

# Transference Neurosis and Transference Psychosis

Toward Basic Unity

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## FOREWORD

*by Robert Langs, M.D.*

The wish for lasting relevance must surely attend the efforts of virtually all psychoanalytic writers. Few in the field, however, have been able to produce a body of work that remains as relevant today as when it appeared ten, twenty, even thirty years ago. Still, there is a quality to the growth of psychoanalysis which leaves room for this, largely because of a certain conservatism in the average analyst or therapist and the slowness with which new ideas are assimilated.

The work of Margaret Little has achieved this kind of lasting importance. The reader of her papers will come to appreciate the remarkable powers of clinical observation that this analytic writer brings to her work with patients. And yet beyond this gift lies an ability to arrive at strikingly unique and painfully perceptive conceptualizations which are both distinctive and eminently useful.

Such is the genius of this clinician that her earlier papers on countertransference and on borderline and psychotic patients remain filled with insights still awaiting the recognition they deserve. Margaret Little's writings, the earliest written some thirty years ago,

are certain to provide the reader fresh understanding, both of himself and of his therapeutic technique.

The pioneering qualities of Margaret Little's work is evident from the table of contents of this volume. At a time when analysts were, as she herself states, phobic about countertransference, Little was able to probe this aspect of the therapeutic interaction with a creative attitude still rarely found in analytic writers. A sense of the deep and unconscious interplay between patient and analyst, and of the patient's sensitivity and perceptiveness regarding the analyst's countertransferences, led her to formulations that are remarkable even today. Her clinical acumen may perhaps best be represented by her discovery that at times, unconsciously and yet very accurately, the patient will offer the erring analyst interpretations that can help him correct the situation. Her realization that as the analyst is a living mirror for his patient, so the patient is a living mirror for his analyst, has helped open the way to many recent researches into the therapeutic interaction. Her papers on this subject provide not only a program for present-day research, but a guide to modern therapeutic and analytic practice.

As for her other main area of interest—the paranoid, borderline, psychotic patient—at a time when psychoanalysis was for the most part restricting its efforts to the so-called neurotic patient, Little was boldly engaged in the psychoanalysis of these more severely disordered patients. Mindful of the dangers and difficulties such work holds for both patient and analyst, she nevertheless forged ahead with firm determination to develop effective techniques and an essential understanding as to how best to engaged these patients in an insightful analytic experience.

Margaret Little made experiments, discarded those which failed her, and wrote of her efforts. She debated such issues as physical contact with these patients, and the means by which an analyst can work usefully with the psychotic part of their personalities. She explored issues of basic unity and symbiosis, and carefully detailed the type of difficult transference responses seen with these patients. In writing of these subjects, she is candid, full of ideas, and deeply human.

It is consistent, then, that Margaret Little has chosen to complete this volume with poems and commentaries which reflect her personal experiences as both an individual and a psychoanalyst; it is in her

nature to do the unusual that all may learn and grow. It gives me personally a special sense of satisfaction to have been in some small way helpful in bringing the work of this warm, delightful, and gifted psychoanalyst to a broader audience. Most readers are likely to feel that they have met and experienced a very special person, as I have, having been privileged to meet her and to engage her in dialogue. Psychoanalysis needs more writers of this kind, writers who will put down ideas today that will still be fresh and alive in the twenty-first century.

## INTRODUCTION

*by Alfred Flarsheim, M.D.*

Advances in psychoanalytic psychotherapy have made us aware of the importance of the earliest individual developmental steps to later character formation, both healthy and pathological, and of the deep roots of certain clinical syndromes. Consequently, deep treatment, often longer than was earlier thought necessary, is called for if really profound changes are to be brought about. The work of Dr. Margaret Little is in the forefront of these advances.

Dr. Little covers a broad range of subject matter in her writings, with special attention to two areas. Her writings show us an unusual depth of perception and understanding, and this may be one of the reasons for my finding that however often I read one of her papers, I always learn something new each time. The areas to which I refer are, of course, those of “basic unity” and “delusional transference and countertransference.” The concept of “basic unity” provides a coherence to Dr. Little’s creative contribution. It is her study of the effects of the underlying most primitive preambivalent, preobject relationship, predifferentiation, “totally homogeneous” stage that is

unique, and is most valuable in Dr. Little's contribution to all the areas she has studied.

At the stage of development characterized by what Dr. Little calls "basic unity," there is complete homogeneity of psychic structure. This is the same stage that Freud referred to as the stage of autoerotism, and it precedes the development of narcissism.

In one of Freud's last major works, "An Outline of Psychoanalysis," he stressed the preeminent importance of early experience for later development. The earlier an environmental factor acts upon the developing individual, the more profound will be its effect on subsequent development.

Goetz (1975) tells us that already in 1904 Freud was familiar with a primitive state that "transcends all contradictions," and in many of his papers he considered earliest development (Freud 1914, 1926, 1931, 1939). On the other hand, in much of his work, Freud "took early infant care for granted, but created an environment that could provide for infantile needs in the analytic setting, without needing to make them explicit" (Winnicott 1958, pp. 284-285). Klein (1932, 1945) studied primitive mental mechanisms but attributed ego boundaries with self-object differentiation to earliest infancy. Winnicott introduced the systematic study of a stage before self-object differentiation and before psychosomatic integration. Dr. Little has consistently and systematically investigated the adult derivatives of the earliest developmental stage before such terms as symbiosis are appropriate, and the significance of these derivatives for psychoanalytic treatment. Here she has gone very far in applying the principle of genetic or developmental continuity to psychoanalytic formulations about the origins of mental health and mental illness. Her paper "On Basic Unity" (1960) expresses ideas central to all her work which are developed in various directions in other papers. In her earliest papers (e.g. 1945), Dr. Little's formulations and interpretations are classical and oedipal, but gradually in later papers we see her reaching deeper levels. In 1951 ("Countertransference and the Patient's Response to It") the basic unity idea is anticipated when Dr. Little points out that there are no clear boundaries between ego, id, and superego in the transference regression and that the emotional reactions of the analyst and the analysand, the transference and the countertransference, are inseparable. In 1957 she stresses the equation between objects which precedes a symbolic relationship between them and results in a delusional transference.



The way in which Dr. Little's orientation derives from the depths of her personality is illustrated by a revealing passage in her paper "R—the Analyst's Total Response to His Patient's Needs" (1957). She says that before she began her formal psychoanalytic training, she had been aware of the need for flexibility of technique and for adapting it to the varying needs of the individual patient. Then during her formal training she "tried to discard what I already had in favor of a more classical or less unorthodox technique, and (therefore) failed with a number of patients whom I still feel I would and should have been able to treat successfully." Then as she gradually regained her own individuality, she became increasingly able to respect and adapt to her patients.

In the same paper (1957) Dr. Little points out that transference interpretations were not useful in the early part of the treatment because the woman patient absolutely equated the analyst with her own archaic parental imagos. Countertransference interpretations consisting of the analyst's speaking of her own feelings toward her were equally ineffective. This all began to change when Dr. Little allowed herself to express her own immediate feeling reactions to the woman's behavior. This freedom led to the patient becoming aware of the differentiation between her feelings and the analyst's, and thus of her own separate identity. By 1958 the concept of basic unity was virtually complete ("On Delusional Transference [Transference Psychosis]") and then in 1960, the term *basic unity* was the title of her famous paper on this subject.

Dr. Little says (for example in her paper on self-analysis) that if we really are to understand our patient's deepest anxieties, we must accept the reality of our own corresponding anxieties and we must accept repeated experiences of breakdown and reintegration rather than expecting never to experience breakdown. Such experiences are often opportunities for increased personal capacity to deal with inner and outer reality.

I have attended psychoanalytic meetings at which discussants have seemed to be frightened by Dr. Little's freedom in sharing with the audience her awareness of her own emotional functioning, including not only her secondary-process constructs but also primary-process experiences. Certainly the experiencing of depressed moods must have contributed to her motivation to such relentless pursuit of understanding of herself, and of her patients. Further, as her poems

illustrate, Dr. Little has what Dr. Winnicott called the *capacity* to bear and to work through depression, along with a very unusual capacity to include and reveal her own inner personal experiences, and to harness these in the service of the analysis of those patients fortunate enough to be under her care. As well as patients, of course, many students and colleagues have benefited from her teaching and example. She is very generous in her acknowledgment of her indebtedness to the writings of others, but we must not let this obscure our perception of her originality and creativity. This book will make Dr. Little's invaluable contributions available to a wider public than has been able to benefit from them in the past.

## PREFACE

This is not a tidy book; it is not for those who like to have papers grouped neatly according to topic, and it is not a “text-book”.

It is, in fact, a record of the development of my psychoanalytic work, of my ideas, and of my technique, particularly in dealing with psychotic anxiety, whether in “borderline psychotic” patients, or in “psychoneurotics.” The emphasis is on the theme of development.

Such development is apt to be untidy; one has only to remember the look of a fledgling chicken or the antics of adolescence to know this.

It has led to the inclusion of some more personal elements than are usually thought suitable for a serious book concerned with psychoanalysis. But they are relevant, for they throw light on my concomitant personal development from being a “false self,” through quite a serious mental illness, to at least a relative degree of “mental health,” “maturity,” and “integration.” It is on this experience that any real understanding that I have of the anxieties and difficulties of others is founded.

It represents something of my own “total response” to life.

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Unfortunately I am an inveterate snippeter and have not been able to trace the exact source in every case. I apologize sincerely for all my omissions and inaccuracies and hope they may be forgiven!

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