The presence of the third party: systemic therapy and transference analysis

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While today many therapists try to integrate different therapeutic models, it does not seem easy to define the specific clinical features of each model. In this article, the practice of systemic individual therapy is compared to the psychoanalytic practice of transference analysis. The relevant distinction is found in the different use of third parties within the therapeutic frame. In systemic therapy, the third party is ‘presentified’ within the therapeutic dialogue, which becomes centred on external relationships, while in transference analysis the third party is subsumed to the therapeutic (transferential) relationship, which is considered the core of therapy. The practical consequences of those two different ‘technologies of the self’ are discussed.

Introduction

What do we do when we act therapeutically? This is a question of growing interest for all therapists, especially if we stop thinking about the simple fact of professing a certain theoretical creed guarantees *ipso facto* the quality of our undertaking. At this stage, one may wonder which are the implicit rules we obey in our work, which is the tacit knowledge (Polanyi, 1966) we refer to. For those who, like myself, consider themselves to be systemic therapists, the question becomes: What renders my therapies systemic, besides the fact that I call them ‘systemic’?

In order to answer this question (or, better, to try to), it may be useful to focus on the micro-processes that inform our daily work. We may call them theory-based techniques, or rather ‘expression of a philosophical stance’ (Anderson, 2001, p.347). The fact is, within this ‘knowledge-in-action’, to use Donald Schön’s (1983) words, our theories are translated into therapeutic actions; while some of this
activity is probably common to all therapeutic models (Hubble et al., 1999), some of it is highly specific of any single model. To illustrate my point, I will try to compare two different models in regard to a single theme: the handling of interpersonal relationships. I chose to compare the use of the ‘third party’ in individual systemic therapy to the psychoanalytic practice of transference analysis.

The third party in individual systemic therapy: presence in absence

In order to avoid misunderstandings, I would like, first of all, to specify what I mean when I speak of ‘individual systemic therapy’. The basic model evolved from the early work of the Milan Group (Selvini Palazzoli et al., 1978, 1980), through the work of Luigi Boscolo and Gianfranco Cecchin (Boscolo et al., 1987), finally offering the chance to confront an individual therapy (Boscolo and Bertrando, 1996). The current Milan model, under the influence of postmodernism and social constructivism, is more attentive to the internal world of every human being as well as to the subjectivity of the therapist and the complex interrelation between the former and the latter. The attention paid to the relationships that are significant in the daily lives of clients, though, still plays an important role:

Individuals and what they do to each other create a texture of relationships, which in turn contextualise their communication . . . messages (exchanges of meaning) create contexts that recursively give meaning to messages. And this texture of relationships is in constant, evolving flux. Context is thus to be regarded neither as ‘what limits’ the individual, nor as what contains ‘within it’ individuals and their actions.

(Bertrando, 2000, p. 96)

When working with individuals, the systemic therapist seeks to create connections between both the inner and the outer world of an individual, while at the same time maintaining an interest in the patterns which, in the life of a human being, provide a link between actions, relations, emotions and meanings (Boscolo and Bertrando, 1996).

A systemic individual therapist, not unlike any other colleague, considers the time and place of the therapeutic encounter, as well as the relationship between client and therapist, to be the main relationship to be taken into account, the true ‘venue’ for therapeutic events. She is therefore aware in the therapeutic relationship of the
essential fact that, when discussing and relating their stories, clients are telling them to their therapist and are sensible of the approbation of the latter, however it is conveyed, i.e. through the subtest of nonverbal signals.

Some fundamental peculiarities exist, however: first, a therapeutic relationship is something of great importance in the life of a client, but not necessarily the facet to which every thought, emotion or emerging event, or something that has been evoked in the dialogue, needs to be addressed. This is the heritage of the pragmatic fact that for many years systemic therapy has been essentially a family therapy, based on the model of the Mental Research Institute’s ‘black box’ (Watzlawick et al., 1967). Within it, relationships between human beings may be observed only ‘from outside’ by a therapist conceived as a detached rather than a participant observer. The systemic family therapist therefore develops both attention and interest towards the relationships between the people facing her. In this way she works on a series of triadic or polyadic relationships, rather than on the dyad that comes about with a single client.

Such a position left its mark on individual systemic therapy. It may be expressed through the introduction, within the dual relationships between therapist and client, of voices, presence, points of view – briefly of the words of the third parties that are relevant to the life of a client. The systemic therapist is strongly interested in the way her client sees others. Initially, this interest was put into practice by evoking the significant third parties in the life of the client, mainly through circular questions, summoning their presence on to the scene of the therapy. Boscolo and Bertrando have called this procedure ‘presentification of the third party’:

Even in a dyadic relationship, such as exists in individual therapy, one can use circular questions very profitably, particularly when employing the ‘presentification of the third party’ technique. In family therapy, circular questions in general, and triadic ones in particular, have, among other things, the effect of placing each family member in the position of observer of the thoughts, emotions and behaviours of others, thus creating a community of observers. This may be reproduced in individual therapy as well; significant third parties belonging to either the external or the internal (‘voices’) world are presented, thus creating a ‘community’ that contributes to the development of different points of view. One of the effects of this method is to challenge egocentricity: the client is placed in a reflexive condition, and makes hypotheses that
take into account the thoughts and emotions of others and not just his own.

(Boscolo and Bertrando, 1996, pp. 110–111)

Within this description, the presentification of the third party is a useful technique (in a few, rare cases, it is even possible for the therapist to represent directly the point of view of the third party through role-playing), which may help to contextualize concepts such as ‘individual’ and ‘self’. Yet the presence of the third party may be considered as something more than technique, for it is one of the constitutive elements of the model. In the same way that a systemic family therapy operates by creating connections among family members present in the therapy room, so does a systemic individual therapy. ‘In this case, however, the connections must be built up by therapists and clients in the absence, rather than in the presence, of the other components of the client’s significant systems’ (Boscolo and Bertrando, 1996, p. 112).

Up to now, we have considered the third party exclusively as a human being. More recently, the idea of the third party has gained ground. The third party may be seen, first of all, as culture. Here the contributions provided by intercultural observation are essential. They illustrate how cultural differences turn into a considerably present third party in therapeutic relationships, becoming virtually insoluble if such differences are not taken into account. Social, political, and other kinds of difference can also turn into relevant third parties within the therapeutic process: feminist therapists have highlighted the importance of gender, narrative therapists the centrality of political positioning (see Hare-Mustin, 1978; Braverman, 1988; Mirkin, 1990; White, 1995).

Thus a third party may represent a person (or several people), an idea, an aspiration, and a ‘something’. For the therapist, this means the need immediately for an awareness of her own position, not only vis-à-vis the client, but also vis-à-vis the various systems in which therapeutic relationships are steeped, for example, family and extended families; referral and referring person; health structures and the likely public services attached to them; work; school; other social systems; politics and culture in general. This ecological awareness, the idea that the self and the mind do not lie close to the confines of the skin, proceeds directly from Bateson’s lesson (1972). Such awareness on the part of the therapist is not purely cognitive, it is also and at the same time an emotional awareness: the systemic

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Third party: system and transference

Therapist tests her own emotions against this complex ecology, and even against its reflection on the so-called therapeutic relationship.

One could say that in systemic individual therapy, the third party is the context—embracing both people (close context) and culture (general context)—that informs both the therapeutic relationship and the clients’ existence. Individuals by their conversations and their relationships make sense only within a matrix of context that is given by the significant third parties who intervene in their lives. The introduction of the third party into a therapy, then, is a testimonial to the way therapeutic relationships may be conceived in their entirety. As such, it becomes one of the distinctive features of systemic individual therapy.¹

Transference analysis: the outside inside

Although transference, or the relationship between client and analyst, was accepted early on as one of the crucial points of psychoanalysis, its role in the analytical technique remained controversial for a number of years (see Esman, 1990). Not all analysts in the various psychoanalytic streams make use of transference analysis; for example, transference is not particularly relevant in Jung’s analytical psychology and Adler’s individual psychology. Even within the traditions of Freudian descent, transference is read (or may be read) in different ways. Freud was the first to discover the dynamics of transference, which he saw as a re-experiencing of past early infantile experiences within the therapeutic relationship. Although he initially considered transference as an obstacle to treatment, in the end he was able to conceive of it as an essential tool for the analytic process (Freud, 1912).²

According to this original Freudian version (Freud, 1912), in

¹ This practice has something in common with Karl Tomm’s (1998) work on the ‘internalized others’ and ‘distributed selves’, and it has some resonance, in the psychoanalytic field, with Ronald Britton’s (1998) concept of ‘triangular space’. I believe, though, that it maintains its specificity.

² Freud remained for a long time focalized on the reconstruction of past experiences, and only late in his life gave transference analysis its full importance. The first concept of transference was elaborated in the postscript to the Dora case (Freud, 1905), but the first clinical evidence of an extensive use of transference in the course of an analysis is to be found in the Rat Man case (Freud, 1909). For an in-depth examination of the two case histories, and of the role of transference ideas in Freud’s treatment of them, see respectively Mahony, 1996 and 1986.

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transference the client relives the aspects already experienced in her infantile relationships, obliged as she is by repetition compulsion. According to self-psychology (Kohut, 1971), the client may also search for aspects which she failed to find in her past relationships, for example, an ideal, or idealized parent. These two opposed versions of the transference, which carry profound therapeutic implications, testify to the complexity of the phenomenon.

For Kleinian and post-Kleinian psychoanalysts, what is transferred is not the actual objects of the person’s past, but rather internal objects belonging to a dynamic and timeless unconscious. Building on Melanie Klein’s (1952) intuition Betty Joseph (1985, p. 62) states that transference by definition must include everything that the patient brings into the relationship. What he brings in can best be gauged by focusing our attention on what is going on within the relationship, how he is using the analyst, alongside and beyond what he is saying.

More recently, the ‘narrative turn’ in psychoanalysis, as it has been defined, replaced the former trust in the ‘reconstruction’ of past experiences lived by clients with the simple possibility of putting together a coherent narrative version, written by both analyst and client, of what happened (Shafer, 1981; Spence, 1982). Such an evolution contributed to a more definite emphasis on the effect of present events on transference. Within the ‘intersubjective perspective’ in psychoanalysis, the transferential relationship is seen as a complex dialectics between client and analyst, one that is strongly determined by the existing therapeutic relationship (Stolorow et al., 1994).

We could well say, thus, that the role of past experiences in transference is controversial today. All the same, most analysts of post-Freudian and post-Kleinian descent would probably agree with Riesenber Malcolm (1986) that ‘The analyst understands the patient’s present relationship to him as a function of the past. Therefore his understanding of the present is the understanding of the patient’s past as alive and actual’ (1986, p. 75). In other words, analysts in this tradition tend to agree on the fact that the template of other relationships influences the relationship between client and analyst. These relationships are considered to come from elsewhere,

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3 I will define both the person in analysis and the person in systemic therapy as ‘client’, according to the preferred usage in the family therapy field, although the preference, in the psychoanalytic tradition, goes to the term ‘patient’.
and this elsewhere has a reference to past relationships, although not all contemporary analysts consider it possible (or even advisable) to try a ‘reconstruction’ of such a past. What is undisputed here is that the working through of the dual relationship between analyst and client is one of the primary ways (perhaps the present ‘royal road’) for analytical treatment.

Within this variegated landscape, I choose for my comparison the model of transference analysis proposed by Merton Gill (1982) and practised by a number of contemporary analysts. Although derived from the traditional Freudian technique, this model places more emphasis than any other on the importance of research into transferential relationships (i.e. into the interpersonal relationship between analyst and analysand). This makes the comparison with the systemic practice easier.

Gill’s singles out, although in a somewhat peculiar way, the relationships in the present life of the client. Any event or relevant emotion referred to within the therapeutic dialogue is interpreted within the frame of the transferential relationship with the analyst. Gill’s model of analysis thus allows the client to relive through transference her inner representations of past relationships (and their repetition in her present life). This allows the client, in time, to free herself from repetition compulsion. This is what Kahn (1997) defines a ‘re-experiencing therapy’.

Thus, every statement made by the analysand may be ‘decoded’ as if it were being referred to the person of the analyst. This is the case even where comments on third parties or on situations extraneous to the analysis are concerned. Although it is not ‘subjectively’ demonstrable that indeed clients are thinking of the analyst when they speak about someone else, Gill believes that working on such an assumption is of advantage to the therapeutic operation (Kahn, 1997). On the other hand, Gill does not believe simplistically that, for the statement ‘My partner makes unreasonable demands’ one may substitute the statement ‘You, in your quality of analyst, are making unreasonable demands’. Rather, both readings make sense: the client means to say what she says, and what she says has great importance for her, yet at the same time the reference to the therapeutic relationship lies, implicit and hidden, in the words she is using. Hence Gill’s idea that the analyst ought to propose transference interpretations in a ‘respectful’ way as well as with suitable timing (Gill, 1982).

A few concrete examples of transference analysis practised according to these guidelines may be found in the book Analysis of
Transference, Vol. II (Gill and Hoffman, 1982), in which the authors examine nine analytical sessions chosen at random. In all Gill and Hoffman’s sessions, the clients are allowed, especially at the beginning of every dialogue, to talk freely and propose their own subjects: the third parties are evident in this part of the conversation. They seem, however, not to be taken into any great account by the analysts, who on the other hand do not hesitate to highlight any opportunity to lead the discourse back to the therapeutic relationship. Let us consider one example.

In the first section of client G.’s session, the analyst remains silent or asks neutral questions, which seem to have the purpose of keeping the conversation going, up to the moment when the client utters a sentence: ‘When I, when I get right down to myself, you know, I just think – well, maybe I haven’t got anywhere with you’ (p.154). After a few more rejoinders, the analyst picks up the sentence: ‘You said something about not having got anywhere with me. Is that it?’ In subsequent exchanges this crucial comment comes up repeatedly. The client focuses more and more on her relationship with the analyst, showing a keen interest for that particular topic. In turn, the analyst does not spare her comments on that very relationship: ‘So you mean that the way you’re feeling now, you don’t think you’ve profited at all from the therapy?’ (p. 156). ‘I think that you have a feeling that I am disappointed with you or blaming you for my uneasy feeling’ (p. 158). This line continues until the session becomes steadily centred on a very dense and extremely lively analysis of the therapeutic relationship. If, at the beginning of the session, the client had crowded her descriptions with several characters (fellow students, friends, relatives), after the crucial exchanges quoted above the only people still present are analyst and client.

Choosing from the many subjects that could have been perceived in the client’s conversation, the analyst underlines those that have to do with the therapeutic relationship. The third parties are not absent, yet they never become focal points in the dialogue, receding instead into the background as soon as the two interlocutors in the dialogue come to the fore. Thus the external individuals end up by being subsumed into the therapy room.

Technique of the third party

At this point it seems a good idea to check how, in an individual systemic therapy, the presence of a third party turns into therapeutic
practice. In Boscolo and Bertrando’s description (1996) this happens within a question/answer frame, in which the therapist appears to have a directive position, something that may be found in all the clinical examples contained in the book. The problem is that my own way of conducting a systemic individual therapy is different. If anything, the frame might be: client’s statement/therapist’s comment, or else client’s statement/therapist’s question/client’s answer/therapist’s comment and question; in which I would play a much less directive role, answering the client with comments and questions rather than dictating the rhythm of answers through my questions. At this point, the specificity may be found elsewhere, so I will try to look for it in a clinical example, i.e. the twentieth session with one of my clients.

Roberto D. is a professional man, 40 years old, married, with two children. He began his individual therapy one year after a couple therapy conducted and brought successfully to a close by myself. He came back complaining of anxiety problems and symptoms of an obsessive nature: he did not feel sure of himself, had to check his work a thousand times over, feared to be brought before the law for negligence and, because of this, his nights were hell. He was constantly unsure of what he was doing and indeed of who he was. We agreed on individual therapy on a weekly basis. He may well have been a perfect client for transference analysis. From the beginning of the therapy he never stopped commenting on the therapist, his consulting room, the surrounding furnishings and so on.

His twentieth session begins with a comment of mine on his arriving late (which has become chronic, while earlier he had been as punctual as a Swiss chronometer). His rejoinder, after a fusillade of observations on my interior décor (for various reasons, we were not using my usual consulting room), is about his fear of being a chronic liar.

At this point, it would be easy to use his rejoinder on being a chronic liar for a discussion of our relationship: Does he mean to lie to me? Is his relationship with me lacking in some respects? The

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4 For the concept of frame in the therapeutic conversation, see Bercelli et al. (1999).
5 In the transcribed segments regarding the registration of the sessions, I have reduced to a minimum the modifications and embellishments that altered our spoken language. I have however imposed several cuts indicated by the symbol . . ., in order to improve the legibility and shorten the dialogue.
subject, and the way it is put to me, is most tempting. Instead, I get him to talk to me about the reasons why he got that idea into his head, and he tells me about his relationship with his wife’s uncle, from whom he had intended to buy a car. In his confrontation with the uncle he mitigates somewhat his judgement of himself as a chronic liar (if anything, it is the uncle who might seem to be a liar). Yet he must have some reason for wanting to speak about me, because he starts asking me questions once again until, suddenly, he ends a sentence with a question: ‘Aren’t you going to ask me about my father?’ Now, the subject of his relationship with his father is most delicate. Since I broached it during the eighteenth session with a few questions based on something he had told me, we seem to play hide and seek. The father cuts into and then leaves the conversation, being evoked and then at once suppressed, as if talking about him presented a problem. This time too, after introducing the topic, he seems keen to avoid the argument at all costs, until I force him to face it.

T [Therapist]: At some point you began to speak, didn’t you, of the things you leave to the last minute, etc. etc. and you said that you choose the least advisable, didn’t you, and all this has to do in some way with the fact that you want or do not want to speak about your father, but I don’t quite understand how.

R [Roberto]: Oh, in the sense that I put things off?

T: No, not just in the sense that you put things off. There is some affinity between this fact and . . .

R: Oh, yes, yes, in the sense that I put off this thing, I put it off but I still feel involved. And in the end I do it. . . . Come, help me.

T: So you still think that speaking about your father makes sense, yet you go on not wanting to do it?

R: Yes.

T: This thing weighs on you, you can’t think of anything else, the question is why is it so difficult to broach the subject?

R: Because I don’t know what to say, because I lack the necessary arguments.

T: This means that your relationship with your father is empty, that it has no content?

R: Well, let’s see. No, it isn’t empty, but I don’t know where to begin. . . . My relationship with my father is not empty, perhaps I am repeating myself, I have already said so, but my father makes me feel ill at ease. I can’t manage to . . . it is difficult to carry on a conversation with my father, because he has such reactions . . . when my father gets angry, wow, he really does get angry!
T: What do you mean?
R: He gets really mad!
T: What do you mean? What does he do? He gets mad and then?
R: He shouts; when I was little, it meant slaps, in fact, one of my classical reactions... he used to sit over here, and for me it was a question of parrying the blow that was about to descend.
T: And were these slaps equally distributed between your sister and yourself? Or not equally?
R: I’d say that my sister got some share of them, but I must have had the lion’s share. I used to tear apart my bicycles, I destroyed them; if my son were to do it, I’d see in him an intense relationship with his vehicle, that is to say that I’d put a totally different interpretation on the thing, but my father has always seen objects as things of value. If he were to buy a car, he’d use it as an ornament. The first thing that would come to my mind, instead, would be to wash the car, so as to be able to have some little smooching of the carnal kind, I’d say, feel properly all her curves, also because it is only when washing a car that one discovers how she’s made, about the glass windows, how they’re moulded, at least I notice how she’s made, how some pieces are assembled... I realize that I am discussing with my father, not with you, because he would have used a sentence such as – the one that occurs to me is the one that I would use – that it would be a mental jerking off – my father doesn’t use those expressions, he’d have said that it was one of my symptoms of paranoia, don’t you think so? [pause] I think my heart-beat [a little laugh] is accelerating... if my son were to pull apart a bicycle, I could say, fuck, but he has used them to the point of destroying them.

Though it was difficult to broach the subject, in the end Roberto has begun to talk with intensity, with a peroration that was addressed (even he notices it) more to his father than to me. Here I could lead the conversation back to the relationship that exists between us, but I prefer to insist on the relationship between the two of them, adding, however, a small comment.

T: You mean, you wore out your bicycles.
R: ... Over the bicycle I was spanked a lot, the bicycle too was spanked a lot, but now and then he took away my bicycle, put a lock on it, and for me it was torture, the worst punishment, I must admit, like saying that I know nothing about cars. OK, I got rid of that one. You can’t imagine how pleased I am.
T: To have done away with this thing?
R: See how stupid I am.
At this point his difficulty in having a sincere relationship with his father emerges. The more he talks about it, the more he seems to be sure of himself, of what he is saying, of his opinions; indeed his tone of voice changes, it becomes steadier, losing that hint of fatuity which at times creeps in. So much so that towards the end of the session he himself is aware of it, is somewhat surprised by it and attributes it to the fact that he has faced up to the ‘father’ subject.

R: My father worked as a dependant for years, but on Saturdays and Sundays, during the holidays, he forgot his work. I can’t split from my work, I feel a little this...this heavy sense of responsibility inherited from my father, the fact of having to feel responsible.

T: But do you feel it as a weight that has been superimposed, that of having to be responsible?

R: Yes, no, that’s for sure. [pause] I am two people, aren’t I? This minute I am somebody else.

T: What do you mean?

R: Isn’t it true, compared to what I was ten minutes ago?

T: Under certain angles, yes.

R: But I mean even inside, I am saying; I am someone else just now.

T: And in which way are you different from what you were ten minutes ago?

R: Well, I am serious, and also strong.

T: And do you feel better like this, or did you feel better before?

R: No, before I was acting.

T: Oh, you were acting?

R: I prefer this, but I feel that it is already beginning to go.

At this point, almost naturally, Roberto feels like asking me why in the course of our dialogue his way of seeing himself should have undergone a change, and again the connection is with his father. It looks as if his father inside him continues to reproach him, as he himself recognizes later on.

R: I don’t know whether you’ve noticed, I tend to joke about things, to make fun of myself, for fear of taking things in earnest. The things I perceive seriously are those that cause me anguish, and between these two shapes I don’t know who I am; perhaps I am a man who causes anguish to another by frequently suggesting to him justifications for feeling anguished, or causes for anguish, throwing them at him frequently, and on the other hand goes on joking about various matters in order to keep out of them, partly in order to make them bounce, partly in order to say: ‘No, no, I was only joking.’ Between these two
people, however, I am neither one nor the other, I am not the one I was three minutes ago, when I was fighting to be myself. And yet I’d like to be that very one, the one that came out earlier, I even thought that my voice was different.

T: I must admit that it was true.
R: But it’s the first time that I have noticed it.

Later, I am able to propose a parallel between the relationship with his father and the threatening world in which he lives.

T: I was thinking, maybe your father is the person who would always bring you before the law because you act with frivolity, or because you don’t see that all the right documents on the safeguard of privacy are signed or due to that sort of thing; your tearing worry is that someone will take it amiss that you haven’t behaved with suitable seriousness, with substance.

R: Yes, I keep remembering the hammering sentence uttered by my father who, when handing me over the keys of my little Fiat 500, said: ‘Careful, this is a car and it will enable you to get around, but it is also a weapon, because with it you can kill.’ This is something I have registered, as I had written it on my windshield, so that sometimes, when I am in a bit of a hurry, when it might occur to me to be negligent at the wheel – or when I actually am – I keep inside me this anguish of having done it. [pause] I am pleased now, but at the same time I have a feeling of emotion, almost as if I had found myself anew…

R: My father will never understand how I enjoyed myself on my bicycle, one of these days I must tell him, I really must.

In this way, a session that might have easily, in more than one instance, focused on the relationship between us, focuses instead on an important third party, the father. It is interesting to see how Roberto oscillates between the father of his recollection and the flesh-and-blood father as he experiences him at the present time: he always works with representations of his father, but still he feels the difference between the past father and the present one. It is enough for him to declare his feelings to the presentified father in order to experience himself, his own flesh, his own physical presence in a different way. Although the feeling does not last, it is meaningful for him. Of course, even a discussion of his relationship with me may have resulted in something similar. The fact remains that the result was arrived at by means of a presentification of the third party.

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Transference and third party: two technologies of the self

Every relationship is manifold. It is perhaps more convenient to believe that a relationship holds both aspects that proceed from the life history of the actors involved (and from the way their inner worlds are shaped by them) and totally new aspects, which depend on the unrepeatable actuality of that unique relationship between the present people in the outer world. Psychoanalysis tends to emphasize the first incidence of the relationship, with the concepts of transference and counter-transference. Systemic therapies tend to underline the latter.

It is by no means difficult to find a historical and theoretical explanation for this attitude (Bertrando and Toffanetti, 2000). Psychoanalysts work with their eyes turned, at least partially, towards the inner experience of their clients, and consider how the first life experiences with significant people are elaborated within the person, giving rise to her attitudes and emotions. This is still true, even if contemporary analysts bear in mind that the importance of the first experiences is a methodological choice rather than a truth.

The practice of systemic therapists, on the other hand, was founded on a theory where the emphasis was on the external observation of the present interaction and communication between people: both past and inner life were held to be of little relevance. Although systemic theory is no longer defined accordingly, its tendency is towards giving higher value to the external world, and to consider its proper venue the network of relationships that takes place in the here and now.

At this point, the difference between these two ways of treating the therapeutic relationship becomes clearer. In a psychoanalytic relationship, transference – the relationship between client and therapist – is in a sense the only relationship that may claim citizenship within the framework of therapy; relationships with third parties end up being subsumed by the transferential relationship, of which they become a part. To use a spatial metaphor, relationships between clients and third parties exist inside their relationship with the analyst, which in turn leads towards the past. This does not mean that transference analysis is deaf to the interpersonal world, rather that it makes it part of a dual relationship – the true stage for the therapy.

In systemic work, the therapist metaphorically takes the client by the hand in the therapeutic relationship and, in this way, she ‘leads
him out’ of the dual relationship to ‘visit’ his present relationships, bringing those relationships (in the guise of people but also of contexts) to the fore. This is how, and why, the third party ends up being presentified. In a way, the scene of the true therapeutic events is what happens outside the therapy room. The events are then re-examined and revalued as sessions follow one upon the other.

We may then ask ourselves: What might be the likely practical consequences of such a difference? One possible idea is that the therapeutic change may depend on the possibility of relocating (recontextualizing) the client’s life experience. In this way a recursive process may be organized, with the therapeutic work creating a coherence between the therapist’s theory and the client’s experience towards it. Transference analysis would recontextualize the latter within the therapeutic relationship, which finds its matrix in the transference, while systemic therapy would recontextualize it within a revision of the relationships that are ‘external’ to the therapeutic one. In that way, transference analysis could make things easier both for an increasingly transferential relationship and for a client attentive to her own internal dynamics as well as to those of a close and dual relationship. A systemic therapy, instead, creating a relationship increasingly more open to the exterior and to the consideration of the third party, could make the client more attentive to her own relational world as well as to different contexts. The therapist’s praxis does not lead her simply to ‘see’ certain types of relationships more than others; rather it gives shape to the very therapeutic relationship, through a selection of ways of getting in touch, the use of a particular clinical material and so on. In this sense a certain kind of therapy becomes, for both clients and therapists, what Foucault (1988) would have defined as a ‘technology of the self’.

Similar hypotheses may shed new light on the burning problem of ethics in therapy: Is it possible that the systemic therapy (even individual) described in this paper really causes people to pay greater attention to contexts, to interpersonal environments, to the effects of their actions on others? If that were so, it could represent a valid answer to Doherty’s (1995) perplexity on psychotherapy as fuel for the growing egoism and fragmentation of society. To answer this question, we should further enquire not only of systemic therapy, but also of various other therapeutic models, trying to understand which, for example, are their specific characteristics, and which technologies of the self they could turn into for clients.
Conclusion

In this article, I have examined the differences between a systemic individual therapy, as practised by myself according to the guidelines set by Boscolo and Bertrando (1996), and a sort of kindred therapy. I have chosen a form of psychoanalysis, which in its turn deals with relations, but looks into them through a preferential enquiry into transference analysis (Gill, 1982). The choice of a psychoanalytic therapy was not accidental: historically, systemic therapy derives from psychoanalysis through differentiation but has maintained a relationship fraught with opposition through the years (Bertrando, 2000). Nowadays, a number of authors (Byng-Hall, 1995; Flaskas, 1996; Larner, 2000) have resolved to bridge the gap between psychoanalysis and systemic therapy. In my opinion, even in order to reach a mere entente, it is necessary first of all to establish the differences that enable a distinction between the two models.

I found a possible distinction in the way the therapeutic relationship is considered. All therapists have to work on – and sometimes struggle with – the therapeutic relationship. Family therapists also work on family relationships as they are acted out within the therapeutic scene. Individual therapists do not have this option: they deal not with actual relationships with third parties, but rather with representations of such relationships – and this is true of all individual therapists.

All the same, therapies change when represented relationships are viewed from different vantage points. Transference analysis is one, individual systemic therapy is another. In the first instance, the internal representations of relationship are worked through by focusing on the relationship between client and analyst. In the second, the same representations are considered by focusing primarily on the relationship between the client and her relevant others (we might say that, actually, in this perspective, the ‘third party’ is the therapist). There are probably many more such vantage points that would be interesting to investigate. In such an investigation, we could also take into account the clients who up to now I have considered as possible recipients for an approach always proposed and practised by the therapists. We could instead focus on the choice, on the part of the clients, of one therapy model over another. Is it not possible even for clients to choose the therapy which appears to be the most apt to encourage tendencies already
latent in their make-up? Examining the microscopic details of our
daily practice could be a way towards a better understanding of what
we, therapists and clients, actually do when we are in therapy.

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