. Berne depicted transference as a Type 1 crossed transaction. (P165)".

Using this perspective symbiosis is a central part of any discussion on transference. As Novellino(1985) notes in her discussion of transference "...the patient will re-enact the original symbiosis, reliving the racket experiences and trying on the racketeering and games in a desperate attempt to resolve the symbiosis.(P203)". With the inclusion of attachment in the definition of symbio-

sis we are thus provided with new practical and theoretical developments in the understanding of transference and how it relates to symbiosis.

It should be noted however that Massey(1991) has previously mentioned transference and attachment. He states that a person involved in transference, "...has an undifferentiated sense of self..."(P162). Such people "...fuse emotionally with others..."(P162). In addition he states that through the positive transference a client can become attached to a therapist. With this orientation in mind let us look at the four types of relationships and their implications for the transference.

Relationship 1. In some approaches this has been seen as the good therapeutic relationship. That is, the relationship with no transference. The therapist remains detached and avoids getting into a situation where he/she makes Adult and Parent decisions and judgements for the client. This type of relationship is only possible if the two parties know each other at a superficial level. As White(1996b) notes, as soon as a relationship gains some emotional substance then an attachment forms and thus relationship one ceases.

In psychotherapy this is difficult to achieve, as that environment is a 'perfect' breeding ground for attachments, particularly on the clients side. If the therapist can maintain a clinical detachment then he/she may be able to continue in relationship one. An example of this relationship could be where two people have perhaps a working relationship, with no great feelings of liking or disliking for the other and they both go about doing their jobs without relying on one another for information, guidance and so on. Thus no symbiosis and no attachment exists.

The schizoid personality is one individual who strives for this relationship, (or relationship three). They avoid attachments, that is, do not wish to get emotionally involved and thus we have the withdrawal behaviour. The antisocial also shies away from attachments. However the silver tongue or con man type of antisocial can give the appearance of being in relationship two or four whilst being in relationship one. As a result others can trust him with their money because they feel there is an attachment. One day however he leaves with all the money and has no feelings of loss or grief at the end of the relationship. There was no relationship (attachment) in his mind in the first place, so how can one grieve for its loss.

Relationship two. This is the healthy quadrant in the therapeutic relationship. That is, the patient develops a third self or attachment with the therapist; (and vice versa). Simultaneously all attempts at symbiosis formation by the patient are confronted. That is, the client's attempts to get the therapist doing his/her Adult and Parent functions and taking over the therapist's Child functions are thwarted. [This assumes that no counter-transference issues are coming from the therapists side.] This makes for a clear relationship. This relationship unlike quadrant one, has depth or is emotionally meaningful. At the same time, it is open and clear since both parties relate to each other from all

three ego states. Each person uses his/her full behavioural repertoire. The attachment is seen as positive in a transference style of treatment because without this the client can not work through the archaic issues with the therapist first hand. Without an attachment a relationship has no emotional meaning.

Relationship three. This style of relationship is superficial due to the lack of attachment. It could occur in the work environment, where two individuals have a good working relationship. As a case in point take two business partners, who have no social contact and see each other as OK people. That is, both have no strong negative or positive feelings toward the other. This means no attachment exists. If at the same time one partner is good at doing the accounting and administration, whilst the other is good with the public relations work then a symbiosis does exist. That is, the good PR person does all the PR [Child ego state], whilst the good administrator does all the administration [Adult and Parent ego state]. These two people then have a symbiosis, with no attachment.

Again it is stressed, that any two people who spend time together, will form some degree of attachment. Thus, to depict quadrants one and three as having no attachment, is not completely accurate. In these quadrants it would be more accurate to say that attachment is present, but at a minimum level only.

It would be difficult for a client to achieve quadrants one or three, because the usual therapeutic setting is designed for the client to develop and express emotions. Such an activity certainly enhances attachment formation. Those therapies which are very clinical and non-emotive, make it easier for the patient to resist the development of a bond. From the therapist's point of view, it is far easier for him/her to not develop a bond. So quadrants one or three are much more possible for the therapist to achieve. Such a person would be attracted to the non-emotive clinical therapies, because this type of therapist is the 'technician'. This is the individual who focuses on treatment techniques in his work, and at the same time does not allow the human part of self to enter the treatment. The therapist keeps distant and hence very little emotive counter-transference feelings develop. As a consequence, historically this type of therapeutic relationship has been considered good, because of the reduced counter-transference feelings. In the training of beginning therapists who have not yet experienced or dealt with strong counter-transference feelings, it is recommended that they treat as a 'technician' only. To allow self to develop counter-transference feelings opens up a 'can of worms', that is both potentially dangerous and yet therapeutically powerful.

Relationship four. In the past, transference has generally been viewed as this. In transactional analysis the presence of a symbiosis has been particularly representative of transference. This appears to have occurred because the theory has equated symbiosis with a transactional symbiosis and an attachment. Unfortunately this has led to many practical problems which are usually categorised under the heading of negative transference. That is the therapist has taken on some of the clients Adult and Parent functions, and given up some of

his/her Child functions to the client. Fortunately with the theoretical development clarifying the two parts of a symbiosis, we can now understand how to have a transference without a transactional symbiosis.

It would appear that the Cathexis school practice of Reparenting would establish a relationship of this type with its patients. Schiff(1971), whilst being clear that in Reparenting a transactional symbiosis is formed between patient and therapist, does not address the concept of attachment or bonding. However, it is reasonable to assume that Reparenting would involve a transactional symbiosis and attachment in the transference relationship.

## ATTACHMENT AND SYMBIOSIS

To achieve relationship two in a therapeutic relationship is theoretically simple. One simply confronts the transactional symbiosis, whilst simultaneously encouraging attachment. Obviously in practice it is not this easy. To begin clarifying this process, I will outline ways of how to confront a transactional symbiosis whilst concurrently encouraging attachment.

Attachment or bonding is encouraged mainly through the overall structure of treatment rather than with a specific set of transactions or techniques. This makes it applicable in some treatment settings and not others. For instance, in brief crisis intervention, the process of attachment need not be considered as treatment is too short in duration. However, one needs to remember that after two or three sessions, the attachment process for most, is actively underway. As a consequence, some of the structural aspects of treatment which affect attachment, are listed below.

1. Being with someone physically is paramount to the formation of an attachment. Meeting with, being with, and talking with the therapist is essential for a patient's attachment formation. Related to this point of course is the number of consultations one has with a patient. If one wants no attachment, then she will have to adopt a brief form of psychotherapy. The number of consultations per week is also relevant here. The more frequent the consultations, the greater the physical proximity, and the greater the intensity and speed of attachment formation. This is one of the most obvious ways of controlling attachment, as it is easy to regulate and central to the intensity of attachment. However, one must also be careful when reducing the frequency of consultations. As the termination of treatment is often closely linked to problematic counter-transference feelings in the therapist, rather than it being health promoting for the client.

Sometimes reduced contact does not result in the reduction of attachment feelings. This occurs when the Child ego state tricks itself into believing that the other person has not really gone away, or that their departure is only temporary. Such a person has not said 'good-bye'. The same pathological process can occur in therapy. It is not uncommon to hear a patient refer to a previous

therapist they once 'knew'. Some of the references result from an incomplete attachment dissolution of the patient from the therapist.

Also related to this initial point is the question of other contact outside the consultation times. Firstly, here I am referring to telephone calls. Allowing a patient to phone in a crisis appears to also enhance attachment formation. Again we have another factor that can be regulated with due consideration of feelings and therapeutic goals. Secondly, the question of patients and friends arise. In my opinion, during a period of treatment a patient cannot also be a friend. This does not mean however that both parties cannot be friendly. The stronger the transference feelings the more important this is.

Non-consultation time contact, is very potent in enhancing a patient to therapist attachment. Hence it needs to be dealt with cautiously. An example of how this can be structured is in a TA training programme. As many trainers would be aware, at times clients or ex-clients take out training contracts to undertake level one training as a transactional analyst. Sometimes at least part of the motivation to do this is for further contact with the therapist/trainer. If the circumstances are right then a training programme can be used beneficially for this although one needs to be cautious as there are many potential pitfalls. For a more detailed discussion of this see White(1995).

2. The previous point dealt with the quantity of contact, however one must also consider the quality of the client/therapist transactions. This mainly refers to the presence or absence of emotion in the relationship, and the amount of vulnerability shown by the client and to a lesser extent the therapist. Therapies that encourage regressive work, the demonstration of emotions and Child to Child contact between both parties will be conducive to attachment formation. Conversely the therapies that are more clinical, non-emotive and distancing will hinder attachment formation.

3. Individual therapy will enhance attachment between therapist and client more so than does group therapy for two main reasons. First, in any therapy group there will be inter-client attachments. As a result some of the available energy that could have gone into a therapist/client attachment, will be redirected to those other attachments. Second, in most groups a group cohesion or bond occurs, where the members cease to see the group as a collection of individuals but see it as a separate entity in itself. This group attachment further reduces the potential for a transference attachment with the therapist. These points must be kept in perspective however and remembered that in group therapy strong transference feelings can develop between therapist and client.

4. Related to the previous point is the number of extra-therapeutic attachments in the clients life. Those with few such attachments are more able to develop strong attachments in therapy. Conversely those with strong external attachments are less able. At any single time it seems that an individual could have no more than four to six attachments that are of a strong nature. There is just not enough time and energy for more.

Irrespective of the above points, in the final analysis when any two people spend time together some degree of attachment will develop between them. It is inevitable. If the client does not wish to form such an attachment then he/she can withdraw from the relationship in ways that are shown above.

## CONFRONTING THE TRANSACTIONAL SYMBIOSIS

As mentioned before in order to establish relationship two, the therapist will have to confront the client's attempts to establish a transactional symbiosis. The logic is that the client is endeavouring to redo the childhood symbiosis in an attempt to resolve the problems that occurred the first time around. However they will unconsciously thwart themselves by playing games and discounting so that the original symbiotic issues do not get resolved. It is the therapists goal to understand and identify these so that the same scenes are not replayed over again. [i.e. the same games are not played].

How this is done has been discussed many times previously in the Transactional Analysis literature. For example *Goulding and Goulding (1979)* and *Schiff et al (1971)*. The client will discount their own Parent and Adult ego states and stroke the therapist to take over that functioning for them. For example the client may over-adapt and make a contract that the therapist wants her to make, rather than one she has decided to make. The *Gouldings* notion of personal responsibility confronts many of the clients discounts of their own Adult and Parent.

In addition the client and therapist may unconsciously agree that the therapist represses her *Child* ego state and the client takes over those functions for the therapist. The therapist again needs to be aware of this tendency and cross the transactions that leads to such personal discounting. This implies that the therapist initiates more *Child* to *Child* transactions between client and therapist, as the therapist is using her *Child* more. Up to date therapists that use *Child* to *Child* transactions tend to use only a specific kind. That of fun or humour. This does tend to halt the client taking over the therapist's *Child* functioning. However what of other feelings such as anger, sadness, fear and so on. It is not common for a therapist to express these in a *Child* ego state manner. The approach being described suggests that this is done. Whilst often not pleasant for the client it is usually greatly appreciated by the client. The therapist is being human! I am however not advocating 'open day' on *Child* expression by the therapist. The relationship is not an equal one and *Child* expression by the therapist has more impact on the client than the other way around. This needs to be accounted for when the therapist is expressing her *Child* thoughts and feelings.

Doing this allows both parties to function as full people with all three ego states. They do not have to discount one or more of their ego states in order to develop the transference via a transactional symbiosis. This it is suggested is an important step forward and frees up the transference relationship to more ave-

nues of relating, that are more authentic, and therefore more therapeutic. The possibilities of resolving the archaic issues is increased. Also many negative transference issues are resolved quicker particularly due to the therapist using her own Child ego state in the transference relationship.

## CONCLUSION

This paper examined some of the therapeutic implications of dividing a symbiosis into a transactional symbiosis and an attachment. This is deemed necessary if one is to subscribe to the transactional analysis tradition of Occam's Razor. That is to justify a theoretical change with practical application.

It is suggested that such a change is justified as one can now have a transference without a transactional symbiosis. This allows the therapist to avoid many of the pitfalls of having a situation where the therapist and client do not express their full complement of ego states. To use all ego states should enhance the therapeutic process.

## BIOGRAPHY

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