

The Problem of Familiarity: A Contributor to the Transference/Countertransference Field

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In this paper I attempt to outline the influence of "familiarity" on the progress of analysis. The title could also be "the shadow of familiarity." Familiarity generally refers to the state of close acquaintance with something or someone. We encounter a sense of familiarity constantly in our lives and our culture. The longing for familiarity is present in Dorothy's lament in the Wizard of Oz, "There's no place like home". We know a level of familiarity is present when our patient says, "I knew you were going to say that." Most of us are familiar with the aphorism by Aesop - "familiarity breeds contempt" but William Bernbach was probably more accurate when he said, "familiarity breeds apathy." Certainly the experience of familiarity will indeed be *familiar* to everyone in this room, but perhaps there will be a sense of looking at it from a new perspective by the time we end. I'll offer several ways of conceptualizing the experience of familiarity and some possibilities for engaging it more consciously.

In my discussion, I propose that familiarity is a particular aspect of the transference/countertransference field which emerges over time and begins to shape and influence the behaviors, perceptions, thoughts, and feelings of the participants. In discussing familiarity as an aspect of the transference/countertransference field, I'm using the term in its broadest sense, meaning the full range of emotional and projective influences within the field, not just unresolved neurotic complexes being projected into the field. I'm also referring to it as an influence that is co-created in the field rather than originating out of the individual psyche of either the analyst or patient. While the sense of familiarity may exist unilaterally – the analyst towards the patient, or the patient towards the analyst – I believe most often it is a mutually constellated, bilateral experience.

I began to think about this subject sometime last summer and as I reflected on the subject I realized I hadn't heard anyone discuss the issue, the issue hadn't been part of my analytic training, nor did I recall seeing mention of it in the analytic literature. In my own practice, I was noticing in a more explicit way, that certain cases felt somewhat stuck - that there was a sense of predictability, comfortableness, or lack of anticipation with certain patients. In some of these cases it also seemed to be accompanied by a shift toward a sort of friendly atmosphere in which the use of first names created a slightly different feeling tone. As I began to attend to these patterns, I also noticed a lack of movement psychologically, an absence of the mild anxiety or heightened anticipation that so frequently accompanies deeper analytic work. In some cases it began to feel like a stalemate position in chess in which each player continues to move but it isn't possible for those moves to lead to a decisive conclusion of the game. While the atmosphere didn't feel dead, it didn't have a feeling of being fully alive either. As Ogden (1995, p. 695) has proposed, the sense of aliveness and deadness of the transference-countertransference "may be the single most important measure of the moment-to-moment status of the analytic process."

In my thoughts, I began to wonder what it is about this feeling of familiarity that hinders analytic process, why it occurs with certain patients and not with others, and whether there is anything the analyst can do about it or with it. It strikes me as curious that the issue of familiarity may come into play with someone who has only been seen for six or seven months and yet not become problematic in an analysis lasting a decade or more.

It began to dawn on me that the experience of familiarity was one of being hidden in plain sight. The issue of familiarity is so *familiar* that it operates as background to our various foreground concerns in analytic work and therefore exists primarily as an implicit, rather than

explicit, experience in analysis. Familiarity is often found in the nuanced dance of the analytic interaction: sessions following a similar pattern, opportunities for analytic focus that are overlooked, or in the ritualized behaviors surrounding the analytic sessions - such as how we start and end sessions or how we greet one another. In fact, I've come to think of familiarity as being like the Cheers Effect, "the place where everybody knows your name." It is a kind of pseudo-intimacy that provides a sense of being seen and known but without being seen or known in a deeply relational way that characterizes the analytic experience.

Familiarity in the therapeutic setting is the most basic of experiences; an unconscious given in the relationship. So comfortable, ordinary, or mundane that we forget to examine or analyze our experience of it. At times it may also be something unseen that creeps in insidiously, slowly impacting the intersubjective space and influencing our behaviors, attitudes, and feelings about each other and what is occurring in that space. Familiarity is comfortable because it requires so little of us as analysts. Resting in its seductive comfort we don't have to wrestle with how to access what we don't know, to grapple with the frustrating limitations of our technique, to feel abandoned by the dearth of images entering our reverie. When the feeling of familiarity dominates the field, the tension of opposites, which we seek to hold in our work, has been subtly lost, and yet because of the comfort of familiarity, it's often the case that the absence of opposition is not noticed, just as Dorothy and her companions are not even aware of slipping into a stupor amongst the poppies.

Interestingly, the feeling of familiarity in an analytic relationship can take on different feeling tones. Sometimes a sense of familiarity can be very comfortable and feel rather related, much like the glow of kinship libido (Jung, 1946, para. 431), although as Pizer (2004, p. 304) points out "the sweetness of 'kinship' between analyst and patient can be a silent killer of the

treatment process.” At other times, familiarity can feel dry, lifeless, or predictable. But I believe that familiarity, even when it feels related, is actually not very related at all because, the effect of familiarity is generally a subtle lack of engagement; a form of un-relatedness in which the proximity to the otherness in the patient and the otherness in the analyst is lost. It results in a diffusion of seeing rather than a sharpening of seeing, and a reduction in risk rather than an increased likelihood of transformative risk-taking.

As it is conceptualized in this manner, I propose that familiarity is an aspect of the ongoing analytic relationship which, in many instances, can interfere with or become an obstacle or impasse in the unfolding of the analysis. For example, as the patient begins to care more about the analyst as a person, one risk is that the patient may become less likely, rather than more likely, over time to share their negative transference reactions with the analyst. Similarly, the analyst, as time progresses, may be lulled or seduced into a feeling of knowing the patient, their psyche, and their issues - eventually failing to see the emergence of new developments, especially those emerging from the objective psyche. One way of thinking about familiarity is that it promotes mutual blind spots. Both parties feel they know each other so there is a tendency to stop looking for what they don't know.

I envision familiarity as a broader concept than impasse, but clearly connected to the idea of impasse. Wolstein (1959, p. 135) nicely defines impasse as an area or dimension where the two analytic participants are stuck resulting in the situation where “neither participant is capable of free and independent movement.” More recently Atwood and Stolorow (1984) have described impasse as the outcome of two subjectivities exerting unreflective reciprocal impact on each other. An impasse may occur as a result of familiarity, but is not the only possible outcome of familiarity. Formal impasses frequently arise around emerging material not yet understood or

around therapeutic errors not yet worked through. Pizer (2004, p. 292) makes this point explicitly when he writes: “Impasse may lie in a trail of lost opportunities for reflection,” or as Levenkron (2006, p. 157) indicates, impasse is often a result of the failure to negotiate recognition. Because the influence of familiarity is more diffuse and less palpable than an overt impasse, the need for intervention is often less noticeable. Mendelsohn (2007) suggests cultivating “an expectancy, a preparedness for impasses, for breakdowns of mutual accommodation that signal both disruption and opportunity.”

Ways to Conceptualize the Issue of Familiarity

At this point I’d like to examine a few ways to conceptualize the experience of familiarity more fully.

Otherness: As we become familiar we de-libidinize or de-cathect the “otherness” of the object. From the analyst’s perspective, when we begin an analysis, our desire to help or understand is more abstract. Our libidinal energy at that point is more connected to the ethos of our professional role rather than the person. As the analysis progresses, we invest more libido in that person as an object who begins to sustain us as we sustain them. As this happens, as we hold the patient in our psyche with a more personal form of attachment, we become more sensitized to the person, anticipating how the patient will receive our interventions and interpretations, often making it harder to move to an interpretive stance. Therefore, familiarity can be thought of as a loss of connection to “otherness.”

When a case is new, it’s fresh, exciting, unknown and full of possibility. It’s easier, during that initial phase, to listen for the multiple levels of meaning lurking between the words, gestures, and sighs. As the case ages it becomes harder to listen with fresh ears, to engage our

imaginal reverie, or to feel the teleological urge towards new possibilities unless we find some ways of recognizing and burrowing beneath the state of comfortable familiarity.

On some fundamental level, the unfamiliar isn't comfortable. One approach to the problem that familiarity presents us is the idea of otherness – or more figuratively – the stranger. William James (1984, p. 2), in discussing the role of philosophy, seems to adopt a similar position: “*Philosophy*... sees the familiar as if it were strange, and the strange as if it were familiar. It can take things up and lay them down again. Its mind is full of air that plays round every subject. It rouses us from our native dogmatic slumber and breaks up our caked prejudices.” I conceptualize the stranger as being different than the shadow, with the shadow referring to what is unknown or unacceptable to the patient, while the stranger refers to what is unknown to us about the patient and ourselves. The shadow is most often used as a one person concept while “the stranger” lends itself to utilization as a two person concept because it can include the experience of the other as well as considering “the stranger” as analytic third.

Jung primarily uses the term “other” to refer to the experience of otherness within ourselves, usually in reference to the shadow or anima. In a similar fashion, Harding (1965) and Redfearn (1994) both refer to all of the Self that is not ego, as the not-I. Therefore, Jung, Harding, and Redfearn are all utilizing the idea of otherness primarily in terms of a one-person psychology. If we're looking for the shadow and have already determined to that we must find “the shadow,” we've made the error of siphoning some, or much, of the strangeness away from the emerging material. By attending to the quality of strangeness we better appreciate its significance in the psychic system rather than simply naming it. Casement (2002, p. 111) says, “When we are impatient to remove a sense of strangeness, and the unease of not knowing, we sometimes settle for what is familiar.”

It's limiting and dangerous to only think of the other in intrapsychic terms, as a reflection or function of shadow or anima, or to only see the *outer other* as a repository for our projections. In doing so, we miss the opportunity to engage the inter-personal or inter-psychic other, i.e. the other in the object. In thinking about otherness as only a reflection of shadow, there can be no I-Thou experience because the otherness of the object is not considered. It is important, not only to remember the stranger within ourselves and our patients, but to actually find ways to invite, embrace, lure, or seduce the stranger back into the room, into the foreground of awareness and engagement.

Role Responsiveness and Countertransference: Sandler's (1976) ideas about role responsiveness in the analytic relationship provide another lens for looking at familiarity as an issue in the transference/countertransference field. He proposes that in the analytic field each participant is attempting to impose a role-relationship on the other. This includes the role they attempt to create for themselves and the complimentary role they attempt to create for the other at a particular time. He points out that these intra-psychic pressures are often only recognized after they have been carried over into actions and indicates that it is often in the small departures from analytic stance that these role-responsive interactions take place – in the small “extra-analytic” comments, in the greeting, arrangements about practical matters, the telling of jokes, etc. Sandler proposes that the extent to which the analyst becomes involved in this role-responsiveness is actually a compromise-formation between his or her own tendencies and his or her reflexive acceptance of the role which the patient is pushing for. In his own work, he often finds clues about role-responsive enactments in the lacunae of patterns of behavior which aren't analyzed with a particular patient, but which he realizes he would typically analyze with another patient.

Similarly, Irwin Hirsh (2008) asserts that it is not unusual for analysts to 'coast' in their countertransferences, and to not use their countertransference experience to help the treatment progress towards analytic goals. He believes that it is quite common that analysts who have some conscious awareness of a problematic countertransference reaction, or of a mutual enactment, nevertheless do nothing to change that participation and to use their awareness to move the therapy forward. Instead, analysts often prefer to maintain what has developed into a mutually comfortable equilibrium in the treatment, possibly rationalizing that the patient is not yet ready to deal with a potential disruption that an active use of countertransference material might precipitate. By reinforcing the status quo in analysis, the outcome is often an interminable analysis. Obviously, the ideas of Sandler and Hirsh have implications for the experience of familiarity, either as a reflection of role responsiveness or in the tendency to coast in the countertransference feeling of familiarity.

Unformulated Experience: The ideas of Donnel Stern (1983, 1989), who writes articulately about what he terms unformulated experience, also provide a basis for understanding familiarity in analysis. Stern (1989), operating from a constructivist perspective of psychoanalysis, defines unformulated experience as any experience which has not yet been reflected on and to which words have not yet been attached to give the experience explicit shape. He hypothesizes that experience remains unformulated for reasons of comfort or security and that disturbing possibilities of meaning are terminated before they reach the level of articulation. The associated conscious experience is often vagueness, confusion, boredom, complacency, or a lack of curiosity about the other. Stern's work on unformulated experience and Sandler's work on role responsiveness have a degree of overlap because they both are attempts to address material that operates in the lacunae of our awareness. These experiences are pre-logical,

meaning operating on the edge of awareness, and take form first in illogical thoughts, hunches, intuitions, and subliminal perceptions. Because unformulated experience exists at a level too vague to represent or imply conventional meaning the experience becomes constructed as it is reflected upon and words are attached to it.

In Stern's model, unconscious material is not repressed but rather unformulated, and for our purposes, a sense of familiarity would also be considered unformulated. Because it is generally unexamined, the goal would be to become aware of this unspoken, unnoticed background experience and begin to bring it up for reflection and discussion. Until the analyst and patient discover these meanings and create a formulation of these relational states, the analyst and patient are caught in the grip of the unformulated field. In addressing unformulated experience, the primary objective is not selecting the correct interpretation, it is to make sense that there is something there, previously unknown, to interpret, in this instance, the experience of familiarity and how it is impacting the analysis.

Another important feature of Stern's work is his discussion of surprise as the primary way in which we can become aware of unformulated experience. Stern (1989, p. 8) indicates that "we are most likely to be surprised, to learn something new, if we pay attention to experience which has little organization." This is a somewhat different orientation than our Jungian perspective which often focuses on trying to identify archetypal themes and complex patterns in the patient's material. From Stern's perspective (1983, p. 76), we are least likely to become aware of unformulated experience by attending in this focused manner. In fact, Stern goes further and states that focused attention can be a defensive maneuver on the part of the analyst or analysand as a means to keep the awareness of other material from emerging – (16) a type of selective attention that excludes new awareness. The analyst's task is to create sufficient

“imaginative space” (Stern 1989, p. 22) in the analysis to think and act with freedom from his own previous perceptions of himself and the patient – to emerge from embeddedness in the perceptions of the moment and the past. Certainly, this must have been what Bion (1967) was articulating when he said, “We must approach every session without memory or desire.”

Undoubtedly, Bion was talking about a stance or attitude to take towards the patient’s material rather than a literal forgetting of the patient. Ultimately, I suspect Bion was actually talking about finding ways in which the analyst could see past familiar experiences and perceptions of their patient and see the unfamiliar that also exists within each patient. However, the experience of the familiar does have a purpose, because it is only possible to recognize the fresh encounter, the new perception against the backdrop of the familiar. For Stern, the familiar becomes the ground against which the figure of the unknown and new is cast.

Case Example 1: Recently I was with a long-term female patient when we began to make new connections between present experiences and a history of abuse that is primarily associated with her father. I noticed for the first time a pattern in her speech in which she kept references to her father largely separated from references to the abuse – that is, she generally referred to the abuse in a generic sense without referring to father. I realized I hadn’t noticed this pattern before even though this pattern of speech has gone on throughout her analysis. I offered an interpretation that her tendency to block her father out of her thoughts in this way had also kept me in a state of unknowing, disrupting my recognition that she was maintaining a split between her father and her abuse. This was a new experience for me with her, i.e. the recognition of the impact of her splitting and dissociative defenses on my psychological process. The next session the patient came in and announced that she felt something significant had shifted during the previous session. She indicated that the observation I made about keeping her father separated

from "the abuse" opened up an awareness in her and she emphatically stated, "it's a new ballgame now." The patient said she was somewhat uncomfortable with the idea that blocking out the connection in her own thoughts could also result in the blocking out of the connection in my thoughts, because it made her think of her family and how they seem to block out the knowledge of her abuse. She then reported a dream in which I'm sitting in front of her waiting for a new chair to be delivered. There is a platform that is in place to hold the chair. In the dream I appear very excited about the arrival of the chair. The chair locks into a slot in the platform. In discussing the dream I brought up the possibility that either she or I were holding me in an elevated position. However, this interpretation didn't feel accurate to her. She said she was focused on the solidness of the platform under the chair - that it seemed to provide a secure, stable position for the chair. In summary, I'm not sure I would have noticed the contrast in the way she spoke about her father and the abuse, or the impact of that on my internal process, if I hadn't been thinking about the contrast between the familiar and the unfamiliar in this patient.

Defense Against the Unknown: The experience of familiarity in analysis can also be seen as a defense against the unknown or the emergent. Sometimes it seems that the goal of familiarity is simply to keep the unfamiliar out because one of the most frightening experiences is when the familiar becomes the unknown. This disquieting shift is vividly depicted in the movie "The Shining" when the familiar father, played by Jack Nicholson, transforms into the feared unknown. According to Casement (2002, p. 111, 113) "we tend to limit our openness to what is not known by obscuring this with whatever seems familiar...the urge then is to limit this sense of strangeness, to make the unfamiliar seem more familiar. Sometimes, however, the result (for the analyst) is an illusion of familiarity, and of pseudo-understanding, that may give the analyst a sense of security but may not give the patient a sense of being understood." In his

article “The Other” (2002), Stephen Frosh asks the question (p. 393) “What is it about otherness that is so *threatening to everyone...?*” He attempts to answer this question by stating that psychoanalysis has caused a great “decentering” in Western thought “whereby the subject is no longer capable of being taken as the source and repository of psychic life. This decentering has the name of the unconscious which reveals with great intensity the alien core inside each one of us.” In extending this idea he quotes (p. 394) Julia Kristeva who says: “...[*The*] uncanny foreignness is within us, we are our own foreigners.”

Like Stern (1989), Frosh sees danger in a hope of mastery or a movement towards cure because he sees both as a retreat from recognition of the essential alienness of human subjectivity. Frosh suggests that transformation results from constantly seeking the recognition of the other, both within oneself and the object. It is this seeking out of otherness that maintains “subjecthood because it brings the internal other to life and holds out hope that something can be done with it, name it and give it shape (p. 404).”

Frosh’s (2002) work has some areas of convergence with Agnel’s (1999) Jungian work on “the familiar stranger.” Agnel (p. 293) focuses on the idea of analyst as stranger to the patient and postulates that the polarities of the “strange” and “familiar” opposites play an active role in the transference relationship. In Agnel’s conception, the stranger, like Hermes, is the bringer of the new, unexpected, unlearned, and unrecognized – all of which usher in the possibility of change. From Agnel’s perspective, it is often the values of the shadow that are split off when the pole of familiarity is actively constellated. In this conceptualization of the transference-countertransference field, it is the analyst who has the potential to act as a vehicle for the transition to the strange pole by acting as a stranger, *but a stranger on whom it is also possible to project the contents of the familiar pole*. Papadopoulos (2002, p. 165) adopts a similar position

by positing that we can only move towards wholeness with the other by keeping its otherness in mind. Otherwise we don't experience the oppositionality or complementarity necessary for incorporation. He reminds us (p. 166) that identity is closely connected with the definition of the other because a person understands his or her identity, at least partially, in relation to what he or she is not. This is in keeping with Jung (1951, CW9ii, para 301) who states, "Where there is no 'other', or it does not yet exist, all possibility of consciousness ceases."

Romantic Love: Another perspective through which to view the issue of familiarity is the image of romantic love. Stephen Mitchell (1997, 2002), writing on the subject of love, challenges the culturally held viewpoint that passionate romantic love can't be sustained over time. His position is that romantic love, perhaps like the analytic relationship, is a frightening proposition and that there is a greater fear associated with being known by another person on whom one depends than being unknown by someone new, because someone new is unconsciously felt to be replaceable. Mitchell (2002, p. 49) says, "Love, by its very nature is not secure; we keep wanting to make it so." He goes on, stating that we unconsciously attempt to attain safety in romantic love by entering into a Faustian bargain in which we exchange passion for security and that the sense of safety created by the familiar is not a given but an illusory, collusive construction. We recoil from the danger posed by the importance one gives, implicitly and explicitly, to the person we create this experience with. If the other person remains distinctly other, they live psychologically outside our control, placing us in a psychologically precarious position. Therefore, couples, both romantic and analytic, create multiple forms of enactment which result in stale, habitual, lifeless forms of relatedness that offer the illusion of security while undermining love and deeper connection. Goldner (2004, p. 395), in her commentary on Mitchell's essay, reminds us that boredom and deadness are co-created – manufactured "by

collusive, unconscious design.” According to Mitchell (1997, p. 40), “Authentic romance cannot arise where there is a willed, contrived separation between safety and desire” – safety and desire must be in continual dialogue for authentic romance to exist and to continue.

We might look at the implications of Mitchell’s thoughts for the analytic relationship. Perhaps the experience of familiarity in the analytic relationship is partially a result of our efforts to provide object constancy, to provide a safe holding environment, or to be the good therapist. Levenkron (2006, p. 170) makes this point in writing: “It is not by establishing relatedness that we open up communication; it is the opening up of communication that establishes relatedness...as part of the trajectory of relatedness, confrontation plays an important role in the coming into awareness of previously dissociated content...confrontations make people work, not because they are threatening but because they touch on biases that have prevented us from making use of new perspectives.” Perhaps we inadvertently create an environment that is too safe, too familiar, too predictable for authentic connection to emerge. Our fears about hurting the patient’s feelings can often serve to keep us quiet and as Danielle Quinodoz (2006, p. 342) points out, “one needs to be helped to be bold enough to become aware of the very existence of one’s own thoughts before the issue of daring to express them even arises.” By being too careful to avoid upsetting, shaming, or otherwise hurting our patients, we create a relationship largely devoid of the danger of encountering the otherness of one another. Levenkron (2006, p. 157) speaks to this tendency saying: “Amid efforts to remain good objects, we often ignore signals that dictate a more forthright and meaningful communication,” and Levenson (1989, p. 549) also points out that "real affect always must imply an authentic risk."

Addressing the sense of familiarity is a challenge to the patient’s expectation or fantasy that analysis is supposed to be a comfortable, helping kind of relationship with a gentle,

benevolent guide. While sometimes an understandable expectation, it is also an expectation that limits the range of possible interactions in an analytic relationship. Although there is a need for a degree of trust, safety, and comfort in analytic work, there is also the possibility of becoming too comfortable with each other and in doing so perhaps restricting the things we say to each other or overlook things we might notice if we were less familiar.

Perhaps we need to focus more on being a constantly present object, available for use by the patient in a variety of different ways, rather than always striving towards an ideal of object constancy. Agnel (1999, p. 297) echoes this idea as follows: "...it is vital for the analysand to be able to sense and recognize both warmth and coldness, closeness and distance, 'maternal' and 'paternal' in the analyst. These are the circumstances necessary for him to 'use' the analyst, as Winnicott so rightly says, according to the whims of his intuition and his immediate inner needs." Similarly, Mendelsohn (2007) speaks of the *dialectic of safety and risk* and indicates that the degree to which an analysis can be experienced "as a setting of safety, danger, caution, risk taking, containment, or instability is a function of the participation, often ...the unwitting and unattended participation, of both members of the dyad." In his discussion he draws an important "distinction between experience that merely reinforces old hurts and that which manages to be disturbingly familiar, yet different enough to be a basis for change." Addressing similar processes, Casement (2002, p. 121) talks about the "pain of contrast," while Bollas (1989, p. 211) utilizes the phrase "the dialectics of difference."

Case Example 2: One patient, whom I've seen for about eleven years, has always referred to me as Dr. Winborn. However, during the past year he began to talk about feeling that we would be friends if there wasn't a therapeutic relationship. Then he had several dreams in which he experienced me in the role of a friend. About this same time there were a couple of

instances where he called me by my first name, first in a phone message and later in session. In exploring that change in behavior he said it felt like it reflected a shift in our relationship. Around the time these shifts were occurring I noticed that the patient's choice of session focus shifted to a more surface level, outwardly oriented content and a decrease in focus on his inner life. Interestingly, after several months, references to me by my first name dropped off completely and our work returned to a deeper level of exploration. At this time my thoughts about familiarity were still very nascent so I didn't offer any interpretation about the last shift. However, I suspect that the patient was implicitly uncomfortable with the shift in the work that happened as he felt closer to me in a familiarly friendly way and that he unconsciously curtailed the first name references to maintain a sense of depth in the work.

The Compliant Container: Another perspective by which to understand aspects of familiarity in analysis is the idea of a compliant container as proposed by Vera Lomanno-Adamo (2006). Lomanno-Adamo, working with Bion's model of the container and the contained, proposes a particular type of defensive structure in which only that which is pleasant and won't cause conflict or pain is allowed to exist. Through an interactional dynamic "of ideal accommodation, a compliant container makes any disagreements, contradictions, limits and differences disappear, recognizing only what is very familiar and commonplace (p. 369)." This dynamic between container and contained is marked by exaggerated accommodation of the contained, by an excessive reasonableness, and an unrealistic harmony of connection. Often the compliant container relates to those analytic processes by a misleading level of gentleness and mildness. On the surface the analysis seems to be going well, without significant disruptions in the transference-countertransference field. However, upon looking deeper the patient has not been shaken up or strongly impacted by the analytic process.

Typically, in Lomanno-Adamo's experience, when fleeting disruptions do occur, there is a collusion to avoid examining them in terms of the transference and there is a quick return to a "deceptive state of gentle accommodation" (p. 371). Patients working within a compliant container field typically bring in sufficient content to make it appear they are working, but find ways to distance from the emotional and sensory experiences of that material, creating a falsely reflective discourse. In the patient's compliant receptivity to communication from the analyst, the content of the analyst's interpretations is eviscerated or ignored and only the pre- and para-verbal aspects of the analytic relationship are recognized or absorbed, e.g. the tone of voice, comfort of the couch, expression on the analyst's face, or the warmth of the room. It seems that one of the primary functions of the compliant container is to maintain idealized identifications and to maintain the analyst's status as a representation of the self rather than an emerging representation of the object. The basic movement between integration and disintegration, which is fundamental to transformation and creation, is missing in the compliant container field because these basic movements primarily occur when emotional conflict emerges.

Case Example 3: In one case that I've seen a little over a year, the patient presented in the midst of an affair and contemplating a divorce. Relatively quickly there emerged a predictability to our sessions. Over time it began to feel as if nothing was happening. There was no significant discomfort, other than the discomfort for me of sameness. Each week he would come in and tell me what was happening at work, what was happening in the progress of his rather amicable and unemotional divorce process, and a little about the interactions with his two young daughters. However, the content of his verbalizations seemed devoid of meaning or even unconscious derivative communications. Following his report he would wait for me to take direction of the sessions by asking him questions. It wasn't as though he was flat in his

responses. He would respond in an appropriately engaged manner but questions rarely resulted in his initiation of a new thread or the sharing an additional thought or feeling after responding to the question. He would simply fall back into a state of apparent waiting, content to respond but never initiating. A few times I asked him about whether he felt he was benefitting from our sessions, to which he would respond in a very earnest manner, “Oh yes, our sessions are very beneficial to me,” but with little, if any, elaboration on how he experienced that benefit. In the sessions, I saw little benefit in terms of a deepening connection to his inner life, changes in perspective or behavior regarding his outer life, or evidence that he was able to utilize my interpretations or observations to form any lasting internalizations.

Recently, I realized that he had recreated with me the type of relationship he has with his wife, family members, friends, and in his career – an interpersonal stance that feels safe for him. He creates a certain expectation in which the other person feels compelled to lead the interaction so that he can then react. In doing this he maintains a feeling of safety by consciously and unconsciously screening what he reveals about himself. I pointed out this pattern to him in our sessions and in his extra-analytic relationships, especially with his wife. He agreed that he finds it more comfortable to react rather than initiate and that he’s always been concerned about what people think about him. I offered that he might think about whether our sessions could be a place where it’s safe enough to experiment with doing something other than reacting. Initially, he responded by saying, “maybe I’ll make a list of topics between sessions to talk about.” I replied, “What I’m referring to is discovering those elements of yourself you might want to share but which it feels safer to leave alone unless someone else discovers them for you.”

Conclusion

It can be difficult to approach the feeling of the familiar in the analytic field. In a poignant scene from *Lord of the Rings*, Sam Gamgee stops suddenly in the middle of a cornfield with a look of dread on his face which prompts Frodo to ask him what's wrong. Sam replies: "If I take one more step, it'll be the farthest away from home I've ever been." Clearly, Sam is experiencing the fear associated with leaving the familiar behind. In many cases, the familiar feels warm, comfortable, predictable, or safe. These are difficult feelings for the analyst to relinquish, even in the service of greater analytic depth, and the patient may also be reluctant to examine the experience of familiarity too closely, perhaps fearing a venturing into riskier psychic territory. The patient may also hear our attempts at exploring the feelings of familiarity as an indication they aren't doing therapy correctly, feeling criticized in the process of the exploration.

I'm not advocating the adoption of a stance of formality as a means of avoiding a sense of familiarity, nor am I advocating any attempt to avoid the feeling of familiarity in the analytic setting. I think the danger for analytic work is not the feeling of familiarity itself but the lack of sufficient consideration for how it impacts our various analytic relationships. Obviously, it is not possible to defend against or diminish the influence of the familiar on an analysis, but by considering the variety of ways it can influence an analysis, we can become more conscious of this phenomenon. My aim is to bring the feeling of familiarity, as an emergent aspect of the transference/countertransference field for many analytic relationships, to the foreground for awareness and consideration. As with many aspects of analysis, the deeper we go the more subtle and nuanced the phenomena we encounter. The work is in sorting through the experience, reflecting upon it, and hopefully being able to articulate something in the field that allows the unknown to emerge. I'll leave you with a statement from Patrick Casement (2002, p. 125) who

says, “if we really engage with something previously unknown to us we are changed by it. This is because we are challenged by it. We are challenged in how we view ourselves, in how we view the patient, in how we view our theory and our technique. If we resist the challenge we may miss the significance of whatever threatens our present thinking.”

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